

Folic Acid for Vascular Outcome FORM CODE: FUP VERSION: C 11/01/2007 Reduction in Transplantation
ID NUMBER: CONTACT OCCASION: SEQUENCE NUMBER:
PATIENT LAST NAME: FIRST/MIDDLE INITIALS:
FOLLOW-UP CONTACT FORM (FUPC Screen 1 of 24)
A. Contact Information 1. Type of Contact: A Regularly Scheduled Clinic Visit — Go to Item 5
B Regularly Scheduled Brief/Phone Contact Go to Item 9 C Brief/Phone Contact Replacing Clinic Visit Go to Item 9
D Clinic Visit Replacing Brief/Phone Contact — Go to Item 5
E Missed Contact
FOLLOW UP CONTACT FORM (FUNC Career 2 of 24)
FOLLOW-UP CONTACT FORM (FUPC Screen 2 of 24) 2. Indicate the main reason the visit was missed:
A Participant refused — Go to Item 4
Go to Item 4; Following completion of this form, complete

Participant incapacitated Informant Interview Form. Participant withdrew consent Go to Item 39; Following completion of this form, complete Participant location unknown Informant Interview Form. Go to Item 39 Oversight -Go to Item 39; Following completion of this form, complete Outcomes Documentation Form and Informant Interview Form (if participant Participant died died out-of-hospital). 3a. Date participant withdrew consent: Month Year Day b. Did the participant give reason for withdrawing consent? Υ N No Specify reason for withdrawal Go to Item 39

ID	CO	Seg No
		<u> </u>

FOLLOW-UP CONTACT FORM (FUPC Screen 3 of 24)

4.	Is participant currently on study medication?	FUP4	5c. Indicate which arm: (right arm preferred) R Right
	Y Yes N No		FUP5C L Left
	U Unknown		6. Height (in inches = cm/2.54): FUP6 in.
В.	Go to Item 39 Clinic Examination		7. Weight (in pounds = kg/0.45): FUP7
5.	Seated Blood Pressure #1: a. Systolic:	FUP5A	8. Body Mass Index: [Do not calculate. Automatically
	b. Diastolic:	FUP5B	calculated by DMS program.] Variable found in rand_derv_niddkv1

FOLLOW-UP CONTACT FORM (FUPC Screen 4 of 24)

C. Follow-Up	Interview			
9. Since our last contact on <mm dd="" yyyy="">, have you been hospitalized FUP9 overnight for any reason?</mm>				
Y	Yes ——	If "Yes", following completion of this form, complete one Hospitalization Form for EACH overnight hospitalization that has occurred since the last contact.		
N	No			
		angioplasty of the lower extremity arteries, coronary arteries, as an outpatient?		
Y	Yes ——	If "Yes", following completion of this form, complete one Hospitalization Form for EACH outpatient angioplasty that has occurred since the last contact.		
N	No			

IDCO_	Seq No
	ACT FORM (FUPC Screen 5 of 24)
The next set of items deal with bone fracture	s that you have had since the last contact.
11a. Have you had any bone fractures since	our last contact on <mm dd="" yyyy="">? FUPC11A</mm>
Y Yes	
N No Go to item 12a	
11b. How many bone fractures have you had s	FUPC11B
FOLLOW-UP CON	TACT FORM (FUPC Screen 6 of 24)
Location of Bone Fractures:	11e1. How did the bone fracture occur?
1-toe 2-foot 3-ankle 4-leg (fibula, tibia, knee, femur) 5-hand 6-arm (ulna, radium, humerus) 7-wrist 8-hip 9-pelvis 10-ribs 11-sternum 12-clavicle 13-cranium 14-other	F Fall C Collision or accident S Stress fracture
_	FUPC11C1 O Other
Location of Bone Fracture #1:	(If other specify in notelog)
(If other specify in notelog)	11f1. Where was this fracture treated? FUPC11F
Month Day Year	O Other (If other specify in notelog) ture occurred, skip to item 12a
	TACT FORM (FUPC Screen 7 of 24)
Location of Bone Fractures:	11e2. How did the bone fracture occur?
<pre>1-toe 2-foot 3-ankle 4-leg (fibula, tibia, knee, femur) 5-hand 6-arm (ulna, radium, humerus) 7-wrist 8-hip 9-pelvis 10-ribs 11-sternum 12-clavicle 13-cranium 14-other</pre>	F Fall C Collision or accident S Stress fracture
11c2. In which part of the body did you have the bone fracture?	UPC11C2 (If other specify in notelog)
Location of Bone Fracture #2:	11f2. Where was this fracture treated? FUPC11F2
(If other specify in notelog)	I Hospital — Complete a HOS form
11d2. What was the date of the fracture?	UPC11D2 0 Other
Month Day Year	(If other specify in notelog)
If only two fract	cures occurred, skip to item 12a

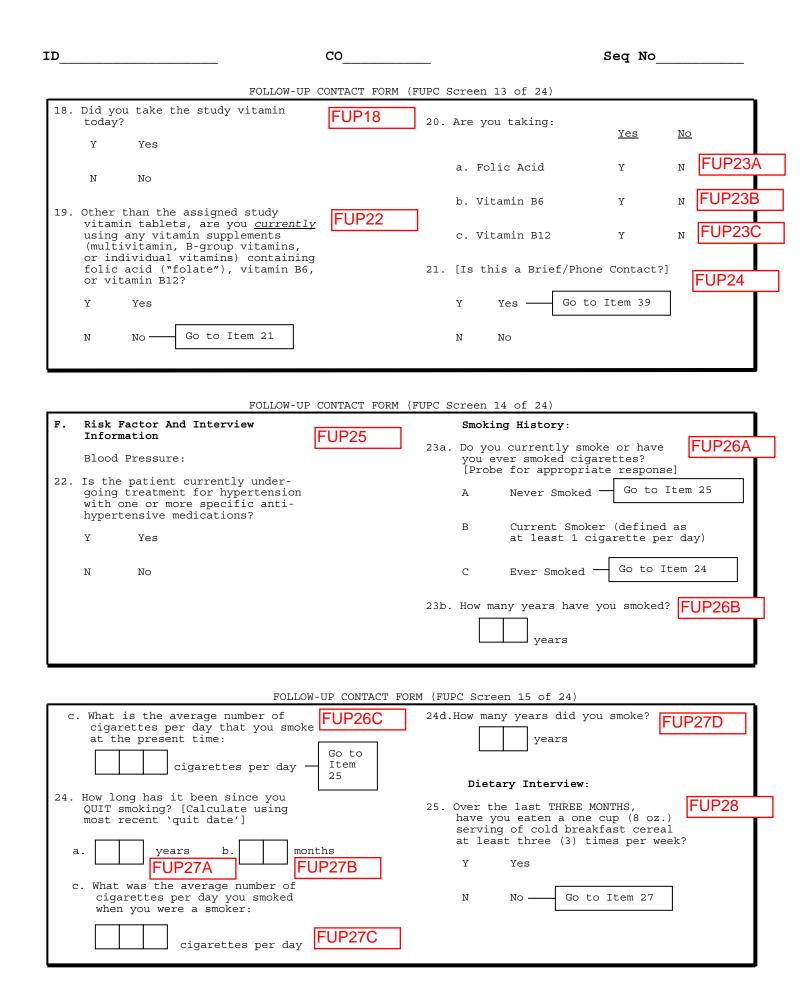
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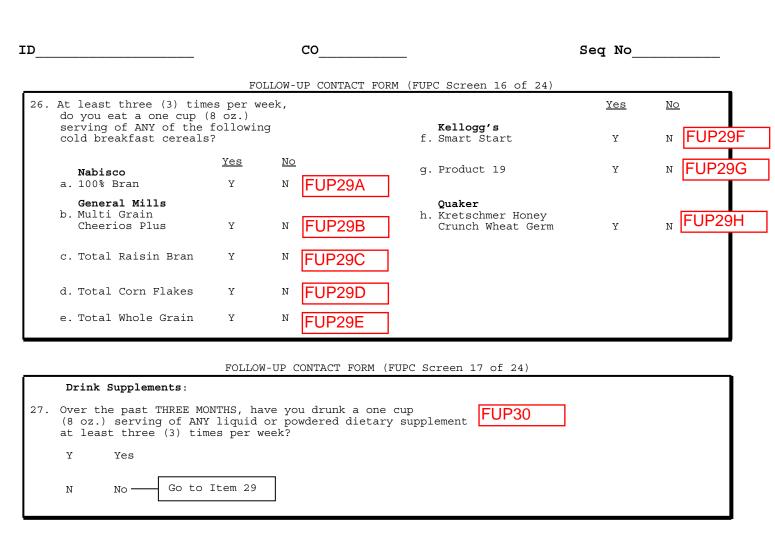
FOLLOW-UP CONTACT FORM (FUPC Screen 8 of 24)

Location of Bone Fractures:	. How did the bone fracture occur? FUPC11E3
<pre>1-toe 2-foot 3-ankle 4-leg (fibula, tibia, knee, femur) 5-hand 6-arm (ulna, radium, humerus) 7-wrist 8-hip 9-pelvis 10-ribs 11-sternum 12-clavicle 13-cranium 14-other</pre>	F Fall C Collision or accident S Stress fracture
11c3. In which part of the body did you have the bone fracture? Location of Bone Fracture #3:	O Other (If other specify in notelog)
(If other specify in notelog) 11f3.	Where was this fracture treated? FUPC11F3 I Hospital — Complete a HOS form
11d3. What was the date of the fracture? FUPC11D3	O Other
Month Day Year	(If other specify in notelog)

FOLLOW-UP CONTACT FORM (FUPC Screen 9 of 24)

		FOLLOW-UP CONTACT FORM (FUPC Screen 9 of 24)	
12a.		been told by your physician that your renal graft function eriorated?	FUP11A
	Y	Yes	
	N	No Go to item 13	
12b.	Were you	hospitalized for this?	FUP11B
	Y	Yes — If not captured in items 9 or 10, following completion of this form complete a Hospitalization Form.	
	N	No	
12c.	Are you	currently on dialysis? If Yes, following completion of this form	FUPA12A
	Y	Yes complete an Initiation of Dialysis Fax Notification Form.	
	N	No Go to Item 13	
12d.	Date dia	lysis was initiated:	
		/ / / FUP12B	
	Month	Day Year	
1			





FOLLOW-UP CONTACT FORM (FUPC Screen 18 of 24)

28. At least three (3) times per week, do you drink a one cup (8 oz.) serving of ANY of the following specific liquid or powdered dietary supplements? [Read Each Choice]				
	<u>Yes</u>	<u>No</u>		
a. Ensure Plus HN:	Y	N FUP31A		
b. Replena:	Y	_N FUP31B		
c. Sandoz Nutrition Citrotein	: У	_N FUP31C		
d. Pulmocare:	Y	N FUP31D		
e. Magnacal Renal:	Y	N FUP31E		
f. Any other?	Y	N — Go to Item 29 FUP31F		
g. Specify other:				

ID	CO	Sea	No
		~~~	

#### FOLLOW-UP CONTACT FORM (FUPC Screen 19 of 24)

#### G. Physical Activity

<u>Instructions:</u> The following questions have to do with certain kinds of activities that you have done DURING THE PAST MONTH. These activities may have been done as part of your work, household tasks or during your leisure. [USE RESPONSE CARDS1

29. About how many times during the month  $\operatorname{did}$  you participate in VIGOROUS activities that lasted FUP32 at least 10 MINUTES and caused large increases in breathing, heart rate, or leg fatigue, or caused you to perspire? [Show and read response card # 1]

Go to Item 31 Not at all —

1-3 Times per month

1-2 Times per week

3-4 Times per week

Ε 5 or more times per week

#### FOLLOW-UP CONTACT FORM (FUPC Screen 20 of 24)

30. About how long did you do this vigorous activities each time? [Show and read response card # 2]

FUP33

FUP36

10-30 minutes

В 31-60 minutes

More than 60 minutes

31. Think about the walks you have taken during the past month. About how many times per month did you walk for at least 10 MINUTES or more  $\underline{\text{without}}$   $\underline{\text{stopping}}$  which  $\underline{\text{was}}$ NOT strenuous enough to cause large increases in breathing, heart rate, or leg fatigue, or cause you to perspire? [Show and read response card # 3]

> Not at all -Go to Item 33

В 1-3 Times per month

C 1-2 Times per week

D 3-4 Times per week

5 or more times per week

#### FOLLOW-UP CONTACT FORM (FUPC Screen 21 of 24)

32. When you did this walking, for how many minutes did you do it? [Show and read response card # 4]

FUP35

33. About how many hours a day do you spend moving around on your feet while doing things? Please report only the time that you are ACTUALLY MOVING.

[Show and read response card # 5]

10-30 minutes

В 31-60 minutes

C More than 60 minutes Α Not at all

В Less than 1 hour per day

C 1 to less than 3 hours per day

3 to less than 5 hours per day D

5 to less than 7 hours per day

7 or more hours per day

_	FOLLOW-UP CONTACT FOR	M (FUPC Screen 22 of 24)
34.	Think about how much time you spend standing or moving around on your feet on an average day during the past month? About how many hours per day do you STAND?  [Show and read response card # 6]	35. About how many hours did you spend sitting on an average day during the past month?  [Show and read response card # 7]  A Not at all
	[blow and read response eard    6]	B Less than 3 hours
	A Not at all	C 3 to less than 6 hours
	B Less than 1 hour per day	D 6 to less than 8 hours
	C 1 to less than 3 hours per day	E 8 or more hours
	D 3 to less than 5 hours per day	36. About how many flights of stairs FUP38
	E 5 to less than 7 hours per day	do you climb UP each day? (1 flight equals 10 steps.)
	F 7 or more hours per day	# of flights
	FOLLOW-UP CONTACT FORM (F	FUPC Screen 23 of 24)
н. 8	SECOND BLOOD PRESSURE	38. Average Blood Pressure:
37.	Seated Blood Pressure #2:	a. Average Systolic blood
	a. Systolic: FUP39A  b. Diastolic: FUP39B	pressure: [Do not calculate. Automatically calculated by DMS program.]  BP variables found
	c. Indicate which arm: (prefer same arm R Right FUP39C as with first BP)	b. Average Diastolic blood pressure: [Do not calculate.
	L Left	Automatically calculated by DMS program.]
	FOLLOW-UP CONTACT FORM (F	FUPC Screen 24 of 24)
39.	Date of Data Collection: FUP41	If any hospitalizations or outpatient angioplasties were reported, complete Hospitalization Form.
	Month Day Year	If the patient is deceased, complete an Outcomes Documentation Form.
40.	Method of data collection:  C Computer  P Paper	If the patient missed contact and is incapacitated, location is unknown or died, complete Informant Interview Form.
41	P Paper  Examiner's Initials:	If this is a clinic visit, complete Medication Survey Form and Phlebotomy Form.
11.	Blind_staff_ID	Schedule/Remind participant of next study contact.

CO_____

ID_____

Seq No_____



Folic Acid for Vascular Outcome FORM CODE: FUP VERSION: B 0 Reduction in Transplantation	2/21/05
ID NUMBER: CONTACT OCCASION: SEQUENCE NUMBER	:
PATIENT LAST NAME: FIRST/MIDDLE INITIALS:	
FOLLOW-UP CONTACT FORM (FUPB Screen 1 of 20)	
A. Contact Information	
1. Type of Contact:	JP1
A Regularly Scheduled Clinic Visit — Go to Item 5	
B Regularly Scheduled Brief/Phone Contact —— Go to Item 9	
C Brief/Phone Contact Replacing Clinic Visit —— Go to Item 9	
D Clinic Visit Replacing Brief/Phone Contact — Go to Item 5	
E Missed Contact	
FOLLOW-UP CONTACT FORM (FUPB Screen 2 of 20)	
2. Indicate the main reason the visit was missed:	
A Participant refused — Go to Item 4	UP2
B Participant incapacitated — Go to Item 4; Following completion of this form, complete Informant Interview Form.	
C Participant withdrew consent	
D Participant location unknown — Go to Item 39; Following completion of this form, complete Informant Interview Form.	
E Oversight — Go to Item 39	
F Participant died — Go to Item 39; Following completion of this form, complete Outcomes Documentation and Informant Interview Forms.	
3a. Date participant withdrew consent: / / /	UP3A

Month

N No

Specify reason for withdrawal

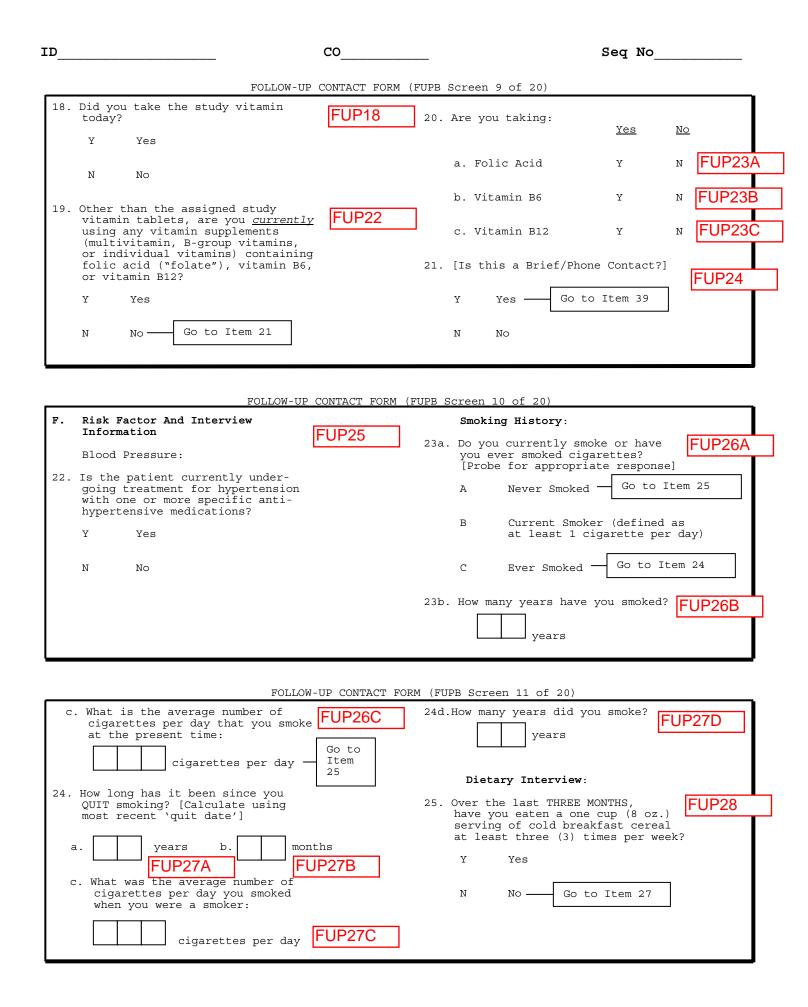
b. Did the participant give reason for withdrawing consent?

Go to Item 39

ID	CO		Seq No_	
	FOLLOW-UP CONTACT FORM	(FIIDE Saroon 2 of 2		
4. Is participant currently o medication?  Y Yes		5c. Indicate whic (right arm pr	h arm:	Right
N No				Left
U Unknown		6. Height (in in	ches = cm/2.54):	FUP6
Go to Item 39			in.	
		7. Weight (in po	unds = $kg/0.45$ ):	FUP7
B. Clinic Examination			lbs.	
5. Seated Blood Pressure #1:  a. Systolic:  b. Diastolic:	FUP5B	8. Body Mass Ind calculate. Au calculated by	tomatically DMS program.] Vari	iable found in
C. Follow-Up Interview	FOLLOW-UP CONTACT FORM	(FUPB Screen 4 of 2	0)	=
9. Since our last contact on overnight for any reason?	mm/dd/yyyy>, have you	been hospitalized	FUP9	
If "Ye Hospit	es", following completic alization Form for EAC and since the last conta	H overnight hospital		
N No				
10. Have you undergone angiop renal arteries, or corona	lasty of the lower extr	emity arteries, oatient?	FUP10	
If "Ye Y Yes — Hospit	s", following completic alization Form for EACH the last contact.	on of this form, com		rred
N No				
11a. Have you been told by you has deteriorated?	ır physician that your	renal graft function	FUP11A	
Y Yes				
N No Go to i	tem 13			
	FOLLOW-UP CONTACT FORM	I (FUPB Screen 5 of	20)	
11b. Were you hospitalized for	this?			
	aptured in items 9 or 1 m complete a Hospitalia		tion of FUP	11B
N No				
12a. Are you currently on dial	If Yes,	following completion		FUPA1
Y Yes —	complete	an Initiation of Di tion Form.		
	Item 13			<b>─</b>
b. Date dialysis was initiat		P12B		
Month Day Y	ear			

D

Other reason:_



# Go to Item 29 Ν No -

#### FOLLOW-UP CONTACT FORM (FUPB Screen 14 of 20) 28. At least three (3) times per week, do you drink a one cup (8 oz.) serving of ANY of the following specific liquid or powdered dietary supplements? [Read Each Choice] Yes No FUP31A a. Ensure Plus HN: Y N FUP31B b. Replena: Y N FUP31C c. Sandoz Nutrition Citrotein: FUP31D Y d. Pulmocare: N FUP31E e. Magnacal Renal: Y FUP31F Go to Item 29 f. Any other? Y и g. Specify other: _____

ID	CO	Sea	No
		~~~	

FOLLOW-UP CONTACT FORM (FUPB Screen 15 of 20)

G. Physical Activity

Instructions: The following questions have to do with certain kinds of activities that you have done DURING THE PAST MONTH. These activities may have been done as part of your work, household tasks or during your leisure. [USE RESPONSE CARDS]

29. About how many times during the month did you participate in VIGOROUS activities that lasted at least 10 MINUTES and caused large increases in breathing, heart rate, or leg fatigue, or caused you to perspire?
[Show and read response card # 1]

FUP32

A Not at all \longrightarrow Go to Item 31

B 1-3 Times per month

C 1-2 Times per week

D 3-4 Times per week

E 5 or more times per week

FOLLOW-UP CONTACT FORM (FUPB Screen 16 of 20)

30. About how long did you do this
 vigorous activities each time?
 [Show and read response card # 2]

FUP33

FUP34

A 10-30 minutes

B 31-60 minutes

C More than 60 minutes

31. Think about the walks you have taken during the past month. About how many times per month did you walk for at least 10 MINUTES or more without stopping which was NOT strenuous enough to cause large increases in breathing, heart rate, or leg fatigue, or cause you to perspire?

[Show and read response card # 3]

A Not at all \longrightarrow Go to Item 33

B 1-3 Times per month

C 1-2 Times per week

D 3-4 Times per week

E 5 or more times per week

FOLLOW-UP CONTACT FORM (FUPB Screen 17 of 20)

32. When you did this walking, for how many minutes did you do it? [Show and read response card # 4]

FUP35

e ce

FUP36

A 10-30 minutes

B 31-60 minutes

C More than 60 minutes

33. About how many hours a day do you spend moving around on your feet while doing things? Please report only the time that you are ACTUALLY MOVING.

[Show and read response card # 5]

A Not at all

B Less than 1 hour per day

C 1 to less than 3 hours per day

D 3 to less than 5 hours per day

E 5 to less than 7 hours per day

F 7 or more hours per day

	FOLLOW-UP CONTACT FO	ORM (FUPB Screen 18 of 20)
sper on duri man	rule about how much time you and standing or moving around your feet on an average day ing the past month? About how y hours per day do you STAND? by and read response card # 6]	35. About how many hours did you spend sitting on an average day during the past month? [Show and read response card # 7] A Not at all
А	Not at all	B Less than 3 hours
В	Less than 1 hour per day	C 3 to less than 6 hours D 6 to less than 8 hours
С	1 to less than 3 hours per day	D 6 to less than 8 hours E 8 or more hours
D	3 to less than 5 hours per day	36. About how many flights of stairs do you climb UP each day?
E	5 to less than 7 hours per day	(1 flight equals 10 steps.)
F	7 or more hours per day	# of flights
	FOLLOW-UP CONTACT FORM	(FUPB Screen 19 of 20)
	ID BLOOD PRESSURE ted Blood Pressure #2:	38. Average Blood Pressure:
b. D	ystolic: FUP39A iastolic: FUP39B ndicate which arm:	a. Average Systolic blood pressure: [Do not calculate. Automatically calculated by DMS program.] BP variables four rand_derv_niddk
	(prefer same arm R Right FUP39 as with first BP) L Left	b. Average Diastolic blood pressure: [Do not calculate. Automatically calculated by DMS program.]
	FOLLOW-UP CONTACT FORM	(FUPB Screen 20 of 20)
	e of Data Collection:	If any hospitalizations or outpatient angioplasties were reported, complete dospitalization Form. If the patient is deceased, complete an Outcomes Documentation Form.
10. Met C P	thod of data collection: Computer Paper	If the nationt missed contact and is
	Paper miner's Initials:	If this is a clinic visit, complete Medication Survey Form and Phlebotomy Form. Schedule/Remind participant of next

CO_____

ID_____

Seq No____



FOLLOW-UP CONTACT FORM

FORM CODE: FUP

VERSION:

03/25/02

Folic Acid for Vascular Outcome Reduction in Transplantation

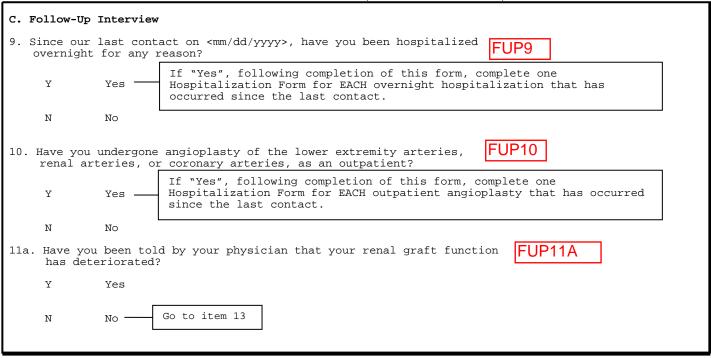
0 CONTACT OCCASION: SEQUENCE NUMBER: ID NUMBER: PATIENT LAST NAME: FIRST/MIDDLE INITIALS: This form should be completed for all Semi-Annual and Annual follow-up visits. Contact #: 3 6 10 11 Study Month: 6 12 18 24 30 36 42 48 54 60

FOLLOW-UP CONTACT FORM (FUPA Screen 1 of 21) A. Contact Information FUP1 1. Type of Contact: Regularly Scheduled Clinic Visit -Go to Item 5 Α Go to Item 9 В Regularly Scheduled Telephone Contact -Go to Item 9 С Phone Contact Replacing Clinic Visit — Go to Item 5 Clinic Visit Replacing Phone Contact -D Missed Contact Ε

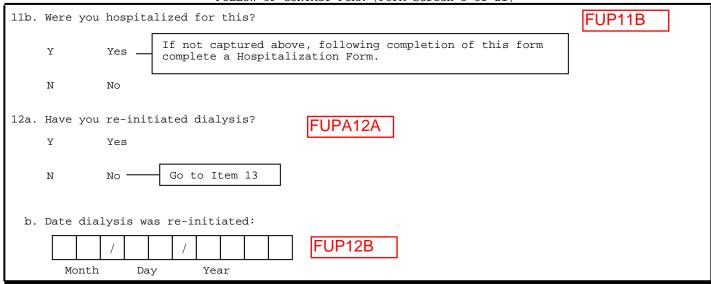
FOLLOW-UP CONTACT FORM (FUPA Screen 2 of 21)	
2. Indicate the main reason the visit was missed:	ELID2
A Participant refused — Go to Item 4	1012
B Participant incapacitated Go to Item 4; Following completion of this form, complete Informant Interview Form.	
C Participant withdrew consent	
D Participant location unknown Go to Item 41; Following completion of this form, complete Informant Interview Form.	
E Oversight — Go to Item 41	
F Participant died — Go to Item 41; Following completion of this form, complete Outcomes Documentation and Informant Interview Forms.	
3a. Date participant withdrew consent: / / / / Month Day Year	FUP3A
b. Did the participant give reason for withdrawing consent?	
Y Yes	FUP3B
N No	
Specify reason for withdrawal	
Go to Item 41	

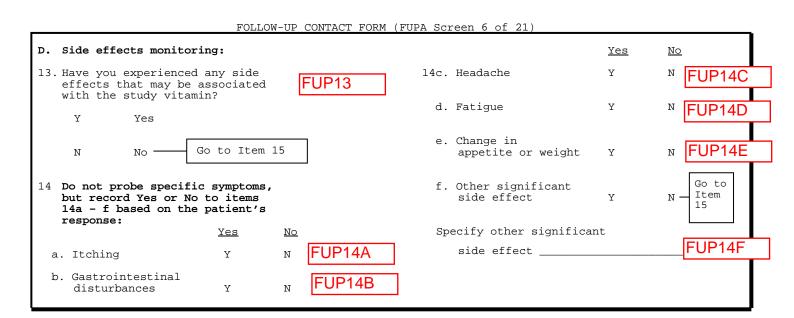
FOLLOW-UP CONTACT FORM (FUPA Screen 3 of 21) Right FUP5C 4. Is participant currently on study FUP4 medication? 5c. Indicate which arm: (right arm preferred) Υ Yes Left N No 6. Height (in inches = cm/2.54): FUP6 Unknown U in. Go to Item 41 7. Weight (in pounds = kg/0.45): B. Clinic Examination lbs. 5. Seated Blood Pressure #1: 8. Body Mass Index: [Do not FUP5A a. Systolic: calculate. Automatically calculated by DMS program.] Variable found in b. Diastolic: rand_derv_niddkv1 FUP5B

FOLLOW-UP CONTACT FORM (FUPA Screen 4 of 21)



FOLLOW-UP CONTACT FORM (FUPA Screen 5 of 21)





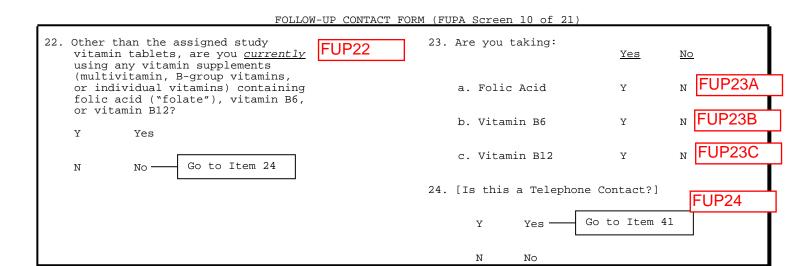
FOLLOW-UP CONTACT FORM (FUPA Screen 7 of 21) E. Study Medication Interview FUP15 15. Over the past six months, have you been taking the study vitamin every day, almost every day, or less frequently? Go to Item 18 Takes vitamin every day Α Go to Item 18 Takes vitamin almost every day В Takes vitamin approximately 75% to 90% of the time -Go to Item 17 C Takes vitamin approximately 50% to 74% of the time -Go to Item 17 Takes vitamin approximately 25% to 49% of the time _ Ε Go to Item 17 Seldom takes vitamin (takes vitamin occasionally, -Go to Item 17 F but less than 25% of the time) G Does not take study vitamin

ID CO:03_	Seq No: 00	
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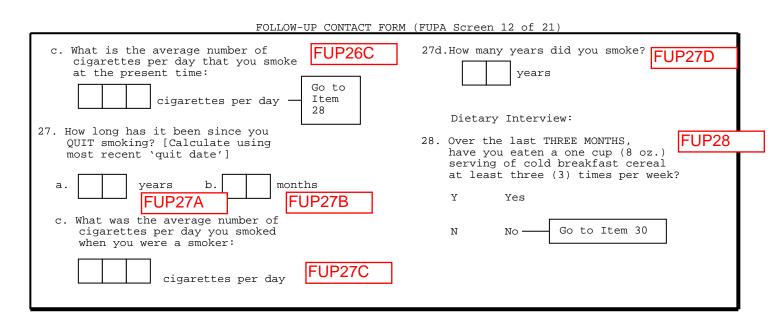
FOLLOW-UP CONTACT FORM (FUPA Screen 8 of 21)

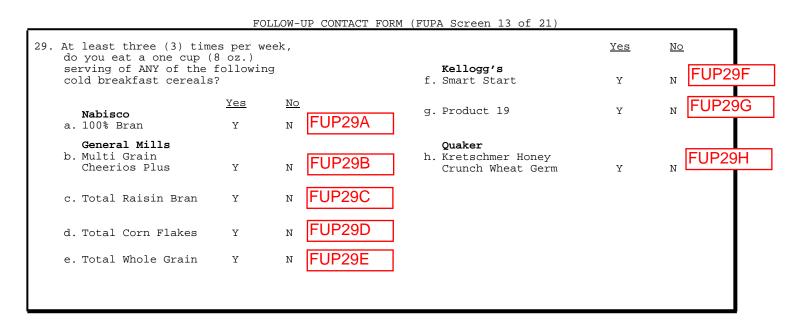
16.		ient does not take study vitamin, can patient be converted me taking the study vitamin?]	FUP16
	S	Successfully converted patient to resume study vitamin	
	U	Unsuccessful attempt to convert patient to resume study vitamin	
17.		the primary reason that you did not take the study vitamin ay (or almost every day)?	FUP17
	A	Patient forgets	
	В	Medication was misplaced	
	С	Patient experiences side effects	
	D	Other reason:	

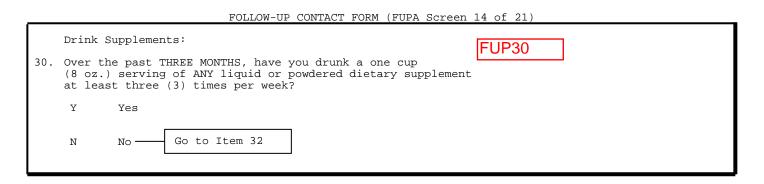
		FOLLOW-UP CONTACT FORM (FUPA Screen	9 of 21)	
18.	Did you Y	take the study vitamin today? FUP18		
	N	No		
19.		number of bottles dispensed to the participant since t pill count:]	FUP19	FUP19-FUPA21A
20.	[Total clinic:	number of bottles the participant brought to the	FUPA20	Moved to VDL 2/21/05. Use adher dataset for these variables.
21.	[Obtain	and record pill count:]	FUPA21	inoso variables.



F. Risk Factor And Interview Information	FUP25 Smoking History:
Blood Pressure:	26a. Do you currently smoke or have you ever smoked cigarettes? [Probe for appropriate response]
25. Is the patient currently undergoing treatment for hypertension with one or more specific antihypertensive medications?	A Never Smoked — Go to Item 28
Y Yes	B Current Smoker (defined as at least 1 cigarette per day)?
N No	C Ever Smoked — Go to Item 27
	26b. How many years have you smoked?
	years FUP26B







ID_____ CO: <u>03</u> Seq No: <u>00</u>

FOLLOW-UP CONTACT FORM (FUPA Screen 15 of 21)

1. At least three (3) times per week, do you drink a one cup (8 oz.) serving of ANY of the following specific liquid or powdered dietary supplements? [Read Each Choice]						
	<u>Yes</u>	<u>No</u>				
a. Ensure Plus HN:	Y	n FUP31A				
b. Replena:	Y	_N FUP31B				
c. Sandoz Nutrition Citrotein:	Y	_N FUP31C				
d. Pulmocare:	Y	N FUP31D				
e. Magnacal Renal:	Υ	N FUP31E				
f. Any other?	Y	$_{ m N}$ Go to Item 32				
g. Specify other:						

FOLLOW-UP CONTACT FORM (FUPA Screen 16 of 21)

G. Physical Activity

Instructions: The following questions have to do with certain kinds of activities that you have done DURING THE PAST MONTH. These activities may have been done as part of your work, household tasks or during your leisure. [USE RESPONSE CARDS]

32. About how many times during the past month did you participate in <u>VIGOROUS</u> activities that lasted at least 10 MINUTES and caused large increases in your breathing and heart rate, <u>or</u> leg fatigue, <u>or</u> caused you to perspire?

[Show and read response card # 1]

A Not at all — Go to Item 34

B 1-3 Times per month

C 1-2 Times per week

D 3-4 Times per week

E 5 or more times per week

FOLLOW-UP CONTACT FORM (FUPA Screen 17 of 21)

34. Think about the walks you have 33. About how long on the average did FUP34 FUP33 taken during the past month, about you do this (these) vigorous how many times did you walk for at activities each time? least 10 MINUTES or more without [Show and read response card # 2] stopping and which was NOTstrenuous enough to cause large increases in breathing and 10-30 minutes Α heart rate, or result in leg fatigue, \underline{or} cause you to perspire. [Show and read response card # 3] 31-60 minutes Go to Item 36 Not at all C More than 60 minutes В 1-3 Times per month C 1-2 Times per week D 3-4 Times per week Ε 5 or more times per week

FOLLOW-UP CONTACT FORM (FUPA Screen 18 of 21)

35. When you did this walking, for how 36. About how many hours per day do FUP36 FUP35 many minutes on the average did you spend moving about on your feet doing things on a typical day during the past month? Please you do it each time? [Show and read response card # 4] report on the time that you were ACTUALLY MOVING. 10-30 minutes [Show and read response card # 5] 31-60 minutes В Not at all Α More than 60 minutes Less than 1 hour per day С 1 to less than 3 hours per day D 3 to less than 5 hours per day 5 to less than 7 hours per day Ε 7 or more hours per day

		FOLLOW-UP CONTACT FORM	(FUP)	A Screen 19 of 21)
37.	sitting	ow many hours did you spend on an average day during	38.	About how many flights of stairs do you climb UP each day on a
		t month? .nd read response card # 6]		typical day during the past month? (1 flight equals 10 steps.)
	A	Not at all		
		Less than 3 hours		# of flights
	В			
	С	3 to less than 6 hours		
	D	6 to less than 8 hours		
	E	8 or more hours		

ID	CO:	03	Seq No:	0.0
TD	CO:	03_	ped No:	UU

FOLLOW-UP CONTACT FORM (FUPA Screen 20 of 21)

H. SECOND BLOOD PRESSURE 39. Seated Blood Pressure #2:	39c. Indicate which arm (prefer same arm as with first BP)	: R	Right
a. Systolic: FUP39A		L	Left
b. Diastolic: FUP39B		FUP	239C

FOLLOW-UP CONTACT FORM (FUPA Screen 21 of 21)			
40. Average Blood Pressure: a. Average Systolic blood pressure: [Do not calculate. Automatically calculated by DMS program.]			If any hospitalizations or outpatient angioplasties were reported, complete Hospitalization Form.
			If the patient is deceased, complete an Outcomes Documentation Form.
		BP variables found in rand_derv_niddkv1	If the patient missed contact and is incapacitated, location is unknown or died, complete Informant Interview Form.
b. Average Diastolic blood pressure: [Do not calculate. Automatically calculated by DMS program.]			If this is a clinic visit, complete Medication Survey Form and Phlebotomy Form.
			Schedule/Remind participant of next study contact.
41. Date of Data Collection:			
Month	Day Ye	FUP41	
42. Examiner's Initials: Blind_staff_ID			