

Baseline	Annual	Form Name
✓	✓	Alcohol Use
✓		Ankle/Arm Blood Pressure and Waist Baseline Version 1
✓		Ankle/Arm Blood Pressure and Waist Baseline Version 2
✓	✓	Ankle/Arm Blood Pressures and Waist Baseline and Follow-up Version 3
	✓	Behaviors Annual Follow-up
✓		Behaviors Baseline
	✓	Blood Pressure and Weight Annual Follow-up
✓		Blood Pressure and Weight Baseline Version 2
✓		Eating Habits
✓		Eligibility Screen Form A Staff Completed Version 6
✓	✓	Exercise Habits
✓		Family Medical History Baseline
	✓	Four Year Submaximal Graded Exercise Test
✓	✓	Maximal Graded Exercise Test Baseline Version 6
	✓	Medical History Annual Form
✓		Medical History Baseline
✓	✓	Medication Inventory
	✓	Medication Inventory
✓	✓	Moods Annual BD-I
✓	✓	My Health
	✓	Myself and My Family
✓		Myself and My Family Baseline
✓		Pre-Screening (Interviwer Administered) Version 5
✓		Race/Ethnicity Questions Annual/Follow-up
	✓	Study Outcomes Version 9
	✓	Submaximal Graded Exercise Text Version 2
	✓	Woman's Health Annual Follow-up
✓		Women's Health Baseline