My Health - Part B: A. Complaints

PID:

Acrostic:

Visit:

Date Form Completed: mm/dd/yyyy

Administration Type:

()	
(1)	Self-administered
(2)	Mailed
(3)	Telephone
(4)	Interviewer-administered
(5)	Home
(6)	Administered to Proxy

Administered by: STAFF II

Language:

(1)	English
(2)	Spanish
(3)	Navajo

A. Complaints

1. Heartburn (burning sensation in chest or upper abdomen)

{schrtbrn} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

2. Regurgitation (the involuntary movement of liquids and foods from the stomach up into the throat)

{scregurg} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

3. Nausea (feeling sick to your stomach as if you were going to throw up or vomit)

{scnausea} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

4. Abdominal pain above the navel

{scapain1} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

5. Vomiting

{scvomit} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

6. Feeling very full after eating only a little bit of a meal

{scfull} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

7. Bloating or distention (your abdomen feels swollen or gassy)

{scbloat} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

8. Constipation

{scconst} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

9. Diarrhea

{scdiarr} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

Complaints

10. Abdominal pain below the navel

{scapain2} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

11. Leg or arm pain during or following exercise

{sclegpn} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

12. Swollen or sore joints during or following exercise

{scswjnts} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

13. A pulled or strained muscle, tendon, or ligament during or following exercise

{scmusc} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

14. Sores on your feet that heal poorly

{scfsore} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

15. Swelling of the feet or ankles

{scfswell} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

16. Chest pain/angina/heart pain

{scangina} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

17. Palpitations/Heart Racing/Heart skipping beats

{schpalp} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

18. Shortness of breath with exercise

{scshbth1} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

19. Shortness of breath lying down or waking you up at night

{scshbth2} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

20. Dizzy or lightheaded when you stand up

{scdizzy1} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

21. Dizzy or lightheaded anytime

{scdizzy2} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

22. Worsening of your eyesight

{sceyes} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

23. Numbness or weakness of one arm or leg

{scnumb} {int 4}

()	--
(1)	1 - Did not occur
(2)	2 - Mild
(3)	3 - Moderate
(4)	4 - Severe

Complaints

24. Have you experienced low blood sugar in the last 3 months?

{sclbs} {int 4}

()	--
(1)	1 - Yes - Continue
(2)	2 - No - END

How many times was your low blood sugar so severe that you had to be in the hospital?

{schscnt} {int 4} (number of times, "00" if none)

How many times was your low blood sugar so severe that you had to visit the emergency room, but not be admitted to the hospital?

{scercnt} {int 4} (number of times, "00" if none)

How many times was your low blood sugar so severe that you needed someone to help you but not ER visit or hospitalization)?

{schpcnt} {int 4} (number of times, "00" if none)

How many times have you had low blood sugar in the last 7 days?

{sclbcnt} {int 4} (number of times, "00" if none)

Did any of these times occur without symptoms?

{scnosymp} {int 4}
() --
(1) 1 - Yes
(2) 2 - No

Did any of these times result in injury to yourself or to others?

{scinjury} {int 4}
() --
(1) 1 - Yes
(2) 2 - No

Did any of these times occur when you were asleep?

{scasleep} {int 4}
() --
(1) 1 - Yes
(2) 2 - No

25. Was your blood sugar checked during the most severe episode of low blood sugar?

{sccheck} {int 4}
() --
(1) 1 - Yes
(2) 2 - No

What was the glucose value? {scgluc} {int 4}

26. Has your medicine for diabetes been changed as a result of these episodes of low blood sugar?

{scmedchg} {int 4}
() --
(1) 1 - Yes
(2) 2 - No

Who changed your diabetes medicine?

{scwhochg} {int 4}
() --
(1) 1 - Primary care physician
(2) 2 - Look AHEAD personnel
(3) 3 - Other, specify

Specify: {scwho_sp} {varchar 50}

MY HEALTH, PART B. ANNUAL

Patient ID	*[affix ID label here]*	Date Form Completed	Month / Day / Year
Administration Type		Visit Code	Reviewed by	Language: E

A. Complaints

Below is a list of complaints people sometime have. For each item, check the one that best describes how bothersome the complaint was for you during the past 4 weeks. Be sure to mark one box for each complaint listed. If you did not have the problem, please check the box under "did not occur." If you had the complaint, use the following key to indicate how bothersome it was:

Mild = complaint did not interfere with usual activities.

Moderate = complaint interfered somewhat with usual activities.

Severe = complaint was so bothersome that usual activities could not be performed

	Complaint	Did not occur	Complaint occurred and was: Mild	Moderate	Severe
1.	Heartburn (burning sensation in chest or upper abdomen)	1 ☐	2 ☐	3 ☐	4 ☐
2.	Regurgitation (the involuntary movement of liquids or foods from the stomach up into the throat)	1 ☐	2 ☐	3 ☐	4 ☐
3.	Nausea (feeling sick to your stomach as if you were going to throw up or vomit)	1 ☐	2 ☐	3 ☐	4 ☐
4.	Abdominal pain above the navel	1 ☐	2 ☐	3 ☐	4 ☐
5.	Vomiting	1 ☐	2 ☐	3 ☐	4 ☐
6.	Feeling very full after eating only a little bit of a meal	1 ☐	2 ☐	3 ☐	4 ☐
7.	Bloating or distention (your abdomen feels swollen or gassy)	1 ☐	2 ☐	3 ☐	4 ☐
8.	Constipation	1 ☐	2 ☐	3 ☐	4 ☐
9.	Diarrhea	1 ☐	2 ☐	3 ☐	4 ☐

A. Complaints

Complaint	Did not occur	Complaint occurred and was: Mild	Moderate	Severe
10. Abdominal pain below the navel	1 ☐	2 ☐	3 ☐	4 ☐
11. Leg or arm pain during or following exercise	1 ☐	2 ☐	3 ☐	4 ☐
12. Swollen or sore joints during or following exercise	1 ☐	2 ☐	3 ☐	4 ☐
13. A pulled or strained muscle, tendon, or ligament during or following exercise	1 ☐	2 ☐	3 ☐	4 ☐
14. Sores on your feet that heal poorly	1 ☐	2 ☐	3 ☐	4 ☐
15. Swelling of the feet or ankles	1 ☐	2 ☐	3 ☐	4 ☐
16. Chest pain/angina/heart pain	1 ☐	2 ☐	3 ☐	4 ☐
17. Palpitations/Heart racing/Heart skipping beats	1 ☐	2 ☐	3 ☐	4 ☐
18. Shortness of breath with exercise	1 ☐	2 ☐	3 ☐	4 ☐
19. Shortness of breath lying down or waking you up at night	1 ☐	2 ☐	3 ☐	4 ☐
20. Dizzy or lightheaded when you stand up	1 ☐	2 ☐	3 ☐	4 ☐
21. Dizzy or lightheaded anytime	1 ☐	2 ☐	3 ☐	4 ☐
22. Worsening of your eyesight	1 ☐	2 ☐	3 ☐	4 ☐
23. Numbness or weakness of one arm or leg	1 ☐	2 ☐	3 ☐	4 ☐

A. Complaints

24. Have you experienced low blood sugar in the last 3 months?

1 ☐ Yes ➔

How many times was your low blood sugar so severe that you had to be in the hospital?	☐☐	(number of times, "00" if none)
How many times was your low blood sugar so severe you had to visit the emergency room, but not be admitted to the hospital?	☐☐	(number of times, "00" if none)
How many times was your low blood sugar so severe that you needed someone to help you (but not ER visit or hospitalization)?	☐☐	(number of times, "00" if none)
How many times have you had low blood sugar in the last 7 days?	☐☐	(number of times, "00" if none)

Did any of these times occur without symptoms?	1 ☐ Yes	2 ☐ No
Did any of these times result in injury to yourself or to others?	1 ☐ Yes	2 ☐ No
Did any of these times occur when you were asleep?	1 ☐ Yes	2 ☐ No

2 ☐ No ➔ Go to Section B, "Knees," next page

25. Was your blood sugar checked during the most severe episode of low blood sugar?

1 ☐ Yes ➔ What was the glucose value? ☐☐☐

2 ☐ No

26. Has your medicine for diabetes been changed as a result of these episodes of low blood sugar?

1 ☐ Yes ➔

2 ☐ No

Who changed your diabetes medicines?

1 ☐ Primary Care Physician

2 ☐ Look AHEAD Personnel

3 ☐ Other