

PID:

Acrostic:

Visit:

Date Form Completed:

Administration Type:

- (0)
- (1) Self-administered
- (2) Mailed
- (3) Telephone
- (4) Interviewer-administered
- (5) Home
- (6) Administered to Proxy

Administered by:

Language:

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

**Diabetes**

**4. In the past 12 months, have you been told that your diabetes has affected the back of your eye, that is, the retina?**

(Do not include treatment for cataracts or glaucoma)

- {mhretina} {int 4}
- (0) --
  - (1) 1 - Yes
  - (2) 2 - No

**5. In the past 12 months, have you been told that your diabetes has affected your kidneys?**

- {mhkidney} {int 4}
- (0) --
  - (1) 1 - Yes
  - (2) 2 - No

**Neuropathy**

**6. Please answer the questions below about the feelings in your legs and feet. Check yes or no based on how you usually feel.**

**a. Are your legs and/or feet numb?**

{mhnumb} {int 4}

- (0) --
- (1) 1 - Yes
- (2) 2 - No

b. Do you ever have any burning pain in your legs and/or feet?

{mhburn} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

c. Are your feet too sensitive to touch?

{mhsens} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

d. Do you get muscle cramps in your legs and/or feet?

{mhcramps} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

e. Do you ever have any prickling feelings in your legs or feet?

{mhprck} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

f. Does it hurt when the bed covers touch your skin?

{mhtouch} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

g. When you get into the tub or shower, are you able to tell the hot water from the cold water?

{mhtell} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

h. Have you ever had an open sore on your foot?

{mhsore} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

If Yes, do you have one now?

{mhsorenow} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

i. Has your doctor ever told you that you have diabetic neuropathy?

{mhneur} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

j. Do you feel weak all over most of the time?

{mhweak} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

k. Are your symptoms worse at night?

{mhworse} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

l. Do your legs hurt when you walk?

{mhhurt} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

m. Are you able to sense your feet when you walk?

{mhwalk} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

n. Is the skin on your feet so dry that it cracks open?

{mhdry} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

o. Have you ever had an amputation?

{mhamp} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No

### Congestive Heart Failure/Breathlessness

7. Have you ever had to sleep on 2 or more pillows to help you breathe?

{mhhelp1} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

If Yes, do you currently have to sleep on 2 or more pillows to help you breathe?

{mhhelp2} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

8. Have you ever been awakened at night by trouble breathing?

{mhwake1} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

If Yes, do you currently wake up at night due to trouble breathing?

{mhwake2} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

9. Have you had swelling of your feet or ankles (excluding during pregnancy or because of an injury such as a sprain)?

{mhswell1} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

If Yes, did it come on during the day and go down overnight?

{mhd1} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

**Do you currently have swelling of your feet or ankles?**

{mhs2} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

**If Yes, does it come on during the day and go down overnight?**

{mhd2} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

**10. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?**

{mhs3} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

**If Yes, When walking on level ground, do you have to walk slower than people your age because of breathlessness?**

{mhs4} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

**Do you ever have to stop for breath when walking at your own pace on level ground**

{mhs5} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

**Leg Pain/Claudication**

**11. Do you get pain in either leg on walking?**

{mhl6} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

**If Yes, Does this pain ever begin when you are standing or sitting?**

{mhb7} {int 4} 

()	--
(1)	1 - Yes
(2)	2 - No

**If Yes, In what part of your leg do you feel it?**

{mhfeel} {int 4} 

0	--
(1)	1 - In calf
(2)	2 - Not in calf

**If In calf, Do you get it if you walk uphill or hurry?**

{mhhurry} {int 4} 

0	--
(1)	1 - Yes
(2)	2 - No

**If Yes, Do you get it if you walk at an ordinary pace on the level?**

{mhlevel} {int 4} 

0	--
(1)	1 - Yes
(2)	2 - No

**Does the pain ever disappear while you are walking?**

{mhdis} {int 4} 

0	--
(1)	1 - Yes
(2)	2 - No

**What do you do if you get it when you are walking?**

{mhdo} {int 4} 

0	--
(1)	1 - Stop or slow down
(2)	2 - Carry on

**What happens to it if you stand still? Is it relieved?**

{mhstill} {int 4} 

0	--
(1)	1 - Relieved
(2)	2 - Not relieved

**How soon?**

{mhsoon} {int 4} 

0	--
(1)	1 - <= 10 minutes
(2)	2 - > 10 minutes

**Were you ever hospitalized for this problem in your legs?**

{mhhosp} {int 4} 

0	--
(1)	1 - Yes
(2)	2 - No

## Sleep Apnea

The following questions are about snoring and breathing during sleep. Please consider both what others have told you and what you know about yourself.

12. Have you ever snored (now or at any time in the past)?

{mhsnore} {int 4} (0) --  
(1) 1 - Yes  
(2) 2 - No (Skip to question 15)  
(9) 9 - Don't know (Skip to question 15)

**13. How often do you snore now?**

{mhsnfreq} {int 4} (0) --  
(1) 1 - Do not snore anymore (Skip to question 15)  
(2) 2 - Sometimes (up to 2 nights a week)  
(3) 3 - Frequently (3-5 nights a week)  
(4) 4 - Always or almost always (6-7 nights a week)  
(9) 9 - Do not know

**14. How loud is your snoring?**

{mhloud} {int 4} (0) --  
(1) 1 - Only slight louder than heavy breathing  
(2) 2 - About as loud as talking  
(3) 3 - Louder than talking  
(4) 4 - Extremely loud - can be heard through a closed door  
(9) 9 - Don't know

**15. Are there times when you stop breathing during your sleep?**

{mhstpbth} {int 4} (0) --  
(1) 1 - Yes  
(2) 2 - No (Skip to question 17)  
(9) 9 - Don't know (Skip to question 17)

**16. How often do you have times when you stop breathing during your sleep?**

{mhoften} {int 4} (0) --  
(1) 1 - Sometimes (up to 2 nights a week)  
(2) 2 - Frequently (3-5 nights a week)  
(3) 3 - Always or almost always (6-7 nights a week)  
(9) 9 - Don't know

**17. How often do you feel excessively (overly) sleepy during the day?**

{mhsleepy} {int 4} (0) --  
(1) 1 - Never or rarely (1 day/month or less)  
(2) 2 - Sometimes (2-4 days/month)  
(3) 3 - Often (5-15 days/month)  
(4) 4 - Almost always (16-30 days/month)

**18. Have you ever been told by a doctor that you had sleep apnea (a condition in which breathing stops briefly during sleep)?**

{mhapnea} {int 4} (0) --  
(1) 1 - Yes  
(2) 2 - No

# MY HEALTH, PART A. ANNUAL – OUT YEARS

Patient ID	<input type="text" value="[affix ID label here]"/>	Date Form Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Month	Day	Year
Administration Type	<input type="text"/>	Visit Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Reviewed by	<input type="text"/>	<input type="text"/>	Language <input type="text" value="E"/>









**Diabetes**

4. In the past 12 months, have you been told that your diabetes has affected the back of your eye, that is, the retina?

(Do not include treatment for cataracts or glaucoma)

1  Yes

2  No

5. In the past 12 months, have you been told that your diabetes has affected your kidneys?

1  Yes

2  No





**Congestive Heart Failure/Breathlessness**

7. Have you ever had to sleep on 2 or more pillows to help you breathe?

1  Yes →

2  No

Do you currently have to sleep on 2 or more pillows to help you breathe?

1  Yes

2  No

8. Have you ever been awakened at night by trouble breathing?

1  Yes →

2  No

Do you currently wake up at night due to trouble breathing?

1  Yes

2  No

9. Have you ever had swelling of your feet or ankles (excluding during pregnancy or because of an injury such as a sprain)

1  Yes →

2  No

Did it come on during the day and go down overnight?

1  Yes

2  No

Do you currently have swelling of your feet or ankles?

1  Yes →

2  No

Does it come on during the day and go down overnight?

1  Yes

2  No

10. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

1  Yes →

2  No

When walking on level ground, do you have to walk slower than people your age because of breathlessness?

1  Yes

2  No

Do you ever have to stop for breath when walking at your own pace on level ground?

1  Yes

2  No



**Leg Pain/Claudication**

11. Do you get pain in either leg on walking?

- 1  Yes →
- 2  No

Does this pain ever begin when you are standing or sitting?

- 1  Yes →
- 2  No

In what part of your leg do you feel it?

- 1  In calf →
- 2  NOT in calf

Do you get it if you walk uphill or hurry?

- 1  Yes →
- 2  No

Do you get it if you walk at an ordinary pace on the level?

- 1  Yes
- 2  No

Does the pain ever disappear while you are walking?

- 1  Yes
- 2  No

What do you do if you get it when you are walking?

- 1  Stop or slow down →
- 2  Carry on

What happens to it if you stand still? Is it relieved?

- 1  Relieved →
- 2  Not relieved

How soon?

- 1  ≤ 10 minutes
- 2  > 10 minutes

Were you ever hospitalized for this problem in your legs?

- 1  Yes
- 2  No

## Sleep Apnea

The following questions are about snoring and breathing during sleep. Please consider both what others have told you and what you know about yourself.

12. Have you ever snored (now or at any time in the past)?
- 1  Yes
  - 2  No → Skip to question #15
  - 9  Don't know → Skip to question #15
13. How often do you snore now?
- 1  Do not snore any more → Skip to question #15
  - 2  Sometimes (up to 2 nights a week)
  - 3  Frequently (3-5 nights a week)
  - 4  Always or almost always (6-7 nights a week)
  - 9  Don't know
14. How loud is your snoring?
- 1  Only slightly louder than heavy breathing
  - 2  About as loud as talking
  - 3  Louder than talking
  - 4  Extremely loud – can be heard through a closed door
  - 9  Don't know
15. Are there times when you stop breathing during your sleep?
- 1  Yes
  - 2  No → Skip to question #17
  - 9  Don't know → Skip to question #17
16. How often do you have times when you stop breathing during your sleep?
- 1  Sometimes (up to 2 nights a week)
  - 2  Frequently (3-5 nights a week)
  - 3  Always or almost always (6-7 nights a week)
  - 9  Don't know
17. How often do you feel excessively (overly) sleepy during the day?
- 1  Never or rarely (1 day/month or less)
  - 2  Sometimes (2-4 days/month)
  - 3  Often (5-15 days/month)
  - 4  Almost always (16-30 days/month)



**Sleep Apnea**

18. Have you ever been told by a doctor that you had sleep apnea (a condition in which breathing stops briefly during sleep)?

1  Yes

2  No