

**SECTION A: GENERAL STUDY INFORMATION**

A1. STUDY ID#: <input type="text" value="Label"/>	A2. VISIT #	F/U 36 Months... ET36	F/U 48 Months.....ET48
		F/U 60 Months... ET60	F/U 72 Months .....ET72
		F/U 84 Months... ET84	
A3. DATE FORM COMPLETED: ____ / ____ / ____ Month Day Year		A4. INTERVIEWER INITIALS: _____	

**SECTION B: COMORBIDITIES**

**Myocardial Infarction:**

B1. Have you ever had a heart attack?

- Yes ..... 1
- No ..... 2

**Congestive Heart Failure:**

B2. Have you ever been treated for heart failure? (You may have been short of breath and the doctor may have told you that you had fluid in your lungs or that your heart was not pumping well.)

- Yes ..... 1
- No ..... 2

**Peripheral Vascular Disease:**

B3. Have you had an operation to unclog or bypass the arteries in your legs?

- Yes ..... 1
- No ..... 2

**Cerebrovascular Accident:**

B4. Have you had a stroke, cerebrovascular accident, blood clot or bleeding in the brain, or transient ischemic attack (TIA)?

- Yes ..... 1
- No ..... 2 → **SKIP TO B5**

**Hemiplegia:**

B4a. Do you have difficulty moving an arm or leg as a result of the stroke or cerebrovascular accident?

- Yes ..... 1
- No ..... 2

**Chronic Obstructive Pulmonary Disease:**

B5. Do you have asthma?

- Yes ..... 1
- No ..... 2 → **SKIP TO B6**

B5a. Do you take medicines for your asthma?

- Yes ..... 1
- No ..... 2 → **SKIP TO B6**

B5b. Do you take these medicines...

- only with flare-ups ..... 1
- regularly, even when not having a flare-up ..... 2

B6. Do you have emphysema, chronic bronchitis, or chronic obstructive lung disease?

- Yes ..... 1
- No ..... 2 → **SKIP TO B7**

B6a. Do you take medicines for your lung disease?

- Yes ..... 1
- No ..... 2 → **SKIP TO B7**

B6b. Do you take these medicines...

- only with flare-ups ..... 1
- regularly, even when not having a flare-up ..... 2

**Ulcer Disease:**

B7. Do you have stomach ulcers, or peptic ulcer disease?

- Yes ..... 1
- No ..... 2 → **SKIP TO B8**

B7a. Has this condition been diagnosed by endoscopy (where a doctor looks into your stomach through a scope) or an upper GI or barium swallow study (where you swallow chalky dye and then x-rays are taken)?

- Yes ..... 1  
 No ..... 2

**Diabetes:**

B8. Do you have diabetes (high blood sugar)?

- Yes ..... 1  
 No ..... 2 → **SKIP TO B9**

B8a. How is your diabetes treated?

	YES	NO
i. ...by modifying your diet?	1	2
ii. ...by taking medications by mouth?	1	2
iii. ...by insulin injections?	1	2

B8b. Has the diabetes caused any of the following problems?

	YES	NO
i. Problems with your kidneys .....	1	2
ii. Problems with your eyes, treated by an ophthalmologist .....	1	2

**Renal:**

B9. Have you ever had the following problems with your kidneys?

	YES	NO
a. Poor kidney function (blood tests show high creatinine).....	1	2
b. Have used hemodialysis or peritoneal dialysis .....	1	2
c. Have received kidney transplantation.....	1	2

**Connective Tissue Disease:**

B10. Do you have rheumatoid arthritis?

- Yes ..... 1  
 No ..... 2 → **SKIP TO B11**

B10a. Do you take medications for it regularly?

- Yes ..... 1  
 No ..... 2

B11. Do you have Lupus (systemic lupus erythematosus)?

- Yes ..... 1  
 No ..... 2

B12. Do you have Polymyalgia rheumatica?

- Yes ..... 1  
 No ..... 2

**Dementia, Liver Disease, Leukemia, Lymphoma, Tumor, Metastases, AIDS:**

B13. Do you have any of the following conditions?

		YES	NO	
a.	Alzheimer’s Disease, or any other form of dementia ...	1	2	
b.	Cirrhosis, or serious liver damage .....	1	2	
c.	Leukemia or polycythemia vera .....	1	2	
d.	Lymphoma .....	1	2	
e.	Cancer, other than skin cancer, leukemia, or lymphoma? .....	1↓	2	<b>→ SKIP TO B13f</b>
ei.	If yes, has the cancer spread, or metastasized to other parts of your body? .....	1	2	
f.	AIDS .....	1	2	