

Eligibility Screener

This screenshot shows the 'Respondent' form at 0% completion. The form is titled 'Respondent' and includes a 'Go To Case Manager' link in the top right. A progress indicator shows '0% Complete'. The main section is 'Participant's Contact Information', which contains the following fields:

- First Name
- Last Name
- Username
- ID
- Telephone Number
- Email address
- Mailing address

At the bottom of the form, there are three buttons: 'Back', 'Next', and 'Save & Exit'. The browser's address bar shows 'projectiola-dev.norc.org/CM/CMSurvey.aspx'. The taskbar at the bottom indicates the time is 4:35 PM on 8/21/2013.

This screenshot shows the 'Respondent' form at 6% completion. The form is titled 'Respondent' and includes a 'Go To Case Manager' link in the top right. A progress indicator shows '6% Complete'. The main section is 'Staff Comments', which contains a large text area for input.

At the bottom of the form, there are three buttons: 'Back', 'Next', and 'Save & Exit'. The browser's address bar shows 'projectiola-dev.norc.org/CM/CMSurvey.aspx'. The taskbar at the bottom indicates the time is 4:37 PM on 8/21/2013.

Eligibility Screener

Liberty - Control Panel - 1 x Project Lola - Survey x

projectlola-dev.norc.org/CM/CMSurvey.aspx

FootPrints Login | Delta: Time & Expe... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HWLB Liberty | HWLB - Respondent

Go To Case Manager

Respondent:

12% Complete

Does this seem like a study in which you would be interested in participating?

Yes

No

Back Next Save & Exit

4:37 PM 8/21/2013

This screenshot shows a web browser window with a survey titled "Project Lola - Survey". The survey progress is at 12% complete. The question asks, "Does this seem like a study in which you would be interested in participating?" with radio button options for "Yes" and "No". Navigation buttons for "Back", "Next", and "Save & Exit" are visible. The browser's address bar shows "projectlola-dev.norc.org/CM/CMSurvey.aspx".

Liberty - Control Panel - 1 x Project Lola - Survey x

projectlola-dev.norc.org/CM/CMSurvey.aspx

FootPrints Login | Delta: Time & Expe... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HWLB Liberty | HWLB - Respondent

Go To Case Manager

Respondent:

18% Complete

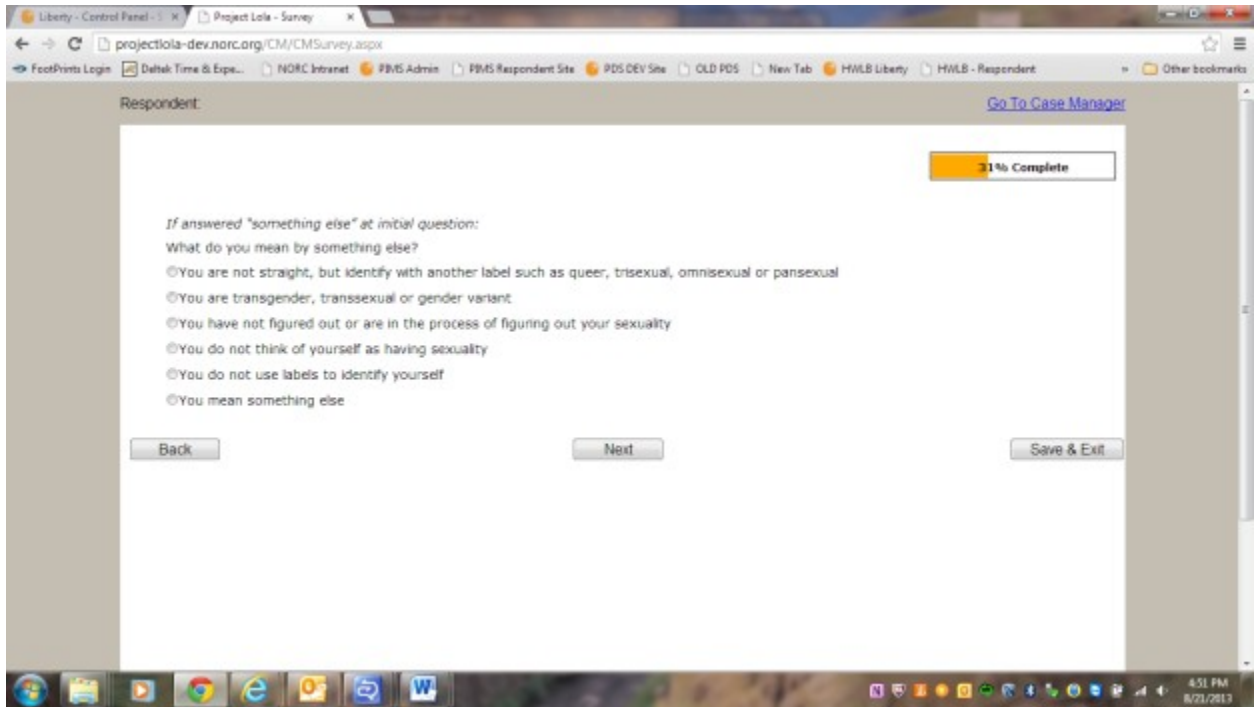
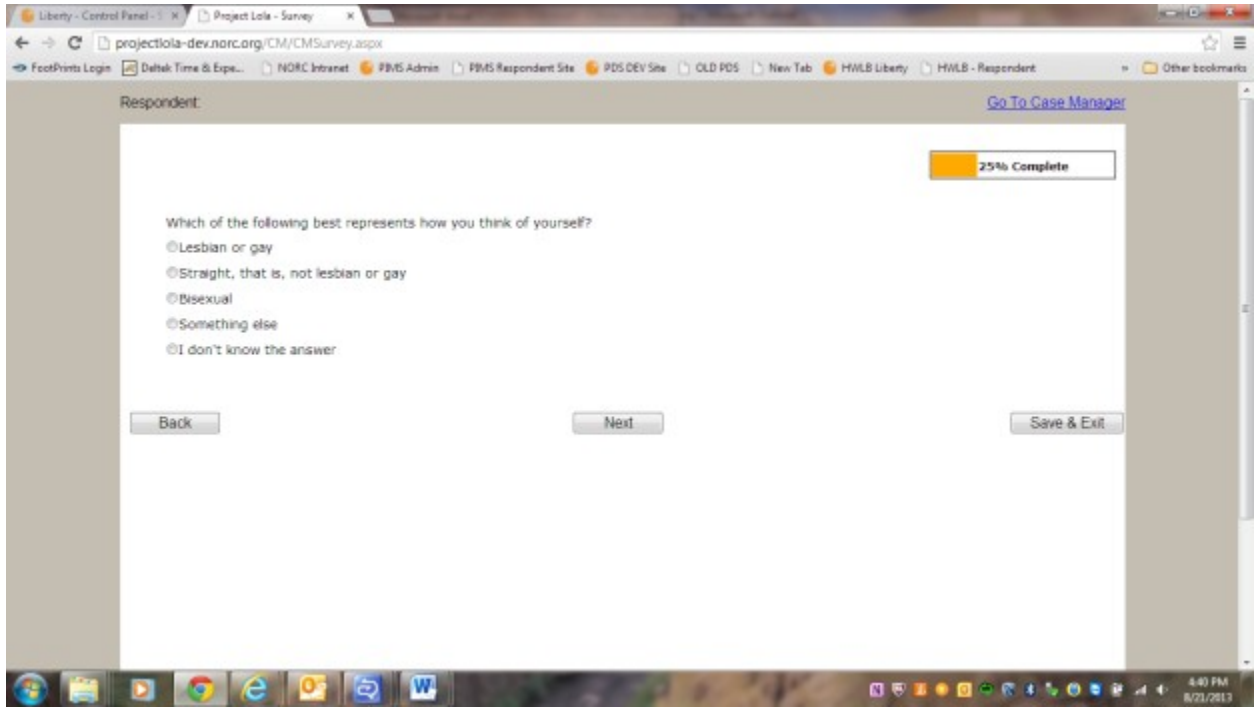
Date of Birth (MM/DD/YYYY)

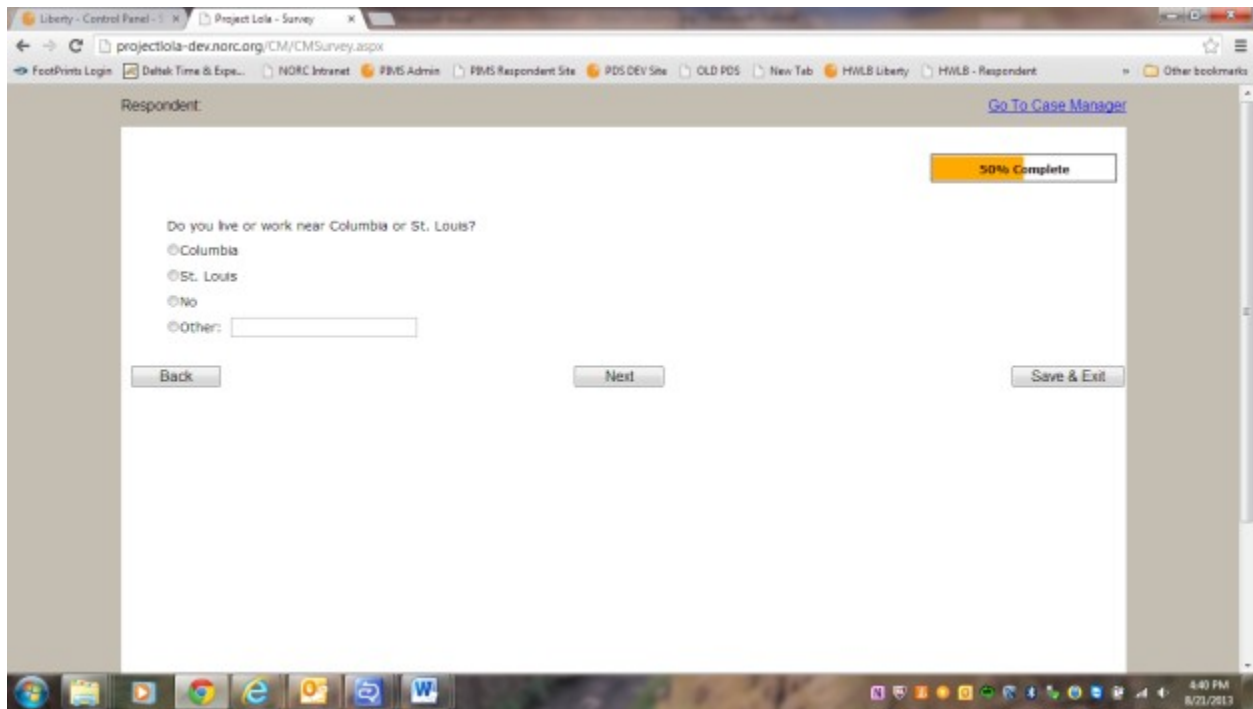
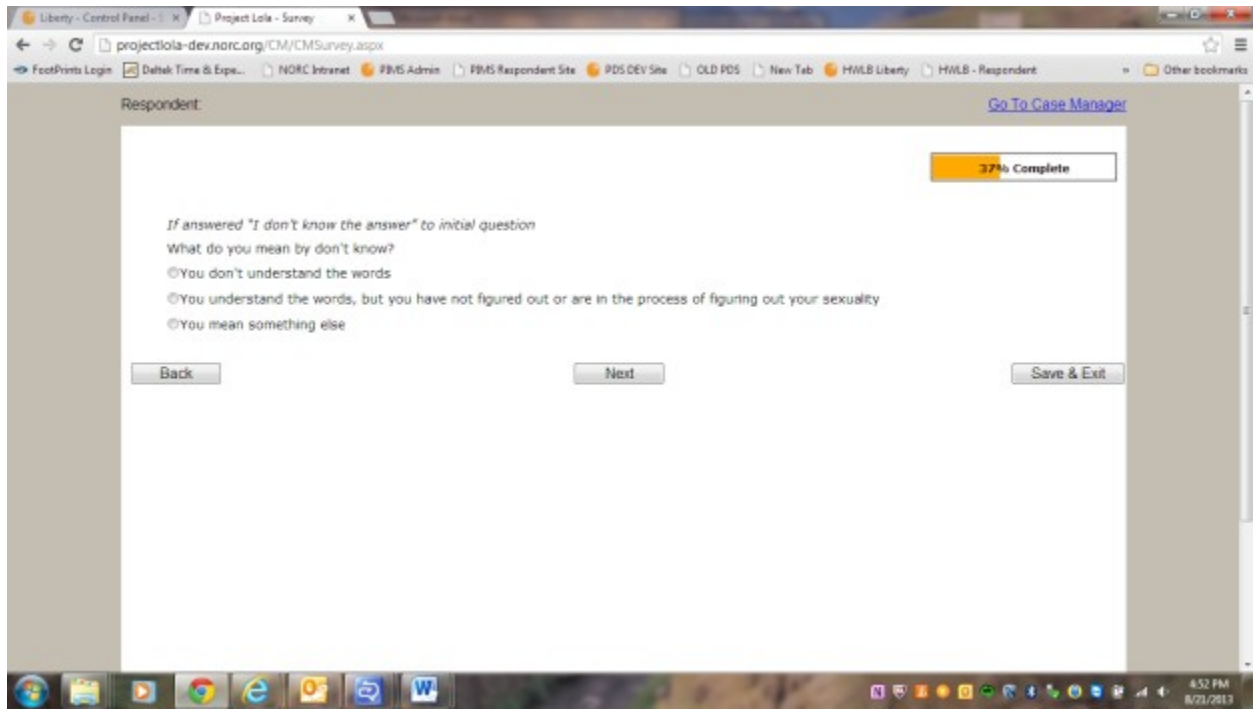
Age (in Years): N/A

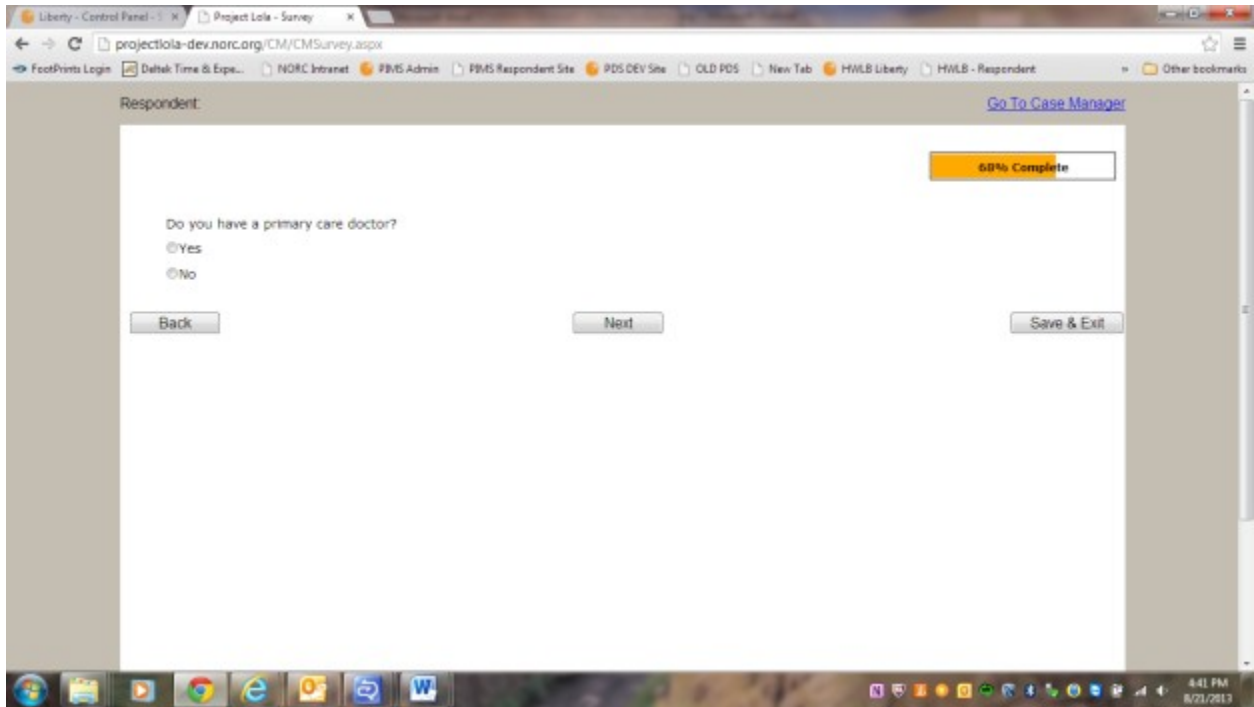
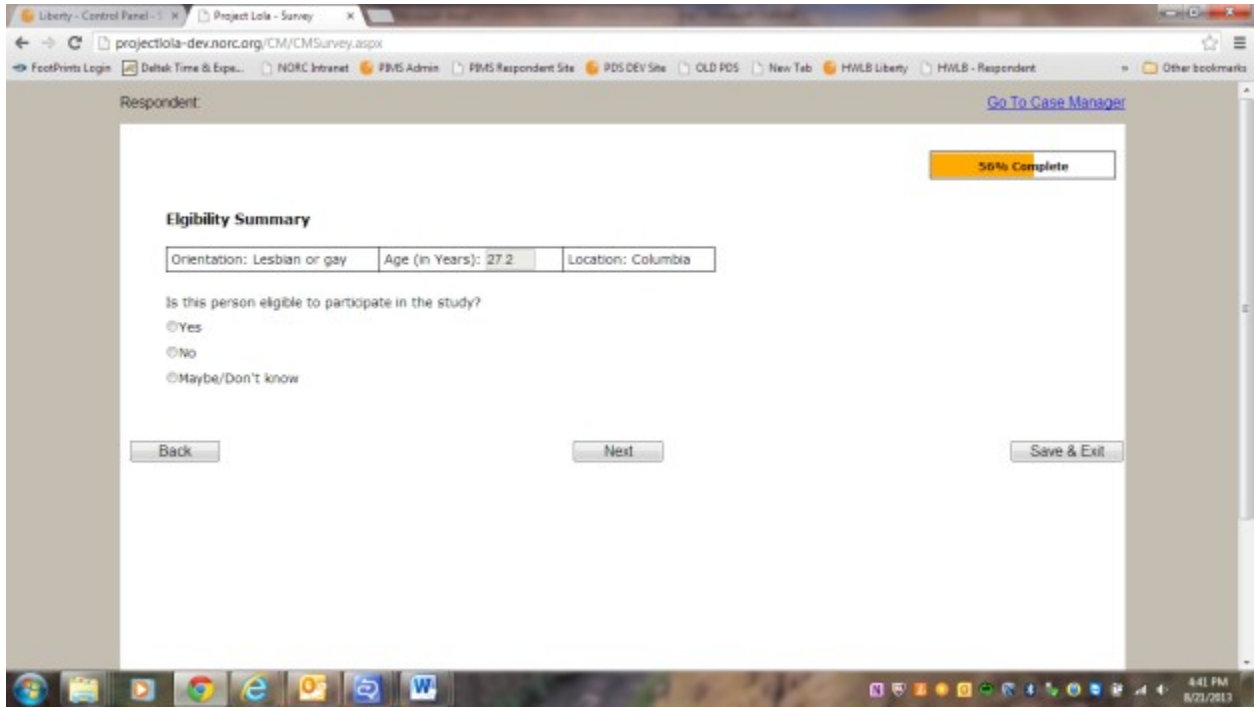
Back Next Save & Exit

4:37 PM 8/21/2013

This screenshot shows the same survey at 18% completion. The question "Date of Birth (MM/DD/YYYY)" is displayed with an empty text input field. Below it, the question "Age (in Years):" is followed by a text input field containing "N/A". The "Next" button is now highlighted in blue, indicating it is the active step. The browser's address bar and navigation elements remain the same.







Eligibility Screener

Liberty - Control Panel - 1 x Project Lola - Survey x

projectlola-dev.norc.org/CM/CMSurvey.aspx

FootPrints Login | Delta: Time & Epe... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HHLB Liberty | HHLB - Respondent

Go To Case Manager

Respondent:

75% Complete

What is the name of your doctor?

Back Next Save & Exit

4:42 PM 8/21/2013

Liberty - Control Panel - 1 x Project Lola - Survey x

projectlola-dev.norc.org/CM/CMSurvey.aspx

FootPrints Login | Delta: Time & Epe... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HHLB Liberty | HHLB - Respondent

Go To Case Manager

Respondent:

81% Complete

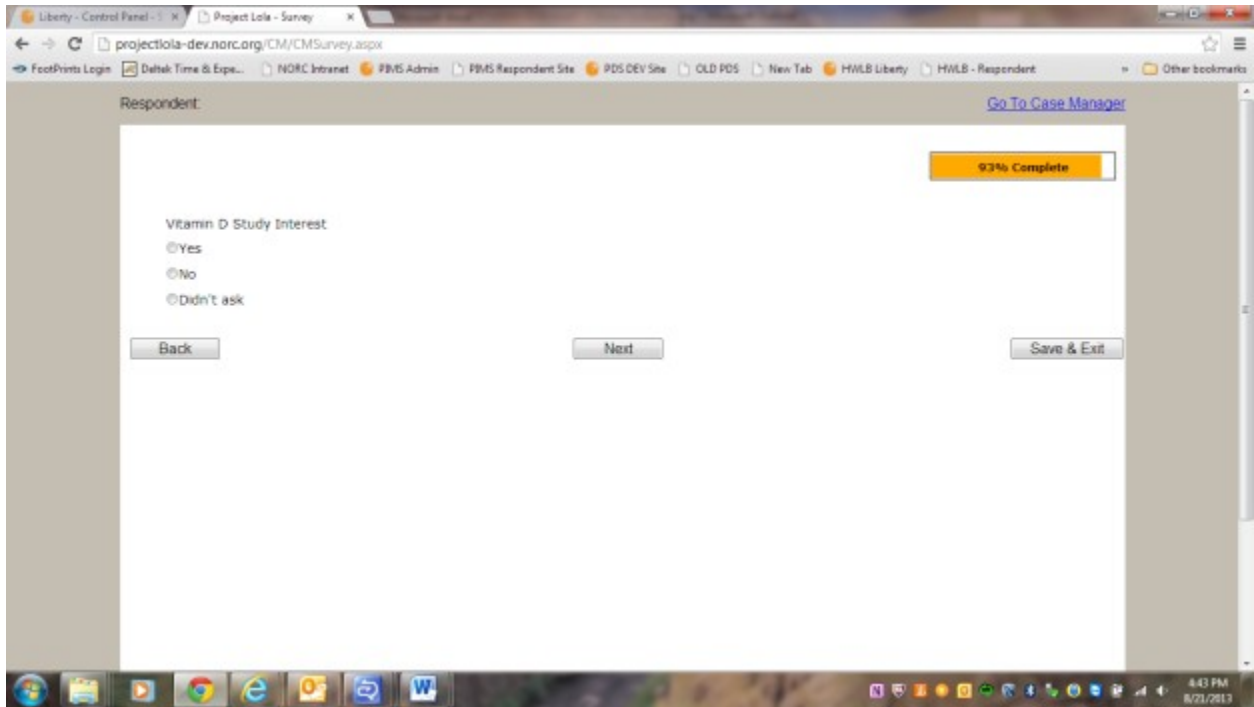
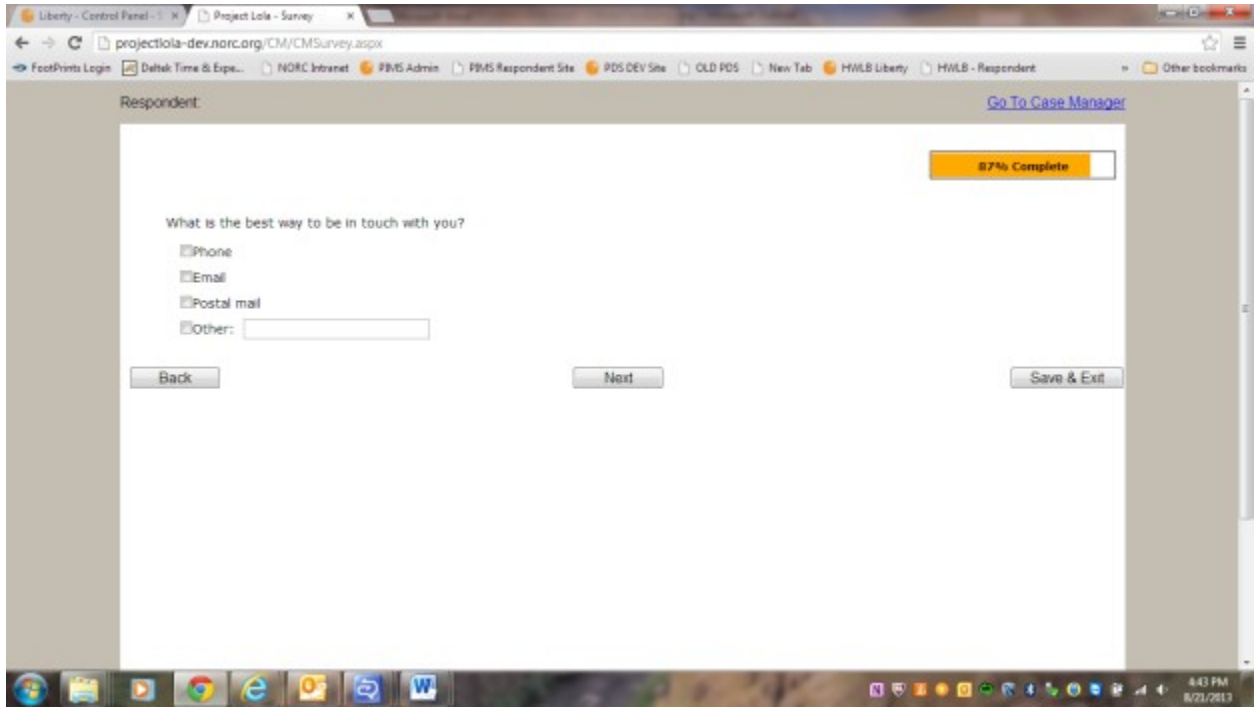
What is your doctor's address and/or telephone number?

Doctor's address

Doctor's phone number

Back Next Save & Exit

4:42 PM 8/21/2013



Contact Information Form

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login Deltak Time & Exp... NORC Intranet FBVS Admin FBVS Respondent Site PDS DEV Site OLD PDS New Tab HWLB Liberty HWLB - Respondent Other bookmarks

Respondent: [Go To Case Manager](#)

0% Complete

Contact Information

***Required information**

First Name: *

Middle Name:

Last Name: *

Current Street Address: *

City/Town * State * Zip Code *

Home Telephone Number: * format XXX-XXX-XXXX mobile landline *

Work Telephone Number: format XXX-XXX-XXXX mobile landline

2nd Telephone Number: format XXX-XXX-XXXX mobile landline

Check the one to use first *

4:47 PM 8/21/2013

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login Deltak Time & Exp... NORC Intranet FBVS Admin FBVS Respondent Site PDS DEV Site OLD PDS New Tab HWLB Liberty HWLB - Respondent Other bookmarks

Respondent: [Go To Case Manager](#)

10% Complete

What are the best days of the week to contact you?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

4:48 PM 8/21/2013

Contact Information Form

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login Deltek Time & Exp... NORC Intranet FMS Admin FMS Respondent Site PDS DEV Site OLD PDS New Tab HHLB Liberty HHLB - Respondent Other bookmarks

Respondent: [Go To Case Manager](#)

20% Complete

What time(s) of the day are best to contact you?

- Morning
- Afternoon
- Evening

Back Next Save & Exit

4:43 PM 8/21/2013

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login Deltek Time & Exp... NORC Intranet FMS Admin FMS Respondent Site PDS DEV Site OLD PDS New Tab HHLB Liberty HHLB - Respondent Other bookmarks

Respondent: [Go To Case Manager](#)

30% Complete

Do you have access to internet?

- Yes
- No

Back Next Save & Exit

4:43 PM 8/21/2013

Contact Information Form

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login | Delta: Time & Espe... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HHLB Liberty | HHLB - Respondent | Other bookmarks

Respondent: [Go To Case Manager](#)

40% Complete

Do you have a Facebook account?

Yes
 No

Back Next Save & Exit

4:43 PM 8/21/2013

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login | Delta: Time & Espe... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HHLB Liberty | HHLB - Respondent | Other bookmarks

Respondent: [Go To Case Manager](#)

50% Complete

You are required to obtain medical clearance from your health care doctor to participate in this program. If you do not have a health care doctor at this time, we have a health care provider on staff who can provide medical clearance for you.

Do you have a primary care doctor?

Yes
 No

Back Next Save & Exit

4:43 PM 8/21/2013

Contact Information Form

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login | Delta: Time & Exp... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HHLB Liberty | HHLB - Respondent | Other bookmarks

Respondent: [Go To Case Manager](#)

60% Complete

Please provide your primary care doctor's information. If you are unsure of any information, you may leave it blank.

Name of Doctor:

Doctor's Telephone Number:

Doctor's address:

4:43 PM 8/21/2013

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login | Delta: Time & Exp... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HHLB Liberty | HHLB - Respondent | Other bookmarks

Respondent: [Go To Case Manager](#)

80% Complete

First Contact Person

*** Required information**

First Name: *

Middle Name:

Last Name: *

Current Street Address: *

Select

City/Town * State * Zip Code *

Home Telephone Number: * format XXX-XXX-XXXX mobile landline *

Alternate Telephone Number: format XXX-XXX-XXXX mobile landline

Email Address:

Relationship To You: *

4:43 PM 8/21/2013

Contact Information Form

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login Delta: Time & Exp... NORC Intranet FMS Admin FMS Respondent Site PDS DEV Site OLD PDS New Tab HHLB Liberty HHLB - Respondent Other bookmarks
Respondent: [Go To Case Manager](#)
90% Complete

Second Contact Person

***Required information**

First Name: *

Middle Name:

Last Name: *

Current Street Address: *

City/Town * State * Zip Code *

Home Telephone Number: * format XXX-XXX-XXXX mobile landline *

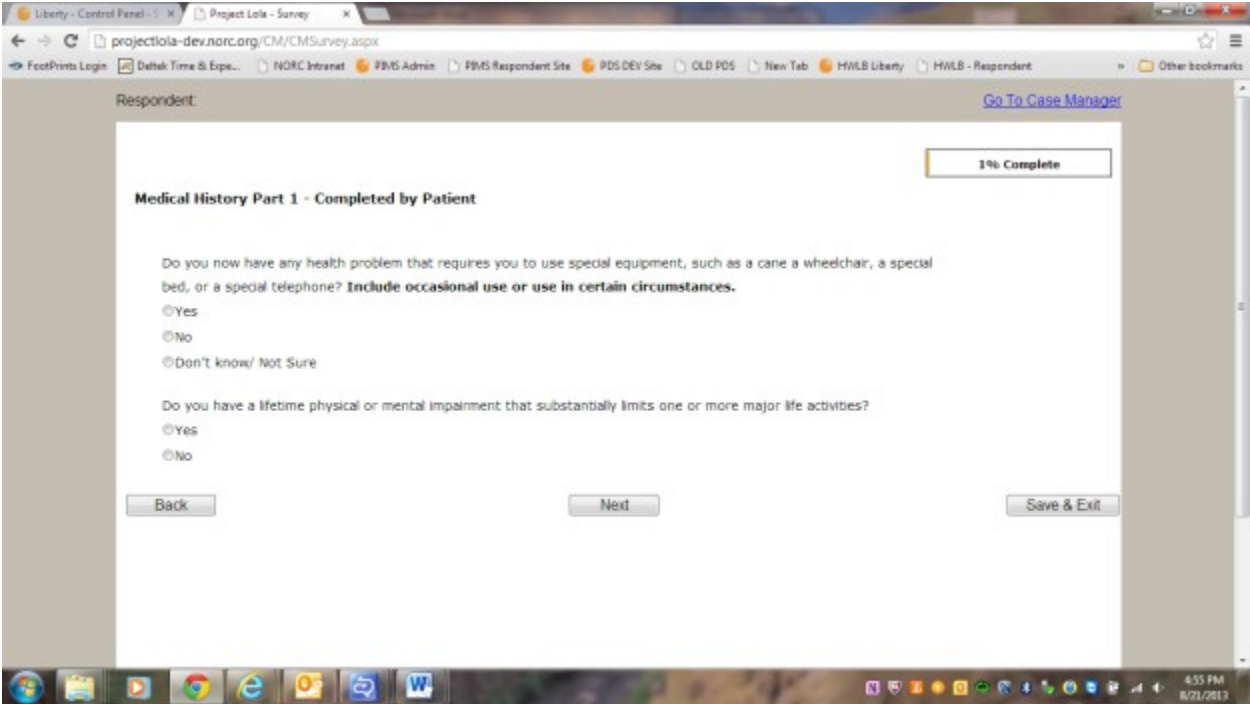
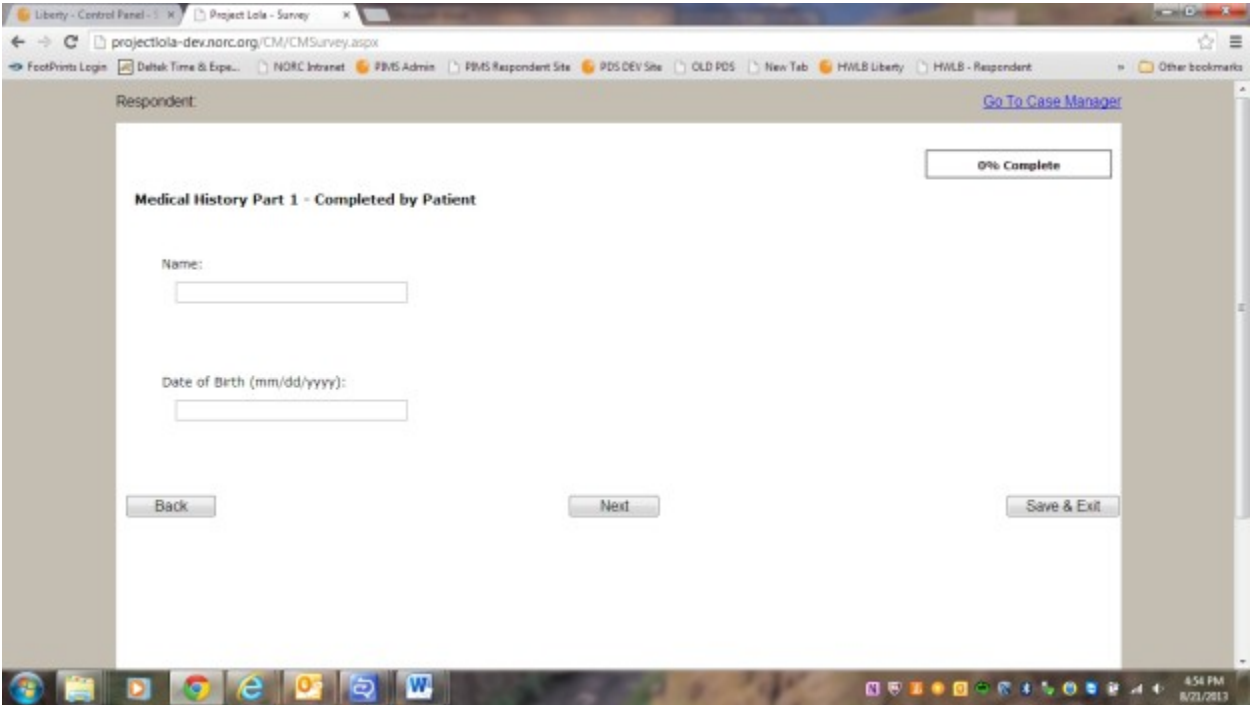
Alternate Telephone Number: format XXX-XXX-XXXX mobile landline

Email Address:

Relationship To You: *

Back Next Save & Exit
4:50 PM 8/21/2013

Medical History Form



Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login Deltak Time & Expe... NORC Intranet FMS Admin FMS Respondent Site PDS DEV Site OLD PDS New Tab HHLB Liberty HHLB - Respondent
Go To Case Manager

Respondent:

Medical History Part 1 - Completed by Patient 3% Complete

Please select all that apply:

- Caring for oneself
- Performing manual tasks
- Walking or standing
- Lifting or reaching
- Seeing
- Hearing, speaking or communicating
- Learning, thinking or concentrating
- Working

Please answer the following questions about your medical history.

Back Next Save & Exit

4:55 PM 8/21/2013

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login Deltak Time & Expe... NORC Intranet FMS Admin FMS Respondent Site PDS DEV Site OLD PDS New Tab HHLB Liberty HHLB - Respondent
Go To Case Manager

Respondent:

Medical History Part 1 - Completed by Patient 5% Complete

Medicines and Allergies

Please list all of the prescription and over the counter medicines and supplements (herbal and nutritional) that you are currently taking:

Do you have any allergies?

Yes

No

4:55 PM 8/21/2013

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login Deltak Time & Exp... NORC Intranet FMS Admin FMS Respondent Site PDS DEV Site OLD PDS New Tab HHLB Liberty HHLB - Respondent
Go To Case Manager

Respondent: 7% Complete

Medical History Part 1 - Completed by Patient

What are you allergic to?

Medicines

Food

Stinging Insects

Have you been told by your physician that you have or have you experienced:

NORC Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login Deltak Time & Exp... NORC Intranet FMS Admin FMS Respondent Site PDS DEV Site OLD PDS New Tab HHLB Liberty HHLB - Respondent
Go To Case Manager

Respondent: 9% Complete

Medical History Part 1 - Completed by Patient

Have you been told by your physician that you have or have you experienced:

Heart Problems

Yes. Please explain:

No

High Blood Pressure

Yes. Please explain:

No

This screenshot shows a web browser window with the URL `projectiola-dev.norc.org/CM/CMSurvey.aspx`. The page is titled "Respondent:" and features a progress bar in the top right corner indicating "11% Complete". The main content area is titled "Medical History Part 1 - Completed by Patient". It contains two questions:

- Low Blood Pressure**
 Yes. Please explain:
 No
- Diabetes**
 Yes. Please explain:
 No

At the bottom of the form, there are three buttons: "Back", "Next", and "Save & Exit". A blue link "Go To Case Manager" is located in the top right corner of the form area. The browser's taskbar at the bottom shows the time as 4:58 PM on 8/21/2013.

This screenshot shows the same web browser window as above, but the progress bar now indicates "12% Complete". The form content has advanced to the next question:

- Hypoglycemia**
 Yes. Please explain:
 No
- Asthma**
 Yes. Please explain:
 No

The "Back", "Next", and "Save & Exit" buttons remain at the bottom. The "Go To Case Manager" link is still present in the top right. The browser's taskbar at the bottom shows the time as 4:58 PM on 8/21/2013.

This screenshot shows a web browser window with the URL `projectlola-dev.norc.org/CM/CMSurvey.aspx`. The page is titled "Respondent:" and features a progress bar in the top right corner indicating "14% Complete". The main content area is titled "Medical History Part 1 - Completed by Patient". It contains two questions, each with a radio button for "Yes" and a text input field for explanation, and a radio button for "No".

Medical History Part 1 - Completed by Patient

Anemia
 Yes. Please explain:
 No

High Cholesterol
 Yes. Please explain:
 No

Navigation buttons:

[Go To Case Manager](#)

This screenshot shows the same web browser window, but the progress bar now indicates "16% Complete". The survey has advanced to the next question.

Medical History Part 1 - Completed by Patient

Have you ever spent the night in the hospital?
 Yes. Please list the times you've spent the night in the hospital:
 No

Have you ever had surgery?
 Yes. Please list the times you've had surgery:
 No

Navigation buttons:

[Go To Case Manager](#)

Respondent: [Go To Case Manager](#)

Medical History Part 1 - Completed by Patient

YOUR HEART HEALTH

Has a doctor ever denied or restricted your participation in physical activity for any reason?

Yes
 No
 Don't know

Have you ever passed out or nearly passed out DURING or AFTER exercise?

Yes
 No
 Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 1 - Completed by Patient

Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

Yes
 No
 Don't know

Does your heart ever race or skip beats (irregular beats) during exercise?

Yes
 No
 Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 1 - Completed by Patient 22% Complete

Has a doctor ever told you that you have any heart problems?

Yes
 No
 Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 1 - Completed by Patient 23% Complete

Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)

Yes
 No
 Don't know

Do you get lightheaded or feel more short of breath than expected during exercise?

Yes
 No
 Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 1 - Completed by Patient

25% Complete

Have you ever had an unexplained seizure?

Yes

No

Don't know

Do you get more tired or short of breath more quickly than your friends during exercise?

Yes

No

Don't know

Medical History Part 1 - Completed by Patient

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY (parents, siblings, grandparents)

Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?

Yes

No

Don't know

Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?

Yes

No

Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 1 - Completed by Patient

29% Complete

Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

Yes

No

Don't know

Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

Yes

No

Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 1 - Completed by Patient

31% Complete

BONE AND JOINT QUESTIONS ABOUT YOU

Have you ever had any broken or fractured bones or dislocated joints?

Yes

No

Don't know

Have you ever had an injury that required xrays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?

Yes

No

Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 1 - Completed by Patient 33% Complete

Have you ever had a stress fracture?

Yes

No

Don't know

Have you ever been told that you have or have you had an xray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)

Yes

No

Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 1 - Completed by Patient 34% Complete

Do you regularly use a brace, orthotics, or other assistive device?

Yes

No

Don't know

Do you have a bone, muscle, or joint injury that bothers you?

Yes

No

Don't know

Respondent: [Go To Case Manager](#)

30% Complete

Medical History Part 1 - Completed by Patient

Do any of your joints become painful, swollen, feel warm, or look red?

Yes

No

Don't know

Do you have any history of juvenile arthritis or connective tissue disease?

Yes

No

Don't know

Respondent: [Go To Case Manager](#)

30% Complete

Medical History Part 2 - Completed by Patient

MEDICAL QUESTIONS

Please indicate which of the following other conditions pertain to you:

Do you cough, wheeze, or have difficulty breathing during or after exercise?

Yes. Please explain "yes" answers:

No

Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 2 - Completed by Patient

40% Complete

Have you ever used an inhaler or taken asthma medicine?

Yes. Please explain "yes" answers:

No

Don't know

Is there anyone in your family who has asthma?

Yes. Please explain "yes" answers:

No

Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 2 - Completed by Patient

42% Complete

Have you had a herpes or MRSA skin infection?

Yes. Please explain "yes" answers:

No

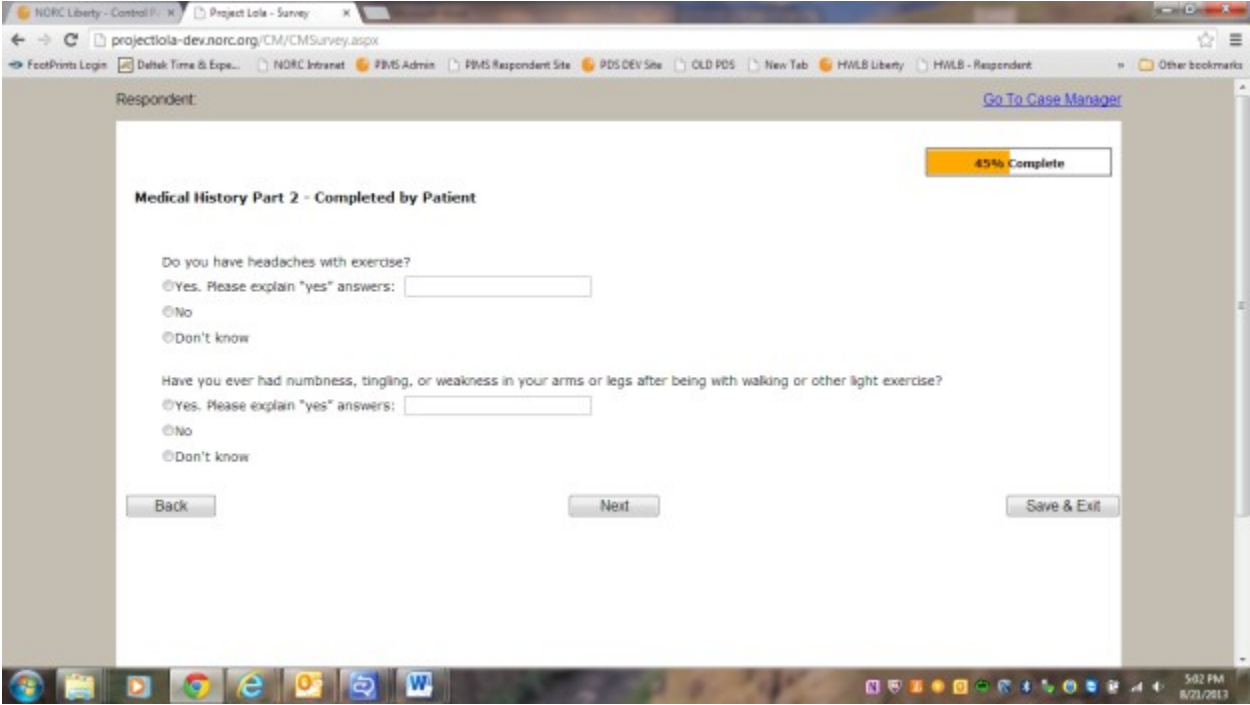
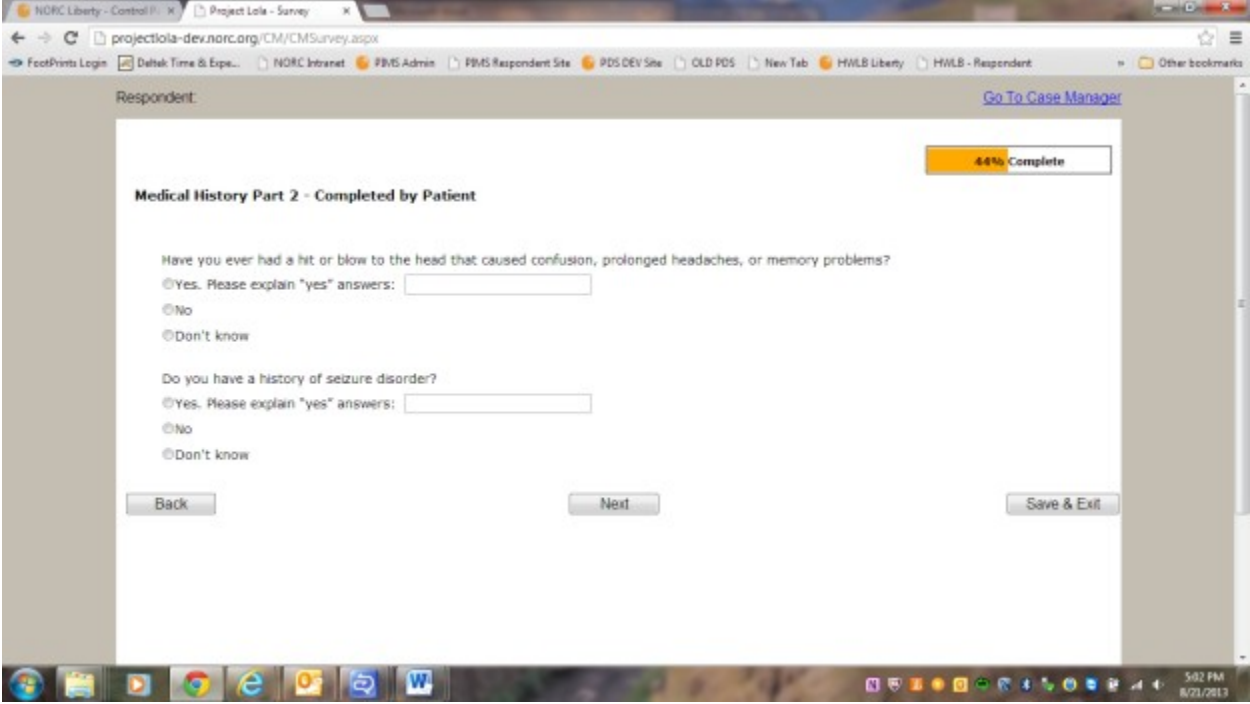
Don't know

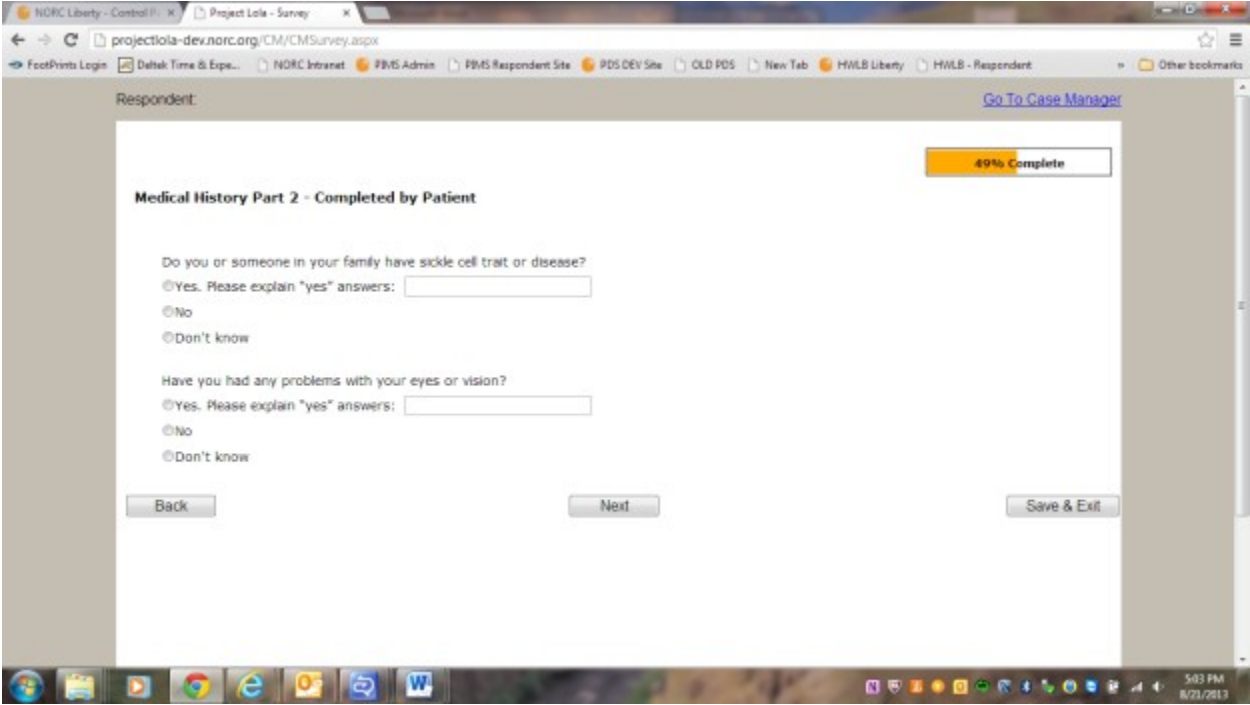
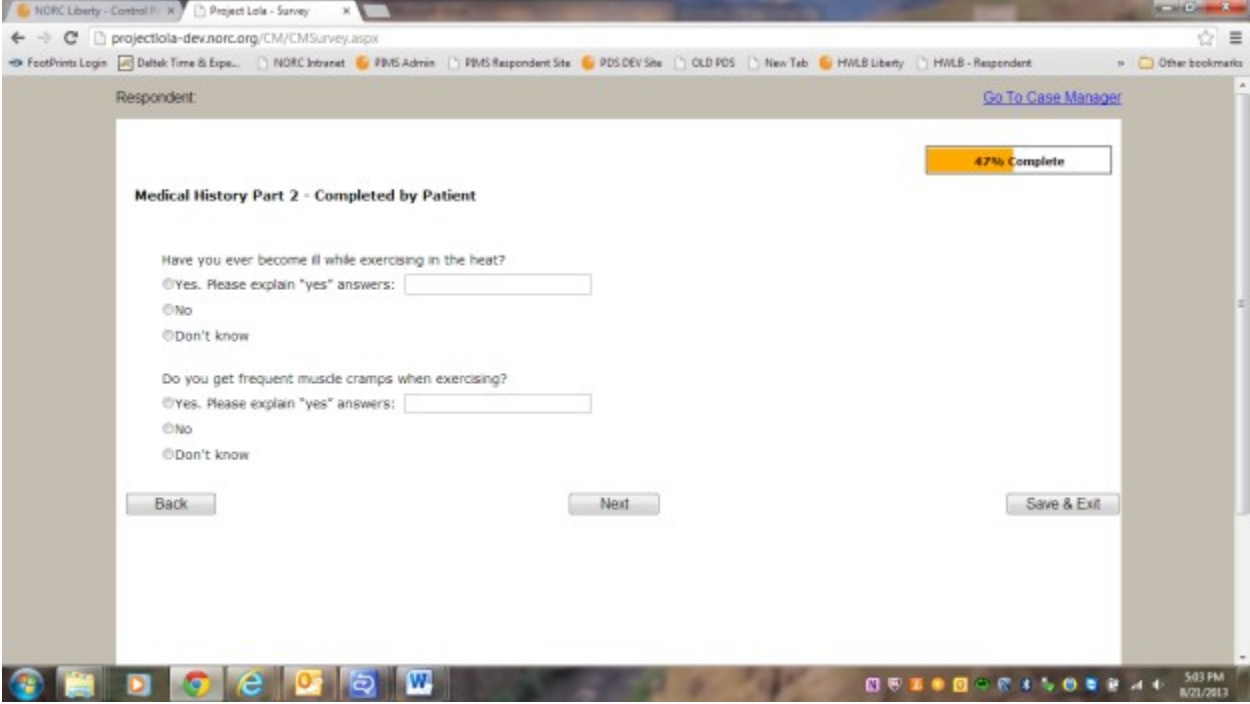
Have you ever had a head injury or concussion?

Yes. Please explain "yes" answers:

No

Don't know





Respondent: [Go To Case Manager](#)

Medical History Part 2 - Completed by Patient 51% Complete

Have you had any eye injuries?

Yes. Please explain "yes" answers:

No

Don't know

Do you wear glasses or contact lenses?

Yes. Please explain "yes" answers:

No

Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 2 - Completed by Patient 53% Complete

Do you wear protective eyewear, such as goggles or a face shield?

Yes. Please explain "yes" answers:

No

Don't know

Medical History Form

Respondent: [Go To Case Manager](#)

Medical History Part 3 - Completed by Patient

WEIGHT QUESTIONS ABOUT YOU AND YOUR FAMILY

Do you worry about your weight?

Yes

No

Don't know

Are you trying to or has anyone recommended that you gain or lose weight?

Yes

No

Don't know

Respondent: [Go To Case Manager](#)

Medical History Part 3 - Completed by Patient

Are you on a special diet or do you avoid certain types of foods?

Yes

No

Don't know

Have you ever had an eating disorder?

Yes, please explain:

No

NORC Liberty - Control P... x Project Lola - Survey x

projectiola-dev.norc.org/CM/CMSurvey.aspx

FootPrints Login | Delta: Time & Epe... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HHLB Liberty | HHLB - Respondent | Other bookmarks

Respondent: [Go To Case Manager](#)

1	2	3	4	5	6

Choose the number of the diagram that best depicts the approximate outline of your natural mother at 50 years old.

1
 2
 3
 4
 5
 6

1	2	3	4	5	6

5:04 PM 8/21/2013

NORC Liberty - Control P... x Project Lola - Survey x

projectiola-dev.norc.org/CM/CMSurvey.aspx

FootPrints Login | Delta: Time & Epe... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HHLB Liberty | HHLB - Respondent | Other bookmarks

1	2	3	4	5	6

Choose the number of the diagram that best depicts the approximate outline of your partner.

1
 2
 3
 4
 5

Do you NOW smoke cigarettes every day, some days, or not at all?

Every day
 Some days
 Not at all

5:05 PM 8/21/2013

Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login Deltek Time & Exp... NORC Intranet FMS Admin FMS Respondent Site PDS DEV Site OLD PDS New Tab HHLB Liberty HHLB - Respondent
Go To Case Manager

Respondent: 61% Complete

Medical History Part 3 - Completed by Patient

What is the age you started

Have you smoked at least 100 cigarettes in your entire life?
 Yes
 No

9:42 AM 8/22/2013

NORC Liberty - Control Panel - 1 x Project Lola - Survey x
projectlola-dev.norc.org/CM/CMSurvey.aspx
FootPrints Login Deltek Time & Exp... NORC Intranet FMS Admin FMS Respondent Site PDS DEV Site OLD PDS New Tab HHLB Liberty HHLB - Respondent
Go To Case Manager

Respondent: 63% Complete

Medical History Part 3 - Completed by Patient

On the days you currently smoke, how many cigarettes do you smoke?

Which statement best describes you now...
 I am trying to quit
 I plan to quit smoking tobacco (within the next month)
 I think about quitting smoking tobacco some time in the future (in the next 6 months)
 I don't think about quitting smoking tobacco

10:01 AM 8/22/2013

Respondent: [Go To Case Manager](#)

65% Complete

Medical History Part 3 - Completed by Patient

Have you had at least one menstrual period in the past 12 months? (Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.)

Yes
 No
 N/A
 Don't know

Below is a list of the ways you might have felt or behaved. Mark how often you have felt this way during the past week.

In the past week:

	Rarely or none of the time (less than 1 day)	Some of a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Respondent: [Go To Case Manager](#)

67% Complete

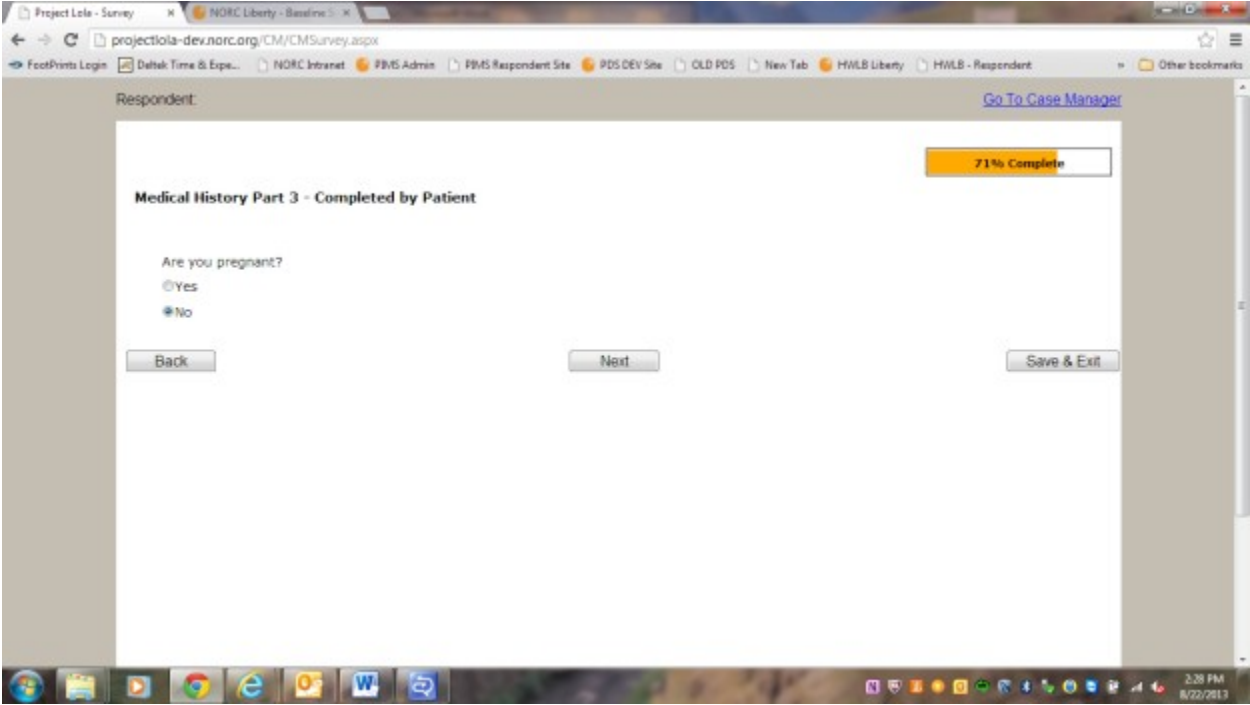
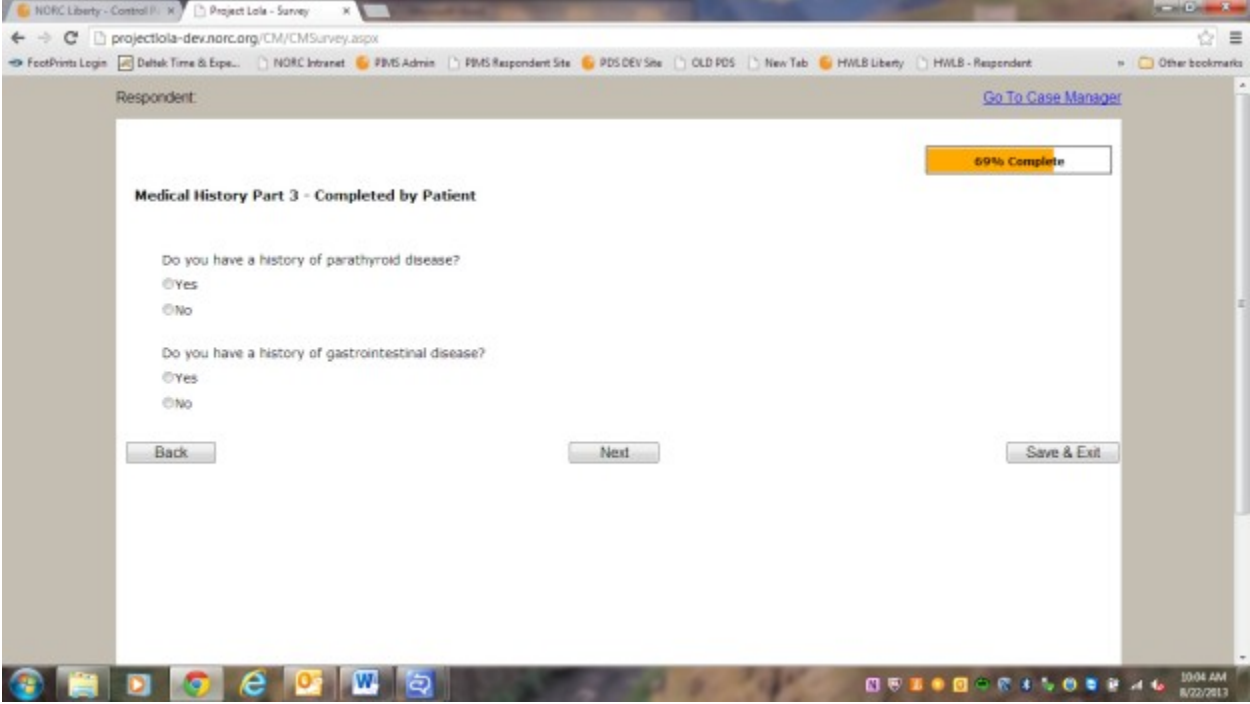
Medical History Part 3 - Completed by Patient

Do you have a history of liver disease?

Yes
 No

Do you have a history of kidney disease?

Yes
 No



Project Lela - Survey | NORC Liberty - Baseline

projectlola-dev.norc.org/CM/CMSurvey.aspx

FootPrints Login | Delta: Time & Exp... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HHLB Liberty | HHLB - Respondent

Respondent: [Go To Case Manager](#)

77% Complete

Medical History Part 3 - Completed by Patient

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Participant:

Date:

Back Next Save & Exit

2:27 PM 8/22/2013

NORC Liberty - Control | Project Lela - Survey

projectlola-dev.norc.org/CM/CMSurvey.aspx

FootPrints Login | Delta: Time & Exp... | NORC Intranet | FMS Admin | FMS Respondent Site | PDS DEV Site | OLD PDS | New Tab | HHLB Liberty | HHLB - Respondent

Respondent: [Go To Case Manager](#)

78% Complete

Medical History Part 3 - Completed by Patient

In case of emergency:

Partner's contact information:

First Name:

Last Name:

N/A:

Mobile or home telephone number:

Work telephone number:

Other's contact information:

First name:

Back Next Save & Exit

10:05 AM 8/22/2013

Respondent: [Go To Case Manager](#)

Physical Evaluation Examination - Completed by Physician

PRE-PARTICIPATION PHYSICAL EVALUATION EXAMINATION

Weight (pounds):

Height (Feet/Inches):

BP:

Pulse:

Vision (R/L):

Is vision corrected?

Eyes
 Normal

80% Complete

Respondent: [Go To Case Manager](#)

Physical Evaluation Examination - Completed by Physician

Pupils Equal
 Normal
 Abnormal - Please explain:

Ears
 Normal
 Abnormal - Please explain:

82% Complete

Respondent: [Go To Case Manager](#)

84% Complete

Physical Evaluation Examination - Completed by Physician

Hearing

Normal

Abnormal - Please explain:

Nose

Normal

Abnormal - Please explain:

Respondent: [Go To Case Manager](#)

85% Complete

Physical Evaluation Examination - Completed by Physician

Throat

Normal

Abnormal - Please explain:

Heart - Murmurs (auscultation standing, supine, +/- Valsalva) *Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam

Normal

Abnormal - Please explain:

Respondent: [Go To Case Manager](#)

Physical Evaluation Examination - Completed by Physician 87% Complete

Heart - Location of point of maximal pulse (PMI) Pulses *Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam

Normal

Abnormal - Please explain:

Heart - Simultaneous femoral and radial pulses *Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam

Normal

Abnormal - Please explain:

Respondent: [Go To Case Manager](#)

Physical Evaluation Examination - Completed by Physician 89% Complete

Lungs

Normal

Abnormal - Please explain:

Neck

Normal

Abnormal - Please explain:

Respondent: [Go To Case Manager](#)

91% Complete

Physical Evaluation Examination - Completed by Physician

Back
 Normal
 Abnormal - Please explain:

Shoulder/arm
 Normal
 Abnormal - Please explain:

Respondent: [Go To Case Manager](#)

93% Complete

Physical Evaluation Examination - Completed by Physician

Elbow/ forearm
 Normal
 Abnormal - Please explain:

Hip/ thigh
 Normal
 Abnormal - Please explain:

Respondent: [Go To Case Manager](#)

Physical Evaluation Examination - Completed by Physician

Knee
 Normal
 Abnormal - Please explain:

Leg/ ankle
 Normal
 Abnormal - Please explain:

95% Complete

Respondent: [Go To Case Manager](#)

Physical Evaluation Examination - Completed by Physician

Foot/ toes
 Normal
 Abnormal - Please explain:

MEDICAL CLEARANCE

Cleared for exercise without restriction.
 Cleared for exercise without restriction with recommendations for further evaluation or treatment for:

 Would benefit from a prescribed fitness plan.

97% Complete

Respondent: [Go To Case Manager](#)

99% Complete

Physical Evaluation Examination - Completed by Physician

I have examined the above-named participant and completed the pre-participation physical evaluation. A copy of the physical exam is on record in my office and can be made upon request. If conditions arise after the participant has been cleared for participation, the physician may rescind the clearance until the problem is resolved.

Name of Physician:

Date:

Address:

Phone:

Signature (yes/no):

Demographics Questionnaire

Respondent: [Go To Case Manager](#)

0% Complete

Do you consider yourself to be:

- Lesbian/gay
- Bisexual
- Heterosexual or straight
- Don't know; Not sure
- Other. Please specify:

Respondent: [Go To Case Manager](#)

6% Complete

Currently or in the past, have you identified as transgender or transsexual?

- Yes
- No

Demographics Questionnaire

Respondent: [Go To Case Manager](#)

13% Complete

What is your assigned birth sex?

- Male
- Female

Back Next Save & Exit

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Respondent: [Go To Case Manager](#)

20% Complete

What is your current employment status?

- Working part-time (less than 32 hours/week)
- Working full-time (32 or more hours/week)
- Unemployed, laid off, on strike
- Disabled or unable to work
- In school full time and not working
- Full-time homemaker
- Retired

Back Next Save & Exit

10:23 AM 8/22/2013

Demographics Questionnaire

Respondent: [Go To Case Manager](#)

26% Complete

What is the highest grade of school you have completed or the highest degree you have received?

- Less than high school
- High school or GED
- Technical school -- no degree
- Some college -- no degree
- 2-year college degree/technical school degree
- 4-year college degree
- Post-graduate work or degree

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Respondent: [Go To Case Manager](#)

33% Complete

Are you of Hispanic or Latino origin?

- Yes
- No
- Don't know

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Demographics Questionnaire

Respondent: [Go To Case Manager](#)

40% Complete

Which one or more of the following would you say is your race? Choose all that apply.

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

Respondent: [Go To Case Manager](#)

40% Complete

What is your annual household income from all sources?

- $\leq \$15,000$
- \$15,001 to \$30,000
- \$30,001 to \$50,000
- \$50,001 to \$100,000
- \$100,000 to \$150,000
- More than \$150,001

Demographics Questionnaire

Respondent: [Go To Case Manager](#)

53% Complete

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Yes

No

Don't know/Not sure

Respondent: [Go To Case Manager](#)

60% Complete

How "out" are you about your sexuality with your health care providers (doctors, nurses, nutritionists, mental health professionals, personal trainers, etc.)

Out to all

Out to some

Out to a few

Out to None

N/A

Demographics Questionnaire

The screenshot shows a web browser window with the URL `projectiola-dev.norc.org/CM/CMSurvey.aspx`. The page is titled "Respondent:" and features a progress bar in the top right corner indicating "66% Complete". The main content area contains the question: "Which of the following best describes your present relationship?". Below the question are four radio button options: "In a committed relationship with a woman (for example, cohabiting, domestic partnership, or legally married)", "In a committed relationship with a man (for example, cohabiting, domestic partnership, or legally married)", "Single, but somewhat involved with a woman, man, or both", and "Single, and not involved with anyone". At the bottom of the form are three buttons: "Back", "Next", and "Save & Exit". A "Go To Case Manager" link is located in the top right corner. The browser's address bar and taskbar are visible at the bottom.

Respondent: [Go To Case Manager](#)

66% Complete

Which of the following best describes your present relationship?

- In a committed relationship with a woman (for example, cohabiting, domestic partnership, or legally married)
- In a committed relationship with a man (for example, cohabiting, domestic partnership, or legally married)
- Single, but somewhat involved with a woman, man, or both
- Single, and not involved with anyone

The screenshot shows the same web browser window as above, but the progress bar now indicates "73% Complete". The question has changed to: "Do you currently live with your partner?". Below the question are three radio button options: "All or most of the time", "Some of the time", and "None of the time". The "Back", "Next", and "Save & Exit" buttons remain at the bottom. The "Go To Case Manager" link is still present in the top right corner. The browser's address bar and taskbar are visible at the bottom.

Respondent: [Go To Case Manager](#)

73% Complete

Do you currently live with your partner?

- All or most of the time
- Some of the time
- None of the time

Demographics Questionnaire

Respondent: [Go To Case Manager](#)

80% Complete

Are you a parent?

Yes

No

Respondent: [Go To Case Manager](#)

80% Complete

Do you have any of the following responsibilities?

- Infants, toddlers, or pre-school age children who live with you at least half the year
- Elementary, middle, or high school age children who live with you at least half the year
- Children 18 or over who live with you at least half the year
- Children away at college for whom you are financially responsible
- A disabled or ill member of your household
- Elders for whom you are providing ongoing care for more than 3 hours a week
- Member of the community (not an elder) for whom you are providing ongoing care for more than 3 hours a week
- None of the above

Demographics Questionnaire

