OMB#0925-XXXX
EXP. XX/XXXX

A health study for oil spill clean-up workers and volunteers

Clinical Exam Questionnaire

(Estimated Burden: 15 minutes)

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Section A: Clinical Exam Check-In

[PROGRAMMER NOTE: AUTO-POPULATE CONTACT INFORMATION AND DISPLAY=FIRST, MIDDLE AND LAST NAME, SUFFIXES OR SURNAMES, E-MAIL ADDRESSES, PHONE NUMBERS, STREET ADDRESS, MAILING ADDRESS AND SECONDARY CONTACT INFORMATION. AUTO-POPULATE AND DISPLAY DEMOGRAPHIC INFORMATION=AGE, DATE OF BIRTH, RACE AND GENDER/SEX ON SCREEN]

[EXAMNINER NOTE: CONFIRM PARTICIPANT'S CONTACT AND DEMOGRAPHIC INFORMATION AND MAKE CHANGES, UPDATES AND CORRECTIONS AS NECESSARY; REFER TO MANUAL FOR ADDITIONAL CHECK-IN INSTRUCTIONS]

A1. ENTER PARTICIPANT'S VISIT START DATE
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

A2. ENTER PARTICIPANT'S VISIT START TIME
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

PROGRAMMER NOTE: AUTO-POPULATE PARTICIPANT ID/GULF ID. ID CONVENTION= SITE#-PID/GULF ID-CHECK SUM DIGIT.

A3. ENTER EXAMINER ID FOR CLINICAL VISIT
[FREE TEXT FIELD_NUMERIC]

Section B: Informed Consent

[PROGRAMMER NOTE: AUTO TIME STAMP]

B1. ENTER CONSENT DATE
_____/_____/______ [MM/DD/YYYY]

[PROGRAMMER NOTE: ADD LOGIC CHECK FOR DATA ENTRY OF CONSENT VERSION #]

B2. RECORD CONSENT VERSION #
I___I___I.I___I

B2a. DID THE PARTICIPANT CONSENT TO THE CLINICAL EXAM?
YES ....1 [GO TO SECTION C]
NO 2

B3b. REASON FOR CONSENT REFUSAL
[FREE TEXT FIELD]

[PROGRAMMER NOTE: IF NO, DISPLAY MESSAGE= END CLINICAL EXAM. BLOCK FURTHER DATA ENTRY]

Section C: Background Questions

C1. What is the highest grade or level of school you have completed or the highest degree you have received?

NEVER ATTENDED/KINDERGARTEN ONLY 1
1ST GRADE 2
2ND GRADE..3
3RD GRADE..4
4TH GRADE 5
5TH GRADE 6
6TH GRADE 7
7TH GRADE 8
8TH GRADE 9
9TH GRADE 10
10TH GRADE 11
11TH GRADE 12
12TH GRADE, NO DIPLOMA...13
HIGH SCHOOL GRADUATE 14
GED OR EQUIVALENT 15
SOME COLLEGE, NO DEGREE 16
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL
OR VOCATIONAL PROGRAM 17
ASSOCIATE DEGREE: ACADEMIC PROGRAM 18
BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA).............................19
MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA)..................20
PROFESSIONAL SCHOOL DEGREE
(EXAMPLE: MD, DDS, DVM, JD)...21
DOCTORAL DEGREE (EXAMPLE: PhD, EdD) 22
DON'T KNOW 88
REFUSED 99

C2. What language do you speak **at home**?

English...............................1
Spanish 2
Vietnamese........................3
Creole................................4
Other [FREE TEXT FIELD]5
DON'T KNOW 8
REFUSED 9

C3. Are you currently pregnant? [PROGRAMMER NOTE: ONLY ASK IF GENDER=FEMALE]

YES....................................1
NO.....................................2
DON'T KNOW 8
REFUSED 9

C4. In the **past 12 months**, has a doctor told you that you had an ear infection?
YES 1
NO....................................2 [GO TO QUESTION C5]
DON'T KNOW ....8 [GO TO QUESTION C5]
REFUSED ....9 [GO TO QUESTION C5]

C4a. What was the month and year of your diagnosis?
__ __/__ __ __ __ [MM/YYYY]
DON'T KNOW 8
REFUSED 9

C4b. Was the ear infection treated with antibiotics?
YES 1
NO..........................2
DON'T KNOW 8
REFUSED 9

C5. Has a doctor **ever** told you that you have any of the following conditions or diseases or have you had any of the following procedures…?

Condition or Procedure	Have Condition/had Procedure?	If yes, month/year of procedure or diagnosis of condition [MM/YYYY]	Comments/Notes
C5a. Inner Ear Surgery	✓ Yes ✓ No ✓ Don't Know ✓ Refused	__ __/__ __ __ __	[free text field]
C5b. Brain Tumor	✓ Yes ✓ No ✓ Don't Know ✓ Refused	__ __/__ __ __ __	[free text field]
C5c. Polio	✓ Yes ✓ No ✓ Don't Know ✓ Refused	__ __/__ __ __ __	[free text field]
C5d. Amyotrophic lateral sclerosis	✓ Yes ✓ No ✓ Don't Know ✓ Refused	__ __/__ __ __ __	[free text field]
C5e. Multiple sclerosis	✓ Yes ✓ No ✓ Don't Know ✓ Refused	__ __/__ __ __ __	[free text field]

C5f. Parkinson's disease	✓ Yes ✓ No ✓ Don't Know ✓ Refused	__ __/__ __ __ __	[free text field]
C5g. Stoke	✓ Yes ✓ No ✓ Don't Know ✓ Refused	__ __/__ __ __ __	[free text field]
C5h. Low thyroid gland function	✓ Yes ✓ No ✓ Don't Know ✓ Refused	__ __/__ __ __ __	[free text field]
C5i. Diabetes	✓ Yes ✓ No ✓ Don't Know ✓ Refused	__ __/__ __ __ __	[free text field]
C5j. Retinal/macular degeneration	✓ Yes ✓ No ✓ Don't Know ✓ Refused	__ __/__ __ __ __	[free text field]

C6. Are you **currently** under a doctor's care for any other short-term or long-term illness (es) or conditions not listed above?
YES 1
NO.....................................2 [GO TO QUESTION C7]
DON'T KNOW ....8 [GO TO QUESTION C7]
REFUSED ....9 [GO TO QUESTION C7]

C6a. What illnesses or conditions do you have? RECORD FIRST ILLNESS OR CONDITION [PROGRAMMER NOTE: LOOP THESE QUESTIONS SO THAT IF YES IS SELECTED, FREE TEXT FIELD IS DISPLAYED FOR DATA ENTRY OF ILLNESS OR CONDITION]
[FREE TEXT FIELD] ___________________________________

C7. Have you **ever** had a head injury?
YES 1
NO..........................2 [GO TO QUESTION C10]
DON'T KNOW ....8 [GO TO QUESTION C10]
REFUSED ....9 [GO TO QUESTION C10]

C7a. In what month and year were you diagnosed?
__ __/__ __ __ __ [MM/YYYY]
DON'T KNOW 8
REFUSED 9

C8. Have you **ever** had a head injury where you lost consciousness?
YES 1
NO.................................... 2 [GO TO QUESTION C9]
DON'T KNOW .... 8 [GO TO QUESTION C9]
REFUSED .... 9 [GO TO QUESTION C9]

C8a. How many times in your life have you had a head injury that resulted in loss of consciousness?
__ __ __ TIMES
DON'T KNOW 8
REFUSED 9

C8b. How many of these were diagnosed by a health care provider?
ALL OF THEM 1
SOME OF THEM...............2
JUST ONE........................3
NONE OF THEM 4
DON'T KNOW 8
REFUSED 9

[PROGRAMMER: LOOP THROUGH THE FOLLOWING QUESTIONS FOR EACH HEAD INJURY WITH LOSS OF CONSCIOUSNESS.]

Head Injury	When did your head injury with loss of consciousness occur?	Approximately how long were you unconscious?	Did you seek medical treatment for your head injury?	Hospitalized overnight?	Were you hospitalized over-night as a result of your head injury? [If yes, record the total # of days spent in the hospital]	How did head injury occur?	If other for how head injury occurred, specify here
1	__ __/__ __ __ __	✓ <30 min ✓ >30 min ✓ Don't Know ✓ Refused	✓ Yes ✓ No ✓ Refused	✓ Yes ✓ No ✓ Refused	I_I_I_I	Job event Off the job MV Accid. Work on Farm Work off Farm Other Don't Know	[FREE TEXT FIELD]
2	__ __/__ __ __ __	✓ <30 min ✓ >30 min ✓ Don't Know ✓ Refused	✓ Yes ✓ No ✓ Refused	✓ Yes ✓ No ✓ Refused	I_I_I_I	" "	[FREE TEXT FIELD]
3	__ __/__ __ __ __	✓ <30 min ✓ >30 min ✓ Don't Know ✓ Refused	✓ Yes ✓ No ✓ Refused	✓ Yes ✓ No ✓ Refused	I_I_I_I	" "	[FREE TEXT FIELD]
4	__ __/__ __ __ __	✓ <30 min ✓ >30 min ✓ Don't Know	✓ Yes ✓ No ✓ Refused	✓ Yes ✓ No ✓ Refused	I_I_I_I	" "	[free text field]

		✓ Refused					
5	__/____	✓ <30 min ✓ >30 min ✓ Don't Know ✓ Refused	✓ Yes ✓ No ✓ Refused	✓ Yes ✓ No ✓ Refused	I_I_I_I	" "	[free text field]

C9. Have you **ever** had a concussion?
YES 1
NO..................................... 2 [GO TO QUESTION C10]
DON'T KNOW .... 8 [GO TO QUESTION C10]
REFUSED .... 9 [GO TO QUESTION C10]

C9a. How many times in your life have you had a concussion?
__ __ __ TIMES
DON'T KNOW 8
REFUSED 9

C9b. How many of these were diagnosed by a health care provider?
ALL OF THEM 1
SOME OF THEM 2
JUST ONE......................... 3
NONE OF THEM 4
DON'T KNOW 8
REFUSED 9

C10. Do you take **any** prescription or over the counter medications regularly? This includes any minerals, vitamins and herbal supplements and those medications that are taken in forms other than a pill or capsule, such as a daily shot, inhalers, liquids, gels, creams, sprays, patches or suppositories etc.
Yes 1
No...................................... 2
DON'T KNOW 8
REFUSE 9

[EXAMINER NOTE: IF YES, ASK THE STUDY PARTICIPANT IF THEY HAVE THEIR MEDICATION WITH THEM. IF SO, RECORD THE INFORMATION DIRECTLY FROM THE DRUG LABEL BELOW. IF NOT, THEN ASK THEM TO TELL YOU ABOUT EACH MEDICATION THEY TAKE REGULARLY (BOTH PRESCRIPTION AND OVER-THE COUNTER) AND RECORD THE INFORMATION BELOW.]

Drug	**What is the name of the drug?**	**What is the reason for taking this drug?**	**What is the dosage(enter amount per day)?**	**Enter dosage units**	**If "other" dosage unit, specify here**	**How many times a day do you take this drug?**	**When did you start taking this drug? [MM/YYYY]**
1	[Free text field]	[Free text field]	I_I_I_I_I	mg IU Mcg mL g	[Free text field]	I_I_I_I_I	__ __/__ __ __

				tbsp tsp other			
2	[Free text field]	[Free text field]	I_I_I_I_I	" "	[Free text field]	I_I_I_I_I	__ __/__ __ __
3	[Free text field]	[Free text field]	I_I_I_I_I	" "	[Free text field]	I_I_I_I_I	__ __/__ __ __
4	[Free text field]	[Free text field]	I_I_I_I_I	" "	[Free text field]	I_I_I_I_I	__ __/__ __ __
5	[Free text field]	[Free text field]	I_I_I_I_I	" "	[Free text field]	I_I_I_I_I	__ __/__ __ __
6	[Free text field]	[Free text field]	I_I_I_I_I	" "	[Free text field]	I_I_I_I_I	__ __/__ __ __
7	[Free text field]	[Free text field]	I_I_I_I_I	" "	[Free text field]	I_I_I_I_I	__ __/__ __ __
8	[Free text field]	[Free text field]	I_I_I_I_I	" "	[Free text field]	I_I_I_I_I	__ __/__ __ __
9	[Free text field]	[Free text field]	I_I_I_I_I	" "	[Free text field]	I_I_I_I_I	__ __/__ __ __
10	[Free text field]	[Free text field]	I_I_I_I_I	" "	[Free text field]	I_I_I_I_I	__ __/__ __ __

C11. Do you usually drink 1 or more beverages containing caffeine a day?
YES....................................1
NO.....................................2
DON'T KNOW...................8
REFUSE 9

C12. How long has it been since you last drank a caffeinated beverage?
I_I_I_I UNITS
MINUTES..........................1
HOURS.............................2
DAYS 3
DON'T KNOW...................8
REFUSE 9

C13. Have you ever smoked cigarettes or used other tobacco products on a daily basis?
No, never.. 1
Yes, in the past, but not currently.. 2
Yes, I currently use cigarettes or tobacco products on a daily basis . 3
DON'T KNOW 8
REFUSE.. 9

C13a. How long has it been since you last smoked or used tobacco products?
I__I__I__I UNITS
MINUTES 1
HOURS 2
DAYS................................3
DON'T KNOW 8
REFUSED 9

C14. How long has it been since you last drank alcohol?
I__I__I__I UNITS
MINUTES..........................1
HOURS 2
DAYS 3
YEARS..............................4 [GO TO QUESTION C19]
I DON'T DRINK.................5 [GO TO QUESTION C19]
DON'T KNOW 8
REFUSE 9

C15. During the **past 12 months**, about how many drinks containing alcohol did you have on a typical **weekend?** (A typical weekend is Friday evening through Sunday evening. One can of beer, one glass of wine, or one shot of liquor counts as one drink).
I_I_I_I # drinks
DON'T KNOW 8
REFUSE 9

C16. During the **past 12 months**, about how many drinks containing alcohol did you have during a typical **week**? (A typical week is Monday through Friday afternoon. One can of beer, one glass of wine, or one shot of liquor counts as one drink).
I_I_I_I # drinks
DON'T KNOW 8
REFUSE 9

C17. During the **past 12 months**, about how many times did you have **5 or more** drinks containing alcohol on one occasion?
I_I_I_I # times
DON'T KNOW 8
REFUSE 9

C18. Now, please think about your use of alcohol throughout your life. Have you **ever** sought help to cut back or stop drinking?
Yes....................................1
No.....................................2
DON'T KNOW...................8
REFUSE 9

C19. Have you **ever** worked with or been exposed to any of the following chemicals for 8 hours a week or more in a past job, your present job, at home (i.e. hobbies), or any other locations where you spend time?

Chemical	Exposed? Y/N	Start/Stop Date (yr) [YYYY/YYYY]	Comments/Notes
C19a. Gasoline	✓ Yes ✓ No ✓ Don't Know ✓ Refused	— — — —/— — — —	[Free text field]
C19b. Paint Lacquer/Thinner	✓ Yes ✓ No ✓ Don't Know ✓ Refused	— — — —/— — — —	[Free text field]
C19c. Turpentine	✓ Yes ✓ No ✓ Don't Know ✓ Refused	— — — —/— — — —	[Free text field]
C19d. Benzene	✓ Yes ✓ No ✓ Don't Know ✓ Refused	— — — —/— — — —	[Free text field]
C19e. Toluene	✓ Yes ✓ No ✓ Don't Know ✓ Refused	— — — —/— — — —	[Free text field]
C19f. Petroleum Distillates	✓ Yes ✓ No ✓ Don't Know ✓ Refused	— — — —/— — — —	[Free text field]
C19g. Welding Fumes	✓ Yes ✓ No ✓ Don't Know ✓ Refused	— — — —/— — — —	[Free text field]
C19h. Soldering Products	✓ Yes ✓ No ✓ Don't Know ✓ Refused	— — — —/— — — —	[Free text field]

C20. How much sleep did you get last night? Would you say…
About the usual amount 1
Less than usual 2
More than usual 3
DON'T KNOW...................8
REFUSED.........................9

Section D: Height Measurement(s)

Height Measurement	Height (cm)	Obtained?	Refused?	Reason not obtained
Measurement 1	I_I_I_I.I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]
Measurement 2	I_I_I_I.I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]
Measurement 3	I_I_I_I.I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]

[PROGRAMMER NOTE: DISPLAY AVERAGE HEIGHT MEASUREMENTS AND CONVERT TO INCHES FOR PARTICIPANT REPORTING.]

I_I_I.I_I INCHES CONVERSION

Section E: Weight Measurement(s)

Weight Measurement	Weight (kg)	Obtained?	Refused?	Reason not obtained
Measurement 1	I_I_I_I.I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]
Measurement 2	I_I_I_I.I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]
Measurement 3	I_I_I_I.I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]

[PROGRAMMER NOTE: INSERT AVERAGE WEIGHT CALCULATION IN KG, ALONG WITH BMI FROM PREVIOUS MEASUREMENTS AND CALCULATE CONVERSION TO LBS FOR PARTICIPANT REPORTING]

I_I_I_I.I_I lbs
I_I_I.I_I BMI

[PROGRAMMER NOTE: INCLUDE POP UP MESSAGE THAT TELLS INTERVIEWER WHICH BMI CATEGORY TO SELECT. SHOW MESSAGE= DON'T FORGET TO GIVE PARTICIPANT THEIR BMI RESULTS HANDOUT.]

Section F: Waist Circumference Measurement

Waist Circum. Measurement	Waist Circumference (cm)	Obtained?	Refused?	Reason not obtained
Measurement 1	I_I_I_I. I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]
Measurement 2	I_I_I_I. I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]
Measurement 3	I_I_I_I. I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]

Section G: Hip Circumference Measurement

Hip Circum. Measurement	Hip Circumference (cm)	Obtained?	Refused?	Reason not obtained
Measurement 1	I_I_I_I. I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]
Measurement 2	I_I_I_I. I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]
Measurement 3	I_I_I_I. I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]

Section H: Physiological Measures- Heart Rate & Blood Pressure

I will now take your blood pressure and heart rate. This should only take a few minutes.

RECORD PARTICIPANT'S BLOOD PRESSURE AND HEART RATE. [PROGRAMMER NOTE: IF THE AVERAGE OF THE LAST TWO SYSTOLIC BP ≥ 180 OR DIASTOLIC BP ≥ 110 OR HEART RATE ≤ 40 OR ≥ 150, SKIP PFT AND LONG-DISTANCE CORRIDOR WALK]

Blood Pressure Measurement	**Blood Pressure- Systolic/ Diastolic**	**Heart Rate**	**Obtained?**	**Refused?**	**Reason not obtained**
Measurement 1	I_I_I_I / I_I_I_I	I_I_I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]
Measurement 2	I_I_I_I / I_I_I_I	I_I_I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]
Measurement 3	I_I_I_I / I_I_I_I	I_I_I_I	✓ Yes ✓ No	✓ Yes ✓ No	[FREE TEXT FIELD]

AVERAGE BLOOD PRESSURE I_I_I_I / I_I_I_I
AVERAGE FOR HEART RATEI_I_I_I

Section I: Biological Specimen Collection- Blood

I1. WAS BLOOD COLLECTED?
YES............. 1
NO............... 2 [GO TO I1c]

I1a. DATE OF BLOOD COLLECTION
_____/_____/______ [MM/DD/YYYY]

I1b. TIME OF BLOOD COLLECTION
__/__/: __/__/ [HH/MM] [GO TO QUESTION I2]
AM …….1
PM……..2

I1c. IF NOT COLLECTED, PROVIDE A REASON
UNABLE TO COLLECT....................................1 [GO TO SECTION J]
MEDICAL REASON ....2 [GO TO SECTION J]
EQUIPMENT MALFUNCTION ....3 [GO TO SECTION J]
OTHER [FREE TEXT FIELD] ....4 [GO TO SECTION J]
DON'T KNOW ....8 [GO TO SECTION J]
REFUSED ....9 [GO TO SECTION J]

I2. RECORD

Blood Draw Attempt	Appendage used?	Vein used?	If "other" vein, which vein used?	Blood Collected?
Attempt 1	✓ Right Arm ✓ Right Hand ✓ Left Arm ✓ Left Hand ✓ Not Applicable	✓ Cephalic ✓ Median Cubital ✓ Basilic ✓ Other ✓ Not Applicable	[FREE TEXT FIELD]	✓ Yes ✓ No ✓ Refused
Attempt 2	✓ Right Arm ✓ Right Hand ✓ Left Arm ✓ Left Hand ✓ Not Applicable	✓ Cephalic ✓ Median Cubital ✓ Basilic ✓ Other ✓ Not Applicable	[FREE TEXT FIELD]	✓ Yes ✓ No ✓ Refused
Attempt 3	✓ Right Arm ✓ Right Hand ✓ Left Arm ✓ Left Hand ✓ Not Applicable	✓ Cephalic ✓ Median Cubital ✓ Basilic ✓ Other ✓ Not Applicable	[FREE TEXT FIELD]	✓ Yes ✓ No ✓ Refused

I3. DID YOU COLLECT THE FOLLOWING TUBES?

Tube Color	Collected?	If no, why?	If "other" or refused, specify
Red	✓ Yes ✓ No ✓ Refused	✓ Unable to collect ✓ Medical Reason ✓ Equipment Malfunction ✓ Spilled ✓ Refused ✓ Other	[Free text Field]
Red	✓ Yes ✓ No ✓ Refused	✓ Unable to collect ✓ Medical Reason ✓ Equipment Malfunction ✓ Spilled ✓ Refused ✓ Other	[Free text Field]
Lavender	✓ Yes ✓ No ✓ Refused	✓ Unable to collect ✓ Medical Reason ✓ Equipment Malfunction ✓ Spilled ✓ Refused ✓ Other	[Free text Field]
Lavender	✓ Yes ✓ No ✓ Refused	✓ Unable to collect ✓ Medical Reason ✓ Equipment Malfunction ✓ Spilled ✓ Refused ✓ Other	[Free text Field]
Yellow	✓ Yes ✓ No ✓ Refused	✓ Unable to collect ✓ Medical Reason ✓ Equipment Malfunction ✓ Spilled ✓ Refused ✓ Other	[Free text Field]
Royal Blue	✓ Yes ✓ No ✓ Refused	✓ Unable to collect ✓ Medical Reason ✓ Equipment Malfunction ✓ Spilled ✓ Refused ✓ Other	[Free text Field]
Paxgene	✓ Yes ✓ No ✓ Refused	✓ Unable to collect ✓ Medical Reason ✓ Equipment Malfunction ✓ Spilled ✓ Refused ✓ Other	[Free text Field]

Section J: Biological Specimen Collection – Quality Control Blood Samples

[PROGRAMMER NOTE: ONLY DISPLAY IF PARTICIPANT IS FLAGGED FOR QUALITY CONTROL/QUALITY ASSURANCE SAMPLES]

J1. WAS PARTICIPANT SELECTED FOR QUALITY CONTROL BLOOD DRAW?
YES............. 1
NO............... 2 [GO TO SECTION K]

J2. DID THE PARTICIPANT AGREE TO THE COLLECTION OF ADDITIONAL QUALITY CONTROL BLOOD TUBES?
YES............. 1
NO............... 2 [GO TO SECTION K]

QC SUB QUESTIONS

J3. DID YOU COLLECT THE FOLLOWING QUALITY CONTROL TUBES?

Tube Color	Collected?	If not, why?	If "other", specify
Red	✓ Yes ✓ No	✓ Unable to collect ✓ Medical Reason ✓ Spilled ✓ Refused ✓ Other	[Free text Field]
Lavender	✓ Yes ✓ No	✓ Unable to collect ✓ Medical Reason ✓ Spilled ✓ Refuse ✓ Other	[Free text Field]
Yellow	✓ Yes ✓ No	✓ Unable to collect ✓ Medical Reason ✓ Spilled ✓ Refused ✓ Other	[Free text Field]
Royal Blue	✓ Yes ✓ No	✓ Unable to collect ✓ Medical Reason ✓ Spilled ✓ Refused ✓ Other	[Free text Field]

Section K: Biological Specimen Collection – Finger Stick

K1. WAS A FINGER STICK CAPILLARY BLOOD SAMPLE COLLECTED?
YES............. 1
NO............... 2 [GO TO QUESTION K1c]

K1a. DATE OF CAPILLARY BLOOD SAMPLE
_____/_____/______ [MM/DD/YYYY]

K1b. TIME OF CAPILLARY BLOOD SAMPLE
__/__/: __/__/ [HH/MM] [GO TO QUESTION K2]
AM …….1
PM……..2

K1c. IF NO, PROVIDE A REASON
UNABLE TO COLLECT....................................1 [GO TO SECTION L]
MEDICAL REASON ....2 [GO TO SECTION L]
EQUIPMENT MALFUNCTION ....3 [GO TO SECTION L]
SPILLED..4 [GO TO SECTION L]
OTHER [FREE TEXT FIELD] ....5 [GO TO SECTION L]
DON'T KNOW ....8 [GO TO SECTION L]
REFUSED ....9 [GO TO SECTION L]

K2. RECORD HEMOGLOBIN A1C RESULT
__________%

K3. RECORD BLOOD LIPIDS RESULTS

Lipid Panel	Value
K3a.Total Cholesterol	________mg/dL
K3b. LDL Cholesterol	________mg/dL
K3c. HDL Cholesterol	________mg/dL
K3d. Triglycerides	________mg/dL

[PROGRAMMER NOTE: IF HEMOGLOBIN A1C AND LIPID RESULTS OBTAINED, SHOW MESSAGE= REMEMBER TO GIVE PARTICIPANT HEMOGLOBIN A1C AND LIPID RESULTS HANDOUT]

Section L: Biological Specimen Collection- Saliva Practice and Instruction

[PROGRAMMER NOTE: ONLY DISPLAY IF PARTICIPANT IS FLAGGED FOR AT HOME SALIVA SAMPLE COLLECTION]

L1. WAS PARTICIPANT SELECTED FOR AT-HOME SALIVA SAMPLE COLLECTION?
YES 1
NO .... 2 [GO TO SECTION M]

L2. DID PARTICIPANT AGREE TO COMPLETE AT-HOME SALIVA SAMPLE COLLECTION?
YES 1
NO .... 2 [GO TO SECTION M]

L3. WAS A PRACTICE SALIVA SAMPLE OBTAINED?
YES 1
NO .... 2 [GO TO QUESTION L3c]

L3a.DATE OF PRACTICE SALIVA SAMPLE COLLECTION
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

L3b. TIME OF PRACTICE SALIVA SAMPLE COLLECTION
__ __: __ __ [HH/MM] [GO TO QUESTION L4]
AM .. 1
PM .. 2

L3c.IF NO, PROVIDE A REASON
MEDICAL REASON 1
OTHER 2
DON'T KNOW 8
REFUSED 9
SPECIFY REASON [FREE TEXT FIELD] ________________

L4. AT-HOME SALIVA COLLECTION KIT ID
___I___II___II___I___II___I

[PROGRAMMER'S NOTE: REMIND CLINICIAN TO REVIEW AT-HOME SALIVA COLLECTION INSTRUCTIONS]

Section M: Biological Specimen Collection – Urine

M1. WAS A MID-STREAM URINE SAMPLE COLLECTED DURING THE CLINICAL EXAM VISIT?
YES............. 1 [GO TO QUESTION M2]
NO............... 2

[PROGRAMMER NOTE: SHOW MESSAGE=IF THE PARTICIPANT IS UNABLE TO PROVIDE A URINE SPECIMEN, HAVE THEM DRINK A LARGE GLASS OF WATER, SKIP THIS QUESTION FOR NOW AND RETURN TO IT LATER IN THE CLINICAL VISIT WHEN THE PARTICIPANT IS ABLE TO PROVIDE A URINE SAMPLE.]

M1a. IF NO, PROVIDE A REASON
MEDICAL REASON .... 1 [GO TO SECTION N]
UNABLE TO COLLECT............... 2 [GO TO SECTION N]
EQUIPMENT MALFUNCTION .... 3 [GO TO SECTION N]
SPILLED...................................... 4 [GO TO SECTION N]
OTHER.. 5 [GO TO SECTION N]
DON'T KNOW .... 8 [GO TO SECTION N]
REFUSED .... 9 [GO TO SECTION N]
SPECIFY REASON [FREE TEXT FIELD] _______________

[PROGRAMMER NOTE: SKIP OR SUPRESS ADDITIONAL URINE SAMPLE QUESTIONS IF NO URINE WAS COLLECTED AND A REASON IS PROVIDED]

M2. VOLUME OF THE RANDOM URINE SAMPLE COLLECTED
__/__/__/ ML

M3. DATE OF RANDOM URINE SAMPLE
__/__/__ [MM/DD/YYYY]

M4. TIME THE RANDOM URINE SPECIMEN WAS COLLECTED.
__/__/: __/__/ [HH/MM]
YES............. 1
NO............... 2

M5. RECORD URINE DIPSTICK RESULTS:

Date	Glucose	Billrubin	Ketones	Specific Gravity	Blood	pH	Protein	Urobilinogen	Nitrite	Leukocyte
[MM/DD/ YYYY]										

M6. WAS REMAINING URINE SAMPLE ALIQUOTTED FOR LONG TERM STORAGE AND FUTURE ANALYSIS?
YES .... 1 [GO TO QUESTION M7]
NO............... 2

M6a. IF NO, PROVIDE A REASON
MEDICAL REASON 1
UNABLE TO COLLECT............... 2
EQUIPMENT MALFUNCTION 3
SPILLED...................................... 4
OTHER... 5
DON'T KNOW 8
REFUSED 9
SPECIFY REASON [FREE TEXT FIELD] _______________

M7. WAS PARTICIPANT SELECTED FOR QUALITY CONTROL URINE SPECIMEN?
YES 1
NO............... 2 [GO TO SECTION N]

M8. DID THE PARTICIPANT AGREE TO THE COLLECTION OF ADDITIONAL QUALITY CONTROL URINE SPECIMENS?
YES 1
NO............... 2 [GO TO SECTION N]

M9. DID YOU COLLECT AN ADDITIONAL 40 mL OF URINE FOR QUALITY CONTROL?
YES .... 1 [GO TO QUESTION M10]
NO............... 2

M9a. IF NO, PROVIDE A REASON
MEDICAL REASON .... 1 [GO TO SECTION N]
UNABLE TO COLLECT............... 2 [GO TO SECTION N]
EQUIPMENT MALFUNCTION .... 3 [GO TO SECTION N]
SPILLED...................................... 4 [GO TO SECTION N]

OTHER.. 5 [GO TO SECTION N]
DON'T KNOW .... 8 [GO TO SECTION N]
REFUSED .... 9 [GO TO SECTION N]
SPECIFY REASON [FREE TEXT FIELD] _______________

M10. VOLUME OF THE (QC) URINE SAMPLE COLLECTED
__/__/__/ ML

M11. DATE OF (QC) URINE SAMPLE
__/__/__[MM/DD/YYYY]

M12. TIME THE (QC) URINE SPECIMEN WAS COLLECTED.
__/__/: __/__/[HH/MM]
AM..................1
PM..................2

M13. WAS REMAINING (QC) URINE SAMPLE ALIQUOTTED FOR LONG TERM STORAGE AND FUTURE ANALYSIS?
YES............. 1
NO............... 2

Section N: Biological Specimen Collection- Hair

N1. WAS A HAIR SAMPLE COLLECTED?
YES............. 1 [GO TO QUESTION N2]
NO............... 2

N1a. IF NO, PROVIDE A REASON
NOT ENOUGH HAIR .... 1 [GO TO SECTION O]
OTHER....................................... 2 [GO TO SECTION O]
DON'T KNOW .... 8 [GO TO SECTION O]
REFUSED .... 9 [GO TO SECTION O]
SPECIFY REASON [FREE TEXT FIELD] _______________

N2. WERE THE PROXIMAL AND DISTAL ENDS OF THE HAIR DESIGNATED/MARKED?
YES............. 1
NO............... 2

N2a. IF NO, PROVIDE A REASON
NOT ENOUGH HAIR 1
OTHER....................................... 2
DON'T KNOW 8
REFUSED 9
SPECIFY REASON [FREE TEXT FIELD] _______________

Section O: Biological Specimen Collection- Toenails

[PROGRAMMER NOTE: IF DIABETES=YES IN BACKGROUND SECTION, SKIP ADDITIONAL TOENAIL QUESTIONS. SHOW MESSAGE= **DO NOT** COLLECT TOENAILS; SKIP TO SECTION P]

O1. Are you currently wearing false toenails, nail tips, acrylic and or gel on your toenails?
YES............. 1 [GO TO QUESTION O4]
NO............... 2

[PROGRAMMER NOTE: IS YES, DISPLAY MESSAGE = DO NOT ATTEMPT TOENAIL COLLECTION; RECORD REASON FOR NOT COLLECTING SAMPLE AND GIVE PARTICIPANT INSTRUCTIONS AND MAILING MATERIALS FOR TOENAIL COLLECTION AT A LATER DATE]

O2. Are you currently wearing nail polish, nail hardener or any other nail product on your toenails?
YES............. 1
NO............... 2 [GO TO QUESTION O3]

[PROGRAMMER NOTE: IF YES, DISPLAY MESSAGE = ASK PARTICIPANT IF THEY ARE WILLING TO REMOVE NAIL PRODUCT(S) FROM TOENAILS; PROVIDE NAIL POLISH REMOVER AND COTTON WIPE]

> O2a. DID PARTICIPANT REMOVE NAIL POLISH, NAIL HARDENER OR ANY OTHER NAIL PRODUCT USING NAIL POLISH REMOVER OR ACETONE?
> YES 1
> NO..........................2 [GO TO QUESTION O4]

O3. WERE TOENAIL SAMPLES COLLECTED?
YES............. 1 [GO TO SECTION P]
NO............... 2

> O3a. IF NO, PROVIDE A REASON
> NAILS NOT LONG ENOUGH 1
> MISSING TOENAILS/TOES/FOOT........2
> MEDICAL CONDITION 3
> OTHER...................................... 4
> DON'T KNOW 8
> REFUSED 9
> SPECIFY REASON [FREE TEXT FIELD] _______________

[PROGRAMMER: SHOW ADDITIONAL FOLLOW UP QUESTIONS BELOW IF TOENAIL SAMPLES WERE NOT COLLECTED AT VISIT AND REASON GIVEN]

O4. PARTICIPANT AGREED TO COLLECT AND SEND TOENAIL SAMPLES AT A LATER DATE?
YES............. 1
NO............... 2

Section P: Biological Specimen Collection- Exhaled Breath Condensate (EBC)

P1. WAS EBC COLLECTED?
YES............. 1
NO............... 2 [GO TO QUESTION P1c]

P1a. DATE OF EBC COLLECTION
_____/_____/______ [MM/DD/YYYY]

P1b. TIME OF EBC COLLECTION
__/__/: __/__/ [HH/MM] [GO TO QUESTION P2]
AM …….1
PM……..2

P1c. IF NOT COLLECTED, PROVIDE A REASON
UNABLE TO COLLECT.......................... 1 [GO TO SECTION Q]
MEDICAL REASON .... 2 [GO TO SECTION Q]
EQUIPMENT MALFUNCTION .... 3 [GO TO SECTION Q]
OTHER.. 4 [GO TO SECTION Q]
REFUSED .... 8 [GO TO SECTION Q]
SPECIFY REASON [FREE TEXT FIELD] _______________

P2. WAS AN ALIQUOT COLLECTED FOR LONG-TERM STORAGE?
YES............. 1
NO............... 2

Section Q: Neurobehavioral Test Battery

Q1. WAS ANY OF THE NEUROBEHAVIORAL TEST BATTERY (BARS COMPUTER TESTS) COMPLETED?
YES............. 1[GO TO QUESTION Q2]
NO............... 2

Q1a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ....1[GO TO Q5]
MEDICAL REASON ....2[GO TO Q5]
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3[GO TO Q5]
OTHER..4[GO TO Q5]
DON'T KNOW ....8[GO TO Q5]
REFUSED ....9[GO TO Q5]
SPECIFY REASON [FREE TEXT FIELD] _______________

[PROGRAMMER NOTE: IF NO OR REFUSED, SKIP NEUROBEHAVIORAL TEST QUESTIONS]

Q2. RECORD DATE OF NEUROBEHAVIORAL TEST BATTERY
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

Q3. RECORD START TIME
__ __: __ __ [HH:MM]
AM............... 1
PM............... 2

Q4. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

Q5. WAS TRAILMAKING TEST PERFORMED?
YES............. 1 [GO TO QUESTION Q6]
NO............... 2

Q5a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ....1[GO TO R1]
MEDICAL REASON ....2[GO TO R1]
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3[GO TO R1]
OTHER..4[GO TO R1]
DON'T KNOW ....8[GO TO R1]
REFUSED ....9[GO TO R1]

SPECIFY REASON [FREE TEXT FIELD] _______________

(PROGRAMMER NOTE: IF NO OR REFUSED, SKIP OR SUPRESS ADDITIONAL TRAILMAKING TEST QUESTIONS)

Q6. RECORD DATE OF TRAILMAKING TEST
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

Q7. RECORD START TIME
__ __: __ __ [HH:MM]
AM............... 1
PM............... 2

Q8. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

Q9. RECORD RESULTS FOR TRAILMAKING

Test	**Score obtained? Y/N**	**Score (in seconds)**	**If no score obtained or test refused, why?**	**If other, specify; Notes/comments**
Sample practice test – Trail A	✓ Yes ✓ No ✓ Refused	I_I_I_I. I_I_I	✓ Equipment Malfunction ✓ Medical Reason ✓ Insufficient time to complete ✓ Examinee unable to understand/follow instructions ✓ Ran out of forms/supplies ✓ Other	[Free text field]
Sample practice test- Trail B	✓ Yes ✓ No ✓ Refused	I_I_I_I. I_I_I	“ ”	[Free text field]
Trailmaking test A	✓ Yes ✓ No ✓ Refused	I_I_I_I. I_I_I	“ “	[Free text field]
Trailmaking test B	✓ Yes ✓ No ✓ Refused	I_I_I_I. I_I_I	“ “	[Free text field]
Trailmaking test A	✓ Yes ✓ No	I_I_I_I. I_I_I	“ “	[Free text field]

	✓ Refused			

Section R: Peripheral Nerve Tests

(Source: Fred Gerr Instructions for measuring postural stability & BLSA)

R1. DID PARTICIPANT COMPLETE ANY PART OF THE PERIPHERAL NERVE TEST BATTERY?
YES............. 1 [GO TO QUESTION R2]
NO............... 2

R1a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ....1[GO TO R5]
MEDICAL REASON ....2[GO TO R5]
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3[GO TO R5]
OTHER...4[GO TO R5]
DON'T KNOW ....8[GO TO R5]
REFUSED ....9[GO TO R5]
SPECIFY REASON [FREE TEXT FIELD] _______________

R2. DATE OF PERIPHERAL NERVE TEST BATTERY
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

R3. START TIME FOR PERIPHERAL NERVE TEST BATTERY
__ __:__ __ [HH/MM]
AM............... 1
PM............... 2

R4. STOP TIME FOR PERIPHERAL NERVE TEST BATTERY
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

STANDING BALANCE TEST

SIDE BY SIDE STAND

R5. WAS SIDE BY SIDE STAND PERFORMED?
YES............. 1 [GO TO QUESTION R6]
NO............... 2

R5a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ....1[GO TO R9]
MEDICAL REASON ....2[GO TO R9]
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3[GO TO R9]
OTHER...4[GO TO R9]
DON'T KNOW ....8[GO TO R9]
REFUSED ....9[GO TO R9]

SPECIFY REASON [FREE TEXT FIELD] _______________

R6. RECORD RESULT(S) OF SIDE BY SIDE STAND

Outcome	Check box	Notes/Comments
Participant refused	☐	[Free text field]
Not attempted, unable	☐	[Free text field]
Unable to attain position	☐	[Free text field]
Unable to hold for 1 sec	☐	[Free text field]
Holds for less than 10 sec	☐	[Free text field]
Holds for 10 sec	☐	[Free text field]

R7. START TIME FOR SIDE BY SIDE STAND
__ __:__ __ [HH/MM]
AM............... 1
PM............... 2

R8. STOP TIME FOR SIDE BY SIDE STAND
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

SEMI-TANDEM STAND

R9. WAS SEMI-TANDEM STAND PERFORMED?
YES............. 1 [GO TO QUESTION R10]
NO............... 2

R9a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ....1[JUMP R13]
MEDICAL REASON ....2[JUMP R13]
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3[JUMP R13]
OTHER...4[JUMP R13]
DON'T KNOW ....8[JUMP R13]
REFUSED ....9[JUMP R13]
SPECIFY REASON [FREE TEXT FIELD] _______________

R10. RECORD RESULT(S) OF SEMI-TANDEM STAND

Outcome	Check box	Record time in sec.	Notes/Comments
Participant refused	☐	N/A	[Free text field]
Not attempted, unable	☐	N/A	[Free text field]

Unable to attain position	☐	N/A	[Free text field]
Unable to hold for 1 sec	☐	N/A	[Free text field]
Holds for less than 10 sec	☐	I_I_I_I. I_I_I	[Free text field]
Holds for 10 sec but < 30 sec	☐	I_I_I_I. I_I_I	[Free text field]
Holds for 30 sec	☐	N/A	[Free text field]

R11. START TIME FOR SEMI-TANDEM STAND
__ __:__ __ [HH/MM]
AM............... 1
PM............... 2

R12. STOP TIME FOR SEMI-TANDEM STAND
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

[PROGRAMMER NOTE: IF "HOLDS FOR 10 SECONDS, BUT < 30 SECONDS" OR "HOLDS FOR 30 SECONDS" DISPLAY INTERVIEWER NOTE= GO TO TANDEM STAND. IF "HOLDS POSITION FOR LESS THAN 10 SECONDS" DISPLAY INTERVIEWER NOTE = GO TO 6 METER WALK]

TANDEM STAND

R13. WAS TANDEM STAND TRIAL 1 PERFORMED?
YES............. 1 [GO TO QUESTION R14]
NO............... 2

R13a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ....1[JUMP R17]
MEDICAL REASON ....2[JUMP R17]
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3[JUMP R17]
OTHER...4[JUMP R17]
DON'T KNOW ....8[JUMP R17]
REFUSED ....9[JUMP R17]
SPECIFY REASON [FREE TEXT FIELD] ________________

R14. RECORD RESULT(S) OF TANDEM STAND TRIAL 1

Outcome	**Check box**	**Record time in sec.**	**Notes/Comments**
Participant refused	☐	N/A	[Free text field]
Not attempted, unable	☐	N/A	[Free text field]
Unable to attain position	☐	N/A	[Free text field]
Unable to hold for 1 sec	☐	N/A	[Free text field]
Holds for less than 10 sec	☐	I_I_I_I. I_I_I	[Free text field]

Holds for 10 sec but < 30 sec	☐	I_I_I_I. I_I_I	[Free text field]
Holds for 30 sec	☐	N/A	[Free text field]

R15. START TIME FOR TANDEM STAND TRIAL 1
__ __:__ __ [HH/MM]
AM............... 1
PM............... 2

R16. STOP TIME FOR TANDEM STAND TRIAL 1
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

[PROGRAMMER NOTE: IF "HOLDS FOR 10 SECONDS, BUT < 30 SECONDS" OR "HOLDS FOR LESS THAN 10 SECONDS" DISPLAY INTERVIEWER NOTE= GO TO TANDEM STAND TRIAL 2. IF "HOLDS POSITION FOR 30 SECONDS" DISPLAY INTERVIEWER NOTE = GO TO ONE LEG STAND]

TANDEM STAND TRIAL 2

R17. WAS TANDEM STAND TRIAL 2 PERFORMED?
YES............. 1 [GO TO QUESTION R18]
NO............... 2

R17a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ....1[JUMP R21]
MEDICAL REASON ....2[JUMP R21]
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3[JUMP R21]
OTHER...4[JUMP R21]
DON'T KNOW ....8[JUMP R21]
REFUSED ....9[JUMP R21]
SPECIFY REASON [FREE TEXT FIELD] ________________

R18. RECORD RESULT(S) OF TANDEM STAND TRIAL 2

Outcome	**Check box**	**Record time in sec.**	**Notes/Comments**
Participant refused	☐	N/A	[Free text field]
Not attempted, unable	☐	N/A	[Free text field]
Unable to attain position	☐	N/A	[Free text field]
Unable to hold for 1 sec	☐	N/A	[Free text field]
Holds for less than 10 sec	☐	I_I_I_I. I_I_I	[Free text field]
Holds for 10 sec but < 30 sec	☐	I_I_I_I. I_I_I	[Free text field]
Holds for 30 sec	☐	N/A	[Free text field]

R19. START TIME FOR TANDEM STAND TRIAL 2
__ __:__ __ [HH/MM]
AM............... 1
PM............... 2

R20. STOP TIME FOR TANDEM STAND TRIAL 2
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

[PROGRAMMER NOTE: IF “HOLDS FOR 10 SECONDS, BUT < 30 SECONDS” OR “HOLDS FOR LESS THAN 10 SECONDS” DISPLAY INTERVIEWER NOTE= GO TO 6 METER WALK. IF “HOLDS POSITION FOR 30 SECONDS” DISPLAY INTERVIEWER NOTE = GO TO ONE LEG STAND]

ONE LEG STAND TRIAL 1

R21. WAS ONE LEG STAND TRIAL 1 PERFORMED?
YES............. 1 [GO TO QUESTION R22]
NO............... 2

R21a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ....1[JUMP R25]
MEDICAL REASON ....2[JUMP R25]
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3[JUMP R25]
OTHER..4[JUMP R25]
DON'T KNOW ....8[JUMP R25]
REFUSED ....9[JUMP R25]
SPECIFY REASON [FREE TEXT FIELD] _______________

R22. RECORD RESULT(S) OF ONE LEG STAND TRIAL 1

Outcome	**Check box**	**Record time in sec.**	**Notes/Comments**
Participant refused	☐	N/A	[Free text field]
Not attempted, unable	☐	N/A	[Free text field]
Unable to attain position	☐	N/A	[Free text field]
Unable to hold for 1 sec	☐	N/A	[Free text field]
Holds for 1 sec but < 30 sec	☐	I_I_I_I. I_I_I	[Free text field]
Holds for 30 sec	☐	N/A	[Free text field]

R23. START TIME FOR ONE LEG STAND TRIAL 1
__ __:__ __ [HH/MM]
AM............... 1

PM............... 2

R24. STOP TIME FOR ONE LEG STAND TRIAL 1
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

[PROGRAMMER NOTE: IF “HOLDS FOR 1 SECOND, BUT < 30 SECONDS” DISPLAY INTERVIEWER NOTE= GO TO LEG STAND TRIAL 2. IF “HOLDS POSITION FOR 30 SECONDS” DISPLAY INTERVIEWER NOTE = GO TO 6 METER WALK]

ONE LEG STAND TRIAL 2

R25. WAS ONE LEG STAND TRIAL 2 PERFORMED?
YES............. 1 [GO TO QUESTION R26]
NO............... 2

R25a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ....1[JUMP R29]
MEDICAL REASON ....2[JUMP R29]
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3[JUMP R29]
OTHER...4[JUMP R29]
DON’T KNOW ....8[JUMP R29]
REFUSED ....9[JUMP R29]
SPECIFY REASON [FREE TEXT FIELD] _______________

R26. RECORD RESULT(S) OF ONE LEG STAND TRIAL 2

Outcome	**Check box**	**Record time in sec.**	**Notes/Comments**
Participant refused	☐	N/A	[Free text field]
Not attempted, unable	☐	N/A	[Free text field]
Unable to attain position	☐	N/A	[Free text field]
Unable to hold for 1 sec	☐	N/A	[Free text field]
Holds for 1 sec but < 30 sec	☐	I_I_I_I. I_I_I	[Free text field]
Holds for 30 sec	☐	N/A	[Free text field]

R27. START TIME FOR ONE LEG STAND TRIAL 2
__ __:__ __ [HH/MM]
AM............... 1
PM............... 2

R28. STOP TIME FOR ONE LEG STAND TRIAL 2
__ __:__ __ [HH:MM]
AM............... 1

PM............... 2

POSTURAL STABILITY/STANDING STEADINESS TEST (SWAY)

R29. WAS POSTURAL STABILITY/STANDING STEADINESS TEST (SWAY) PERFORMED?
YES............. 1 [GO TO QUESTION R30]
NO............... 2

R29a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ....1[JUMP R33]
MEDICAL REASON ....2[JUMP R33]
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3[JUMP R33]
OTHER..4[JUMP R33]
DON'T KNOW ....8[JUMP R33]
REFUSED ....9[JUMP R33]
SPECIFY REASON [FREE TEXT FIELD] _______________

R30. DATE OF POSTURAL STABILITY/STANDING STEADINESS TEST (SWAY)
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

R31. START TIME OF POSTURAL STABILITY/STANDING STEADINESS TEST (SWAY)
__ __: __ __ [HH:MM]
AM............... 1
PM............... 2

R32. STOP TIME OF POSTURAL STABILITY/STANDING STEADINESS TEST (SWAY)
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

VIBROTACTILE THRESHOLD TEST

R33. WAS VIBROTACTILE THRESHOLD TEST PERFORMED?
YES............. 1 [GO TO QUESTION R34]
NO............... 2

R33a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION 1
MEDICAL REASON 2
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3
OTHER..4
DON'T KNOW 8

REFUSED 9
SPECIFY REASON [FREE TEXT FIELD] _______________

R34. RECORD DATE OF VIBROTACTILE THRESHOLD TEST
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

R35. RECORD START TIME
__ __: __ __ [HH:MM]
AM............... 1
PM............... 2

R36. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

R37. RECORD RESULTS FOR VIBROTACTILE THRESHOLD TEST

Test	Dominant great toe	Non-Dominant great toe	Obtained? Y/N	In not obtained, why?	If "other" reason not collected, specify. Enter comments/notes
1st down value	I_I_I_I_I	I_I_I_I_I	✓ Yes ✓ No ✓ Refused	✓ Equipment malfunction ✓ Medical Reason ✓ Examinee unable to understand/ follow directions ✓ Other, specify	[Free Text Field]
1st up value	I_I_I_I_I	I_I_I_I_I	✓ Yes ✓ No ✓ Refused	✓ Equipment malfunction ✓ Medical Reason ✓ Examinee unable to understand/ follow directions ✓ Other, specify	[Free Text Field]
2nd down value	I_I_I_I_I	I_I_I_I_I	✓ Yes ✓ No ✓ Refused	✓ Equipment malfunction ✓ Medical Reason ✓ Examinee unable to understand/ follow directions ✓ Other,	[Free Text Field]

				specify	
2nd up value	I_I_I_I_I	I_I_I_I_I	✓ Yes ✓ No ✓ Refused	✓ Equipment malfunction ✓ Medical Reason ✓ Examinee unable to understand/ follow directions ✓ Other, specify	[Free Text Field]
3rd down value	I_I_I_I_I	I_I_I_I_I	✓ Yes ✓ No ✓ Refused	✓ Equipment malfunction ✓ Medical Reason ✓ Examinee unable to understand/ follow directions ✓ Other, specify	[Free Text Field]

R38. Do you normally wear or use reading glasses, contacts or something else to help you see?
YES............ 1
NO.............. 2
DON'T KNOW 8
REFUSED... 9

R38a. If yes, are you wearing them or do you have them with you today?
YES 1
NO.... 2
DON'T KNOW 8
REFUSED 9

VISUAL ACUITY TEST

R39. WAS VISUAL ACUITY TEST PERFORMED?
YES............. 1
NO............... 2

R39a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION 1
MEDICAL REASON 2
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3
OTHER..4
DON'T KNOW 8
REFUSED 9

SPECIFY REASON [FREE TEXT FIELD] _______________

R40. RECORD DATE OF VISUAL ACUITY TEST
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

R41. RECORD START TIME
__ __: __ __ [HH:MM]
AM............... 1
PM............... 2

R42. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

R43. WERE RESULSTS OBTAINED?
YES........................ 1
NO.......................... 2 [GO TO R43c]

R43a. RECORD RESULT-HIGHEST ROW WITHOUT ERROR (**WITH VISION** CORRECTION: [___________]

R43b. RECORD RESULT-HIGHEST ROW WITHOUT ERROR (**WITHOUT** VISION CORRECTION: [___________] [GO TO QUESTION R44]

R43c. IF RESULT NOT OBTAINED, PROVIDE A REASON
EQUIPMENT MALFUNCTION 1
MEDICAL REASON 2
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3
OTHER...4
DON'T KNOW 8
REFUSED 9
SPECIFY REASON [FREE TEXT FIELD] _______________

CONTRAST SENSITIVITY TEST

R44. WAS CONTRAST SENSITIVITY TEST PERFORMED?
YES............. 1 [GO TO QUESTION R45]
NO............... 2

R44a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION 1
MEDICAL REASON 2
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3
OTHER...4
DON'T KNOW 8

REFUSED 9
SPECIFY REASON [FREE TEXT FIELD] _______________

R45. DATE OF CONTRAST SENSITIVITY TEST
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

R46. START TIME OF CONTRAST SENSITIVITY TEST
__ __: __ __ [HH:MM]
AM............... 1
PM............... 2

R47. STOP TIME OF CONTRAST SENSITIVITY TEST
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

R48. RECORD DATA FOR CONTRAST SENSITIVITY TEST

Test	Enter Limit Value	Obtained? Y/N	If no or refuse, why?	If "other", specify enter Comments/notes
Test A Limit		✓ Yes ✓ No ✓ Refused	✓ Medical reason ✓ Examinee unable to understand/follow instructions ✓ Other, specify	[free text field]
Test B Limit		✓ Yes ✓ No ✓ Refused	✓ Medical reason ✓ Examinee unable to understand/follow instructions ✓ Other, specify	[free text field]
Test C Limit		✓ Yes ✓ No ✓ Refused	✓ Medical reason ✓ Examinee unable to understand/follow instructions ✓ Other, specify	[free text field]
Test D Limit		✓ Yes ✓ No ✓ Refused	✓ Medical reason ✓ Examinee unable to understand/follow instructions ✓ Other, specify	[free text field]
Test E Limit		✓ Yes ✓ No ✓ Refused	✓ Medical reason ✓ Examinee unable to understand/follow instructions ✓ Other, specify	[free text field]

WALKING SPEED TEST AND LONG DISTANCE CORRIDOR WALK

R49. Is there any reason you would feel unsafe or unable to complete the walking tests?
YES..................................1
NO....................................2 [GO TO QUESTION R50]
DON'T KNOW...................8 [GO TO QUESTION R50]
REFUSED.........................9 [GO TO QUESTION R50]

R49a. IF YES, SPECIFY [FREE TEXT FIELD] [GO TO SECTION S]

[PROGRAMMER NOTE: IF YES, SKIP SECTION; DO NOT ALLOW FOR FURTHER DATA ENTRY]

[EXAMINER NOTE: THE FOLLOWING ARE EXCLUSION QUESTIONS FOR THE LONG DISTANCE CORRIDOR WALK]

[PROGRAMMER NOTE: THE FOLLOWING ARE EXCLUSION QUESTIONS FOR THE LONG DISTANCE CORRIDOR WALK. IF YES TO FOLLOWING QUESTIONS OR, IF BP IS ≥180 SYSTOLIC AND OR 110 DIASTOLIC AND OR HR IS ≤ TO 40 BPM ≥ 120 SKIP THIS SECTION.]

R50. Will you need any walking aids or assistive devices such as crutches, a cane or walker to help you complete the walking tests today?
YES..................................1[GO TO SECTION S]
NO....................................2
DON'T KNOW...................8
REFUSED.........................9

R51. **In the past 3 months**, have you had a heart attack or myocardial infarction?
YES..................................1 [GO TO SECTION S]
NO....................................2
DON'T KNOW...................8
REFUSED.........................9

R52. **In the past 3 months**, have you had an angioplasty or stent placement?
YES..................................1[GO TO SECTION S]
NO....................................2
DON'T KNOW...................8
REFUSED.........................9

R53. **In the past 3 months**, have you had heart surgery?
YES..................................1 [GO TO SECTION S]
NO....................................2
DON'T KNOW...................8
REFUSED.........................9

R54. Are you wearing shoes that make it difficult for you to walk?

YES .... 1[GO TO SECTION S]
NO 2
DON'T KNOW 8
REFUSED 9

R55. RECORD RESULTS OF WALKING SPEED TEST

Task	**Attempt 1 [MM:SS]**	**Attempt 2 [MM:SS]**	**Result(s) obtained?**	**If no or other, specify**
Normal Pace			✓ Yes ✓ No ✓ Refused ✓ Other	[free text field]
Quick Pace			✓ Yes ✓ No ✓ Refused ✓ Other	[free text field]
Between 20 centimeter mark			✓ Yes ✓ No ✓ Refused ✓ Other	[free text field]

R56. RECORD RESULTS OF LONG DISTANCE CORRIDOR WALK (400M)

Task	**Record result [MM:SS]**	**Obtained?**	**If no, refused or other, specify [comments]**

2 minute warm up – first 20 seconds		✓ Yes ✓ No ✓ Refused ✓ Other	[FREE TEXT FIELD]
400 Meters		✓ Yes ✓ No ✓ Refused ✓ Other	[FREE TEXT FIELD]

Section S: Hand/Grip Strength Test

S1. DID PARTICIPANT COMPLETE HAND/GRIP STRENGTH TEST?
Yes.............. 1[GO TO QUESTION S2]
No................ 2

S1a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION 1
MEDICAL REASON 2
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3
OTHER..4
DON'T KNOW 8
REFUSED 9
SPECIFY REASON [FREE TEXT FIELD] _______________

[PROGRAMMER NOTE: IF NO OR REFUSED, SKIP THIS SECTION]

S2. DATE OF HAND/GRIP STRENGTH TEST
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

S3. RECORD START TIME
__ __: __ __ [HH:MM]
AM............... 1
PM............... 2

S4. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

S5. Are you right handed, left handed, or do you use both hands equally to write with and complete most other tasks?
Right handed..1
Left handed 2
Ambidextrous (Use both hands equally)...........3
DON'T KNOW 8
REFUSED 9

S6. RECORD DYNAMOMETER (HAND/GRIP STRENGTH) RESULTS

Trial #	**1**	**2**	**3**	**Result Obtained?**	**If no, refused or other, specify (comments/notes)**
Dominant Hand Grip (kg)				✓ Yes ✓ No ✓ Refused ✓ Other	[FREE TEXT FIELD]
Non-Dominant Hand Grip (kg)				✓ Yes ✓ No ✓ Refused ✓ Other	[FREE TEXT FIELD]

Section T: Exhaled Nitric Oxide (eNO)

T1. WAS TEST FOR EXHALED NITRIC OXIDE COMPLETED?
Yes.............. 1 [GO TO QUESTION T2]
No................ 2

T1a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION 1
MEDICAL REASON 2
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3
OTHER..4
DON'T KNOW 8
REFUSED 9
SPECIFY REASON [FREE TEXT FIELD] _______________

[PROGRAMMER NOTE: IF NO OR REFUSED, SKIP OR SUPRESS ADDITIONAL EXHALED NITRIC OXIDE TEST QUESTIONS]

T2. RECORD DATE EXHALED NITRIC OXIDE TEST PERFORMED
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

T3. RECORD START TIME
__ __: __ __ [HH:MM]
AM............... 1
PM............... 2

T4. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM............... 1
PM............... 2

T5. HOW MANY TOTAL MANUEVERS/ATTEMPTS WERE PERFORMED?
[EXAMINER NOTE: NO MORE THAN 8 TOTAL MANUEVERS/ATTEMPTS SHOULD BE PERFORMED]
I_I_I

T6. **Within the last hour**, have you smoked a cigarette, cigar, pipe, or used any other tobacco product?
YES............. 1
NO............... 2
DON'T KNOW 8
REFUSED 9

T7. **Within the last hour**, have you done any **vigorous or strenuous** exercise? Vigorous or strenuous exercise requires hard physical effort and often times leads to heavy breathing and a faster heartbeat.
YES............ 1
NO.............. 2
DON'T KNOW...................8
REFUSED... 9

T8. **Within the last hour,** have you had anything to eat or drink?
YES............ 1
NO.............. 2
DON'T KNOW...................8
REFUSED... 9

T9. **Within the last 3 hours** have you eaten beets, broccoli, cabbage, celery, lettuce, spinach, radishes or root vegetables?
YES............ 1
NO.............. 2
DON'T KNOW...................8
REFUSED... 9

T10. **Within the last 3 hours** have you eaten bacon, ham, hot dogs, or smoked fish?
YES............ 1
NO.............. 2
DON'T KNOW...................8
REFUSED... 9

T11. **Within the past 2 days** have you used any oral or inhaled steroids? (I.e. inhaled glucocorticoids and montelukast)?
YES............ 1
NO.............. 2
DON'T KNOW...................8
REFUSED... 9

T12. **In the past 7 days,** have you had a cough, cold, airway infection, respiratory illness, phlegm or runny nose? Do not count allergies or hay fever.
YES............ 1
NO.............. 2
DON'T KNOW...................8
REFUSED... 9

Section U: Exhaled Breath Condensate Test (EBC)

U1. WAS EBC PROCEDURE COMPLETED?
YES............. 1 [GO TO QUESTION U2]
NO 2

U1a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION 1
MEDICAL REASON 2
EXAMINEE UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS..3
OTHER..4
DON'T KNOW 8
REFUSED 9
SPECIFY REASON [FREE TEXT FIELD] _______________

[PROGRAMMER NOTE: IF NO OR REFUSED, SKIP ADDITIONAL EXHALED NITRIC OXIDE TEST QUESTIONS]

U2. DATE OF EBC PROCEDURE/COLLECTION
__/__/__ [MM/DD/YYYY]

U3. START TIME OF EBC COLLECTION
__ __:__ __ [HH/MM]
AM............... 1
PM 2

U4. STOP TIME OF EBC COLLECTION
__ __:__ __ [HH/MM]
AM............... 1
PM 2

U5. TOTAL TIME FOR EBC COLLECTION
__ __:__ __ [MM:SS]

Section V: Pulmonary Function Testing (PFT)

[PROGRAMMER NOTE: IF THE AVERAGE SYSTOLIC BP ≥ 180 OR DIASTOLIC BP ≥ 110 OR HEART RATE ≤ 40 OR ≥ 120, OR INDICATED THAT PARTICIPANT IS FEMALE AND PREGNANTSKIP PULMONARY FUNCTION TEST.]

[PROGRAMMER NOTE: THE FOLLOWING QUESTIONS ARE EXCLUSION CRITERIA FOR PULMONARY FUNCTION TESTING. IF "YES", "DON'T KNOW" OR "REFUSED" TO ANY OF THE FOLLOWING QUESTIONS (Q-Q), SKIP PULMONARY FUNCTION TEST.]

V1. **<u>During the past 24 hours,</u>** have you used a short-term or long-acting bronchodilator?
YES............ ....1 [GO TO SECTION W]
NO.............. 2
DON'T KNOW...................8 [GO TO SECTION W]
REFUSED... ....9 [GO TO SECTION W]

V2. **<u>In the past three months</u>**, have you had any surgery to your chest or abdomen?
YES............ ....1 [GO TO SECTION W]
NO.............. 2
DON'T KNOW...................8 [GO TO SECTION W]
REFUSED... ....9 [GO TO SECTION W]

V3. **<u>In the past three months</u>**, have you had a heart attack or stroke?
YES............ ....1 [GO TO SECTION W]
NO.............. 2
DON'T KNOW...................8 [GO TO SECTION W]
REFUSED... ....9 [GO TO SECTION W]

V4. **<u>In the past three months</u>**, have you had a detached retina or eye surgery?
YES............ ....1 [GO TO SECTION W]
NO.............. 2
DON'T KNOW...................8 [GO TO SECTION W]
REFUSED... ....9 [GO TO SECTION W]

V5. **<u>In the past three months</u>**, have you been hospitalized for any other heart problem?
YES............ ....1 [GO TO SECTION W]
NO.............. 2
DON'T KNOW...................8 [GO TO SECTION W]
REFUSED... ....9 [GO TO SECTION W]

V6. Are you currently taking medication for tuberculosis?

YES............. ....1 [GO TO SECTION W]
NO.............. 2
DON'T KNOW ....8 [GO TO SECTION W]
REFUSED... ....9 [GO TO SECTION W]

V7. DID PARTICIPANT COMPLETE PULMONARY FUNCTION TESTING (PFT)?
YES............. 1 [GO TO QUESTION V8]
NO............... 2

V7a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION 1
MEDICAL REASON 2
OTHER...3
DON'T KNOW 8
REFUSED 9
SPECIFY REASON [FREE TEXT FIELD] _______________

V8. DATE OF PFT PROCEDURE
__/__/__ [MM/DD/YYYY]

V9. TIME OF PRE-SPIROMETRY BRONCHODILATION (ALBUTEROL)
__ __:__ __ [HH/MM]
AM............... 1
PM............... 2

V10. TIME OF POST-SPIROMETRY BRONCHODILATION (ALBUTEROL)
__ __:__ __ [HH/MM]
AM............... 1
PM............... 2

Section W: Medical Referrals

W1. WAS A MEDICAL REFERRAL PROVIDED?
YES............. 1
NO............... 2

W1a. IF YES, HOW MANY REFERRALS WERE PROVIDED?
|_||_| NUMBER OF REFERRALS

[PROGRAMMER NOTE: LOOP THROUGH "REASON FOR REFERRAL" FOR EACH REFERRAL PROVIDED/INDICATED]

W1b. REASON FOR REFERRAL:
MENTAL HEALTH PROBLEM(S)...1
MEDICAL PROBLEM(S) 2
SOCIAL PROBLEM (HOMELESSNESS, ALCOHOL/DRUGS, ETC)...........3
OTHER, SPECIFY [FREE TEXT FIELD]...4

Section X: Check-Out, Review and Remuneration

X1. DID PARTICIPANT RECEIVE GIFT CARD(S) FOR REMUNERATION?
YES............. 1 [GO TO QUESTION X2]
NO............... 2

X1a. PROVIDE REASON: [FREE TEXT FIELD] [END OF EXAM]

X2. IF YES, ENTER ID NUMBER(S)
ID # __ __ __ __
ID # __ __ __ __
ID # __ __ __ __

[END OF EXAM]