Use of trade names is for identification only and does not constitute endorsement by the Public Health Service or by the U.S. Department of Health and Human Services.
ACKNOWLEDGMENTS

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Note: The forms and manuals presented in this supplement have been modified in format and edited for typographical errors. However, the contents are the same as those used during the examination period.
I. INTRODUCTION

This supplement provides documentation of medical and psychological examination manuals and data collection forms used for the Vietnam Experience Study. These examinations were performed, under contract with the Centers for Disease Control (CDC), by the Veterans' Health Study staff at Lovelace Medical Foundation, Albuquerque, New Mexico.

All medical examinations and psychological tests were administered by using standardized protocols. Before performing the examinations, medical and psychological personnel were thoroughly trained and certified by the Medical Director, Clinic Manager, and the Chief Psychologist, respectively. During the examinations, data were recorded on standardized hard-copy forms, except for data from some psychological examinations for which optical scan forms were used. After collection, all data were carefully reviewed and edited. Original data were visually reviewed for completeness and accuracy by a trained clerk on the day of examination. Discrepancies and problems were resolved before the participant left Albuquerque. Data were then key and 100% key-verified, uploaded to a mainframe computer, checked for completeness and valid codes, and sent to CDC via data tape. Upon arrival at CDC, data were processed on a mainframe computer to check for validity, consistency, completeness, and accuracy. In summary, all procedures were carefully designed and implemented to provide the utmost quality data used to access the health of Vietnam-era veterans.

In this supplement, data collection forms are shown in Sections II and III. Copyright restrictions precluded publishing most of the psychological examination forms. Thus, a reference list is provided for these examinations to assist the reader in acquiring related forms and instruction material (see Section III). Medical and psychological manuals used for training and for standardizing the examinations are shown in Sections IV and V. Scheduling and handling of study participants and treatment of medical records are described in Section VI. Data management procedures relative to the medical and psychological examinations are presented in Section VII.

The medical examination also included laboratory assessments of blood, urine, and semen specimens. Laboratory methods and quality control data are presented in Supplement A. Statistical evaluations of data quality for the medical, psychological, and laboratory participant data are presented in Supplement B.

The use of trade names, in this supplement, is for identification only and does not constitute endorsement by the Public Health Service or the U.S. Department of Health and Human Services.
II. Medical Examination Forms

A. Audiometry Examination

1. EXAM CODE: II/E/O/1/ (000:-0004)
2. Participant ID: / / / / / / (0004-0011)
3. Participant Name: 
4. Date: Month: / / / (001-0013)
   Day: / / / (0015-0017)
5. Time Started: Hour: / / / (0018-0019)
   Min: / / / (002:0-0021)
6. Technician Code: / / / / / (0025)
7. Examination Status: / / (002i)
   1=complete
   2=sick
   3=terminated
   4=physically impaired
   7=other
   8=don't know
   9=refused

If no response for questions 8-21, code:
   100=no response (n/r)
   997=not applicable
   998=don't know
   999=refused

8. 500 Hz. left: / / / / / (002:0-0029)
9. 500 Hz. right: / / / / / (003:-0032)
10. 1000 Hz. left: / / / / / (0033-0035)
11. 1000 Hz. right: / / / / / (0033-0038)
12. 2000 Hz. left: / / / / / (0033-0041)
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<th>Right Channel (kHz)</th>
<th>Left Channel (kHz)</th>
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<td>21</td>
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<td>(0066-0068)</td>
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</table>
II. Medical Examination Forms

B. Birth Facts Sheet

1. Exam Code: /B/P/0/1/ (0001-0004)

1a. Participant ID: (0005-0011)

1b. Participant's Name:

2. Exam Date
   Month: (0012-0013)
   Day: (0014-0015)
   Year: (0016-0017)

3. Interviewer ID: (0018-0021)

4. Examination:
   1=Complete
   2=Partially Complete
   9=Refused
   (022)

5. Total Number Of Children: (023-0024)
   (Enter Number of Live-born and Stillborn Children Fathered)
   99=refused

6. Child Number:
   (Enter Number for Child in Order Listed by the Participant)
   99=refused
   (025-0026)

7. What was the child's full name at birth?

   a. First Name:
   / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / (027-0056)
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>b. Middle Name</td>
<td></td>
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</table>
| c. Last Name | (If stillbirth, enter "Stillbirth" for last name; leave first and middle name "BLANK")
| 8. What is the child's complete date of birth? | |
| a. (Enter birth month) | Month | |
| b. (Enter birth day) | Day | |
| c. (Enter birth year) | Year | |
| 9. Where was the child born? | |
| a. City (Town) | |
| b. County (or Province) | |
| c. State (or Country) | |
| d. Name of Hospital or other Medical Facility | (If child was not born in a hospital, enter "Not Born In Hospital" in question 9d, and use parenthetical expression in next question) | |
10. Was the child transferred to another (admitted to a) hospital shortly after birth?

   1 = no
   2 = yes
   8 = don't know
   9 = refused

   If Q.10 is other than "yes", GO TO Q.11/

   a. Name of Hospital

   b. City (Town)

   c. County (or Province)

   d. State (or Country)

11. Finally, I need to know the full name of the child's mother when the child was born?

   a. First name of mother

   b. Middle name of mother

   c. Last name of mother

   d. Maiden name of mother
12. Address of Hospital (Where Child was born)

   a. Street address
   / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / (0484-(;13)
   / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / (0514-(;43)
   
   b. Zip code

13. Address of Hospital (Where Child was transferred)

   a. Street address
   / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / (0549-(;78)
   / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / (0579-(;08)
   
   b. Zip code
II. Medical Examination Forms

C. Dermatology Examination

Participant ID#: ___________________  Participant Name: ___________________

2) Date: ___________________ 3) Start Time: ___________________

4) Examiner ID#: ___________________

5) Examination Status: [ ] (1-Complete; 2-Partially Complete; 9-Refused)

A. 6) SKIN COLOR TYPE [ ] (RANGE 1-6)

7) PIGMENTATION [ ] (1-Absent; 2-Present)
   IF PRESENT, THEN INDICATE 1-Absent, 2-Present, IF PRESENT, ENTER LOCATION CODE AND PHOTO CODE (1-Yes; 2-No)

8) HYPERPIGMENTATION [ ] 9) [ ] 10) [ ]

11) HYPOPIGMENTATION [ ] 12) [ ] 13) [ ]

14) BIRTHMARKS [ ] 15) [ ] 16) [ ]

17) OTHER CONDITIONS [ ] 18) [ ] 19) [ ] 20) [ ]

21) HAIR [ ] (1-Absent; 2-Present) IF PRESENT, THEN INDICATE AS ABOVE

22) ALOPECIA, MALE PATTERN [ ] 23) [ ] 24) [ ]

25) ALOPECIA, SCARRING [ ] 26) [ ] 27) [ ]

28) ALOPECIA, NONSCARRING AND NOT PATTERN [ ] 29) [ ] 30) [ ]

31) HIRSUTISM [ ] 32) [ ] 33) [ ]

34) OTHER CONDITIONS [ ] 35) [ ] 36) [ ] 37) [ ]

B. 3) INFECTION [ ] (1-Absent; 2-Present) IF PRESENT, ENTER LOC., PHOTO CD. (1-Yes, 2-No)

4) ACNE, GR I [ ] 5) [ ] 6) [ ]

7) ACNE, GR II [ ] 8) [ ] 9) [ ]

10) ACNE, GR III [ ] 11) [ ] 12) [ ]

13) ACNE, GR IV [ ] 14) [ ] 15) [ ]

16) ACNE ATYPICAL [ ] 17) [ ] 18) [ ]

19) COMEDONES ONLY [ ] 20) [ ] 21) [ ]

22) FOLLICULITIS [ ] 23) [ ] 24) [ ]

25) HIDRADENITIS SUPPR. [ ] 26) [ ] 27) [ ]

28) TINEA OF NAILS [ ] 29) [ ] 30) [ ]

31) CANDIDA [ ] 32) [ ] 33) [ ]

34) TINEA VERSICOLOR [ ] 35) [ ] 36) [ ]

37) TINEA (OTHER) [ ] 38) [ ] 39) [ ]

40) OTHER CONDITIONS [ ] 41) [ ] 42) [ ] 43) [ ]
### C. Neoplastic

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If present, enter loc., photo cd. (1=Yes; 2=No)

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### E. STD

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### F. Trauma/Factitial

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<td>31) ROSACEA</td>
<td>[ ] 32) [ ] 33) [ ]</td>
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<tr>
<td>34) SEBORHEIC DERMATITIS</td>
<td>[ ] 35) [ ] 36) [ ]</td>
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<td>37) ANGULAR STOMATITIS</td>
<td>[ ] 38) [ ] 39) [ ]</td>
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<td>40) URTICARIA</td>
<td>[ ] 41) [ ] 42) [ ]</td>
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<td>43) OTHER CONDITIONS</td>
<td>[ ] 44) [ ] 45) [ ]</td>
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<th>H. 3) MISC. CAUSE</th>
<th>(1-Absent; 2-Present) IF PRESENT, ENTER LOC., PHOTO CD. (1-Yes; 2-No)</th>
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<td>7) KERATOSIS PILARIS</td>
<td>[ ] 8) [ ] 9) [ ]</td>
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<td>10) PHOTODERMATITIS NOS</td>
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<td>13) PITYRIASIS ALBA</td>
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<td>16) STRIAE</td>
<td>[ ] 17) [ ] 18) [ ]</td>
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<td>19) SUNBURN</td>
<td>[ ] 20) [ ] 21) [ ]</td>
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<tr>
<td>22) OTHER CONDITIONS</td>
<td>[ ] 23) [ ] 24) [ ]</td>
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26) ANY PHOTOS TAKEN  [ ] (1-yes; 2-no; 9-refused)

27) COMMENTS TO THE DIAGNOSTICIAN (FREE TEXT)

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

11
II. Medical Examination Forms

D. Electrocardiogram (ECG) Examination

<p>| | | | | | | |</p>
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- 3U: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$6-0069)
- 4U: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$0-0073)
- 5U: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$4-0077)
- 6U: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$8-0081)
- 7U: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$2-0085)
- 8U: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$6-0089)
- 9U: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$0-0093)
- 10U: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$4-0097)

Confirmed:
- 1C: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$8-0101)
- 2C: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$2-0105)
- 3C: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$6-0109)
- 4C: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$0-0113)
- 5C: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$4-0117)
- 6C: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$8-0121)
- 7C: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$2-0125)
- 8C: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$6-0129)
- 9C: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$0-0133)
- 10C: [ ] / [ ] / [ ] / [ ] / [ ] / (OC$\times$4-0137)
II. Medical Examination Forms

E. General Physical Examination

Participant ID#:_________ Participant's Name:_____________________________

2) Date:______________

3) Examination Status:_____ (1-Complete; 2-Partially Complete; 9-Refused)

4) Nurse ID #:_________ 5) Time:__________

VITAL SIGNS:

6) HEIGHT: [ ]CM 11) BP SITTING - RT [ ]MMHG

7) WEIGHT: [ ]KG 12) BP SITTING - LT [ ]MMHG

8) PULSE RATE [ ]/MIN 13) BP SITTING - RT [ ]MMHG

9) PULSE REGULAR [ ] 14) BP SITTING - LT [ ]MMHG (1-Yes; 2-No)

10) RESPIRATION [ ]/MIN

15) Physician ID#:_________ 16) Time:__________

A. 1) SKULL [ ] (1-Normal; 2-Abnormal)

   IF ABNORMAL, DESCRIBE (FREE TEXT)

   ____________________________________________

B. EYES

   1) GLOBE MISSING [ ] (1-No; 2-Yes R; 3-Yes L; 4-Yes/Both)

   2) CONJUNCTIVAL DISCHARGE [ ] (1-No; 2-Yes)

   3) CORNEAL/MEDIAL ABNORMALITIES [ ] (1-No; 2-Yes)

      IF YES, THEN SPECIFY: (1-No; 2-R; 3-L; 4-Both)

   4) SCARRING [ ]

   5) CATARACT [ ]

   6) SCLERAL ICTERUS [ ]

   7) RETINAL ABNORMALITIES [ ] (1-No; 2-Yes)
IF YES, THEN SPECIFY: (1-No; 2-R; 3-L; 4-Both)

8) A-V NICKING [ ] 9) ARTERIOLOM SPASM [ ]
10) EXUDATES [ ] 11) LIGHT REFLEX [ ]
12) PAPILLEDEMA [ ] 13) CUPPING [ ]
14) DISC PALLOM [ ] 15) HEMORRHAGES [ ]

C. EARS

1) EAR CANALS [ ] (1-Normal; 2-Abnormal)
   IF ABNORMAL, THEN SPECIFY: (1-No; 2-R; 3-L; 4-Both)
   2) CERUMEN IMPACTED [ ]
   3) INFLAMMATION [ ]

4) MIDDLE EAR [ ] (1-Normal; 2-Abnormal)
   IF ABNORMAL, THEN SPECIFY: (1-No; 2-R; 3-L; 4-Both)
   5) DRUM PERFORATED [ ]
   6) DRUM RETRACTED [ ]
   7) DRUM SCARRED [ ]
   8) DRUM BULGING [ ]
   9) DRUM INFLAMED [ ]

D. NOSE [ ] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN SPECIFY: (1-No; 2-Yes)

2) PERFORATION OF SEPTUM [ ]
3) NASAL POLYPS [ ]
4) ULCERATION [ ]
5) BLEEDING [ ]

E. 1) THROAT [ ] (1-Normal; 2-Abnormal)

IF ABNORMAL, THEN SPECIFY:

2) PHARYNGITIS [ ] (1-No; 2-Yes)
3) TONSILS [ ] (1-Normal; 2-Enlarged; 3-Abscessed; 4-Both enlarged and abscessed)

F. MOUTH

1) DENTAL STATUS [ ] (1-Good; 2-Fair; 3-Poor; 4-Edentulous)
2) DENTURES WORN [ ] (1-No; 2-Yes)
3) ULCERS [ ] (1-No; 2-Yes)
4) PLAQUES [ ] (1-No; 2-Yes)
5) MASS [ ] (1-No; 2-Yes)
IF YES, THEN DESCRIBE (Free text):

6) GLOSSITIS [ ] (1-No; 2-Yes)
7) GUMS [ ] (1-Normal; 2-Abnormal)
   IF ABNORMAL, THEN SPECIFY: (1-No; 2-Yes)
   8) GINGIVITIS [ ]
   9) HYPERTROPHY/HYPERPLASIA [ ]

G. 1) SINUSES [ ] (1-Normal; 2-Abnormal)
   IF ABNORMAL, THEN SPECIFY: (1-Normal; 2-R Tender; 3-L Tender; 4-Both Tender)
   2) FRONTAL [ ]
   3) MAXILLARY [ ]

H. 1) SALIVARY GLANDS [ ] (1-Normal; 2-Abnormal)
   IF ABNORMAL, THEN SPECIFY: (1-No; 2-R; 3-L; 4-Both)
   2) SUBMENTAL [ ]
      IF ABNORMAL:
      3) ENLARGED [ ]
      4) TENDER [ ]
      5) MASS [ ]
   6) PAROTID [ ]
      IF ABNORMAL:
      7) ENLARGED [ ]
      8) TENDER [ ]
      9) MASS [ ]
   10) SUBLINGUAL [ ]
      IF ABNORMAL:
      11) ENLARGED [ ]
      12) TENDER [ ]
      13) MASS [ ]
I. NECK

1) TRACHEA [ ] (1-Normal; 2-Abnormal)

   IF ABNORMAL, THEN

   2) DEVIATED [ ] (1-Normal; 2-To R; 3-To L)
   3) AIR SOUNDS [ ] (1-Normal; 2-Stridor)
   4) VOICE [ ] (1-Normal; 2-Hoarse)

   5) THYROID [ ] (1-Normal; 2-Abnormal)

      IF ABNORMAL, THEN

      6) SIZE [ ] (1-Normal; 2-Large)
      7) TENDERNESS [ ] (1-No; 2-Yes)
      8) NODULES [ ] (1-Absent; 2-Solitary; 3-Multiple)
      9) CAROTID PULSES [ ] (1-Normal; 2-Reduced; 3-Increased)

   10) NECK MASSES OTHER THAN
       ENLARGED LYMPH NODES [ ] (1-No; 2-Yes)

       IF YES, THEN DESCRIBE (FREE TEXT):

J. CHEST

1) EXCURSION SYMMETRICAL [ ] (1-Yes; 2-Decreased R; 3-Decreased L)

2) SHAPE [ ] (1-Normal; 2-Pectus Excavatum; 3-Pectus Carinatum; 4-Other Deformity)

   IF 4, THEN SPECIFY (FREE TEXT)

3) EXPANSION [ ] (1-Normal; 2-Fair; 3-Poor)

4) RESONANCE [ ] (1-Normal; 2-Abnormal)

   IF ABNORMAL, THEN

   5) HYPERRESONANT [ ] (1-No; 2-R; 3-L; 4-Bilateral)

   6) DULLNESS ZONES [ ] (1-Absent; 2-Present)

      IF PRESENT, THEN 1-No; 2-Yes

   7) ANTERIOR [ ] IF YES, THEN
RIGHT: 8) Upper [ ] 9) Middle [ ] 10) Lower [ ]
LEFT: 11) Upper [ ] 12) Middle [ ] 13) Lower [ ]

14) POSTERIOR [ ] IF YES, THEN

RIGHT: 15) Upper [ ] 16) Middle [ ] 17) Lower [ ]
LEFT: 18) Upper [ ] 19) Middle [ ] 20) Lower [ ]

21) DIMINISHED BREATH SOUNDS [ ] (1-Absent; 2-Present)
   IF PRESENT, THEN (1-No; 2-Yes)

22) ANTERIOR [ ] IF YES, THEN

RIGHT: 23) Upper [ ] 24) Middle [ ] 25) Lower [ ]
LEFT: 26) Upper [ ] 27) Middle [ ] 28) Lower [ ]

29) POSTERIOR [ ] IF YES, THEN

RIGHT: 30) Upper [ ] 31) Middle [ ] 32) Lower [ ]
LEFT: 33) Upper [ ] 34) Middle [ ] 35) Lower [ ]

36) ADVENTITIAL SOUNDS [ ] (1-Absent; 2-Present)
   IF PRESENT, THEN

37) CRACKLES [ ] (1-No; 2-Yes)
   IF PRESENT, THEN

38) ANTERIOR [ ] (1-No; 2-Yes)
   IF YES, THEN ENTER CODE FOR PREDOMINANT SOUND IN
   APPROPRIATE REGION(S) (1-Absent; 2-Fine; 3-Medium;
   4-Coarse)

RIGHT: 39) Upper [ ] 40) Middle [ ] 41) Lower [ ]
LEFT: 42) Upper [ ] 43) Middle [ ] 44) Lower [ ]

45) POSTERIOR [ ] (1-No; 2-Yes)
   IF YES, THEN ENTER CODE FOR PREDOMINANT SOUND IN
   APPROPRIATE REGION(S) (1-Absent; 2-Fine; 3-Medium;
   4-Coarse)

RIGHT: 46) Upper [ ] 47) Middle [ ] 48) Lower [ ]
LEFT: 49) Upper [ ] 50) Middle [ ] 51) Lower [ ]

52) WHEEZES [ ] (1-Absent; 2-Present)
   IF PRESENT, THEN (1-No; 2-Yes)
53) ANTERIOR [ ] (1-No; 2-Yes)

IF YES, THEN (1-No; 2-Yes)

RIGHT: 54) Upper [ ] 55) Middle [ ] 56) Lower [ ]
LEFT: 57) Upper [ ] 58) Middle [ ] 59) Lower [ ]

60) POSTERIOR [ ] (1-No; 2-Yes)

IF YES, THEN (1-No; 2-Yes)

RIGHT: 61) Upper [ ] 62) Middle [ ] 63) Lower [ ]
LEFT: 64) Upper [ ] 65) Middle [ ] 66) Lower [ ]

67) PLEURAL FRICTION RUB [ ] (1-Absent; 2-Present)

IF PRESENT, THEN (1-No; 2-Yes)

68) ANTERIOR [ ] IF YES, THEN (1-No; 2-Yes)

RIGHT: 69) Upper [ ] 70) Middle [ ] 71) Lower [ ]
LEFT: 72) Upper [ ] 73) Middle [ ] 74) Lower [ ]

75) POSTERIOR [ ] IF YES, THEN (1-No; 2-Yes)

RIGHT: 76) Upper [ ] 77) Middle [ ] 78) Lower [ ]
LEFT: 79) Upper [ ] 80) Middle [ ] 81) Lower [ ]

K. HEART

1) INCREASED PRECORDIAL IMPULSE [ ] (1-No; 2-Palpable; 3-Visual; 4-Both)

2) LOCATION OF PRECORDIAL IMPULSE [ ] (1-Normal; 2-Displaced Laterally; 3-Displaced Inferiorly; 4-Displaced Both)

3) THRILL [ ] (1-No; 2-Yes)

4) ABNORMAL SOUNDS [ ] (1-No; 2-Yes)

IF NO, THEN SKIP TO PAGE 13, ITEM #64;
IF YES THEN:

5) MURMURS [ ] (1-No; 2-Yes)

IF NO, THEN SKIP TO PAGE 12, ITEM #57;
IF YES THEN:

6) SYSTOLIC MURMUR(S) [ ] (1-No; 2-Yes)

IF NO, THEN SKIP TO PAGE 9, ITEM #29;
IF YES THEN:
7) NUMBER OF SYSTOLIC MURMURS PRESENT [ ] (1, 2, 3)

IF ONLY ONE (1) SYSTOLIC MURMUR PRESENT, ENTER:

8) INTENSITY [ ] (1-6)
9) PITCH [ ] (1-Low; 2-Medium; 3-High)
10) CONFIGURATION [ ] (1-Crescendo; 2-Decrescendo;
    3-Crescendo-decrescendo; 4-Plateau)

11) TIMING [ ] (1-Midsystolic; 2-Holosystolic
    3-Early Systolic; 4-Late Systolic)

12) SITE OF MAXIMAL INTENSITY [ ] (1-2nd R ICS;
   2-Base of Neck; 3-2nd/3rd L ICS;
   4-4th/5th L ICS; 5-3rd/4th R ICS;
   6-Epigastrium; 7-Cardiac Apex; 8-Other, Specify)

(FREE TEXT)

13. RADIATION [ ] (1-Absent; 2-Present)

   IF PRESENT, THEN (14) [ ] (1-2nd R ICS; 2-Base of Neck;
   3-2nd/3rd L ICS; 4-4th/5th L ICS;
   5-3rd/4th R ICS; 6-Epigastrium;
   7-Cardiac Apex; 8-Other-Specify)

(FREE TEXT)

FOR A SECOND SYSTOLIC MURMUR, ENTER:

15) INTENSITY [ ] (1-6)
16) PITCH [ ] (1-Low; 2-Medium; 3-High)
17) CONFIGURATION [ ] (1-Crescendo; 2-Decrescendo;
    3-Crescendo-decrescendo; 4-Plateau)

18) TIMING [ ] (1-Midsystolic; 2-Holosystolic
    3-Early Systolic; 4-Late Systolic)

19) SITE OF MAXIMAL INTENSITY [ ]
   (1-2nd R ICS; 2-Base of Neck;
   3-2nd/3rd L ICS; 4-4th/5th L ICS;
   5-3rd/4th R ICS; 6-Epigastrium;
   7-Cardiac Apex; 8-Other-Specify)
20) RADIATION [ ] (1-Absent; 2-Present)

IF PRESENT, THEN (21) [ ]
(1-2nd R ICS; 2-Base of Neck;
3-2nd/3rd L ICS; 4-4th/5th L ICS;
5-3rd/4th R ICS; 6-Epigastrium;
7-Cardiac Apex; 8-Other-Specify)

21)

FREE TEXT

22) INTENSITY [ ] (1-6)
23) PITCH [ ] (1-Low; 2-Medium; 3-High)
24) CONFIGURATION [ ] (1-Crescendo; 2-Decrescendo;
3-Crescendo-decrescendo;
4-Plateau)
25) TIMING [ ] (1-Midsystolic; 2-Holosystolic
3-Early Systolic; 4-Late
Systolic)

26) SITE OF MAXIMAL INTENSITY [ ]
(1-2nd R ICS;
2-Base of Neck; 3-2nd/3rd L ICS;
4-4th/5th L ICS; 5-3rd/4th R ICS;
6-Epigastrium; 7-Cardiac Apex;
8-Other, Specify)

27) RADIATION [ ] (1-Absent; 2-Present)

IF PRESENT, THEN (28) [ ]
(1-2nd R ICS;
2-Base of Neck; 3-2nd/3rd L ICS;
4-4th/5th L ICS; 5-3rd/4th R ICS;
6-Epigastrium; 7-Cardiac Apex;
8-Other-Specify)

FREE TEXT
29) **DIASTOLIC MURMURS** [ ] (1-No; 2-Yes)

IF NO, THEN SKIP TO PAGE 12, ITEM #52; IF YES, THEN

30) **NUMBER OF DIASTOLIC MURMURS PRESENT** [ ] 1, 2, 3.

IF ONLY ONE (1) DIASTOLIC MURMUR PRESENT, ENTER:

31) **INTENSITY** [ ] (1-6)
32) **PITCH** [ ] (1-Low; 2-Medium; 3-High)
33) **CONFIGURATION** [ ] (1-Crescendo; 2-Decrescendo; 3-Crescendo-Decrescendo; 4-Plateau)
34) **TIMING** [ ] (1-Early Diastolic; 2-Mid Diastolic; 3-Late Diastolic (Presystolic))
35) **SITE OF MAXIMAL INTENSITY** [ ] (1-2nd R ICS; 2-Base of neck; 3-2nd/3rd L ICS; 4-4th/5th L ICS; 5-3rd/4th R ICS; 6-Epigastrium; 7-Cardiac Apex; 8-Other, Specify)

(FREE TEXT)

36) **RADIATION** [ ] (1-Absent; 2-Present)

IF PRESENT, THEN (37) [ ] (1-2ND R ICS; 2-Base of neck; 3-2nd/3rd L ICS; 4-4th/5th R ICS; 5-3rd/4th R ICS; 6-Epigastrium; 7-Cardiac Apex; 8-Other, Specify)

(FREE TEXT)

FOR A SECOND DIASTOLIC MURMUR, ENTER:

38) **INTENSITY** [ ] (1-6)
39) **PITCH** [ ] (1-Low; 2-Medium; 3-High)
40) **CONFIGURATION** [ ] (1-Crescendo; 2-Decrescendo; 3-Crescendo-Decrescendo; 4-Plateau)
41) **TIMING** [ ] (1-Early Diastolic; 2-Mid Diastolic; 3-Late Diastolic (Presystolic))
42) SITE OF MAXIMAL INTENSITY [ ] (1-2nd R ICS; 2-Base of neck; 3-2nd/3rd L ICS; 4-4th/5th L ICS; 5-3rd/4th R ICS; 6-Epigastrium; 7-Cardiac Apex; 8-Other, Specify)

(FREE TEXT)

43) RADIATION [ ] (1-Absent; 2-Present)

IF PRESENT, THEN (44) [ ] (1-2ND R ICS; 2-Base of neck; 3-2nd/3rd L ICS; 4-4th/5th R ICS; 5-3rd/4th R ICS; 6-Epigastrium; 7-Cardiac Apex 8-Other, Specify)

(FREE TEXT)

FOR A THIRD DIASTOLIC MURMUR, ENTER:

45) INTENSITY [ ] (1-6)
46) PITCH [ ] (1-Low; 2-Medium; 3-High)
47) CONFIGURATION [ ] (1-Crescendo; 2-Decrescendo; 3-Crescendo-Decrescendo; 4-Plateau)
48) TIMING [ ] (1-Early Diastolic; 2-Mid Diastolic; 3-Late Diastolic (Presystolic))
49) SITE OF MAXIMAL INTENSITY [ ] (1-2nd R ICS; 2-Base of neck; 3-2nd/3rd L ICS; 4-4th/5th L ICS; 5-3rd/4th R ICS; 6-Epigastrium; 7-Cardiac Apex; 8-Other, Specify)

(FREE TEXT)

50) RADIATION [ ] (1-Absent; 2-Present)

IF PRESENT, THEN (51) [ ] (1-2ND R ICS; 2-Base of neck; 3-2nd/3rd L ICS; 4-4th/5th R ICS; 5-3rd/4th R ICS; 6-Epigastrium; 7-Cardiac Apex 8-Other, Specify)

(FREE TEXT)
52) **CONTINUOUS MURMURS [ ]** (1-No; 2-Yes)

IF NO, THEN SKIP TO ITEM #57;
IF YES, THEN

53) **INTENSITY [ ]** (1-6)
54) **SITE OF MAXIMAL INTENSITY [ ]** (1-2nd R ICS; 2-Base of neck; 3-2nd/3rd L ICS; 4-4th/5th L ICS; 5-3rd/4th R ICS; 6-Epigastrium; 7-Cardiac Apex; 8-Other, Specify:

(FREE TEXT)

55) **RADIATION [ ]** (1-Absent; 2-Present)

IF PRESENT, THEN (56) [ ] (1-2nd R ICS; 2-Base of neck; 3-2nd/3rd L ICS; 4-4th/5th L ICS; 5-3rd/4th R ICS; 6-Epigastrium; 7-Cardiac Apex; 8-Other, Specify)

(FREE TEXT)

57) **SYSTOLIC CLICK [ ]** (1-Absent; 2-Present)

IF PRESENT, THEN

58) **MULTIPLE [ ]** (1-No; 2-Yes)
59) **TIMING [ ]** (1-Early Systolic; 2-Mid-systolic; 3-Late Systolic)
60) **GALLOP [ ]** (1-Absent; 2-Present)

IF PRESENT, THEN

61) **TIMING [ ]** (1-atrial gallop (Presystolic); 2-ventricular diastolic gallop; 3-summation gallop)
62) **VARIATES WITH INSPIRATION [ ]** (1-No; 2-Louder During Expiration; 3-Louder During Inspiration)
63) **PERICARDIAL FRICTION RUB [ ]** (1-Absent; 2-Present)
64) **OTHER CARDIAC ABNORMALITY [ ]** (1-No; 2-Yes)
IF YES, DESCRIBE (FREE TEXT):

L. BREAST
1) GYNECOMASTIA [ ] (1-Absent; 2-Present)
2) NIPPLE DISCHARGE [ ] (1-Absent; 2-Present)

M. ABDOMEN
1) VISIBLE ABNORMALITY [ ] (1-No; 2-Yes)
   IF YES, THEN (1-No; 2-Yes)
   2) ASCITES [ ]
   3) MASS [ ]
   4) SPIDERS [ ]
   5) PALPABLE MASS [ ] (1-No; 2-Yes)
   IF YES, THEN (1-No; 2-Yes)
   6) RUQ [ ]  7) LlQ [ ]  8) RLQ [ ]
   9) LLQ [ ]  10) SUPRAPUBIC [ ]
   IF YES, THEN DESCRIBE (FREE TEXT):

   11) TENDERNESS [ ] (1-No; 2-Yes)
   IF YES, THEN (1-No, 2-Yes)
   12) RUQ [ ]  13) LUQ [ ]  14) RLQ [ ]
   15) LLQ [ ]  16) SUPRAPUBIC [ ]
   17) DIFFUSE TENDERNESS [ ] (1-No; 2-Yes)
18) REBOUND TENDERNESS [ ] (1-No; 2-Yes)
19) PERCUSSION TENDERNESS [ ] (1-No; 2-Yes)
20) PALPABLE LIVER [ ] (1-No; 2-Yes)
IF YES, THEN
21) RECORD cm BELOW RCM [ ] cm
22) LIVER EDGE [ ] (1-Sharp; 2-Blunt)
23) LIVER CONSISTENCY [ ] (1-Normal; 2-Abnormal)
   IF ABNORMAL, THEN (1-No; 2-Yes)
   24) HARD [ ]
   25) NODULAR [ ]
26) PERCUSSIBLE LIVER SIZE IN R MID-CLAVICULAR LINE [ ] CM
27) SPLEEN PALPABLE [ ] (1-No; 2-Yes)
28) CVA TENDERNESS [ ] (1-No; 2-R; 3-L; 4-Both)
29) BRUIT [ ] (1-No; 2-Yes)
   IF YES, THEN (1-No; 2-Yes)
30) AORTIC [ ] 31) R FEMORAL [ ] 32) L FEMORAL [ ]
    33) R CAROTID [ ] 34) L CAROTID [ ]
35) HERNIA [ ] (1-No; 2-Yes)
   IF YES, THEN (1-Absent; 2-Reducible; 3-Not Reducible)
36) UMBILICAL [ ] 37) R INGUINAL [ ]
38) L INGUINAL [ ] 39) INCISIONAL [ ]

N. GENITAL
1) PUBIC HAIR [ ] (1-Normal male pattern; 2-Decreased)
2) PENIS [ ] (1-Normal; 2-Abnormal)
   3) DISCHARGE [ ] (1-No; 2-Yes)
   4) PHIMOSIS [ ] (1-No; 2-Yes)
5) R TESTIS [ ] CM
6) L TESTIS [ ] CM

INDICATE 1-No; 2-R; 3-L; 4-Bilateral for the following:
7) EPIDIDYMIS THICKENED/TENDER [ ]
8) VARICOCELE [ ]
9) SCROTAL MASS [ ] IF OTHER THAN 1, DESCRIBE (FREE TEXT)

10) PROSTATE [ ] (1-Normal; 2-Abnormal)
   IF ABNORMAL, THEN (1-No; 2-Yes)
   11) DIF ENLARGED [ ] 12) ATROPHIC [ ]
   13) NODULE [ ] 14) SOFT CONSISTENCY [ ]
   15) TENDER [ ]

1) RECTAL [ ] (1-Normal; 2-Abnormal)
   IF ABNORMAL, THEN (1-No; 2-Yes)
   2) HEMORRHOIDS [ ]
   3) ANAL FISSURE [ ]
   4) RECTAL MASS [ ] IF YES, THEN DESCRIBE (FREE TEXT):

5) ANAL SPHINCTER TONE [ ] (1-Normal; 2-Decreased)

6) STOOL [ ] (1-Sample taken for occult blood testing; 2-No stool present)

P. EXTREMITIES

1) ABSENCE [ ] (1-No; 2-Yes)
   IF YES, THEN (1-No; 2-R; 3-L; 4-R and L)
   2) FINGER [ ] 3) TOE [ ]
   4) ARM [ ] 5) LEG [ ]

6) CLUBBING FINGERS [ ] (1-No; 2-Yes)

7) CLUBBING TOES [ ] (1-No; 2-Yes)

8) EDEMA [ ] (1-No; 2-Yes)
   IF YES, THEN INDICATE SEVERITY (0-4)

9) PEDAL [ ] 10) PRETIBIAL [ ] 11) ANKLE [ ]
   12) PRESACRAL [ ] 13) FACIAL [ ]
14) ACROCYANOSIS [ ] (1-No; 2-Yes)

15) VARICOSE LEG VEINS [ ] (1-No; 2-R; 3-L; 4-Both)

16) LEG VEINS INFLAMED [ ] (1-No; 2-R; 3-L; 4-Both)

17) SOFT TISSUE MASSES OF EXTREMITIES [ ] (1-No; 2-Yes)

   IF YES, DESCRIBE (FREE TEXT):

18) RANGE OF MOTION [ ] (1-Normal; 2-Decreased)

   IF DECREASED, THEN (1-Normal; 2-Decreased)

   19) R SHOULDER [ ] 20) L SHOULDER [ ]

   21) R ELBOW [ ] 22) L ELBOW [ ]

   23) R WRIST [ ] 24) L WRIST [ ]

   25) R HIP [ ] 26) L HIP [ ]

   27) R KNEE [ ] 28) L KNEE [ ]

   29) R ANKLE [ ] 30) L ANKLE [ ]

31) STRAIGHT LEG RAISING [ ] (1-Normal; 2-Limited by back pain; 3-Limited by thigh pain; 4-Limited by muscle stiffness)

32) JOINT SWELLING [ ] (1-No; 2-Yes)

   IF YES, THEN (1-No; 2-Yes)

   33) R KNEE [ ] 34) L KNEE [ ]

   35) R ANKLE [ ] 36) L ANKLE [ ]

   37) R FINGERS [ ] 38) L FINGERS [ ]

Q. 1) SPINE [ ] (1-Normal; 2-Abnormal)

   IF ABNORMAL, THEN (1-No; 2-Yes)

   2) SCOLIOSIS [ ] 3) KYPHOSIS [ ]

   4) DECREASED ROM [ ] 5) TENDERNESS [ ]

   6) PELVIC TILT [ ]
R. 1) LYMPH NODES [ ] (1-Normal; 2-Abnormal)

IF ABNORMAL:

IF ENLARGED, THEN

<table>
<thead>
<tr>
<th>RECORD SIZE IN CM</th>
<th>IF ABNORMAL, THEN DESCRIBE AS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TENDER</td>
</tr>
<tr>
<td></td>
<td>(1-No; 2-Yes)</td>
</tr>
</tbody>
</table>

2) CERVICAL [ ] (1-Normal; 2-Abnormal)

IF ABN: 3)[ ] cm 4)[ ] 5)[ ] 6)[ ] 7)[ ]

8) OCCIPITAL [ ] (1-Normal; 2-Abnormal)


14) SUPRACLAVICULAR [ ] (1-Normal; 2-Abnormal)


20) AXILLARY [ ] (1-Normal; 2-Abnormal)


26) EPITROCHELEAR [ ] (1-Normal; 2-Abnormal)


32) INGUINAL [ ] (1-Normal; 2-Abnormal)


38) COMPLETION TIME [ ]

39) COMMENTS TO THE DIAGNOSTICIAN (FREE TEXT):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

29
II. Medical Examination Forms

F. Hypersensitivity Skin Test Examination

1. EXAM CODE: [H/S/O/1] (0001-0004)
2. Participant ID: [ ] (0005-0011)
3. Participant’s Name: [ ]
4. Date Applied: Month: [ ] (0012-0013)
   Day: [ ] (0014-0015)
   Year: [ ] (0016-0017)
5. Time Applied: Hour: [ ] (0018-0019)
   Min: [ ] (0020-0021)
6. Administered by: (Technician I.D.): [ ] (0022-0025)
7. Examination Status: [ ] (0026)
   1=complete 7=other
   2=sick 8=don't know
   3=terminated 9=refused
   4=physically impaired
   5=adverse reaction
   6=skin lesion
8. Location of Skin Test: [ ] (0027)
   1=right arm 8=don't know
   2=left arm 9=refused
   3=back
9. Reading Status: [ ] (0028)
   1=complete 7=other
   2=sick 8=don't know
   3=terminated 9=refused
   4=physically impaired
   5=adverse reaction
   6=skin lesion
10. Read by
   (Technician I.D.)
   (00:3-0032)

11. Reading Date
    Month
    Day
    Year
    (00:13-0034)
    (00:15-0036)
    (00:17-0038)

12. Reading Time
    Hour
    Min
    (00:19-0040)
    (00:11-0042)

ANTIGENS

13. PROTEUS
    (00:13-0045)

14. TRICHOPHYTON
    (00:16-0048)

15. CANDIDA
    (00:19-0051)

16. GLYCERINE CONTROL
    (00:2-0054)

17. TETANUS
    (00:5-0057)

18. DIPHTHERIA
    (00:8-0060)

19. STREPTOCOCCUS
    (00:1-0063)

20. TUBERCULIN
    (00:4-0066)

INDURATION (in mm)
II. Medical Examination Forms

G. Medical History Questionnaire

LOGISTICS

DATE: MM/DD/YY

PARTICIPANT I.D.: _____________________________

PARTICIPANT NAME: __________________________________________________________

PARTICIPANT AGE: _____________________________

TIME HISTORY STARTED: HH:MM _________________

INTERVIEWER I.D.: _____________________________

SUPERVISOR I.D.: _____________________________

INTRODUCTION

This part of the examination is known as the medical questionnaire. For the next half hour or so I will be asking you some questions about your present health as well as some specific medical conditions you may have had in the past. I know that you have provided some of this information in the telephone interview. Please pardon the repetitions and try to think carefully about each question. The doctors here do not have access to your answers in the telephone interview and they need the most accurate information you can provide. If you do not know the answer to any question please say so. Please remember, all information which you provide will be kept completely confidential.

SECTION A. CURRENT GENERAL HEALTH

1. Would you say your health in general is excellent, good, fair or poor? (___)

1 = EXCELLENT
2 = GOOD
3 = FAIR
4 = POOR
8 = DON'T KNOW
9 = REFUSED

2. Do you currently have any medical conditions you would like to discuss with a doctor or for which you are already receiving treatment? (___)

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

NOTE: Instruction to Interviewer
All verbatim responses were limited to 40 characters, unless otherwise indicated.
If q2 = 2, go to q3, else go to q4.

3. What are the specific medical conditions which you would like to discuss or for which you are already receiving treatment?

______________________________________________________________________________
______________________________________________________________________________

4. Are you currently taking any medications? ( )
   1 = NO  2 = YES  8 = DON'T KNOW  9 = REFUSED

If q4 = 2, go to q5, else go to q6.

5. What are the names of these medications?

   ENTER THE MEDICATION NAMES (LIST UP TO 10 MEDICATIONS)
   (LIMIT EACH NAME TO 30 CHARACTERS)

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

6. Excluding the dietary restrictions placed on you here in Albuquerque, are you currently on a special diet of any kind? ( )
   1 = NO  2 = YES  8 = DON'T KNOW  9 = REFUSED

If q6 = 2, go to q7, else go to q8.

7. What type of diet is it? ( )
   1 = Weight Loss  2 = Diabetic  3 = Low Salt  4 = Low Fat  5 = Vegetarian  6 = Other, Please Specify

   __________________________________________
8. From midnight last night until you arrived at the clinic this morning, did you have anything to eat or drink, other than water? (Do not include medications.) (_)

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

SECTION B. HOSPITALIZATION AND SURGERY

9. Since your discharge from active military duty, have you been hospitalized overnight or longer? (_)

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

If q9 = 2, go to q10, else go to q51.

10. Please try to recall all hospitalizations since your discharge from active military duty. Starting with the first hospitalization since discharge and continuing forward in time, state the condition or conditions for which you were hospitalized.

FIRST HOSPITALIZATION
ENTER THE CONDITION NAME _______________________

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: (_)(_)
ENTER NAME AND PLACE OF HOSPITAL _______________________

11. Did you have a surgical operation during this hospitalization? (_)

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

If q11 = 2 go to q12, else go to q13.

12. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: _______________________

13. Have you been hospitalized again? (_)

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

If q13 = 2, go to q14, else go to q51.

14. State the condition or conditions for which you were hospitalized and the year of hospitalization.

SECOND HOSPITALIZATION
ENTER THE CONDITION NAME _______________________

34
ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: ( ) ( )

ENTER NAME AND PLACE OF HOSPITAL

15. Did you have a surgical operation during this hospitalization? ( )

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

If q15 = 2, go to q16, else go to q17.

16. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION:

17. Have you been hospitalized again? ( )

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

If q17 = 2, go to q18, else go to q51.

NOTE: Questions 18-50 repeat hospitalization surgery 4-question cycle for 3rd through 10th hospitalizations.

18. State the condition or conditions for which you were hospitalized and the year of hospitalization.

THIRD HOSPITALIZATION
ENTER THE CONDITION NAME

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: ( ) ( )

ENTER NAME AND PLACE OF HOSPITAL

19. Did you have a surgical operation during this hospitalization? ( )

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

If q19 = 2, go to q20, else go to q21.

20. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION:

21. Have you been hospitalized again? ( )

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

If q21 = 2, go to q22, else go to q51.
22. State the condition or conditions for which you were hospitalized and the year of hospitalization.

FOURTH HOSPITALIZATION
ENTER THE CONDITION NAME ____________________________

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: (_,_) (___)

ENTER NAME AND PLACE OF HOSPITAL ______________________

23. Did you have a surgical operation during this hospitalization? (_)

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

If q23 = 2, go to q24, else go to q25.

24. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: ____________________________

25. Have you been hospitalized again? (_)

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

If q25 = 2, go to q26, else go to q51.

26. State the condition or conditions for which you were hospitalized and the year of hospitalization.

FIFTH HOSPITALIZATION
ENTER THE CONDITION NAME ____________________________

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: (_,_) (___)

ENTER NAME AND PLACE OF HOSPITAL ______________________

27. Did you have a surgical operation during this hospitalization? (_)

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

If q27 = 2, go to q28, else go to q29.

28. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: ____________________________
29. Have you been hospitalized again? ( )
   1 = NO             8 = DON'T KNOW
   2 = YES            9 = REFUSED

   If q29 = 2, go to q30, else go to q51.

30. State the condition or conditions for which you were hospitalized and the year of hospitalization.

   SIXTH HOSPITALIZATION
   ENTER THE CONDITION NAME _____________________________
   ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: ( ) ( )
   ENTER NAME AND PLACE OF HOSPITAL _______________________

31. Did you have a surgical operation during this hospitalization? ( )
   1 = NO             8 = DON'T KNOW
   2 = YES            9 = REFUSED

   If q31 = 2, go to q32, else go to q33.

32. What type of surgery did you have during this hospitalization?

   NAME OF SURGICAL OPERATION: ___________________________

33. Have you been hospitalized again? ( )
   1 = NO             8 = DON'T KNOW
   2 = YES            9 = REFUSED

   If q33 = 2, go to q34, else go to q51.

34. State the condition or conditions for which you were hospitalized and the year of hospitalization.

   SEVENTH HOSPITALIZATION
   ENTER THE CONDITION NAME ___________________________
   ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: ( ) ( )
   ENTER NAME AND PLACE OF HOSPITAL _______________________

35. Did you have a surgical operation during this hospitalization? ( )
   1 = NO             8 = DON'T KNOW
   2 = YES            9 = REFUSED

   If q35 = 2, go to q36, else go to q37.
36. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: ____________________________

37. Have you been hospitalized again? (_)

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

If q37 = 2, go to q38, else go to q51.

38. State the condition or conditions for which you were hospitalized and the year of hospitalization.

EIGHTH HOSPITALIZATION

ENTER THE CONDITION NAME ____________________________

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: (_)(_)

ENTER NAME AND PLACE OF HOSPITAL ____________________________

39. Did you have a surgical operation during this hospitalization? (_)

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

If q39 = 2, go to q40, else go to q41.

40. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: ____________________________

41. Have you been hospitalized again? (_)

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

If q41 = 2, go to q42, else go to q51.

42. State the condition or conditions for which you were hospitalized and the year of hospitalization.

NINTH HOSPITALIZATION

ENTER THE CONDITION NAME ____________________________

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: (_)(_)

ENTER NAME AND PLACE OF HOSPITAL ____________________________
43. Did you have a surgical operation during this hospitalization? ( )

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

If q43 = 2, go to q44, else go to q45.

44. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: __________________________

45. Have you been hospitalized again? ( )

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

If q45 = 2, go to q46, else go to q51.

46. State the condition or conditions for which you were hospitalized and the year of hospitalization.

TENTH HOSPITALIZATION
ENTER THE CONDITION NAME __________________________

ENTER LAST 2 DIGITS OF YEAR OF HOSPITALIZATION: ( )

ENTER NAME AND PLACE OF HOSPITAL __________________________

47. Did you have a surgical operation during this hospitalization? ( )

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

If q47 = 2, go to q48, else go to q51.

48. What type of surgery did you have during this hospitalization?

NAME OF SURGICAL OPERATION: __________________________

49. SKIP

50. SKIP

SECTION C. TRAUMA

Next, I would like to ask you some questions about injuries you may have had since your discharge from active duty.

51. Have you had any broken bones? ( )

1 = NO 2 = YES 8 = DON'T KNOW 9 = REFUSED
If q51 = 2, go to q52, else go to q53.

52. Which bone or bones have you broken?

Record up to ten fractures:

001 = SKULL  004 = NECK  113 = RIGHT HIP
002 = JAW    007 = PELVIS  213 = LEFT HIP
003 = BACK   008 = RIBS   313 = HIP, SIDE UNSPECIFIED
108 = RIGHT COLLAR BONE (CLAVICLE)  208 = LEFT COLLAR BONE
308 = COLLAR BONE, SIDE UNSPECIFIED
109 = RIGHT ARM (SHOULDER TO ELBOW)
209 = LEFT ARM
309 = ARM, SIDE UNSPECIFIED
114 = RIGHT THIGH (BELOW HIP TO KNEE)
214 = LEFT THIGH
314 = THIGH, SIDE UNSPECIFIED
110 = RIGHT FOREARM (BELOW WRIST TO FINGERS)
210 = LEFT FOREARM
310 = FOREARM, SIDE UNSPECIFIED
111 = RIGHT HAND
211 = LEFT HAND
311 = HAND, SIDE UNSPECIFIED
118 = OTHER FRACTURE, PLEASE SPECIFY ____________

53. Since your discharge from active duty have you had any joint dislocation? (_)

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

If q53 = 2 go to q54, else go to q55.

54. Which joint or joints have you dislocated?

(LIMIT OF 30 CHARACTERS)

55. Since your discharge from active duty have you been injured in a motor vehicle accident? (_)

1 = NO
2 = YES
8 = DON'T KNOW
9 = REFUSED
56. Since your discharge from active duty have you injured your head? 

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

If q56 = 2, go to q57, else go to q58.

57. Did you lose consciousness (black out) as a result of the head injury? 

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

SECTION D. HISTORY OF SELECTED CONDITIONS

Now I would like to ask you a series of "yes" or "no" questions about specific medical conditions which you may have now or may have had at any time before or after your discharge from active military duty. Please answer "yes" only if a doctor told you that you have the condition. Some of the conditions I will ask about are rare and you may not have heard of them, unless a doctor specifically mentioned the condition to you.

58. Did a doctor tell you that you have:

1 = NO  
2 = YES, AFTER DISCHARGE  
3 = YES, BEFORE DISCHARGE  
4 = YES, BOTH BEFORE AND AFTER DISCHARGE

( ) ARTHRITIS?
( ) GOUT?
( ) DIABETES?
( ) OVERACTIVE THYROID?
( ) UNDERACTIVE THYROID?
( ) ECZEMA?
( ) PSORIASIS?
( ) CHLORACNE, a form of acne related to chemical exposure, not regular acne
( ) ASTHMA?
( ) CHRONIC BRONCHITIS?
( ) EMPHYSEMA?
( ) TUBERCULOSIS?
( ) PNEUMONIA?
( ) HYPERTENSION, that is, high blood pressure
( ) HEART MURMUR?
( ) ANGINA?
( ) HEART ATTACK, also known as myocardial infarction?
( ) HEART FAILURE?
( ) ENDOCARDITIS, an infection of heart valves?
( ) PERICARDITIS, an inflammation around the heart?
( ) PERIPHERAL VASCULAR DISEASE, poor circulation in arms and legs?
I am going to continue with the "yes" or "no" questions about conditions you may have had at any time ....

1 = NO 8 = DON'T KNOW
2 = YES, AFTER DISCHARGE 9 = REFUSED
3 = YES, BEFORE DISCHARGE
4 = YES, BOTH BEFORE AND AFTER DISCHARGE

(_) PHLEBITIS?
(_) STOMACH OR DUODENAL ULCER?
(_) GASTRITIS?
(_) IRRITABLE BOWEL SYNDROME?
(_) HEMORRHOIDS?
(_) DIVERTICULITIS
(_) CROHN'S DISEASE?
(_) ULCERATIVE COLITIS?
(_) PANCREATITIS?
(_) LIVER DAMAGE DUE TO ALCOHOL?
(_) HEPATITIS?
(_) CIRRHOSIS?
(_) PORPHYRIA?
(_) GALLSTONES?
(_) ANEMIA?
(_) BLOOD CLOTTING ABNORMALITY?
(_) GLAUCOMA?
(_) MIGRAINE HEADACHES?
(_) MENINGITIS?
(_) PERIPHERAL NEUROPATHY, damage to nerves in your legs or arms?

I am going to continue with the "yes" or "no" questions about conditions you may have had at any time ....

1 = NO 8 = DON'T KNOW
2 = YES, AFTER DISCHARGE 9 = REFUSED
3 = YES, BEFORE DISCHARGE
4 = YES, BOTH BEFORE AND AFTER DISCHARGE

(_) POST-TRAUMATIC STRESS DISORDER?
(_) KIDNEY, BLADDER STONES?
(_) KIDNEY, BLADDER OR URINARY TRACT INFECTION?
(_) CHRONIC KIDNEY DISEASE?
(_) PROSTATITIS, an inflammation of the prostate gland?
(_) EPIDIDYMITIS?
(_) VARICOCELE, varicose veins in the scrotum?
(_) GONORRHEA?
(_) SYPHILIS?
(_) GENITAL HERPES?
(_) INFECTIOUS MONONUCLEOSIS?
(_) MALARIA?
(_) MELIOIDOSIS?
(_) BENIGN TUMOR?
(_) CANCER OF ANY KIND?

(LIMIT OF 30 CHARACTERS)

42
Now I am going to ask you some questions about allergies and colds:

59. Have you ever had any allergies? (___)

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

   If q59 = 2, go to q60, else go to q62

60. Are you now allergic to any of the following (read list):

      MEDICATION? (___)
      FOOD? (___)
      POLLEN? (___)
      HOUSE DUST? (___)
      MOLDS OR BACTERIA? (___)
      PETS? (___)
      OTHER? (___)

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

61. Did a doctor tell you this?

62. In the past year how many colds, bouts of flu, or upper respiratory infections have you had?

   GIVE NUMBER (___)(___)
   98 = DON'T KNOW
   99 = REFUSED

63. Do you now have a cold or the flu? (___)

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

SECTION E. REVIEW OF SYSTEMS

The next series of questions are about medical symptoms you may have now or may have had at any time during the past year.

DERMATOLOGY

At any time during the past year have you had:

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

64. Frequent skin boils or abscesses? (___)

65. Jaundice or yellow discoloration of your skin or eyes? (___)
66. Unexplained darkening of your skin? (___)

67. An abnormal increased growth of dark hair at your temples (the area of your face above your cheekbones and just next to your eyes)? (___)

INSTRUCTION TO INTERVIEWER:

68. Please further characterize any positive dermatologic findings with regard to symptom severity, duration, and association with other symptoms (free text):

______________________________________________________________

EYE, EARS, AND NOSE

At any time during the past year have you had:

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

69. A sudden partial or complete loss of vision? (___)

70. The experience of looking at a single object and seeing two? (When not under the influence of alcohol or drugs)? (___)

71. Extreme pain when you looked at a bright light? (___)

72. A constant ringing, pulsating or roaring sound in one or both ears which interfered with your daily routine? (___)

73. A severe spinning sensation (when not under the influence of alcohol or drugs)? (___)

74. A nose bleed that you could not stop? (___)

INSTRUCTION TO INTERVIEWER:

75. Please further characterize any positive eye, ear, nose or throat findings with regard to symptom severity, duration, and association with other symptoms (free text):

______________________________________________________________
RESPIRATORY
At any time during the past year have you had:

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

76. Shortness of breath while at rest (other than just after exercise)? (___)
77. A persistent cough? (___)

If q77 = 2, go to q78, else go to q79.
78. Did you bring up phlegm with the cough? (___)
79. A coughing spell brought on by exercise or cold air? (___)
80. Sudden attacks of wheezing? (___)
81. An episode of coughing up blood? (___)

INSTRUCTION TO INTERVIEWER:

82. Please further characterize any positive respiratory findings with regard to symptom severity, duration, and association with other symptoms (free text):

_________________________________________________________________________

_________________________________________________________________________

CARDIOVASCULAR
At any time during the past year have you had:

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

83. Pain or pressure in your chest when you walked fast or walked up hill? (___)
84. An unexplained episode of your heart beating rapidly or pounding in your chest? (___)
85. An episode of fainting or losing consciousness? (___)
86. Middle of the night awakening because of difficulty breathing? (___)
87. Severe pain or cramping in one or both calf muscles brought on by walking a short distance and relieved by rest? (___)
88. Please further characterize any positive cardiovascular findings with regard to symptom severity, duration, and association with other symptoms (free text):


GASTROINTESTINAL

At any time during the past year have you had:

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

89. A loss of appetite lasting more than two weeks? (_)
90. A rapid unexplained weight loss of more than 10 pounds? (_)
91. Unexplained difficulty swallowing food? (_)
92. Recurrent abdominal pain in the same location? (_)
93. Vomiting up blood? (_)
94. A bloody or tar-like black stool? (_)
95. Abnormally frequent or loose stools? (_)

INSTRUCTION TO INTERVIEWER:

96. Please further characterize any positive gastrointestinal findings with regard to symptom severity, duration, and association with other symptoms (free text):


HEMATOLOGY-ONCOLOGY

At any time during the past year have you had:

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

97. A tendency to bleed or bruise very easily? (_)
98. Enlarged or swollen lymph nodes (glands) in your underarms or groin? (_)
INSTRUCTION TO INTERVIEWER:

99. Please further characterize any positive hematology-oncology findings with regard to symptom severity, duration, and association with other symptoms (free text):

GENITOURINARY
At any time during the past year have you had:

1 = NO  2 = YES  3 = NO  4 = YES  5 = DON'T KNOW  6 = DON'T KNOW  7 = REFUSED  8 = REFUSED

100. Unexplained frequent urination? (___)

101. A loss of control of your bladder? (___)

102. Consistent interruption of your sleep because of a need to urinate? (___)

103. Difficulty starting to urinate? (___)

104. A weak, dribbling urinary stream? (___)

105. A full bladder but were unable to urinate? (___)

106. Blood in your urine? (___)

107. A discharge from your penis? (___)

108. Any sores, growths, or warts on your penis? (___)

109. A swelling of your testicles or scrotum? (___)

110. Persistent difficulty in getting a satisfactory erection for sexual purposes? (___)

111. Any persistent difficulty in getting a satisfactory ejaculation? (___)

INSTRUCTION TO INTERVIEWER:

112. Please further characterize any positive genitourinary findings with regard to symptom severity, duration, and association with other symptoms (free text):

______________________________
NEUROLOGY

At any time during the past year have you had:

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

113. Unusually frequent or severe headaches? (_)
If q113 = 2, go to q114, else go to q115.

114. Did you have nausea or vomiting with the headaches? (_)

115. Difficulty maintaining your balance? (_)

116. Paralysis involving one or more limbs? (_)

117. A seizure or convulsion? (_)

118. An unusual memory loss or period of confusion? (_)

119. Numbness of your arms or legs? (_)

If q119 = 2, go to q120, else go to q124.

INSTRUCTION TO INTERVIEWER:

Probe for "dead-asleep numbness" ("prickling-asleep numbness" should be recorded under "tingling", next symptom). Record "no" if numbness is clearly due to either sitting or lying too long in one position and the symptom disappears after a few minutes. Include hands as part of arms and feet as part of legs.

Now I would like to ask you a few questions about the location, severity, and duration of your numbness.

120. In the past year, which limb or limbs have been affected by the numbness? (_)

1 = Both legs and both arms  5 = One arm only
2 = Both legs only  6 = Other combination of limbs
3 = Both arms only  8 = Don't know
4 = One leg only  9 = Refused

121. Thinking back to the time when you first felt the numbness, which limb or limbs were affected? (_)

1 = Same as now  8 = Don't know
2 = Fewer than now  9 = Refused
3 = More than now

48
122. For about how many years have you had the numbness?

(\_)(\_) = Enter number of years

77 = Less than one year
88 = Don't know
99 = Refused

123. Have you ever consulted a doctor about the numbness? (\_)

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

124. At any time during the past year have you had a tingling sensation in
your arms and legs? (\_)

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

If q124 = 2, go to q125, else go to q129.

INSTRUCTION TO INTERVIEWER:

Probe for "pins and needles" or "prickling-asleep" sensation. Record "no" if
tingling is clearly due to either sitting or lying too long in one position
and the symptom disappears after a few minutes. Include hands as part of arms
and feet as part of legs.

125. Now I would like to ask you a few questions about the location, severity,
and duration of your tingling. In the past year, which limb or limbs
have been affected by the tingling? (\_)

1 = Both legs and both arms 5 = One arm only
2 = Both legs only 6 = Other combination of limbs
3 = Both arms only 8 = Don't know
4 = One leg only 9 = Refused

126. Thinking back to the time when you first felt the tingling, which limb or
limbs were affected? (\_)

1 = Same as now 8 = Don't know
2 = Fewer than now 9 = Refused
3 = More than now

127. For about how many years have you had the tingling?

(\_)(\_) = Enter number of years

77 = Less than one year
88 = Don't know
99 = Refused
128. Have you ever consulted a doctor about the tingling? ( )

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

129. At any time during the past year have you had a burning sensation in your arms or legs? ( )

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

If q129 = 2, go to q130, else go to q134.

130. Now I would like to ask you a few questions about the location, severity, and duration of your burning sensation. In the past year, which limb or limbs have been affected by the burning sensation? ( )

1 = Both legs and both arms
2 = Both legs only
3 = Both arms only
4 = One leg only
5 = One arm only
6 = Other combination of limbs
7 = Don't know
8 = Refused

131. Thinking back to the time when you first felt the burning sensation, which limb or limbs were affected? ( )

1 = Same as now
2 = Fewer than now
3 = More than now
8 = Don't know
9 = Refused

INSTRUCTION TO INTERVIEWER:
If not currently symptomatic, probe for limb or limbs affected when most recently symptomatic.

132. For about how many years have you had the burning sensation?

( ) ( ) Enter number of years

77 = Less than one year
88 = Don't know
99 = Refused

133. Have you ever consulted a doctor about the burning sensation? ( )

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

134. At any time during the past year have you had weakness such that you needed help getting out of a chair? ( )

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

If q134 = 2, go to q135, else go to q138.
INSTRUCTION TO INTERVIEWER:

Record "no" if weakness is clearly attributable to musculoskeletal trauma, e.g., pulled muscle, sprained joint, or fractured bone.

135. In the past year, which part or parts of your body have been affected by weakness? (___)

1 = Weak all over body
2 = Both legs and both arms only
3 = Upper and lower limbs on one side only
4 = Both lower limbs only
5 = Both upper limbs only
6 = Other
8 = Don't know
9 = Refused

136. For about how many years have you had your weakness? (___)(___) = Enter number of years

77 = Less than one year
88 = Don't know
99 = Refused

137. Have you ever consulted a doctor about your weakness? (___)

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

138. At any time in the past year have you had finger or hand weakness so that it was difficult for you to button your shirt or unscrew tops from jars? (___)

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

If q138 = 2, go to q139, else go to q142.

INSTRUCTION TO INTERVIEWER:

Record "no" if weakness is clearly attributable to musculoskeletal trauma, e.g., pulled muscle, sprained joint, or fractured bone.

139. In the past year, which side of your body has been affected by your finger or hand weakness? (___)

1 = Right
2 = Left
3 = Both
8 = Don't Know
9 = Refused
140. For about how many years have you had your weakness? 

(underscore)(underscore) = Enter number of years

77 = Less than one year
88 = Don't know
99 = Refused

141. Have you ever consulted a doctor about your weakness? (underscore)

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

142. At any time during the past year have you had persistent twitching or rippling of muscles in your arms or legs while you were at rest? (underscore)

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

If q142 = 2, go to q143, else go to q147.

INSTRUCTION TO INTERVIEWER:
Record "no" for muscle cramps and stiffness.

143. In the past year, which limb or limbs of your body have been affected by twitching? (underscore)

1 = Both legs and both arms 5 = One arm only
2 = Both legs only 6 = Other combination of limbs
3 = Both arms only 8 = Don't know
4 = One leg only

144. Thinking back to the time when you first felt the twitching, which limb or limbs were affected? (underscore)

1 = Same as now 8 = Don't know
2 = Fewer than now 9 = Refused
3 = More than now

145. For about how many years have you had the twitching?

(underscore)(underscore) = Enter number of years

77 = Less than one year
88 = Don't know
99 = Refused

146. Have you ever consulted a doctor about the twitching? (underscore)

1 = NO 8 = DON'T KNOW
2 = YES 9 = REFUSED
INSTRUCTION TO INTERVIEWER:

147. Please further characterize any positive neurologic findings with regard to symptom severity, duration, and association with other symptoms (free text):

______________________________________________________________________________

RHEUMATOLOGY

At any time during the past year have you had:

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

148. Persistent pain or stiffness in your neck lasting more than two weeks? (___)

149. Low back pain that interfered with your daily activities? (___)

150. Pain, stiffness or swelling of any of your joints, other than your back or neck, lasting more than two weeks? (___)

If q150 = 2, go to q151, else go to q152.

151. Which joint or joints have been affected?

Record up to ten joints:

( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
( ) ( ) ( ) ( )

101 = Right shoulder 102 = Right elbow 103 = Right wrist
201 = Left shoulder 202 = Left elbow 203 = Left wrist
301 = Both shoulders 302 = Both elbows 303 = Both wrists

106 = Right hip 107 = Right knee 108 = Right ankle
206 = Left hip 207 = Left knee 208 = Left ankle
306 = Both hips 307 = Both knees 308 = Both ankles

109 = Right toes 209 = Left toes
304 = Fingers & thumb, both sides 309 = Toes, both sides
105 = Right jaw joint 110 = Other joint, 
205 = Left jaw joint 
305 = Both jaw joints 

Please specify: ____________________________________________

(LIMIT OF 30 CHARACTERS)

INSTRUCTION TO INTERVIEWER:

152. Please further characterize any positive rheumatologic findings with regard to symptom severity, duration, and association with other symptoms (free text):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

153. This completes the review of systems portion of the questionnaire. Do you have any other current symptoms or health problems not mentioned? (___)

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

If YES, specify ________________________________________________

________________________________________________________________________

SECTION F. FAMILY HISTORY

The next questions are about possible medical conditions of your immediate family, that is, your mother, father, sisters, and brothers.

154. Has any member of your immediate family ever had:

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

Diabetes (___)  
Hypertension or high blood pressure (___)  
Stomach or duodenal ulcer (___)  
Asthma (___)

155. Did any member of your immediate family have a heart attack when they were younger than age 45? (___)

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

156. Did either of your parents have alcoholism or an alcohol problem? (___)

1 = NO  
2 = YES  
8 = DON'T KNOW  
9 = REFUSED
SECTION G. OCCUPATION

Now I would like to ask you a few questions about your work history.

157. Are you currently working for pay either full or part time? (___)

1 = NO  
2 = YES  
9 = REFUSED  

If q157 = 2, go to 158, else go to q164.

158. Is that full time or part time work? (___)

1 = Full time  
2 = Part time  
3 = Multiple jobs (if mentions more than one job)

159. Now I need to know about the kind of work you do

What is your job title: ____________________________________________

(Record job title, limit of 40 characters. If more than one job, record full time or most frequent part time job.)

160. What kind of business or industry is that in – what do they make or do at the place where you work?

Record business or industry (Limit of 40 characters):

161. Is this job the one you have held the longest? (___)

1 = NO  
2 = YES  

If q161 = 2, go to q171, else go to 162.

162. What kind of job have you held the longest – what was your job title?

Record job title (Limit of 40 characters):

163. What kind of business or industry was that in – what did they make or do at the place where you worked?

Record type of business or industry

Go to q171.
164. Are you now disabled, on strike, laid off, looking for work, or something else? (If multiple response, code lowest number). (___)

1 = Disabled
2 = On strike
3 = Laid off
4 = Looking for work
5 = Something else
6 = Refused

165. When did you last work at a full time civilian job?

Enter month of termination (Range 1-12)
If "NEVER", enter 99 and go to q175.

Enter last 2 digits of year of termination.

166. What kind of job did you last have? What was your job title? Record job title

167. What kind of business or industry was that in - what did they make or do at the place where you worked?

Record type of business or industry

168. Was that the job you held for the longest time? (___)

1 = NO
2 = YES

If q168 = 2, go to q171, else go to q169.

169. What kind of work did you do for the longest time? - What was your job title? Record job title:

170. What kind of business or industry was that in - what do they make or do at the place where you worked? Record type of business or industry:

Go to q171.

171. In the job you have had the longest, were you regularly exposed to fumes, dusts, gases, metals, or chemicals of any kind? (___)

1 = NO
2 = YES
3 = DON'T KNOW
4 = REFUSED

If q171 = 2, go to q172, else go to q173.
172. What specific material or materials have you been exposed to in that job? (LIMIT EACH NAME TO 30 CHARACTERS)


173. In any job, were you regularly exposed to fumes, dusts, gas, metals, or chemicals of any kind? (_)

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

If q173 = 2, go to q174, else go to q175.

174. What specific material or materials have you been exposed to in that job? (LIMIT EACH NAME TO 30 CHARACTERS)


SECTION H. HABITS

Now I would like to ask you a few questions about the use of wine, beer, or liquor - all kinds of alcoholic beverages.

175. On the average, how many days per month do you drink alcoholic beverages? (_)(_)

Enter number of days (Range 00-31)
88 = Don't know 99 = Refused

Probe for best estimate.

If q175 = 00, go to q179, else go to q176.
176. A drink is 1 can or bottle of beer, 1 glass of wine, or 1 cocktail or shot of liquor. On the days that you drink, how many drinks do you have per day on average? (_)(_)

Enter number of drinks (Range 01-50)
88 = Don't know 99 = Refused

Probe for best estimate.

177. How many times during the past four weeks did you have 5 or more drinks on an occasion? (_)(_)

Enter number of times (Range 00-30)
88 = Don't know 99 = Refused

Probe for best estimate.

178. During the past four weeks, how many times have you driven when you've had perhaps too much to drink? (_)(_)

Enter number of times (Range 00-30)
88 = Don't know 99 = Refused

Probe for best estimate.

Now some questions about cigarette smoking:

179. Have you ever smoked cigarettes regularly, that is, at least one a day? (_)

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

If q179 = 2, go to q180, else go to q186.

180. Do you now smoke cigarettes regularly, that is, at least one a day? (_)

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

If q180 = 1, go to q183; if 2, go to q181. If 8 or 9, go to q186.

181. On the average, how many cigarettes a day do you currently smoke? (_)(_)

Enter number of cigarettes (Range 00-80)
88 = Don't know 99 = Refused

Probe for best estimate.
182. How many years altogether have you been a regular cigarette smoker?

( ) ( ) = Number of years
88 = Don't know
77 = Less than 1 year
99 = Refused

Go to q186.

183. How long has it been since you quit?

( ) ( ) = Number of years
88 = Don't know
77 = Less than 1 year
99 = Refused

184. On the average, how many cigarettes a day did you smoke when you were a regular smoker? Enter number of cigarettes. ( ) ( )

88 = Don't know
99 = Refused

Probe for best estimate.

185. How many years altogether were you a regular smoker?

( ) ( ) = Number of years
88 = Don't know
77 = Less than 1 year
99 = Refused

Now I would like to ask you a few questions about use of drugs without a doctor's prescription:

186. In the past year have you smoked marijuana or hashish? ( )

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

187. In the past year have you used cocaine? ( )

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

188. In the past year have you injected heroin or "shot up" any drugs into your veins? ( )

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

189. In the past year have you used any other drugs to "get high" or alter your mood? ( )

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

If q189 = 2, go to q190, else go to q191.
190. What drug or drugs have you used? 
(LIMIT EACH NAME TO 15 CHARACTERS)
Specify drug: __________________________

191. Have you ever talked with a health or mental health professional about an alcohol or drug problem? (___)
1 = NO  2 = YES  8 = DON'T KNOW  9 = REFUSED

192. Have you ever been admitted to a treatment program for an alcohol or drug problem? (___)
1 = NO  2 = YES  8 = DON'T KNOW  9 = REFUSED

THIS CONCLUDES THE MEDICAL HISTORY QUESTIONNAIRE.
EVALUATION REPORT

QUESTIONS FOR THE INTERVIEWER TO BE COMPLETED AFTER THE EXAMINEE DEPARTS.

1. Was the respondent's cooperation: (___)
   1 = VERY GOOD
   2 = GOOD
   3 = FAIR
   4 = POOR

2. The quality of the interview was: (___)
   1 = UNSATISFACTORY
   2 = QUESTIONABLE
   3 = GENERALLY RELIABLE
   4 = HIGH QUALITY

3. The main reason for the unsatisfactory or questionable quality was that the respondent: (___)(___)
   01 = WAS ILL OR DISABLED
   02 = SPOKE ENGLISH POORLY
   03 = WAS EVASIVE OR SUSPICIOUS
   04 = WAS BORED OR UNINTERESTED
   05 = WAS UPSET OR DEPRESSED BY THE TOPIC
   06 = WAS INTOXICATED
   07 = HAD POOR HEARING OR SPEECH
   08 = WAS CONFUSED BY FREQUENT INTERRUPTIONS
   09 = WAS INSUFFICIENTLY KNOWLEDGEABLE
   10 = WAS MENTALLY DISTURBED
   11 = SOMETHING ELSE

   SPECIFY: ________________________________

4. Are there specific questions for which the examinee had trouble responding? (___)
   1 = NO
   2 = YES

   If "yes", specify which question(s) _______________________

   ________________________________

   ________________________________

   ________________________________
II. Medical Examination Forms

H. Nerve Conduction Velocity Examination

1. Exam Code: N/C/O/1 (0001-0004)
2. Participant ID: / / / / / / / / / (0005-0011)
3. Participant's Name: ____________________________
4. Date: Month / / (0012-0013)
   Day / / (0014-0015)
   Year / / (0016-0017)
5. Time Started: Hour / / (0018-0019)
   Min / / (0020-0021)
6. Employee ID: / / / / / / / / / (0022-0025)
7. Examination Status: / / (0026)
   1=complete
   2=sick
   3=terminated
   4=physically impaired
   5=other
   6=don't know
   9=refused

A. MEDIAN NERVE

8. MOTOR - DISTAL STIMULATION:
   Onset latency (msec): / / / / / / / / (0027-0030)
   9996=none detectable
   9997=not applicable
   9998=don't know
   9999=refused

9. MOTOR - DISTAL STIMULATION:
   Amplitude (uV): / / / / / / / / (0031-0035)
   Range: 0400 uV - 25000 uV
   99996=none detectable
   99997=not applicable
   99998=don't know
   99999=refused
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<th>Test Description</th>
<th>Note</th>
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<td>Onset latency (msec)</td>
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<td>0036-0039</td>
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<td></td>
<td></td>
<td>9996 = none detectable</td>
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<td>9997 = not applicable</td>
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<td></td>
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<td>9998 = don't know</td>
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<td></td>
<td></td>
<td>9999 = refused</td>
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<td>MOTOR - CONDUCTION VELOCITY</td>
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<td>9998 = don't know</td>
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<td></td>
<td>9999 = refused</td>
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<td>13</td>
<td>SENSORY - DISTAL STIMULATION</td>
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<td>14</td>
<td>SENSORY - DISTAL STIMULATION</td>
<td>Amplitude (uV)</td>
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<td>SENSORY - PROXIMAL STIMULATION</td>
<td>Onset latency (msec)</td>
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<td>16</td>
<td>SENSORY - DISTANCE BETWEEN STIMULATION SITES (mm)</td>
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<td>0056-0058</td>
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<td>9996 = none detectable</td>
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<td>9998 = don't know</td>
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<td>9999 = refused</td>
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</table>
17. **SENSORY - DISTANCE BETWEEN**
   
   **DISTAL**
   
   **STIMULATING SITE AND**
   
   **ACTIVE ELECTRODE**
   
   996=none detectable
   997=not applicable
   998=don't know
   999=refused
   
   **Range**: 0059-0061

18. **SENSORY - DISTAL CONDUCTION VELOCITY**
   
   (Not keypunched, meters/sec)
   
   **Range**: 20m/s - 70m/s
   96=none detectable
   97=not applicable
   98=don't know
   99=refused
   
   **Range**: 0062-0065

19. **SENSORY - PROXIMAL CONDUCTION VELOCITY**
   
   (Not keypunched, meters/sec)
   
   **Range**: 20m/s - 70m/s
   96=none detectable
   97=not applicable
   98=don't know
   99=refused
   
   **Range**: 0066-0070

B. **ULNAR NERVE**

20. **SENSORY - DISTAL STIMULATION**

   **Onset latency (msec)**
   
   9996=none detectable
   9997=not applicable
   9998=don't know
   9999=refused
   
   **Range**: 0062-0065

21. **SENSORY - DISTAL STIMULATION**

   **Amplitude (uV)**
   
   Range: 00.500uV - 48.000uV
   99996=none detectable
   99997=not applicable
   99998=don't know
   99999=refused
   
   **Range**: 0066-0070
22. SENSORY – DISTANCE BETWEEN
   DISTAL STIMULATING SITE
   AND ACTIVE ELECTRODE (mm) : / / / / (0071-0071)
   96 = none detectable
   97 = not applicable
   98 = don’t know
   99 = refused

23. SENSORY – DISTAL CONDUCTION
   VELOCITY
   (Not keypunched,
   meters/sec)
   Range: 20m/s - 70m/s
   96 = none detectable
   97 = not applicable
   98 = don’t know
   99 = refused

C. PERONEAL NERVE

24. MOTOR – DISTAL STIMULATION
   Onset latency (msec) : / / / / / / (0074-0077)
   9996 = none detectable
   9997 = not applicable
   9998 = don’t know
   9999 = refused

25. MOTOR – DISTAL STIMULATION
   Amplitude (uV)
   Range: 0400 uV - 25000 uV
   99996 = none detectable
   99997 = not applicable
   99998 = don’t know
   99999 = refused

26. MOTOR – PROXIMAL STIMULATION
   Onset latency (msec) : / / / / / / (0083-0086)
   9996 = none detectable
   9997 = not applicable
   9998 = don’t know
   9999 = refused

27. MOTOR – DISTANCE BETWEEN
   STIMULATION SITES (mm) : / / / / (0087-0089)
   96 = none detectable
   97 = not applicable
   98 = don’t know
   99 = refused
28. MOTOR - CONDUCTION VELOCITY
   (Not keypunched, meters/sec)
   Range: 20m/s - 70m/s
   96=none detectable
   97=not applicable
   98=don't know
   99=refused

D. SURAL NERVE

29. SENSORY - DISTAL STIMULATION
   Onset latency (msec)
   9996=none detectable
   9997=not applicable
   9998=don't know
   9999=refused

   Range: (0090-0093)

30. SENSORY - DISTAL STIMULATION
   Amplitude (uV)
   99996=none detectable
   99997=not applicable
   99998=don't know
   99999=refused

   Range: 00.500uV - 36.000uV

31. SENSORY - DISTANCE BETWEEN
    DISTAL STIMULATING
    SITE AND ACTIVE
    ELECTRODE (mm)
    996=none detectable
    997=not applicable
    998=don't know
    999=refused

   Range: (0099-0101)

32. SENSORY - DISTAL CONDUCTION
    VELOCITY
    (Not keypunched, meters/sec)
    Range: 20m/s - 70m/s
    96=none detectable
    97=not applicable
    98=don't know
    99=refused
E. TEMPERATURES

33. UPPER LIMB SIDE TESTED
   1=right side only
   2=left side only
   3=both sides
   4=neither side
   7=not applicable
   8=don't know
   9=refused

34. UPPER LIMB - PALM
   (degrees C.)
   Range: 30.0 C. - 36.9 C.
   997=not applicable
   998=don't know
   999=refused

35. UPPER LIMB - FOREARM
   (degrees C.)
   Range: 30.0 C. - 36.9 C.
   997=not applicable
   998=don't know
   999=refused

36. LOWER LIMB SIDE TESTED
   1=right side only
   2=left side only
   3=both sides
   4=neither side
   7=not applicable
   8=don't know
   9=refused

37. LOWER LIMB - FOOT
   (degrees C.)
   Range: 30.0 C. - 36.9 C.
   997=not applicable
   998=don't know
   999=refused
38. LOWER LIMB – UPPER-CALF
(degrees C.)

Range: 30.0 C. – 36.9 C.
997=not applicable
998=don't know
999=refused

39. IF PROXIMAL MOTOR AMPLITUDE
(FOR NO. 9 AND/OR 25)

1=median nerve only
2=peroneal nerve only
3=median and peroneal nerves
6=none detectable
7=not applicable (distal amplitude at both sites)
II. Medical Examination Forms

I. Neurological Examination

Participant ID#: _______________ Participant's Name: _______________

2) Exam Date: _______________

3) Start Time: _______________ Physician ID: _______________

4) Examination Status: ___ (1 = Complete; 2 = Partially Complete; 9 = Refused)

A: CRANIAL NERVES

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<td>RT</td>
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5) ____ 6) ____ SMELL (1-Normal; 2-Abnormal; 3-Don't Know; Missing)
7) ____ 8) ____ VISUAL FIELD (1-Normal; 2-Abnormal)

If ABNORMAL, indicate quadrant.

9) __________
10) __________

11) ____ 12) ____ OPTIC DISC (1-Normal; 2-Atrophy; 3-Papilledema; 4-Other-Specify)
13) __________
14) __________

15) ____ 16) ____ PUPIL SIZE (MM)
17) ____ 18) ____ LIGHT REACTION (1-Normal; 2-Sluggish; 3-None)
19) ____ 20) ____ PTOSIS (1-Absent; 2-Partial; 3-Complete)
21) ____ 22) ____ OCULAR MOBILITY (1-Normal; 2-Strabismus; 3-Dysmetria; 4-Nerve/Muscle/Gaze Paresis; 5-Other-Specify)
23) __________
24) __________

25) ____ 26) ____ NYSTAGMUS (1-None; 2-Horizontal; 3-Vertical; 4-Rotary; 5-Other-Specify)
27) __________ RT
28) __________ LT

29) __________ JAW STRENGTH (1-Normal; 2-Weak RT; 3-Weak LT;
4-Both Weak RT & LT; 5-Other-Specify)

SPECIFY: __________

30) __________ JAW JERK (1-Normal; 2-Increased)

31) __________ FACIAL PAIN PERCEPTION (1-Normal; 2-Abnormal)
If ABNORMAL, then (1-Normal; 2-Increased; 3-Decreased;
4-Absent; 5-Other-Specify)

32) __________ 33) __________ OPHTHALMIC
34) __________ 35) __________ MAXILLARY
36) __________ 37) __________ MANDIBULAR

SPECIFY: __________

38) __________ 39) __________ CORNEAL REFLEX (1-Normal; 2-Decreased;
3-Absent; 4-Other-Specify)

40) __________ RT
41) __________ LT

42) __________ 43) __________ FACIAL MUSCLES (1-Normal; 2-Upper Motor Neuron Weakness;
3-Lower Motor Neuron Weakness;
4-Tics; 5-Chorea;
6-Other-Specify)

SPECIFY: __________

44) __________ 45) __________ PALATE MOTION WITH PHonation
(1-Normal; 2-Absent; 3-Deviates Right;
4-Deviates Left; 5-Palatal Myoclonus;
6-Other-Specify)

SPECIFY: __________

46) __________ GAG REFLEX (1-Normal; 2-Dep. Rt; 3-Dep. Lt;
4-Both Rt & Lt; 5-Other-Specify)

SPECIFY: __________
47) ___ 48) ____ ACCESSORY NERVES (1-Normal; 2-Weak SCM; 3-Weak Trap; 4-Both Weak; 5-Other-Specify)

49) RT________________________________________
50) LT________________________________________

51) ___ 52) ____ TONGUE MOTION (1-Normal; 2-Weakness right side of tongue; 3-Weakness left side of tongue; 4-Other-Specify)

53) RT________________________________________
54) LT________________________________________

55) ____ OTHER CRANIAL CONDITION (1-Absent; 2-Present)
If PRESENT, specify.

SPECIFY: ______________________________________

B. MOTOR SYSTEMS

RT LT

1) ____ AMPUTATION LOSSES (1-No; 2-Yes)
If YES, indicate (1-No; 2-RT; 3-LT; 4-Both)

2) ____ HAND 3) ____ ARM
4) ____ FINGERS 5) ____ LEG
6) ____ FOOT 7) ____ OTHER

SPECIFY ______________________________________

8) ____ GAIT (1-Normal; 2-Abnormal)
If ABNORMAL, then (1-Absent; 2-Present)

9) ____ 10) ____ HEMIPARETIC
11) ____ 12) ____ SPASTIC
13) ____ 14) ____ ATAXIC
15) ____ 16) ____ PARKINSONIAN
17) ____ 18) ____ FOOT DROP

SPECIFY: _______________________________________
19)  20)  ARM SWING (I-Normal; 2-Reduced; 3-Other-Specify)
21)    RT  
22)    LT  
23) ___  TANDEM GAIT (1-Normal; 2-Abnormal)
24) ___  STATION (Eyes Open) (1-Normal; 2-Abnormal)
25) ___  STATION (Eyes Closed) (1-Normal; 2-Abnormal)
26) ___  ABNORMAL CONSISTENCY (1-Absent; 2-Present)  
      If PRESENT, then (1-Absent; 2-Present)
27) ___  28) ___  HAND
29) ___  30) ___  ARM
31) ___  32) ___  LEG
33) ___  34) ___  TRUNK
35) ___  MUSCLE "TONE" (1-Normal; 2-Abnormal)  
      If ABNORMAL, then (1-Normal; 2-Rigid; 3-Spastic;  
      4-Chorea; 5-Athetosis)
36) ___  37) ___  HAND
38) ___  39) ___  ARM
40) ___  41) ___  LEG
42) ___  43) ___  TRUNK
44) ___  ATROPHY (1-Absent; 2-Present)  
      If PRESENT, then 1-Absent; 2-Present
45) ___  46) ___  HAND
47) ___  48) ___  ARM
49) ___  50) ___  LEG
51) ___  52) ___  TRUNK
52) ___  NECK
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<td>TREMORS-ARM (1-None; 2-Parkinsonian; 3-Essential; 4-Cere.; 5-Anxiety; 6-Other-Specify)</td>
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<td>FINGER - NOSE ATAXIA (1-None; 2-Right; 3-Left; 4-Both RT &amp; LT)</td>
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<td>HAND PRONATION/SUPINATION (1-Normal; 2-RT Abnormal; 3-LT Abnormal; 4-Both Abnormal)</td>
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<td>HEEL - SHIN ATAXIA (1-None; 2-Right; 3-Left; 4-Both RT &amp; LT)</td>
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<td>FINGER TAPPING (1-Normal; 2-RT Abnormal; 3-LT Abnormal; 4-Both Abnormal)</td>
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<td>85)</td>
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<td>ARM DRIFT (1-None; 2-Right; 3-Left; 4-Both)</td>
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<td>EXCESS REBOUND (1-None; 2-Right; 3-Left; 4-Both RT &amp; LT)</td>
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</table>
87) SPEECH (1-Normal; 2-Dysarthric; 3-Aphasic; 4-Stammer/Stutter; 5-Other-Specify)

SPECIFY: ____________________________

88) OTHER MOTOR CONDITION (1-Absent; 2-Present)

If PRESENT, specify below:

________________________

C. REFLEXES (1-Absent; 2-Hypo; 3-Normal; 4-Hyper; 5-Unsustained Clonus; or 6-Sustained Clonus)

RT       LT
1)   2)   BICEPS
3)   4)   TRICEPS
5)   6)   KNEE
7)   8)   ANKLE
9)   10)  PLANTAR RESPONSE (1-Normal; 2-Reversed; 3-Absent; 4-Other-Specify)
      11)  RT__________________________
      12)  LT__________________________
RT       LT
13) OTHER REFLEX CONDITION (1-Absent; 2-Present)

If PRESENT, then specify

________________________

D. PERIPHERAL SENSORY TESTING

PINPRICK (1-Normal; 2-Absent; 3-Not applicable due to missing limbs; 4-Not Done)

ARMS
RT       LT
PROXIMAL
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<td>LEGS</td>
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<td>RT</td>
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<td>VIBRATORY SENSATION</td>
<td>(1-Normal; 2-Decreased; 3-Absent; 4-Not applicable due to missing limb; 5-Not Done)</td>
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<td>LATERAL MALLEOLUS</td>
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<td>RT</td>
<td>LT</td>
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<td>PATELLA</td>
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<td>SENSORY EXTINCTION</td>
<td>(1-None; 2-Right is not perceived; 3-Left is not perceived; 4-Right and Left are not consistently perceived.</td>
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<td>21)</td>
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<td>Face</td>
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**TIME COMPLETE**

**COMMENTS TO DIAGNOSTICIAN (FREE TEXT)**

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## II. Medical Examination Forms

### J. Pulmonary Function Examination

| 1. EXAM CODE | IP/F/O/11 | (0001-0004) |
| 2. Participant ID | / / / / / / / | (0005-0011) |
| 3. Participant's Name | | |
| 4. Date | Month | / / | (0012-0013) |
| | Day | / / | (0014-0015) |
| | Year | / / | (0016-0017) |
| 5. Time Started | Hour | / / | (0018-0019) |
| | Min | / / | (0020-0021) |
| 6. Technician ID | / / / / / | (0022-0025) |
| 7. Examination Status | / | (0026) |
| 8. SVC - Actual (liters) | / / / / | (0027-0030) |
| 9. FVC - Actual (liters) | / / / / | (0031-0034) |

- 1=complete
- 2=sick
- 3=terminated
- 4=physically impaired
- 5=other
- 6=refused
10. FEV1 - Actual (liters) : [ ] [ ] [ ] (0035-0038)
   9997=not applicable
   9998=don't know
   9999=refused

11. FEV1/FVC (ratio) : [ ] [ ] [ ] (0039-0042)
   9997=not applicable
   9998=don't know
   9999=refused

12. PEF - Actual (liters/sec) : [ ] [ ] [ ] (0043-0046)
   9997=not applicable
   9998=don't know

13. MMEF - Actual (liters/sec) : [ ] [ ] [ ] (0047-0050)
   9997=not applicable
   9998=don't know
   9999=refused

14. MMIF - Actual (liters/sec) : [ ] [ ] [ ] (0051-0054)
   9997=not applicable
   9998=don't know
   9999=refused

15. ADEQUATE EFFORT : [ ] (0055)
   1=yes
   2=no
II. Medical Examination Forms

K. Peripheral Vascular Examination (Doppler)

1. EXAM CODE: /P/Y/O/1/ (0001-0004)

2. PARTICIPANT ID: / / / / / / / / (0005-0011)

3. Participant's Name: ________________

4. Date: Month: / / / / (0012-0013)
           Day: / / / / (0014-0015)
           Year: / / / / (0016-0017)

5. Time Started: Hour: / / / / (0018-0019)
                  Min: / / / / (0020-0021)

6. Technician ID: / / / / / / / / (0022-0025)

7. Examination Status: / / (0026)
   1=complete
   2=sick
   3=terminated
   4=physically impaired
   7=other
   8=don't know
   9=refused

8. RADIAL PULSE MORPHOLOGY - RT: / / (0027)
   1=normal
   2=monophasic
   3=absent pulse
   7=not applicable
   8=don't know
   9=refused
<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. RADIAL PULSE MORPHOLOGY - LT</td>
<td></td>
<td>1=normal, 2=monophasic, 3=absent pulse, 7=not applicable, 8=don't know, 9=refused</td>
</tr>
<tr>
<td>10. DORSALIS PEDIS MORPHOLOGY - RT</td>
<td></td>
<td>1=normal, 2=monophasic, 3=absent pulse, 7=not applicable, 8=don't know, 9=refused</td>
</tr>
<tr>
<td>11. DORSALIS PEDIS MORPHOLOGY - LT</td>
<td></td>
<td>1=normal, 2=monophasic, 3=absent pulse, 7=not applicable, 8=don't know, 9=refused</td>
</tr>
<tr>
<td>12. POSTERIOR Tibial morphology - RT</td>
<td></td>
<td>1=normal, 2=monophasic, 3=absent pulse, 7=not applicable, 8=don't know, 9=refused</td>
</tr>
<tr>
<td>13. POSTERIOR Tibial morphology - LT</td>
<td></td>
<td>1=normal, 2=monophasic, 3=absent pulse, 7=not applicable, 8=don't know, 9=refused</td>
</tr>
</tbody>
</table>
14. RESTING ARM PRESSURE - RT

Range: 050 - 350
997=not applicable
998=don't know
999=refused

15. RESTING ARM PRESSURE - LT

Range: 050 - 350
997=not applicable
998=don't know
999=refused

16. VERIFICATION - RT ARM PRESSURE

Range: 050 - 350
997=not applicable
998=don't know
999=refused

17. VERIFICATION - LT ARM PRESSURE

Range: 050 - 350
997=not applicable
998=don't know
999=refused

18. RESTING ANKLE PRESSURE - RT

Range: 050 - 350
997=not applicable
998=don't know
999=refused

19. RESTING ANKLE PRESSURE - LT

Range: 050 - 350
997=not applicable
998=don't know
999=refused
20. VERIFICATION - RT ANKLE PRESSURE : // / (0051-0055) 
   Range: 050 - 350
   997=not applicable
   998=don't know
   999=refused

21. VERIFICATION - LT ANKLE PRESSURE : // / (0054-0056) 
   Range: 050 - 350
   997=not applicable
   998=don't know
   999=refused

22. RESTING PRESSURE INDEX - RT (Not keypunched) 
   Range: 0.50 - 2.59
   997=not applicable
   998=don't know
   999=refused

23. RESTING PRESSURE INDEX - LT (Not keypunched) 
   Range: 0.50 - 2.59
   997=not applicable
   998=don't know
   999=refused

24. MAXIMAL BRACHIAL PRESSURE - RT : // / (0057-0059) 
   Range: 050 - 350
   997=not applicable
   998=don't know
   999=refused

25. MAXIMAL BRACHIAL PRESSURE - LT : // / (0060-0062) 
   Range: 050 - 350
   997=not applicable
   998=don't know
   999=refused
26. IMMEDIATE POST OCCLUSION ANKLE
PRESSURE - RT

Range: 050 - 350
997=not applicable
998=don't know
999=refused

(006: -0065)

27. IMMEDIATE POST OCCLUSION ANKLE
PRESSURE - LT

Range: 050 - 350
997=not applicable
998=don't know
999=refused

(006: -0068)

28. HYPEREMIC INDEX - RT
(Not keypunched)

Range: 0.50 - 2.59
997=not applicable
998=don't know
999=refused

29. HYPEREMIC INDEX - LT
(Not keypunched)

Range: 0.50 - 2.59
997=not applicable
998=don't know
999=refused

30. ANKLE PRESSURE, ONE MINUTE POST
OCCLUSION - RT

Range: 050 - 350
997=not applicable
998=don't know
999=refused

(006: -0071)

31. ANKLE PRESSURE, ONE MINUTE POST
OCCLUSION - LT

Range: 050 - 350
997=not applicable
998=don't know
999=refused

(0072: -0074)
<table>
<thead>
<tr>
<th></th>
<th>RECOVERY INDEX - RT</th>
<th>RECOVERY INDEX - LT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Not keypunched)</td>
<td>(Not keypunched)</td>
</tr>
<tr>
<td></td>
<td>Range: 0.50 - 2.59</td>
<td>Range: 0.50 - 2.59</td>
</tr>
<tr>
<td></td>
<td>997=not applicable</td>
<td>997=not applicable</td>
</tr>
<tr>
<td></td>
<td>998=don't know</td>
<td>998=don't know</td>
</tr>
<tr>
<td></td>
<td>999=refused</td>
<td>999=refused</td>
</tr>
</tbody>
</table>
II. Medical Examination Forms

L. Quantitative Peripheral Sensory Examination–Vibration Test (QPSI)

1. EXAM CODE: 01/01/004
2. Participant ID: 0005-0011
3. Participant’s Name: ________________________
4. Date: Month: / / (0012-0013)
   Day: / / (0014-0015)
   Year: / / (0016-0017)
5. Time Started: Hour: / / (0018-0019)
   Min: / / (0020-0021)
6. Technician ID: ________________________
7. Examination Status: / / (0026)
   1=Complete  7=Other
   2=Sick     8=Don’t Know
   3=Terminated 9=Refused
   4=Physically
   impaired
8. Side Tested: / / (0027)
   1=Right  GO TO question 9
   2=Left   GO TO question 9
   7=Not Applic. SKIP TO question 29
   8=Don’t Know GO TO question 9
   9=Refused SKIP TO question 29
9. Lowest – Switch Setting: / / (0028)
   1=High
   2=Low
   8=Don’t Know
10. Lowest – Voltage (volts): / / (0029-0:30)
    98=Don’t Know
11. Second Lowest - Switch Setting
1=High
2=Low
8=Don't Know

12. Second Lowest - Voltage (volts)

98=Don't Know

13. Third Lowest - Switch Setting
1=High
2=Low
8=Don't Know

14. Third Lowest - Voltage (volts)

98=Don't Know

15. Fourth Lowest - Switch Setting
1=High
2=Low
8=Don't Know

16. Fourth Lowest - Voltage (volts)

98=Don't Know

17. Fifth Lowest - Switch Setting
1=High
2=Low
8=Don't Know

18. Fifth Lowest - Voltage (volts)

98=Don't Know

VOLTAGE SETTINGS OF FIVE
INCORRECT CHOICES (questions 19-28)

19. First Incorrect - Switch Setting
1=High
2=Low
8=Don't Know

20. First Incorrect - Voltage (volts)

98=Don't Know
21. Second Incorrect - Switch Setting

1=High
2=Low
8=Don't Know

22. Second Incorrect - Voltage (volts)

98=Don't Know

23. Third Incorrect - Switch Setting

1=High
2=Low
8=Don't Know

24. Third Incorrect - Voltage (volts)

98=Don't Know

25. Fourth Incorrect - Switch Setting

1=High
2=Low
8=Don't Know

26. Fourth Incorrect - Voltage (volts)

98=Don't Know

27. Fifth Incorrect - Switch Setting

1=High
2=Low
8=Don't Know

28. Fifth Incorrect - Voltage (volts)

98=Don't Know

GREAT TOE

29. Side Tested

1=Right GO TO question 30
2=Left GO TO question 30
7=Not Applic. SKIP TO END
8=Don't Know GO TO question 30
9=Refused SKIP TO END