SCREENING FOR PREGNANCY AND LACTATION

WOMEN ONLY

1. Are you pregnant? Yes |___| 1 No |___| 2 Not sure |___| 9

2. When was your last menstrual period? |___|___|/|___|___|/|___|___|___|
   If unknown, leave the boxes blank |___|___|/|___|___|/|___|___|___|

3. When did your last pregnancy end? |___|___|/|___|___|/|___|___|___|
   Never pregnant = 01-01-1001 |___|___|/|___|___|/|___|___|___|
   Currently pregnant = 01-01-1900 |___|___|/|___|___|/|___|___|___|

4. Are you now breast-feeding? Yes |___| 1 No |___| 2

5. If “yes”, how long you have been breast-feeding (in months)? |___|___| PREG4_5

Women who think they may be pregnant should not be examined or have blood drawn, because pregnancy changes the blood lipids. Women who think they may be pregnant should be referred for prenatal care. Women can participate in the Family Study six weeks postpartum even if they are lactating.

6. Code number of person completing this form |___|___|___| INT_CODE

7. Date of data collection |___|___|/|___|___|/|___|___|___| INT_DATE

THE STRONG HEART—FAMILY STUDY

GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

Screening for Pregnancy and Lactation

WOMEN ONLY

Did the participant have a Pregnancy and Lactating form? PH4_STAT

Administered to women < 50 years of age at time consent is obtained. It can be self-administered.
A. DEMOGRAPHIC INFORMATION:

1. Your Name:
   a. Last: ____________________________ INT14_1
   b. First: ____________________________ INT14_2
   c. Middle: ____________________________ INT14_3
   d. Nickname/Other Name: ____________________________ INT14_4

2. Gender: Male ____ 1  Female ____ 2 INT14_5

3. Date of Birth: ___ / ___ / ___ INT14_6

4. What is your marital status? 
   1 = Never married(Skip to Q. 7)  4 = Separated
   2 = Currently married  5 = Widowed
   3 = Divorced  6 = Adult roommate/partner/significant other INT14_7

5. If ever married, what was your maiden name? 
   ____________________________ INT14_10

6. If married, what is your spouse's name? (if not married, skip to Q7)
   Last: INT14_11  First: INT14_12  Middle: INT14_13
7. To which IHS and non-IHS Hospital/Clinic do you usually go? List the one they go to most often first. Give names and codes.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Chart number</th>
<th>IHS</th>
<th>Hospital Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. HOSP4A</td>
<td>IHSNO4_1</td>
<td>IHS4_1</td>
<td>INT14_14</td>
</tr>
<tr>
<td>b. HOSP4B</td>
<td>IHSNO4_2</td>
<td>IHS4_2</td>
<td>INT14_16</td>
</tr>
<tr>
<td>c. HOSP4C</td>
<td>IHSNO4_3</td>
<td>IHS4_3</td>
<td>INT14_18</td>
</tr>
<tr>
<td>d. HOSP4D</td>
<td>IHSNO4_4</td>
<td>IHS4_4</td>
<td>INT14_20</td>
</tr>
</tbody>
</table>

8. What is your current mailing address?
   a. |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT14_22
      Street/P.O. Box
   b. |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT14_23
      City/town
   c. |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT14_24
      County
   d. State and zip code: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT14_25

9. Is your residential address the same as above?
   Yes [___]1    No [___]2 if no, what is your current address? |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT14_27
   a. |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT14_28
      Street/P.O. Box
   b. |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT14_29
      City/town:
   c. |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT14_30
      County:
   d. State and Zip code: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT14_31

10. What is your home telephone number? |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT14_33
    Or at what telephone number can we reach you or leave a message? area code
    0= If unlisted 9= If no phone

11. What is your work or other contact telephone number? |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| INT14_34
    0= If same as home phone 9= If not applicable or unknown
Since we know that years of education may be a risk factor for some diseases, we need to ask about the years of education you have completed.

12. How many years of education have you completed? |___|___|___| INT14_35
   0-12= Vo-tech or years of school (Vo-tech/GED = 12)
   14 = Junior college          16 = Bachelors
   18 = Masters               19 = Law degree
   20 = Doctorate             999 = Unknown

We are studying heart disease in American Indians. Often, heart disease is more common in some families and tribal groups than others. For that reason, we need to ask you about your Indian heritage.

13. Are you an American Indian by heritage/blood? Yes [___] 1  No [___] 2 INT14_36
    If YES, answer Q14, Q15  If NO, answer Q16

14. What do you estimate to be your total amount of Indian heritage/blood? |___|___|/|___|___| INT14_37 INT14_38
    (non-Indian=00/00, refused=99/00)

15. What is your tribe of enrollment?
    Enter name and IHS tribal code: ________________ INT14_39
    |___|___|___| INT14_40

16. If you are not American Indian, what ethnicity are you?
    White, non-Hispanic [___] 1 INT14_41
    White, Hispanic [___] 2
    Black, not Hispanic Origin [___] 3
    Asian or Pacific Islander [___] 4
    Other, please specify: ________________ INT14_42
    |___| 5
A. WEIGHT SATISFACTION

1. Are you satisfied with your present weight?  
   Yes [___] 1 (skip to B)  
   No [___] 2  
   Unknown/unsure [___] 9  

2. Do you want to lose or gain weight?  
   Lose [___] 1  
   Gain [___] 2  

3. How do you plan to do this?  
   Less  
   More  
   No change  
   a) Eating [___] 1  
   [___] 2  
   [___] 3  
   b) Physical activity [___] 1  
   [___] 2  
   [___] 3  
   c) Medication  
   Yes [___] 1  
   No [___] 2  
   d) Other, specify:  
   Yes [___] 1  
   No [___] 2

B. FAMILY INCOME:

4. Does your household income meet your family's needs?  
   Yes [___] 1  
   No [___] 2  
   Unsure [___] 9  

5. Are you going to school?  
   Yes [___] 1  
   No [___] 2  

6. How many hours per week do you work at a job or jobs that pay you a salary or wage? (Fill in number of hours)  
   [___]  [___]  [___]

7. Which of the following categories best describes your annual household income from all sources?  
   Please show a list.  
   Less than 5,000 [___] 1  
   20,000 to 25,000 [___] 5  
   Don't know/not sure [___] 9  
   5,000 to 10,000 [___] 2  
   25,000 to 35,000 [___] 6  
   Refused [___] 0  
   10,000 to 15,000 [___] 3  
   35,000 to 50,000 [___] 7  
   15,000 to 20,000 [___] 4  
   Over 50,000 [___] 8

Strong Heart – Family Study - 01/29/2004  
Personal Interview
C. TOBACCO:

8. During your lifetime have you smoked 100 cigarettes or more total? Yes |___|1 No |___|2 (skip to Q16) INT24_28

9. How old were you when you first started smoking regularly? (Indicate age at which you started smoking) __________ | INT24_29
   0 = Never smoked regularly 999 = Unknown

10. Did you quit smoking? Yes |___|1 No |___|2 (skip to Q11) INT24_51
    a) If you quit, when did you last smoke? (Just the year, please) __________ | INT24_52
    b) What reason(s) did you have for quitting? Please check all that apply:
       Yes |___|1 No |___|2
       i) Doctor’s advice |___|1 |___|2 INT24_53
       ii) Health concerns |___|1 |___|2 INT24_54
       iii) Expenses |___|1 |___|2 INT24_55
       iv) Family pressure |___|1 |___|2 INT24_56
       v) Peer pressure |___|1 |___|2 INT24_57
       vi) Other |___|1 |___|2 INT24_58
       specify: ________________________________________ INT24_58A

11. On the average, how many cigarettes do/did you usually smoke per day? __________ | INT24_31
    0= Less than one cigarette per day
    a) If less than one cigarette per day, number of cigarettes per month? __________ | INT24_32
12. On which occasions are/were you most likely to smoke, or increase your smoking?

*Please read the list and check the appropriate response.*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>INT24_33</th>
<th>INT24_34</th>
<th>INT24_35</th>
<th>INT24_36</th>
<th>INT24_37</th>
<th>INT24_38</th>
<th>INT24_39</th>
<th>INT24_40</th>
<th>INT24_41</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) stressful times</td>
<td>1</td>
<td>2</td>
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<td>b) casinos</td>
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<td>c) wakes/funerals</td>
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<td>2</td>
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<td>d) when drinking alcohol</td>
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<td>e) social meetings</td>
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<td>f) when you have extra money</td>
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<tr>
<td>g) bingo</td>
<td>1</td>
<td>2</td>
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<td>h) school</td>
<td>1</td>
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<td>i) other, specify:</td>
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</table>

13. On the occasions that your smoking increased, how many total cigarettes do/did you smoke per day?  

<table>
<thead>
<tr>
<th>INT24_43</th>
</tr>
</thead>
</table>

14. Do you smoke cigarettes now?  

Yes | 1 | No | 2 | INT24_30  
*(if No, skip to Q16)*

15. If you currently smoke, would you like to change your smoking habit?  

Yes | 1 | No | 2 | INT24_44  
*(if No, skip to Q16)*

a) If yes, would you prefer to...

i) Reduce number of cigarettes per day | 1 | 2 | INT24_45  

ii) Switch to lower “tar” or “nicotine” cigarettes | 1 | 2 | INT24_46  

iii) Use nicotine patch/chewing gum/medications | 1 | 2 | INT24_47  

iv) Quit | 1 | 2 | INT24_48
v) Other, specify: ____________ INT24_50 ________ |___|1 |___|2 INT24_49

16. Do you use chewing tobacco/snuff now? Yes |___|1 No |___|2 INT24_59
17. If yes, how many times a day do you use it? ____________ INT24_59A ________ times/day (Enter 0 if less than once a day or use sporadically)

D. PASSIVE SMOKING:

18. When you were growing up, did your father or male guardian ever smoke cigarettes regularly? INT24_60
   Yes |___|1 No father/male guardian |___|3
   No |___|2 Unknown |___|9

19. When you were growing up, did your mother or female guardian ever smoke cigarettes regularly? INT24_61
   Yes |___|1 No mother/female guardian |___|3
   No |___|2 Unknown |___|9

20. When you were growing up, did someone you spent a lot of time with smoke cigarettes regularly? INT24_62
   Yes |___|1 No such person |___|3
   No |___|2 Unknown |___|9

21. Whether or not you smoke, on the average, how many hours a day are you exposed to the smoke of others? |___|___|___| INT24_63
   (If none, fill in 0; enter 1 for 30 minutes or more, enter 0 if less than 30 minutes)

E. ALCOHOL:

PLEASE READ THE FOLLOWING TO THE PARTICIPANT:
ALCOHOL QUESTIONS

The next few questions are about the use of wine, beer, or liquor, including all kinds of alcoholic beverages. We are asking these questions about alcohol because we think alcohol consumption may be related to heart disease. We assure you that this information is strictly confidential and that we are not judging your drinking habits and do not intend to report them to anyone. GIVE DRINKS CHART TO PARTICIPANT. Sometimes it’s hard to count drinks, so here is a chart to show you what we mean. REVIEW CHART WITH PARTICIPANT: READ IF NECESSARY.

- One whole 12 ounces can of beer = 1 drink
- A whole six-pack of beer = 6 drinks
- One case of beer = 24 drinks
- One quart of beer = 2.5 drinks
- One pint of beer = 1.3 drinks
- One 40 ounces of beer = 3.3 drinks
- A glass (4 ounces) of wine = 1 drink
- One pint (16 ounces) of wine = 4 drinks
- One quart (32 ounces) of wine = 8 drinks
- A shot or gulp of straight hard liquor, like whisky = 1 drink
22. Have you ever consumed alcoholic beverages? ____________________________ INT24_64

Yes [____]  No [____] (this section of the interview is finished, go to Question 29)

a) If yes, when was your last drink? (Choose only one) ____________________________ INT24_65

[____] 1 Within the last week
[____] 2 Within the last month
[____] 3 Within the last year. Number of months ____________________________ INT24_66

[____] 4 More than a year ago
(If over a year, this section of the interview is finished, please go to Question 29)

23. How many alcoholic drinks do you have in a typical week? ____________________________ INT24_67

24. How many days in a typical month do you have at least one drink? ____________________________ INT24_68
(Indicate the number of days per month)

25. On the days when you drink any liquor, beer or wine, about how many drinks do you have, on average? (Indicate number of drinks per day) ____________________________ INT24_69
(# Drinks)

26. When you drink more than your usual amount, how many total drinks do you have? ____________________________ INT24_70
(# Drinks)

a) How many times in a month? ____________________________ INT24_71
(# Times/Month)

27. How many times during the PAST MONTH did you have 5 or more drinks on an occasion? Indicate times per month. (Enter zero if subject has quit drinking more than one month ago.) ____________________________ INT24_73

28. How many times during the PAST YEAR did you have 5 or more drinks on an occasion? ____________________________ INT24_74

F. PERCEIVED STRESS:

In the past month, how often have you (Q29-35):

Not at all  Rarely  Sometimes  Often  Most of  Not sure
the time

29. been upset because of something that happened unexpectedly? ____________________________ INT24_75

Strong Heart – Family Study - 01/29/2004  9  Personal Interview
30. felt nervous or "stressed"?
   Not at all | Rarely | Sometimes | Often | Most of the time | Not sure
   ____ | ____ | ____ | ____ | ____ | ____ INT24_76

31. dealt with irritating life hassles?
   ____ | ____ | ____ | ____ | ____ | ____ INT24_77

32. felt that things were going your way?
   ____ | ____ | ____ | ____ | ____ | ____ INT24_78

33. felt unable to control irritations in your life?
   ____ | ____ | ____ | ____ | ____ | ____ INT24_79

34. felt that you were on the top of things?
   ____ | ____ | ____ | ____ | ____ | ____ INT24_80

35. felt difficulties or problems were piling up so high that you could not handle them?
   ____ | ____ | ____ | ____ | ____ | ____ INT24_81

36. On the average, how much time per day do you watch TV?
   ____ hours ____ minutes INT24_82

G. ADMINISTRATIVE INFORMATION:

37. How reliable was the participant in completing the questionnaire?
   Very reliable ____ | Reliable ____ | Unreliable ____ INT24_83
   Very unreliable ____ | Uncertain ____

38. Did the participant complete the interview?
   Yes, completed the interview ____ | No, refused all questions ____ INT_STAT

39. Interviewer: ____ ____ ____ ____ INT_CODE

40. Date of interview: ____ ____ / ____ / ____ INT_DATE
### MEDICAL HISTORY FORM

**B. MEDICAL CONDITIONS:**

"Now I'd like to ask you some questions about medical problems. Has a medical person EVER told you that you had any of the following conditions?"

1. **High blood pressure?**
   - Yes [ ] [ ]
   - No [ ] [ ]
   - Only during pregnancy [ ] [ ]
   - Unknown [ ] [ ]

   If "YES," how old were you when you were first told by a medical person that you had high blood pressure (for women, not during pregnancy)?

   Indicate the actual age. Don't know = 999

   [ ] [ ] [ ]

2. **Arthritis?**
   - [ ] [ ]
   - [ ] [ ]
   - [ ] [ ]

3. **Any fractures associated with brittle bone disease or osteoporosis?**
   - [ ] [ ]
   - [ ] [ ]
   - [ ] [ ]

   If YES," where?

   [ ] [ ] [ ]

4. **Rheumatic heart disease?**
   - [ ] [ ]
   - [ ] [ ]
   - [ ] [ ]

5. **Gallstones?**
   - [ ] [ ]
   - [ ] [ ]
   - [ ] [ ]

6. **Cancer, including leukemia and lymphoma?**
   - [ ] [ ]
   - [ ] [ ]
   - [ ] [ ]

   If YES," specify type of cancer:

   [ ] [ ] [ ]

7. **Diabetes?**
   - Yes [ ] [ ]
   - No [ ] [ ]
   - Only during pregnancy [ ] [ ]
   - Unknown [ ] [ ]

   *(if No or Unknown, skip to Q8)*

   a) How old were you when you were first told by a medical person that you had diabetes? Indicate the actual age. Don't know=999

   [ ] [ ] [ ]

   b) What type of treatment are you taking for your diabetes? *(Check appropriate answer)*

   - insulin
     - Yes [ ] [ ]
     - No [ ] [ ]

   - oral hypoglycemic agent
     - [ ] [ ]

   - by dietary control
     - [ ] [ ]

---

**Form Information**

Strong Heart – Family Study - 01/29/2004
iv) by exercise

v) do nothing

vi) other: ___________________________

8. Has a medical person ever told you that you had kidney failure? |___|1 |___|2 |___|9 MED4_17
   (if No or Unknown, skip to Q11)

   a) If Yes, are one or both working well now?

   b) How old were you when you were first told by a medical
      person that you had kidney failure? Indicate the actual
      age. Don’t know =999 |___|___|___|___|___|___|___|___|___|9 MED4_19

9. Are you currently on renal dialysis?

10. Have you ever had kidney transplant?

   a) If Yes, is the new kidney working well?

   b) If No, are you waiting for a kidney transplant?

11. Cirrhosis of the liver?

HEART PROBLEMS:

12. Have you had a heart catheterization? Yes |___|1 No |___|2 Unknown |___|9 MED4_29
   (A heart catheterization is a study in which a tube is inserted into
   the heart through the groin or arm to see how the heart works)

   a) If “YES,” when and where (most recent)? |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

hospital/clinic: __________________________________________________

MED4_29P
13. Have you ever had an angioplasty (balloon, PCTA, or Stent procedure)?

Yes [ ] 1  No [ ] 2  Unknown [ ] 9  MED4_30

a) If “YES,” when and where (most recent)? [ ] [ ] [ ] [ ] [ ]  MED4_30D

hospital/clinic: ________________________________ MED4_30P

14. Have you ever had a diagnostic exercise test or Chemical Stress test to check your heart?

Yes [ ] 1  No [ ] 2  Unknown [ ] 9  MED4_31

a) If “YES,” when and where? [ ] [ ] [ ] [ ] [ ]  MED4_31D

hospital/clinic: ________________________________ MED4_31P

Has a doctor ever told you that you had any of the following conditions?
(If more than one episode, enter information for the MOST RECENT)

15. Congestive heart failure? Yes [ ] 1  No [ ] 2  Unknown [ ] 9  MED4_32

a) If YES,” when and where? [ ] [ ] [ ] [ ] [ ]  MED4_32D

hospital/clinic: ________________________________ MED4_32P

b) If YES,” do you still have heart failure now? Yes [ ] 1  No [ ] 2  Unknown [ ] 9  MED4_32N

16. Heart attack? Yes [ ] 1  No [ ] 2  Unknown [ ] 9  MED4_33

a) If YES,” when and where? [ ] [ ] [ ] [ ] [ ]  MED4_33D

hospital/clinic: ________________________________ MED4_33P

17. Any other heart trouble? Yes [ ] 1  No [ ] 2  Unknown [ ] 9  MED4_34

If “YES,” please specify type: __________________________ MED4_34A

a) If YES,” when and where [ ] [ ] [ ] [ ] [ ]  MED4_34D
18. Stroke? Yes |____1  No |____2  Unknown |____9

a) If YES, when and where?

hospital/clinic: ____________________________

19. Have you ever had surgery on your chest? Yes |____1  No |____2 (skip to Q20)

a) Was it heart surgery?  Yes |____1  No |____2 (skip to Q20)

If “Yes,” which surgery have you had?

i) Bypass? Yes |____1  No |____2

If “Yes,” when and where (most recent)?

hospital/clinic: ____________________________

ii) Valvular repair/replacement? Yes |____1  No |____2

If “Yes,” when and where (most recent)?

hospital/clinic: ____________________________

iii) Pacemaker? Yes |____1  No |____2

If “Yes,” when and where (most recent)?

hospital/clinic: ____________________________

iv) Other? Yes |____1  No |____2

If “Yes,” when and where (most recent)?

hospital/clinic: ____________________________

Please specify: ____________________________
20. Did the participant complete the interview?  
   Yes, completed the interview |___|1  
   No, some questions refused |___|2  
   No, refused all questions |___|3

IS THE PARTICIPANT FEMALE?  
Yes |___|1 (go to next page)  
No |___|2

IF THE PARTICIPANT IS MALE, GO TO ROSE QUESTIONNAIRE

21. Interviewer:  
   |___|___|___| INT_CODE

22. Date of interview:  
   |___|/|___|/|___| yr | INT_DATE
THE STRONG HEART — FAMILY STUDY

REPRODUCTION AND HORMONE USE (WOMEN ONLY)

SHS Family I.D. | F | A | M | I | D | I | D | N | O

“The following questions are related to your childbearing history and childbearing organs”.
(For Q1 - Q4, use 999 for Unknown)

1. How many times have you been pregnant? (gravidity)  |___|___|___| REP4_1
(If never pregnant, skip to Q5)

2. How many of your pregnancies resulted in a live birth (parity)? |___|___|___| REP4_2

3. How many living children do you have? |___|___|___| REP4_3

4. How many pregnancies did you lose (including miscarriage or stillbirth)? |___|___|___| REP4_4

5. Have you ever used birth control pills?  Yes |___|1  No |___|2  Not sure |___|3 REP4_5
   (If NO or NOT SURE, go to Q6)
   a) Are you still using birth control pills?  Yes |___|1  No |___|2 REP4_6

   b) How old were you when you started to use birth control pills? 
      Indicate the age in years.  999=unknown |___|___|___| REP4_7

   c) How many years altogether did you use them? |___|___|___| REP4_8
      Specify the duration in years.  0=less than 6 months, 1=6-12 months, 999=unknown.

6. Have you ever had a birth control implant (such as Norplant)?
   Yes |___|1  No |___|2  Not sure |___|3 REP4_9
   (If NO or NOT SURE, go to Q7)
   a) Are you still using a birth control implant?  Yes |___|1  No |___|2 REP4_10

   b) How old were you when you started to use a birth control implant? 
      Indicate the age in years.  999=unknown, can’t remember |___|___|___| REP4_11

   c) How many years altogether did you use it? |___|___|___| REP4_12
      Specify the duration in years.  0=less than 6 months, 1=6-12 months, 999=unknown.

7. Have you ever used birth control shots (such as Depo Provera)?
   Yes |___|1  No |___|2  Not sure |___|3 REP4_42

Strong Heart – Family Study - 01/29/2004  16  Reproduction and Hormone Use
a) Are you still using birth control shots?  Yes |___|1  No |___|2 REP4_42A

b) How old were you when you started to use birth control shots?  
Indicate the age in years.  999=unknown, can’t remember   |___|___|___| REP4_42B

c) How many years altogether did you use them?  
Specify the duration in years.  0=less than 6 months, 1=6-12 months, 999=unknown.  |___|___|___| REP4_42C

8. How old were you when you started to have regular menstrual cycles (periods)?  
Indicate the age in years.  999=unknown |___|___|___| REP4_13

9. Have your menstrual cycles (periods) stopped?  Yes |___|1  No |___|2  (go to Q11) REP4_14

10. If ‘YES’, have they stopped for 12 months or more? Yes |___|1  No |___|2  (go to Q11) REP4_15

a) How old were you when your periods stopped completely?  
Indicate the age in years.  999=unknown, can’t remember |___|___|___| REP4_16

b) Did your periods stop naturally, or because of surgery or hormone use, or for some other reason?  
Natural |___|1  (go to Q11) REP4_17

Surgery |___|2

Hormonal |___|3  (go to Q11)

Other, specify:  _____ REP_17A  _____  |___|4  (go to Q11)

c) If SURGERY, were both of your ovaries removed?  
Yes |___|1  No |___|2  Unknown |___|9 REP4_18

“ESTROGEN and PROGESTERONE are types of female hormones that may be taken for many reasons, including after a hysterectomy or the menopause, to regulate your periods or for other reasons.”

11. Except for birth control pills, have you ever taken estrogen - either pills, as a patch or by shot - for any reason?  
Yes |___|1  No |___|2  Not sure |___|3 REP4_19

(if NO or NOT SURE, go to Q19)

12. How old were you when you started using estrogen?  Indicate age in years.  |___|___|___| REP4_20

13. How many years altogether did you take estrogen?  Specify duration in years. |___|___|___| REP4_21
14. **Do/Did you use estrogen for (answer all applicable)**

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES</th>
<th>NO</th>
<th>NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) post surgery (hysterectomy and removal of ovaries)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) relief of menopause symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) prevent bone loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) protect against heart disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) doctor’s advice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) other: ________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. **Do/Did you take progesterone in addition to, or in combination with, your estrogen treatment?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. **What form of estrogen are you taking? Is it a pill, patch, shot or other type?**

<table>
<thead>
<tr>
<th>Form</th>
<th>Pill</th>
<th>Patch</th>
<th>Shot</th>
<th>Other</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. **Are you still taking estrogen?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. **Why did you stop taking estrogen?**

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES</th>
<th>NO</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Caused Bleeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Made breasts tender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Made you feel bloated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Made you feel “funny,” didn’t like the way you felt</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
e) Do not like taking any medicines |___|1 |___|2 |___|9 REP4_33
  YES  NO  UNKNOWN
f) Too expensive |___|1 |___|2 |___|9 REP4_34
g) Doctor’s advice |___|1 |___|2 |___|9 REP4_35
h) Concerned about long-term side effects |___|1 |___|2 |___|9 REP4_36
i) Other:____________________ |___|1 |___|2 |___|9 REP4_37

19. Other than in combination with estrogens, have you ever taken progesterone by itself for any reason?
  Yes |___|1  No |___|2  Not sure |___|3 REP4_38
  (if NO or NOT SURE, go to Q23)

20. How old were you when you started using progesterone?
   Indicate age in years. |___|___|___| REP4_39

21. How many years altogether did you take progesterone? Specify duration in years.
   |___|___|___| REP4_40
   (If less than 3 months, record 0. If more than 3 months but less than 1 year, record 1)

22. Are you still taking progesterone?
   Yes |___|1  No |___|2 REP4_41

23. Did the participant complete the interview?
   Yes, completed the interview |___|1
   No, refused all questions |___|2

24. Interviewer: |___|___|___| INT_CODE

25. Date of interview: |___|___|/|___|___|/|___|___|___| INT_DATE

Strong Heart – Family Study - 01/29/2004
Use
19
Reproduction and Hormone Use
THE STRONG HEART — FAMILY STUDY

ROSE QUESTIONNAIRE FOR ANGINA AND INTERMITTENT CLAUDICATION

SHS Family I.D. | F  | A  | M  | I  | D  | | | | | | SHS. I.D.: | I  | D  | N  | O  |

Section A: Chest Pain on Effort
1. Have you ever had any pain or discomfort in your chest? Yes |___|1 No |___|2 ROSE4_1
   (go to Section C)
2. Do you get it when you walk uphill, upstairs or hurry? Yes |___|1 ROSE4_2
   No |___|2 (go to Section B)
   Never hurries or walks uphill or upstairs |___|3
   Unable to walk |___|4 (go to Section B)
3. Do you get it when you walk at an ordinary pace on the level? Yes |___|1 No |___|2 ROSE4_3
4. What do you do if you get it while you are walking? Stop or slow down |___|1 ROSE4_4
   (Record “stop or slow down” if subject carries on after taking nitroglycerine.)
   Carry on |___|2 (go to Section B)
5. If you stand still, what happens to it? Relieved |___|1 Not relieved |___|2 ROSE4_5
   (go to Section B)
6. How soon? 10 minutes or less |___|1 More than 10 minutes |___|2 ROSE4_6
   (go to Section B)
7. Will you show me where it was?
   (Record all areas mentioned. Use the diagram below to show the location if participant cannot tell exactly.)
   YES  NO
   Sternum (upper or middle) |___|1 |___|2 ROSE4_7A
   Sternum (lower) |___|1 |___|2 ROSE4_7B
   Left anterior chest |___|1 |___|2 ROSE4_7C
   Left arm |___|1 |___|2 ROSE4_7D
   Other: |___|1 |___|2 ROSE4_7EA
8. Do you feel it anywhere else? Yes |___|1 No |___|2 ROSE4_8A
   If “YES,” record additional information: __________________________________________

Strong Heart – Family Study - 01/29/2004
Questionnaire
Section B: Possible Infarction

9. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?  
   Yes [___]1  No [___]2 ROSE4_9

Section C: Intermittent Claudication

10. Do you get pain in either leg on walking?  
    Yes [___]1 ROSE4_10  
    No [___]2 (go to Q19)  
    Unable to walk [___]3 (go to Q19)

11. Does this pain ever begin when you are standing still or sitting?  
    Yes [___]1 (go to Q19)  
    No [___]2 ROSE4_11

12. In what part of your leg did you feel it?  
    Pain includes calf/calves [___]1 ROSE4_12  
    Pain does not include calf/calves [___]2 (go to Q19)  
    If calves not mentioned, ask: “Anywhere else?” Please specify: __________________

13. Do you get it if you walk uphill or hurry?  
    Yes [___]1 ROSE4_13  
    No [___]2 (go to Q19)  
    Never hurries or walks uphill [___]3

14. Do you get it if you walk at an ordinary pace on the level?  
    Yes [___]1  No [___]2 ROSE4_14

15. Does the pain ever disappear while you are walking?  
    Yes [___]1 (go to Q19)  
    No [___]2 ROSE4_15

16. What do you do if you get it when you are walking?  
    Stop or slow down [___]1 ROSE4_16  
    Carry on [___]2 (go to Q19)

17. What happens to it if you stand still?  
    Relieved [___]1 ROSE4_17  
    Not Relieved [___]2 (go to Q19)

18. How soon?  
    10 minutes or less [___]1  
    More than 10 minutes [___]2 ROSE4_18

END OF ROSE QUESTIONNAIRE

19. Did the participant complete the interview?  
    Yes, completed the interview [___]1  
    No, refused all questions [___]2 RS_STAT

20. Interviewer:  
    [___] [___] [___] INT_CODE

21. Date of interview:  
    [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] [___] INT_DATE

Strong Heart – Family Study - 01/29/2004  
21  
Rose
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Response ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. a) Do you usually have a cough?</td>
<td>Yes</td>
<td>No</td>
<td>RESP4_1</td>
</tr>
<tr>
<td>b) Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week?</td>
<td>Yes</td>
<td>No</td>
<td>RESP4_2</td>
</tr>
<tr>
<td>c) Do you usually cough at all on getting up, or first thing in the morning?</td>
<td>Yes</td>
<td>No</td>
<td>RESP4_3</td>
</tr>
<tr>
<td>d) Do you usually cough like this on most days for 3 consecutive months or more during the year?</td>
<td>Yes</td>
<td>No</td>
<td>RESP4_4</td>
</tr>
<tr>
<td>e) How long have you had this cough?</td>
<td></td>
<td></td>
<td>RESP4_5Y</td>
</tr>
<tr>
<td>2. Do you usually bring up phlegm from your chest when you cough?</td>
<td>Yes</td>
<td>No</td>
<td>RESP4_6</td>
</tr>
<tr>
<td>3. Does your chest ever sound wheezy or whistling:</td>
<td>Yes</td>
<td>No</td>
<td>RESP4_7</td>
</tr>
<tr>
<td>a) when you have a cold?</td>
<td></td>
<td></td>
<td>RESP4_8</td>
</tr>
<tr>
<td>b) occasionally apart from colds?</td>
<td></td>
<td></td>
<td>RESP4_9</td>
</tr>
<tr>
<td>c) most days?</td>
<td></td>
<td></td>
<td>RESP4_10</td>
</tr>
<tr>
<td>d) most nights?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had an attack of wheezing that has made you feel short of breath?</td>
<td>Yes</td>
<td>No</td>
<td>RESP4_11</td>
</tr>
<tr>
<td>5. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill</td>
<td>Yes</td>
<td>No</td>
<td>RESP4_12</td>
</tr>
<tr>
<td>Unable to walk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you have to walk slower on level ground than people of your age due to breathlessness?</td>
<td>Yes</td>
<td>No</td>
<td>RESP4_13</td>
</tr>
<tr>
<td>7. Do you ever have to stop for breath when walking at your own pace on level ground?</td>
<td>Yes</td>
<td>No</td>
<td>RESP4_14</td>
</tr>
<tr>
<td>8. Do you ever have to stop for breath after walking 100 yards (the length of a football field) or after a few minutes on level ground?</td>
<td>Yes</td>
<td>No</td>
<td>RESP4_15</td>
</tr>
</tbody>
</table>
9. Are you too breathless to leave the house or breathless after dressing or undressing?  
   Yes |___|1  No |___|2 RESP4_16

10. Did you have any lung trouble before the age of 16?  
    Yes |___|1  No |___|2 RESP4_17

11. Have you ever been told you snore?  
    Yes |___|1  No |___|2 RESP4_18

12. **LUNG PROBLEMS**

   Has a medical person ever told you that you had any of the following conditions?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
</tr>
</thead>
</table>
   a. Emphysema? |___|1  |___|2  |___|9 RESP4_19
   b. Hay fever? |___|1  |___|2  |___|9 RESP4_20
   c. Chronic bronchitis? |___|1  |___|2  |___|9 RESP4_21
   d. Asthma? |___|1  |___|2  |___|9 RESP4_22
      If “YES” for asthma, do you still have it now? |___|1  |___|2  |___|9 RESP4_23
   e. At any time during the last 12 months, have you had Wheezing or whistling in your chest? |___|1  |___|2  |___|9 RESP4_24

13. Did the participant complete the interview?  
   Yes, completed the interview |___|1  
   No, refused all questions |___|2  

14. Interviewer:  
   |___|___|___| INT_CODE

15. Date of interview:  
   |___|___|___|___|___|___| INT_DATE
   mo  day  yr
THE STRONG HEART — FAMILY STUDY
GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS
PHYSICAL EXAMINATION

SHS Family I.D.: F_A_M_I_D___| SHS I.D.: I_D_N_O___

I. EXAMINATION OF EXTREMITIES FOR AMPUTATIONS

1. Are any extremities missing? Yes ___ | No ____ (Skip to next Section) EX4_9

If “YES” to amputation, Please code the cause of amputation:

1 = Diabetes
2 = Trauma
3 = Congenital
4 = Other, please specify
9 = Unknown

<table>
<thead>
<tr>
<th>Extremities</th>
<th>Check if Missing</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Right arm</td>
<td>[EX4_10]</td>
<td>[EX4_11] [EX4_11A]</td>
</tr>
<tr>
<td>b. Right hand</td>
<td>[EX4_12]</td>
<td>[EX4_13] [EX4_13A]</td>
</tr>
<tr>
<td>c. Right finger(s)</td>
<td>[EX4_14]</td>
<td>EX4_15 [EX4_16] [EX4_16A]</td>
</tr>
<tr>
<td>d. Left arm</td>
<td>[EX4_17]</td>
<td>[EX4_18] [EX4_18A]</td>
</tr>
<tr>
<td>e. Left hand</td>
<td>[EX4_19]</td>
<td>[EX4_20] [EX4_20A]</td>
</tr>
<tr>
<td>f. Left fingers</td>
<td>[EX4_21]</td>
<td>EX4_22 [EX4_23] [EX4_23A]</td>
</tr>
<tr>
<td>g. Right leg above knee</td>
<td>[EX4_24]</td>
<td>EX4_25 [EX4_25A]</td>
</tr>
<tr>
<td>h. Right leg below knee</td>
<td>[EX4_26]</td>
<td>[EX4_27] [EX4_27A]</td>
</tr>
<tr>
<td>i. Right foot</td>
<td>[EX4_28]</td>
<td>[EX4_29] [EX4_29A]</td>
</tr>
<tr>
<td>j. Right toe(s)</td>
<td>[EX4_30]</td>
<td>EX4_31 [EX4_32] [EX4_32A]</td>
</tr>
<tr>
<td>k. Left leg above knee</td>
<td>[EX4_33]</td>
<td>[EX4_34] [EX4_34A]</td>
</tr>
<tr>
<td>l. Left leg below knee</td>
<td>[EX4_35]</td>
<td>[EX4_36] [EX4_36A]</td>
</tr>
<tr>
<td>m. Left foot</td>
<td>[EX4_37]</td>
<td>[EX4_38] [EX4_38A]</td>
</tr>
<tr>
<td>n. Left toe(s)</td>
<td>[EX4_39]</td>
<td>[EX4_40] [EX4_41] [EX4_41A]</td>
</tr>
</tbody>
</table>

II. BLOOD PRESSURE

2. Right arm circumference, measured in centimeters (cm) [ ] [ ] [ ] EX4_42

*Midway between acromium and olecranon*

3. Cuff size (arm circumference in brackets) Pediatric (under 24cm) [ ] EX4_43

Regular arm (24-32cm) [ ]

Large arm (33-41cm) [ ]

Thigh (>41cm) [ ]
4. Pulse obliteration pressure

5. Seated Blood Pressure:  
   | Systolic BP | Diastolic BP |
   |___________|___________|
   a) First Blood Pressure Measurement |  |  | EX4_45 |  |  | EX4_46 |
   b) Second Blood Pressure Measurement |  |  | EX4_47 |  |  | EX4_48 |
   c) Third Blood Pressure Measurement |  |  | EX4_49 |  |  | EX4_50 |

6. Were the above blood pressures taken from RIGHT arm?  
   Yes | 1 | EX4_51  
   No | 2 |
   Specify: _______________________

7. Recorder ID (For the SHS staff who took BP):

III. ANTHROPOMETRIC MEASUREMENTS:  
   (Take off shoes and remove heavy objects from pockets.)

   | METRIC SYSTEM |
   | (centimeters/cm/kg) |

8. Height (Standing) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . cm EX4_53
9. Weight (Standing) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . kg EX4_55
10. Hip circumference (Standing) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . cm EX4_57
11. Waist measurement at umbilicus (Supine) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . cm EX4_59

IV. PEDAL PULSES AND EDEMA

   | PRESENT | ABSENT | MISSING | UNABLE |
   |________|_______|_________|________|
   12. Right posterior tibial pulse | 1 | 2 | 3 | 9 | EX4_61 |
   13. Right dorsalis pedis pulse | 1 | 2 | 3 | 9 | EX4_62 |
   14. Left posterior tibial pulse | 1 | 2 | 3 | 9 | EX4_63 |
   15. Left dorsalis pedis pulse | 1 | 2 | 3 | 9 | EX4_64 |
   16. Pedal edema Absent | 1 | Mild | 2 | Marked | 3 | EX4_65 |
V. IMPEDANCE MEASUREMENT

17. a) Was impedance taken?  
   Yes |___|1  No |___|2  EX4_66  
   (go to b)

   if No, due to:
   Amputation |___|1 EX4_66A
   Wound/dressing |___|2
   Cast |___|3
   Dialysis shunt |___|4
   Refusal |___|8

   (go to Q18)

b) Taken on right side?  
   Yes |___|1  No |___|2  EX4_67  
   (go to c)

   if No, due to:
   Amputation |___|1 EX4_67A
   Wound/dressing |___|2
   Cast |___|3
   Dialysis shunt |___|4
   Refusal |___|8

c) Resistance ................................. |___|___|___| EX4_68

d) Reactance ................................. |___|___|___| EX4_69

VI. DOPPLER BLOOD PRESSURE

Doppler blood pressure is measured in the posterior tibial artery. If not audible, use dorsalis pedis. Use left arm if left arm was used for standard blood pressure reading.

0 = neither posterior tibial artery nor dorsalis pedis artery was audible.
888 = participant refuses or if blood pressure is not taken for a medical reason or amputation.
999 = unable to obliterate (over 250 mmHg).

Right arm Right ankle Left ankle
18. a) First systolic B.P.  |EX4_70|  |EX4_71|  |EX4_72|
b) Second systolic B.P.  |EX4_73|  |EX4_74|  |EX4_75|
c) Location Posterior tibial |EX4_76|1  Posterior tibial |EX4_77|1
Dorsalis pedis |EX4_76|2  Dorsalis pedis |EX4_77|2
VII. ACANTHOSIS NIGRICANS

19. Acanthosis Nigricans in the back of neck: Not Present |___|0
     Grade 1 |___|1
     Grade 2 |___|2
     Grade 3 |___|3
     Grade 4 |___|4

VIII. ADMINISTRATIVE INFORMATION

20. Did the participant complete this examination? No, refused all questions |___|2
     EX4_STAT
     Yes, completed the examination |___|1

21. SHS Code of person completing this form |___|___|___|___| INT_CODE

22. Date of Examination: |___|___|/|___|___|/|___|___|___| INT_DATE
## THE STRONG HEART — FAMILY STUDY
### GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

### SAMPLE COLLECTION CHECKLIST

<table>
<thead>
<tr>
<th>SHS Family I.D.</th>
<th>SHS I.D.:</th>
</tr>
</thead>
</table>

1. Fasting One Touch glucose result. 999 = not done | GTT4_1 |
2. Is **FASTING** blood sample taken?
   - Yes, and participant has been fasting | GTT4_2 |
   - Yes, but participant has NOT been fasting | GTT4_2 |
   - No, participant has not been fasting | GTT4_3 |
   - Other, specify: | GTT4_2A |
   - No, participant refused | GTT4_8 |
3. When was the last time you ate *(use military time)* | GTT4_3 |
4. Time of collection of fasting samples | GTT4_4 |
5. Is urine sample taken? Yes | GTT4_5 |
   - *(go to Q7)* |
   - No | GTT4_5 |
6. If no, why?
   - On dialysis | GTT4_6 |
   - Cannot urinate | GTT4_6 |
   - Other, specify: | GTT4_6A |
7. Time of collection of urine sample | GTT4_7 |
8. **Blood Samples/Urine Checklist.** Check the box(es) if samples were collected

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Type</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>One 10 ml SST</td>
<td>Chem Profile, Lipids, Insulin</td>
<td>Serum</td>
<td>GTT4_8A</td>
</tr>
<tr>
<td>One 4.5 ml Lt Blue</td>
<td>PAI-1, Fibrinogen</td>
<td>Plasma</td>
<td>GTT4_8B</td>
</tr>
<tr>
<td>One 7 ml Gray</td>
<td>Fasting glucose</td>
<td>Plasma</td>
<td>GTT4_8C</td>
</tr>
<tr>
<td>One 10 ml Green</td>
<td>Heparin storage</td>
<td>Plasma/Buffy coat</td>
<td>GTT4_8D</td>
</tr>
<tr>
<td>One 10 ml Purple</td>
<td>HbA1c</td>
<td>Whole blood</td>
<td>GTT4_8E</td>
</tr>
<tr>
<td>One 10 ml Purple</td>
<td>DNA</td>
<td>Buffy coat</td>
<td>GTT4_8F</td>
</tr>
<tr>
<td>One 10 ml Purple</td>
<td>LDL size, ApoE</td>
<td>Serum</td>
<td>GTT4_8G</td>
</tr>
<tr>
<td>Urine</td>
<td>Albumin/creatinine</td>
<td>Urine</td>
<td>GTT4_8H</td>
</tr>
</tbody>
</table>

9. **Is this participant also a volunteer for blood/urine QC?**

   Yes | 1  
   No  | 2  

   If the participant is NOT a QC volunteer, skip to Q12.

10. **QC ID (second digit is “3”):**

    |  |  |  |  |  |  |  
    | GTT4_10 |

11. **QC samples checklist.** Check the box(es) if samples were collected

<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Type</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>One 10 ml SST</td>
<td>Chem Profile, Lipids, Insulin</td>
<td>Serum</td>
<td>GTT4_11A</td>
</tr>
<tr>
<td>One 4.5 ml Lt Blue</td>
<td>PAI-1, Fibrinogen</td>
<td>Plasma</td>
<td>GTT4_11B</td>
</tr>
<tr>
<td>One 7 ml Gray</td>
<td>Fasting glucose</td>
<td>Plasma</td>
<td>GTT4_11C</td>
</tr>
<tr>
<td>One 10 ml Purple</td>
<td>LDL size, ApoE</td>
<td>Serum</td>
<td>GTT4_11D</td>
</tr>
<tr>
<td>Urine</td>
<td>Albumin/creatinine</td>
<td>Urine</td>
<td>GTT4_11E</td>
</tr>
</tbody>
</table>

**Instructions:**

“We ask you not to use any tobacco, caffeine or alcohol until you have completed your visit with us today. We do this so that your test results are not affected by use of these substances.”

12. If you did, when and what: **GTT4_CHK**

13. **SHS Code of person completing this form**

    |  |  |  |  |  |  
    | INT_CODE |

14. **Today’s Date**

    |  |  |  |  |  |  
    | INT_DATE |

---

Strong Heart – Family Study - 01/29/2004  
Sample Collection  
Checklist
THE STRONG HEART—FAMILY STUDY  
GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS  
CBC Results

| SHS Family I.D. | F | A | M | I | D | ||| | SHS. I.D. | I | D | N | O | ||| |

Each Center’s Results May Appear in Different Order, Please Be Careful When Entering the Results

1. WBC (10^9/L) |
2. RBC (10^{12}/L) |
3. HGB (g/dL) |
4. HCT (%) |
5. MCV (fL) |
6. MCH (pg) |
7. MCHC (g/dL) |
8. RDW (%) |
9. Platelet count (PLT .. 10^9/L) |
10. MPV (fL) |

Differential

Each Center’s Results May Appear in Different Order, Please Be Careful When Entering the Results

11. NEUT (%) |
12. LYMPH (%) |
13. MONO (%) |
14. EOS (%) |
15. BASO (%) |
16. Did the participant have a CBC?  Yes |___|1       No |___|2  CBC_STAT
17. Code number of person completing this form  |
18. Date of data collection  mo day yr  |

CBC Results
How is this questionnaire administered?  By interviewer [___]1  By self [___]2  Refused [___]8  
(If you are not an American Indian, check refused.)  

**Traditional Values/Culture:**

1. How well do you understand your Indian language?  Read responses (check one).  
   Not at all [___]1  A little bit [___]2  Almost everything [___]3  Everything [___]4  
   *(If NOT AT ALL, skip to Q4)*

2. Can you speak your native language  
   (interviewer should specify the language)?  
   Yes, fluently [___]1  Yes, but not fluently [___]2  No [___]3  *(Skip to Q4)*

3. How often do you speak your native language?  *(Please read options.)*  
   Always [___]1  Almost always [___]2  Often [___]3  
   Seldom [___]4  Never [___]5  Not applicable [___]6

The next several questions are about your own native lifestyle.

4. How much do you identify yourself with your own tribal tradition?  
   Not At All [___]1  A Little [___]2  Some [___]3  A Lot [___]4

5. How much do you identify yourself with non-Indian culture?  
   Not At All [___]1  A Little [___]2  Some [___]3  A Lot [___]4

6. How comfortable do you feel in your own tribal tradition?  
   Not At All [___]1  A Little [___]2  Some [___]3  A Lot [___]4

7. How comfortable do you feel in the non-Indian culture?  
   Not At All [___]1  A Little [___]2  Some [___]3  A Lot [___]4

8. Interviewer/Reviewer:  
   [___] [___] [___] | INT_CODE

9. Date of interview:  
   [___] [___] [___] [___] [___] [___] | INT_DATE

---

Strong Heart - Family Study - 01/29/2004  31  Cultural Factors Questionnaire
How is this questionnaire administered?  By interviewer |___|1  By self |___|2  Refused |___|8  QUA4_0

1. In general, would you say your health is:  (Please Check Only One)

   Excellent. .............................................................. |___|1 QUA4_1
   Very good. ........................................................... |___|2
   Good. ................................................................. |___|3
   Fair. ................................................................. |___|4
   Poor. ............................................................. |___|5

   The following items are about activities you might do during a typical day.
   Does your health now limit you in these activities?  If so, how much?

   (Please Check One Number Per Line)

   2.  Moderate activities, such as moving a table, pushing
       a vacuum cleaner, bowling or playing golf............... |___|1  |___|2  |___|3 QUA4_4

   3.  Climbing several flights of stairs................................ |___|1  |___|2  |___|3 QUA4_6

   During the PAST 4 WEEKS, have you had any of the following problems with your work or other
   regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?

   (Please Check One Answer Per Line)

   4.  Accomplish less than you would like. ......................... |___|1  |___|2 QUA4_14

   5.  Were limited in the kind of work or other activities. ............. |___|1  |___|2 QUA4_15

   During the PAST 4 WEEKS, have you had any of the following problems with your work or other
   regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling
   depressed or anxious)?

   (Please Check One Answer Per Line)

   6.  Accomplish less than you would like ............................. |___|1  |___|2 QUA4_18

   7.  Didn’t do work or other activities
       as carefully as usual. .......................................... |___|1  |___|2 QUA4_19
8. During the PAST 4 WEEKS, how much did pain interfere with your normal work, (including both work outside the home and housework)?

(Please Check One Answer)

- Not at all .................................................................................. | |1 QUA4_22
- Slightly .................................................................................... | |2
- Moderately ................................................................................ | |3
- Quite a bit. ............................................................................... | |4
- Extremely ................................................................................ | |5

These questions are about how you feel and how things have been with you during the PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling

How much of the time during the PAST 4 WEEKS....

(Please Check One Number Per Line)

<table>
<thead>
<tr>
<th>All of the Time</th>
<th>Most of the Time</th>
<th>a Good Bit of the Time</th>
<th>Some of the Time</th>
<th>a Little of the Time</th>
<th>None of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Most</td>
<td>Some</td>
<td>Some</td>
<td>a Little</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>of the Time</td>
<td>of the Time</td>
<td>of the Time</td>
<td>of the Time</td>
<td>of the Time</td>
</tr>
<tr>
<td></td>
<td>Time</td>
<td>Time</td>
<td>Time</td>
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<td>Time</td>
</tr>
<tr>
<td></td>
<td>Time</td>
<td>Time</td>
<td>Time</td>
<td>Time</td>
<td>Time</td>
</tr>
</tbody>
</table>

9. Have you felt calm and peaceful? | |1 | |2 | |3 | |4 | |5 | |6 QUA4_26

10. Did you have a lot of energy? .. | |1 | |2 | |3 | |4 | |5 | |6 QUA4_27

11. Did you feel downhearted and blue? . . . . . . . . | |1 | |2 | |3 | |4 | |5 | |6 QUA4_28

12. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH or EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)?

(Please Circle One Number)

- All the time, ................................................................. | |1 QUA4_32
- Most of the time ............................................................. | |2
- Some of the time .............................................................. | |3
- A Little of the time .......................................................... | |4
- None of the time ............................................................... | |5

13. Interviewer/Reviewer: ......................................................... | | | | INT_C0DE

14. Date of interview: ................................................................. | | | | | | | INT_DATE
How is this questionnaire administered?  ____ 1=By interviewer  ____ 2=By self  ____ 8=Refused

Here are some questions (Q2-Q22) about your feelings during the past week. For each of the following statements, please respond as to whether you felt that way: Rarely or Not At All, Some of the time, Often, or Most of the time.

During the past week . . .

1. I was bothered by things that don't usually bother me. [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_1

2. I did not feel like eating; my appetite was poor. [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_2

3. I felt that I could not shake the blues even with help from my family or friends. [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_3

4. I felt that I was just as good as other people. [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_4

5. I had trouble keeping my mind on what I was doing. [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_5

6. I felt depressed [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_6

7. I felt that everything I did was an effort. [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_7

8. I felt hopeful about the future. [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_8

9. I thought my life had been a failure. [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_9

10. I felt fearful. [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_10

11. My sleep was restless. [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_11

12. I was happy. [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] CES4_12
For each of the following statements, please respond as to whether you felt that way: Rarely or Not At All, Some of the time, Often, or Most of the time.

During the **past week** . . .

<table>
<thead>
<tr>
<th></th>
<th>Rarely or Not at All</th>
<th>Some of the Time</th>
<th>Often</th>
<th>Most of the Time</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. I talked less than usual.</td>
<td>[___] 1</td>
<td>[___] 2</td>
<td>[___] 3</td>
<td>[___] 4</td>
<td>[___] 9</td>
</tr>
<tr>
<td>14. I felt lonely.</td>
<td>[___] 1</td>
<td>[___] 2</td>
<td>[___] 3</td>
<td>[___] 4</td>
<td>[___] 9</td>
</tr>
<tr>
<td>15. People were unfriendly.</td>
<td>[___] 1</td>
<td>[___] 2</td>
<td>[___] 3</td>
<td>[___] 4</td>
<td>[___] 9</td>
</tr>
<tr>
<td>16. I enjoyed life.</td>
<td>[___] 1</td>
<td>[___] 2</td>
<td>[___] 3</td>
<td>[___] 4</td>
<td>[___] 9</td>
</tr>
<tr>
<td>17. I had crying spells.</td>
<td>[___] 1</td>
<td>[___] 2</td>
<td>[___] 3</td>
<td>[___] 4</td>
<td>[___] 9</td>
</tr>
<tr>
<td>18. I felt sad.</td>
<td>[___] 1</td>
<td>[___] 2</td>
<td>[___] 3</td>
<td>[___] 4</td>
<td>[___] 9</td>
</tr>
<tr>
<td>19. I felt that people disliked me.</td>
<td>[___] 1</td>
<td>[___] 2</td>
<td>[___] 3</td>
<td>[___] 4</td>
<td>[___] 9</td>
</tr>
<tr>
<td>20. I felt like I couldn't do what I needed to do.</td>
<td>[___] 1</td>
<td>[___] 2</td>
<td>[___] 3</td>
<td>[___] 4</td>
<td>[___] 9</td>
</tr>
</tbody>
</table>

For Question 21, please use the following scale: Rarely or Not At All, Some of the time, Often, or Most of the Time.

<table>
<thead>
<tr>
<th></th>
<th>Rarely or Not at All</th>
<th>Some of the Time</th>
<th>Often</th>
<th>Most of the Time</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I have felt depressed or sad in this <strong>past year</strong>.</td>
<td>[___] 1</td>
<td>[___] 2</td>
<td>[___] 3</td>
<td>[___] 4</td>
<td>[___] 9</td>
</tr>
</tbody>
</table>

22. **Interviewer/Reviewer:** [___] [___] | INT_CODE |

23. **Date of interview:** [___] [___] [___] | INT_DATE | mo | day | yr |
How was the questionnaire administered? 1=By interviewer  2=By self  8=Refused

Each item below is a belief statement about your medical condition with which you may agree or disagree. Each statement is a scale which ranges from strongly disagree (0) to strongly agree (3). For each item we would like you to write the number that represents the extent to which you agree or disagree with that statement. The more you agree with a statement, the higher will be the number you write. This is a measure of your personal beliefs; obviously, there are no right or wrong answers.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

1. If I become sick, I have the power to make myself well again.  
   |   | 0 | 1 | 2 | 3 |
   |   | MHLC4_1

2. Often I feel that no matter what I do, if I am going to get sick, I will get sick.  
   |   | 0 | 1 | 2 | 3 |
   |   | MHLC4_2

3. If I see an excellent doctor regularly, I am less likely to have health problems.  
   |   | 0 | 1 | 2 | 3 |
   |   | MHLC4_3

4. Most things that affect my health happen by accidental happenings.  
   |   | 0 | 1 | 2 | 3 |
   |   | MHLC4_4

5. I can only maintain my health by consulting health professionals.  
   |   | 0 | 1 | 2 | 3 |
   |   | MHLC4_5

6. I am directly responsible for my health.  
   |   | 0 | 1 | 2 | 3 |
   |   | MHLC4_6

7. Other people play a big part in whether I stay healthy or become sick.  
   |   | 0 | 1 | 2 | 3 |
   |   | MHLC4_7

8. Whatever goes wrong with my health is my own fault  
   |   | 0 | 1 | 2 | 3 |
   |   | MHLC4_8

9. When I am sick, I just have to let nature run its course.  
   |   | 0 | 1 | 2 | 3 |
   |   | MHLC4_9

10. Health professionals keep me healthy.  
    |   | 0 | 1 | 2 | 3 |
    |   | MHLC4_10

11. When I stay healthy, I’m just plain lucky.  
    |   | 0 | 1 | 2 | 3 |
    |   | MHLC4_11
12. My physical well-being depends on how well I take care of myself. |___|0 |___| 1 |___| 2 |___|3 MHLC4_12

13. When I feel ill, I know it is because I have not been taking care of myself properly. |___|0 |___| 1 |___| 2 |___|3 MHLC4_13

14. The type of care I receive from other people is what is responsible for how well I recover from an illness. |___|0 |___| 1 |___| 2 |___|3 MHLC4_14

15. Even when I take care of myself, it's easy to get sick. |___|0 |___| 1 |___| 2 |___|3 MHLC4_15

16. When I become ill, it's a matter of fate. |___|0 |___| 1 |___| 2 |___|3 MHLC4_16

17. I can pretty much stay healthy by taking good care of myself. |___|0 |___| 1 |___| 2 |___|3 MHLC4_17

18. Following doctor's orders to the letter is the best way for me to stay healthy. |___|0 |___| 1 |___| 2 |___|3 MHLC4_18

19. Interviewer/ Reviewer: |___|___|___| INT_CODE

20. Date of interview: |___|___|___| INT_DATE
THE STRONG HEART-FAMILY STUDY
GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

SOCIAL SUPPORT

SHS Family I.D. [F A M I D] SHS I.D. [I D N O]

How was the questionnaire administered? [___] 1=By interviewer [___] 2=By self [___] 8=Refused

This scale is an assessment of social support, and is made up of a list of statements, which may or may not be true about you. For each statement, check the response that best describes you.

1. How often do you talk on the phone or get together with friends or relatives who do not live with you? . . .
   Every day .................................................. [___] 5 AI4_1
   A few times a week ........................................ [___] 4 AI4_2
   A few times a month ...................................... [___] 3 AI4_3
   Once a month .............................................. [___] 2 AI4_4
   Less than once a month, or ................................ [___] 1 AI4_5
   Never (IF VOL.) ........................................... [___] 0 AI4_6

2. How much do your friends or relatives really care about you—**a lot, some, or not much at all**?
   [___]1 [___]2 [___]3 AI4_7

3. How much do they understand the way you feel about things?
   [___]1 [___]2 [___]3 AI4_8

4. How much do they appreciate you?
   [___]1 [___]2 [___]3 AI4_9

5. How much can you rely on them for help if you have a serious problem?
   [___]1 [___]2 [___]3 AI4_10

6. How much can you talk to them about your worries?
   [___]1 [___]2 [___]3 AI4_11

7. How much can you relax and be yourself around them?
   [___]1 [___]2 [___]3 AI4_12

RARELY
8. How often do your friends or relatives make too many demands on you—often, sometimes, rarely or never?  
   NEVER  |  SOMETIMES  |  OFTEN  
   0     |     1      |     2   
   AI4_8

9. How often do they argue with you?  
   NEVER  |  SOMETIMES  |  OFTEN  
   0     |     1      |     2   
   AI4_9

10. How often do they criticize you?  
    NEVER  |  SOMETIMES  |  OFTEN  
    0     |     1      |     2   
    AI4_10

11. How often do they let you down when you are counting on them?  
   NEVER  |  SOMETIMES  |  OFTEN  
   0     |     1      |     2   
   AI4_11

12. How often do they get on your nerves?  
   NEVER  |  SOMETIMES  |  OFTEN  
   0     |     1      |     2   
   AI4_12

13. How often do they drink or use drugs too much?  
   NEVER  |  SOMETIMES  |  OFTEN  
   0     |     1      |     2   
   AI4_13

Among the people you know, is there someone . . .

14. you can go with to play cards, or go to bingo, a powwow, or a community meeting?  
   NEVER  |  SOMETIMES  |  OFTEN  
   0     |     1      |     2   
   AI4_14

15. who would lend you money if you needed it in an emergency?  
   NEVER  |  SOMETIMES  |  OFTEN  
   0     |     1      |     2   
   AI4_15

16. who would lend you a car or drive you somewhere else if you really needed it?  
   NEVER  |  SOMETIMES  |  OFTEN  
   0     |     1      |     2   
   AI4_16

17. you could call who would bail you out if you were arrested and put in jail?  
   NEVER  |  SOMETIMES  |  OFTEN  
   0     |     1      |     2   
   AI4_17

18. you could count on to check in on you regularly?  
   NEVER  |  SOMETIMES  |  OFTEN  
   0     |     1      |     2   
   AI4_18

   Very isolated  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 3   
   Somewhat isolated  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 2   
   Not very isolated at all  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 1   
   AI4_19

20. How often do you purposefully avoid family gatherings? . . .
21. Of those family gatherings you go to, how likely are you to leave early? . . .

   Very likely ....................................................... | 3 Al4_21
   Somewhat likely, or ........................................... | 2
   Not at all likely ................................................ | 1

22. Interviewer/Reviewer: ........................................... | INT_CODE

23. Date of interview: ............................................ | INT_DATE
How was the questionnaire administered? 1=By interviewer  2=By self  8=Refused

A number of statements which people have used to describe themselves when they feel angry or furious are given below (Q1-Q20). Please read each statement and then indicate how often you feel or act in the manner described when you are angry. This is a measure of your feelings; so there are no right or wrong answers.

<table>
<thead>
<tr>
<th></th>
<th>Rarely Or Never</th>
<th>Sometimes</th>
<th>Often or Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**When I feel angry…**

1. I control my temper. | 0 | 1 | 2 | 3 SPIE4_1
2. I express my anger. | 0 | 1 | 2 | 3 SPIE4_2
3. I keep my feelings to myself. | 0 | 1 | 2 | 3 SPIE4_3
4. I make threats I don't really mean to carry out. | 0 | 1 | 2 | 3 SPIE4_4
5. I withdraw from people when I'm angry. | 0 | 1 | 2 | 3 SPIE4_5
6. I give people "the silent treatment" when I'm angry. | 0 | 1 | 2 | 3 SPIE4_6
7. I make hurtful remarks to others. | 0 | 1 | 2 | 3 SPIE4_7
8. I keep my cool. | 0 | 1 | 2 | 3 SPIE4_8
9. I do things like slam doors when I'm angry. | 0 | 1 | 2 | 3 SPIE4_9
10. I boil inside, but don't show it. | 0 | 1 | 2 | 3 SPIE4_10
11. I argue with others. | 0 | 1 | 2 | 3 SPIE4_11
12. I hold grudges that I don't tell anyone about. | 0 | 1 | 2 | 3 SPIE4_12
13. I strike out (emotionally or physically) at whatever makes me angry. | 0 | 1 | 2 | 3 SPIE4_13
### Spielberger-Ax/Cook Medley Scale

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. I am more critical of (judge or find fault with) others than I let people know.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I get angrier than I usually admit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I calm down faster than most people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I say mean things.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I am irritated (frustrated, annoyed) much more than people are aware of.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I lose my temper.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. If someone bothers (frustrates, irritates) me, I am likely to tell him/her.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These next questions (Q21- Q28) are about how you think about other people. Although we cannot really know what people would think or do unless they tell us, we would like to know you opinion as to whether you think each of the following statements is "True or False". Once again, this is your opinion, so there is no right or wrong answer.

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. No one cares much about what happens to me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. It is safer to trust nobody.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Most people would lie to get ahead.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Most people inwardly dislike putting themselves out to help other people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Most people will use unfair means to gain an advantage rather than lose it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Most people are honest mainly through fear of being caught.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. I often wonder what hidden reason another person may have for doing something nice for me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Most people make friends because friends are likely to be useful to them.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Interviewer/Reviewer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Date of interview:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Strong Heart – Family Study – 03/15/01**  
Spielberger-Ax/Cook Medley Scale
THE STRONG HEART – FAMILY STUDY
GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

PSYCHOSOCIAL CHECKLIST

SHS Family I.D. | F | A | M | I | D |
SHS I.D.: | I | D | N | O |

Psychosocial questionnaires:

1. Did the participant finish all of the psychosocial questionnaires? Yes |___|1 No |___|2 PSY_STAT (go to Q3) (if no, go to Q2)

2. Why were the psychosocial questionnaires not completed? (check all that apply)
   - Did not understand the questions . . . . . . . . . . . . . . . . . . . . . . . . . . . . |___|1 PSY4_1
   - Did not have time to complete . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .|___|2 PSY4_2
   - Questions are inappropriate . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .|___|3 PSY4_3
   - Unable to answer . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |___|4 PSY4_4
   - Other . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .|___|5 PSY4_5
   - List: ________________________________________________________ PSY4_5A

3. Interviewer's code |___|___|___| INT_CODE

4. Date completed |___|/|___|/|___|/|___|___| INT_DATE
DIRECTIONS TO PARTICIPANTS FOR USING THE ACTIVITY METER (PEDOMETER)

The Accusplit Activity Meter (pedometer) counts the number of steps taken while walking. You have been requested to wear this meter EVERY DAY for a seven day period from ______ to ______. The pedometer is to be clipped at the waist to your clothes, underwear, or on a belt and worn on the ______ hip and must be kept in an upright position. Please keep the pedometer firmly against your body so it does not move around freely. You can use a belt or elastic strap to keep it in place on your hip. Please DO NOT LET THE PEDOMETER GET WET by wearing it in the rain or while bathing or swimming. Please remember to reset the pedometer to “0” (zero) when you put it on in the morning and to record the pedometer number in your activity record when you take it off at night.

If you have any questions, please contact:

_________________________________________ at
_________________________________________.

Specific Instructions

1. Every morning, just before you put the pedometer on, push the reset button to read “0”.
2. Record the time you reset the pedometer on the activity record page.
3. **Wear the pedometer all day except for bathing, swimming or in the rain (unless you can keep it dry). If you take it off, record the length of time it was off (minutes or hours) on your activity record page.**
4. At bedtime, take off the pedometer. Record on your activity record page (a) the pedometer number (the number of steps taken), and (b) the time you removed the pedometer.
5. Please do not touch the reset button during the day or you will erase your activity numbers.
6. Wear the pedometer on your dominant hip (right hip for right handed people and left hip for left handed people), keep it upright, and make sure it fits firmly against your body so it does not move around.
7. **Keep the cover closed or it will not record your steps.**
8. The pedometer will not work correctly if it is in a pants, coat, or shirt pocket. It will not work correctly if it is sideways either.
9. Please mail the activity record to us in the self-addressed stamped envelope after you complete your week.
10. Please keep the pedometer as a token of our appreciation of your participation in the Strong Heart Family Study.

Thank you very much for your time and effort!
### ACTIVITY METER SEVEN-DAY RECORD

**Name:** __________________________

**Strong Heart Study ID No:** __

**Family Study ID No:** __

**Reminder:** Reset the Activity Meter (pedometer) to “0” every morning

<table>
<thead>
<tr>
<th></th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
<td>ACT4_1A</td>
<td>ACT4_2A</td>
<td>ACT4_3A</td>
<td>ACT4_4A</td>
<td>ACT4_5A</td>
<td>ACT4_6A</td>
<td>ACT4_7A</td>
</tr>
<tr>
<td><strong>Day of week</strong></td>
<td>ACT4_1B</td>
<td>ACT4_2B</td>
<td>ACT4_3B</td>
<td>ACT4_4B</td>
<td>ACT4_5B</td>
<td>ACT4_6B</td>
<td>ACT4_7B</td>
</tr>
<tr>
<td><strong>Time attached</strong></td>
<td>ACT4_1C</td>
<td>ACT4_2C</td>
<td>ACT4_3C</td>
<td>ACT4_4C</td>
<td>ACT4_5C</td>
<td>ACT4_6C</td>
<td>ACT4_7C</td>
</tr>
<tr>
<td><strong>Meter number at bedtime</strong></td>
<td>ACT4_1D</td>
<td>ACT4_2D</td>
<td>ACT4_3D</td>
<td>ACT4_4D</td>
<td>ACT4_5D</td>
<td>ACT4_6D</td>
<td>ACT4_7D</td>
</tr>
<tr>
<td><strong>Time removed</strong></td>
<td>ACT4_1E</td>
<td>ACT4_2E</td>
<td>ACT4_3E</td>
<td>ACT4_4E</td>
<td>ACT4_5E</td>
<td>ACT4_6E</td>
<td>ACT4_7E</td>
</tr>
<tr>
<td><strong>Did you take off the meter for any reason?</strong></td>
<td>ACT4_1F</td>
<td>ACT4_2F</td>
<td>ACT4_3F</td>
<td>ACT4_4F</td>
<td>ACT4_5F</td>
<td>ACT4_6F</td>
<td>ACT4_7F</td>
</tr>
<tr>
<td><strong>If yes, for how long?</strong></td>
<td>ACT4_1G</td>
<td>ACT4_2G</td>
<td>ACT4_3G</td>
<td>ACT4_4G</td>
<td>ACT4_5G</td>
<td>ACT4_6G</td>
<td>ACT4_7G</td>
</tr>
</tbody>
</table>

Complete this question after completing this journal.

Has your physical activity in the past seven (7) days been typical for you compared to your regular activity level? Yes ___ | No ___

**ACT4_8**
THE STRONG HEART STUDY III
CARDIOVASCULAR DISEASE IN AMERICAN INDIANS

MEDICATION CHECKLIST

A. MEDICATION RECEIPTION:

As you know, the Strong Heart Study will be describing prescription medications that its participants are using. We are particularly interested in medications your doctor prescribed for you that were filled by a pharmacist. These include pills, dermal patches, eyedrops, creams, salves, and injections. The letter you received about this appointment included a plastic medications bag for all your current medications and asked you to bring them to the clinic. Have you brought that bag with you?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

- Took no meds (Go to Section C)
- Refused (Cite reasons for refusal in the space below)

Reasons for refusal: ____________________________________________

B. PRESCRIPTION MEDICATIONS

1. Copy the name of the medication, the strength in milligrams (mg), and the total number of doses prescribed per day, week or month. (Include pills, dermal patches, eye drops, creams, salves, and injections)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Strength (mg)</th>
<th>Number Prescribed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print the first 20 letters only.</td>
<td>Write the decimal circle: day, week, month</td>
<td>PRN Medicine?</td>
</tr>
<tr>
<td>Please print clearly.</td>
<td>as one of the digits.</td>
<td>D W M</td>
</tr>
</tbody>
</table>

1 ___________________________ _______________ D W M Y N D W M
2 ___________________________ _______________ D W M Y N D W M
3 ___________________________ _______________ D W M Y N D W M
4 ___________________________ _______________ D W M Y N D W M
5 ___________________________ _______________ D W M Y N D W M
6 ___________________________ _______________ D W M Y N D W M
7 ___________________________ _______________ D W M Y N D W M
8 ___________________________ _______________ D W M Y N D W M

Strong Heart – Family Study – 03/15/01
Medication Checklist
### PRESCRIPTION MEDICATIONS (cont.)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Strength (mg)</th>
<th>Prescribed</th>
<th>PRN Medicine?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print the first 20 letters only.</td>
<td>Write the decimal as one of the digits.</td>
<td>Circle: day, week, month</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>9</td>
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<td>10</td>
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<td>13</td>
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<td>14</td>
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<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number unable to transcribe: ________________

### C. OVER-THE-COUNTER MEDICATIONS

3. Copy the name of the medication, the strength in milligrams (mg), and the total number of doses prescribed per day, week or month. (Include pills, dermal patches, eye drops, creams, salves, and injections)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Strength (mg)</th>
<th>Circle: day, week, month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print the first 20 letters only.</td>
<td>Write the decimal as one of the digits.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>4</td>
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<td>6</td>
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<tr>
<td>7</td>
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<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. On the average during the last two weeks, how many of these pills did you take a day/week/month?
<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Strength (mg)</th>
<th>Circle: day</th>
<th>week, month</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
<td>D W M</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>D W M</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>D W M</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>D W M</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>D W M</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>D W M</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

5. Interviewer: [signature]

6. Date of interview: [mm/dd/yyyy]
THE STRONG HEART – FAMILY STUDY  
GENETICS OF CARDIOVASCULAR DISEASE IN AMERICAN INDIANS  
PHYSICAL EXAMINATION – QC DUPLICATE MEASUREMENT

| SHS Family I.D. | F | A | M | I | D | I.D. | SHS I.D. | I | D | N | O | I.D. |
|-----------------|---|---|---|---|---|      |          |   |   |   |   |      |

## I. BLOOD PRESSURE

1. Right arm circumference, measured in CENTIMETERS (cm)  
   *Midway between acromium and olecranon*  
   |___|___|___| QC4_42

2. Cuff size (arm circumference in brackets)  
   | QC4_43 |
   - Pediatric (under 24cm) |___|1
   - Large arm (33-41cm) |___|3
   - Regular arm (24-32cm) |___|2
   - Thigh (>41cm) |___|4

3. Pulse obliteration pressure  
   |___|___|___| QC4_44

4. Seated Blood Pressure  
   Systolic BP  
   Diastolic BP  
   a) First Blood Pressure Measurement  
      |___|___|___| QC4_45  |___|___|___| QC4_46
   b) Second Blood Pressure Measurement  
      |___|___|___| QC4_47  |___|___|___| QC4_48
   c) Third Blood Pressure Measurement  
      |___|___|___| QC4_49  |___|___|___| QC4_50

5. Were the above blood pressures taken from RIGHT arm?  
   Yes |___|1  
   No |___|2  
   If no, please specify:  
   ___________________________  QC4_51A

6. Recorder ID:  
   |___|___|___| QC4_52

## II. ANTHROPOMETRIC MEASUREMENTS
7. Height (Standing) | cm SQC4_53
8. Weight (Standing) | kg SQC4_55
9. Hip circumference (Standing) | cm SQC4_57
10. Waist (Supine) | cm SQC4_59

III. IMPEDANCE MEASUREMENT

9. a) Was impedance taken? Yes | (Go to b) No |
If NO, due to: Amputation | Wound/dressing | Cast | Refusal |
   1 | 2 | 3 | 8 SQC4_66A

b) Taken on RIGHT side? Yes | No |
If NO, due to: Amputation | Wound/dressing | Cast | Refusal |
   1 | 2 | 3 | 8 SQC4_67A

c) Resistance
d) Reactance

IV. ACANTHOSIS NIGRICANS

10. Acanthosis Nigricans in the back of neck:
   Not Present | Grade 1 | Grade 2 | Grade 3 | Grade 4 |
   0 | 1 | 2 | 3 | 4

V. ADMINISTRATIVE INFORMATION

11. Code number of person completing this form | INT_CODE
12. Date of data collection | INT_DATE