SH04: Baseline Medical History Form

Purpose

The *Baseline Medical History Form (SH04)*, along with the SH02 and SH03 forms, was given to a screenee who was eligible for the Baseline Visit 1 (BV1) or Drug Evaluation Visit 1 (DEV1). It was completed at home by the screenee before coming to the BV1 or DEV1 clinic visit. The form recorded medical history information about the potential participant to aid in determining eligibility for randomization into the SHEP trial.

30-32
(1) FORM NUMBER

(2) VERSION
33

(518) SEQUENCE
40

SHEP BASELINE MEDICAL HISTORY

This Space for Clinic Use Only

Name: _____

(3) (4) (5)
SHEP ID: 22 23 - 24 25 26 27 - 28 29

(6) 41-46
Acrostic: | | | | | | |

Date of Clinic Visit: (7) 36 37 Month | 38 39 Day | 34 35 Year

at (8) 47 48 Hour : (9) 49 50 Minute ☐ a.m. ☐ p.m. (10)
51

DEAR PARTICIPANT:

PLEASE FILL OUT THIS FORM AS COMPLETELY AS POSSIBLE AND BRING IT WITH YOU TO THE CLINIC VISIT SCHEDULED ABOVE. IF YOU DO NOT UNDERSTAND SOME OF THE QUESTIONS, LEAVE THEM BLANK UNTIL YOUR CLINIC VISIT. WE WILL REVIEW THE WHOLE FORM WITH YOU AT THAT TIME.

HAS A DOCTOR EVER TOLD YOU THAT YOU HAD ANY OF THE FOLLOWING?

1.	High blood pressure	52 (11)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3
2.	High blood pressure severe enough to lead to hospitalization?	53 (12)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3
3.	Heart attack (myocardial infarction, coronary occlusion or coronary thrombosis)	54 (13)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3
4.	Angina (chest pain)	55 (14)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3
5.	Congenital heart problems (born with a heart defect)	56 (15)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3
6.	Rheumatic heart problems	57 (16)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3
7.	Other heart problems	58 (17)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3
8.	Stroke (cerebrovascular accident, CVA)	59 (18)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3
9.	Epilepsy (spells, fits or seizures)	60 (19)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3
10.	Memory problems or other problems of the brain	61 (20)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3
11.	Diabetes (high blood or urine sugar)	62 (21)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3
12.	Gout	63 (22)	Yes ☐ 1	No ☐ 2	Don't know ☐ 3

(PLEASE TURN OVER)

13.	Kidney problems (nephritis, kidney infection, kidney stones)	64 (23)	Yes □ 1	No □ 2	Don't know □ 3
14.	(Men only) Problems of the prostate (infection, enlargement)	65 (24)	Yes □ 1	No □ 2	Don't know □ 3
15.	(Women only) Problems of the female organs	66 (25)	Yes □ 1	No □ 2	Don't know □ 3
16.	Urinary tract infection or bladder problem	67 (26)	Yes □ 1	No □ 2	Don't know □ 3
17.	Pneumonia	68 (27)	Yes □ 1	No □ 2	Don't know □ 3
18.	Lung problems (TB, emphysema pleurisy, bronchitis, or other problems)	69 (28)	Yes □ 1	No □ 2	Don't know □ 3
19.	Thyroid problem	70 (29)	Yes □ 1	No □ 2	Don't know □ 3
20.	Ulcer of the stomach or duodenum	71 (30)	Yes □ 1	No □ 2	Don't know □ 3
21.	Colitis or intestinal problems	72 (31)	Yes □ 1	No □ 2	Don't know □ 3
22.	Liver problems (hepatitis, cirrhosis or other problems)	73 (32)	Yes □ 1	No □ 2	Don't know □ 3
23.	Gallstones or gall bladder disease	74 (33)	Yes □ 1	No □ 2	Don't know □ 3
24.	Anemia	75 (34)	Yes □ 1	No □ 2	Don't know □ 3
25.	Cancer	76 (35)	Yes □ 1	No □ 2	Don't know □ 3
26.	Nervous or emotional disorder	77 (36)	Yes □ 1	No □ 2	Don't know □ 3
27.	Arthritis	78 (37)	Yes □ 1	No □ 2	Don't know □ 3
28.	Hives or hay fever, or other allergies	79 (38)	Yes □ 1	No □ 2	Don't know □ 3
29.	Other major diseases (specify): _____	80 (39)	Yes □ 1	No □ 2	Don't know □ 3

DURING THE PAST YEAR, HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?

30. Skin rash or unusual bruises — 81 (40) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

31. Headaches that were so bad you had to stop what you were doing — 82 (41) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

32. Headache attack, racing heart and sweating all at the same time — 83 (42) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

33. Faintness or light-headedness when you stood up quickly — 84 (43) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

34. Your heart beating unusually fast or skipping beats — 84 (44) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

35. Blacking out or losing consciousness — 86 (45) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

36. Frequent stomach pains — 87 (46) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

37. Waking up early, having trouble getting back to sleep — 88 (47) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

38. Black or tarry stools — 89 (48) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

39. Bright red blood in your stools — 90 (49) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

40. Weight loss without dieting — 91 (50) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

41. About how many days during the past year were you kept in bed for all or most of the day because of illness, disability or injury? — (51) 92
- Zero to three days ☐ 1
- Four to six days ☐ 2
- Seven to nine days ☐ 3
- Ten or more days ☐ 4

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(PLEASE TURN OVER)

42. a. Have you ever had any pain or discomfort in your chest?

93 (52) Yes ☐ 1 No ☐ 2

↓

SKIP to 42c.

b. Have you ever had any pressure or heaviness in your chest?

94 (53) Yes ☐ 1 No ☐ 2

↓

SKIP TO 43.

c. Do you get this pain, discomfort, pressure or heaviness when you walk uphill or hurry?

95 (54) Yes ☐ 1 No ☐ 2

d. Do you get it when you walk at an ordinary pace on the level ground?

96 (55) Yes ☐ 1 No ☐ 2

e. What do you do when you get this pain while you are walking?

97 (56) Stop or slow down ☐ 1
Continue at same pace ☐ 2

f. Does it go away when you stand still?

98 (57) Yes ☐ 1 No ☐ 2

↓

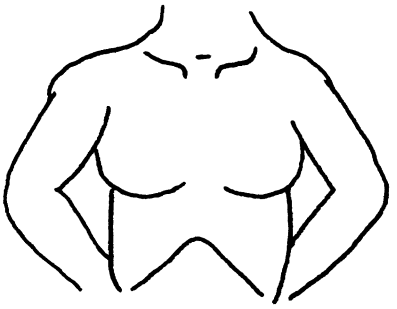
SKIP to 42h.

g. How soon?

99 (58) 10 minutes or less ☐ 1
More than 10 minutes ☐ 2

h. Where do you get this pain or discomfort? (Mark the places with an "X" on the diagram.)

RIGHT SIDE



LEFT SIDE

Do not use--clinic use only.

100 (59) (1) Yes ☐ 1 No ☐ 2
101 (60) (2) Yes ☐ 1 No ☐ 2
(3) Yes ☐ 1 No ☐ 2
102 (61)

---

43. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

103 (62) Yes ☐ 1 No ☐ 2

---

44. a. Have you ever had a heart attack (myocardial infarction, coronary thrombosis)? 104 (63) Yes ☐ 1 No ☐ 2 ↓ Don't know ☐ 3 ↓

SKIP TO 45.

b. Were you ever hospitalized for any heart attacks? 105 (64) Yes ☐ 1 No ☐ 2

c. How many such attacks have you had? (65) ☐☐ 106-107

d. What were the dates of these heart attacks? (month/year) _____

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45. a. Do you get a pain in either leg on walking? 108 (66) Yes ☐ 1 No ☐ 2 ↓

SKIP TO 46.

b. Does this pain ever begin when you are standing still or sitting? 109 (67) Yes ☐ 1 No ☐ 2

c. Do you get this pain in your calf? (or calves?) Yes ☐ 1 No ☐ 2 (68) 110

d. Do you get it when you walk uphill or hurry? (69) Yes ☐ 1 No ☐ 2 111

e. Do you get it when you walk at an ordinary pace on the level ground? 112 (70) Yes ☐ 1 No ☐ 2

f. Does this pain ever disappear while you are still walking? 113 (71) Yes ☐ 1 No ☐ 2

g. What do you do if you get it when you are walking? 114 (72) Stop or slow down ☐ 1 / Continue at same pace ☐ 2

h. Does it go away when you stand still? 115 (73) Yes ☐ 1 No ☐ 2 ↓

SKIP to 46.

i. How soon? 116 (74) 10 minutes or less ☐ 1 / More than 10 minutes ☐ 2

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(PLEASE TURN OVER)

46. a. Do you usually cough first thing in the morning in the winter? (If you cough with your first smoke or when first going outside, you should mark "yes." Do not respond "yes" for clearing of throat or a single cough.)

75 Yes □ 1 No □ 2

↓

117 Skip to 46c.

b. Do you usually cough during the day or at night in the winter? (Do not respond "yes" for a single cough.)

118 76 Yes □ 1 No □ 2

↓

Skip to 47.

c. Do you cough like this on most days for as much as 3 months each Year?

119 77 Yes □ 1 No □ 2

d. Do you usually bring up any phlegm (mucus) from your chest first thing in the morning in the winter?

120 78 Yes □ 1 No □ 2

e. Do you usually bring up any phlegm from your chest during the day or at night in the winter?

121 79 Yes □ 1 No □ 2

↓

SKIP to 47.

f. Do you bring up phlegm like this on most days for as much as 3 months each year?

122 80 Yes □ 1 No □ 2

g. In the past 3 years, have you had a period of increased cough and phlegm lasting for 3 weeks or more?

123 81 Yes, once □ 1
Yes, more than once □ 2
No □ 3

---

47. a. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

124 82 Yes □ 1 No □ 2

b. Do you get short of breath walking with other people of your own age on level ground?

125 83 Yes □ 1 No □ 2

c. Do you ever wake up at night gasping for breath?

126 84 Yes □ 1 No □ 2

d. Do you get short of breath at night unless you sleep on two or more pillows?

127 85 Yes □ 1 No □ 2

e. Have you ever had asthma?

128 86 Yes □ 1 No □ 2

↓

SKIP to 48.

f. Have you had any asthma attacks in the past three years?

129 87 Yes □ 1 No □ 2

g. Do you take medication to control or treat asthma?

130 88 Yes □ 1 No □ 2

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48. a. Have you ever had any sudden feeling of numbness, tingling or loss of feeling in either arm, hand, leg, foot or face? 131 (89) Yes ☐ 1 No ☐ 2

↓

SKIP to 49.

b. How many attacks of such numbness or tingling have you had? (Check one.) 132 (90)

- Ony one ☐ 1
- Two ☐ 2
- Three to five ☐ 3
- More than five ☐ 4

c. How long did each of the attack(s) usually last? 133 (91)

- Less than 5 minutes ☐ 1
- From 5 minutes to one hour ☐ 2
- From 1-6 hours ☐ 3
- From 6-24 hours ☐ 4
- More than 24 hours ☐ 5

d. Did you see a doctor for the numbness or tingling? 134 (92) Yes ☐ 1 No ☐ 2

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49. a. Have you ever had any sudden attacks of paralysis or loss of use of either arm, hand, leg or foot? 135 (93) Yes ☐ 1 No ☐ 2

↓

SKIP to 50.

b. How many attacks of such paralysis have you had? (Check one.) 136 (94)

- Only one ☐ 1
- Two ☐ 2
- Three to five ☐ 3
- More than five ☐ 4

c. How long did the attack(s) usually last? 137 (95)

- Less than 5 minutes ☐ 1
- From 5 minutes to one hour ☐ 2
- From 1-6 hours ☐ 3
- From 6-24 hours ☐ 4
- More than 24 hours ☐ 5

d. Did you see a doctor for this paralysis? (96) Yes ☐ 1 No ☐ 2 138

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(PLEASE TURN OVER)

50. a. Have you ever had any sudden loss of eyesight or blurring of vision for a short period of time? (97) 139 Yes ☐ 1 No ☐ 2

↓

SKIP to 51.

b. What part of your vision was affected? 140 (98)

- Right eye only ☐ 1
- Left eye only ☐ 2
- Both eyes ☐ 3
- Vision to the right side ☐ 4
- Vision to the left side ☐ 5

c. How many attacks of loss of eyesight or blurring of vision have you had? 141 (99)

- Only one ☐ 1
- Two ☐ 2
- Three-five ☐ 3
- More than five ☐ 4

d. How long did the attack(s) usually last? 142 (100)

- Less than 5 minutes ☐ 1
- From 5 minutes to one hour ☐ 2
- From 1-6 hours ☐ 3
- From 6-24 hours ☐ 4
- More than 24 hours ☐ 5

e. Did you see a doctor for this vision problem? (101) 143 Yes ☐ 1 No ☐ 2

---

51. a. Have you ever had any sudden attacks of changes in speech, loss of speech or inability to say words? 144 (102) Yes ☐ 1 No ☐ 2

↓

SKIP to 52.

b. How many attacks of loss of speech have you had? 145 (103)

- Only one ☐ 1
- Two ☐ 2
- Three-five ☐ 3
- More than five ☐ 4

c. How long did the attack(s) usually last? 146 (104)

- Usually less than 5 minutes ☐ 1
- From 5 minutes to one hour ☐ 2
- From 1-6 hours ☐ 3
- From 6-24 hours ☐ 4
- More than 24 hours ☐ 5

d. Did you see a doctor for your speech problem? 147 (105) Yes ☐ 1 No ☐ 2

---

52. Have you ever had any of the following:

148 (106)

a.	Dizziness	Yes	□ 1	No	□ 2		
b.	Spinning sensation (vertigo)	149 (107) Yes	□ 1	No	□ 2		
c.	Loss of balance	Yes	□ 1	No	□ 2	(108)	150
d.	Difficulty walking	151 (109) Yes	□ 1	No	□ 2		
e.	Blackouts or fainting	Yes	□ 1	No	□ 2	(110)	152
f.	Frequent falls	153 (111) Yes	□ 1	No	□ 2		

53. a. Did you answer "yes" to any of the problems in Question 52? (112) Yes □ 1 No □ 2

154

↓

SKIP to 54.

b. About how many total attacks of all conditions checked do you think you ever had?

155 (113)

- Only one □ 1
- Two □ 2
- Three-five □ 3
- More than five □ 4

c. How long did the attack(s) usually last?

156 (114)

- Usually less than 5 minutes □ 1
- From 5 minutes to one hour □ 2
- From 1-6 hours □ 3
- From 6-24 hours □ 4
- More than 24 hours □ 5

d. Did you see a doctor for any of these spells? (115) Yes □ 1 No □ 2

157

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(PLEASE TURN OVER)

54. a. Have you ever had surgery to improve the blood flow in your arteries or vessels (endarterectomy, by-pass surgery)? (Do not include surgery for varicose veins.) (116) Yes ☐ 1 No ☐ 2

158

↓

SKIP to 55.

b. Did you have surgery on your neck vessels (carotid artery)? 159 (117) Yes ☐ 1 No ☐ 2

Date(s) of surgery _____

c. Did you have surgery on your heart (coronary by-pass)? 160 (118) Yes ☐ 1 No ☐ 2

Date(s) of surgery _____

d. Did you have surgery on the aorta or leg arteries? 161 (119) Yes ☐ 1 No ☐ 2

Date(s) of surgery _____

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55. a. Have you been hospitalized for any reason within the past 5 years? 162 (120) Yes ☐ 1 No ☐ 2

↓

SKIP to 56.

b. List the reason, the name and address of the hospital, and the year of the hospitalization.

	Reason	Year	Name of Hospital, City and State
(1)			
(2)			
(3)			
(4)			
(5)			

(If more than 5 hospitalizations, list rest on a blank sheet of paper.)

56. Have you ever had a fracture of the:

a. Hip? When? _____ 163 (121) Yes ☐ 1 No ☐ 2

b. Spine? When? _____ 164 (122) Yes ☐ 1 No ☐ 2

c. Forearm? When? _____ 165 (123) Yes ☐ 1 No ☐ 2

---

57. a. About how many times would you say that you have fallen to the floor or ground for no obvious reason in the past three months? 166 (124)

- None ☐ 1
- Once ☐ 2
- Twice ☐ 3
- Three times ☐ 4
- Four or five times ☐ 5
- More than five times ☐ 6
- Don't know ☐ 7

b. Did you have any injury from those falls that required a doctor's attention? 167 (125) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

Describe injury: _____

---

58. Has any medicine you may be taking, or have taken in the past, ever caused you to have a skin rash or other kind of allergic reaction? 168 (126) Yes ☐ 1 No ☐ 2

Describe medicine, reaction and circumstances:

_____

_____

_____

THANK YOU FOR COMPLETING THIS FORM. PLEASE REMEMBER TO BRING THIS FORM AND ANY PRESCRIPTION MEDICINES THAT YOU ARE NOW TAKING WITH YOU FOR YOUR CLINIC VISIT WHICH IS SCHEDULED ON THE DATE SHOWN ON THE FRONT PAGE.

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169 (127) RECORD TYPE

(128) DATE RECEIVED 170-175 MMDDYY

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(516) TIME MODIFIED 17-20

(517) EDIT STATUS 21

SH04/11

186 (132) **Cross form edit status**

ADDENDUM TO SH04 -- BASELINE MEDICAL HISTORY

59. Living arrangements at baseline: (BLANK/1)

187 (137) 59a. Living alone

188 (138) 59b. Living with spouse

189 (139) 59c. Living with related individuals

190 (140) 59d. Living with non-related friends

191 (141) 59e. Living with non-related paid help

192 (142) 59f. Don't know

(1) 30-32 FORM NUMBER

(2) VERSION 33

SHEP BASELINE MEDICAL HISTORY

(518) SEQUENCE 40

This Space for Clinic Use Only

Name: _____

(3) (4) (5)
SHEP ID: 22 23 - 24 25 26 27 - 28 29

(6) 41-46
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Date of Clinic Visit: (7) 36 37 Month | 38 39 Day | 34 35 Year

at (8) 47 48 Hour : (9) 49 50 Minute ☐ a.m. ☐ p.m. (10) 51

DEAR PARTICIPANT:

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(PLEASE TURN OVER)

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39.	Bright red blood in your stools	90 (49)	Yes □ 1	No □ 2	Don't know □ 3
40.	Weight loss without dieting	91 (50)	Yes □ 1	No □ 2	Don't know □ 3

41. a. How many days in the past two weeks have you had to substantially reduce your social activities outside the home (meetings, shopping) because you did not feel well? (133) □□ 187-188

b. How many days in the past two weeks have you had to substantially reduce your major work activities at home (house cleaning, laundry) because you did not feel well? (134) □□ 189-190

c. How many days in the past two weeks have you had to substantially reduce your ordinary activities at home (cooking, dressing) because you did not feel well? (135) □□ 191-192

d. How many days in the past two weeks did you spend most of the day in bed because you did not feel well? (136) □□ 193-194

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(PLEASE TURN OVER)

42. a. Have you ever had any pain or discomfort in your chest? 93 (52) Yes ☐ 1 No ☐ 2

↓

Skip to 42c

b. Have you ever had any pressure or heaviness in your chest? 94 (53) Yes ☐ 1 No ☐ 2

↓

Skip to 43

c. Do you get this pain, discomfort, pressure or heaviness when you walk uphill or hurry? 95 (54) Yes ☐ 1 No ☐ 2

↓

Skip to 43

d. Do you get it when you walk at an ordinary pace on the level ground? 96 (55) Yes ☐ 1 No ☐ 2

e. What do you do when you get this pain while you are walking? 97 (56)
Stop or slow down ☐ 1
Continue at same pace ☐ 2

f. Does it go away when you stand still? 98 (57) Yes ☐ 1 No ☐ 2

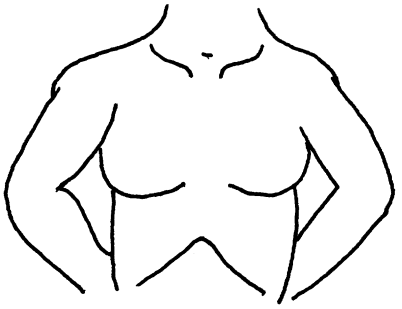
↓

Skip to 42h

g. How soon? 99 (58)
10 minutes or less ☐ 1
More than 10 minutes ☐ 2

h. Where do you get this pain or discomfort? (Mark the places with an "X" on the diagram.)

RIGHT SIDE



LEFT SIDE

100 (59)
101 (60)
102 (61)

Do not use--clinic use only.

(1) Yes ☐ 1 No ☐ 2
(2) Yes ☐ 1 No ☐ 2
(3) Yes ☐ 1 No ☐ 2

---

43. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? 103 (62) Yes ☐ 1 No ☐ 2

---

44. a. Have you ever had a heart attack (myocardial infarction, coronary thrombosis)? (63) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

104 → Skip to 45

b. Were you ever hospitalized for any heart attacks? 105 (64) Yes ☐ 1 No ☐ 2

c. How many such attacks have you had? (65) ☐☐ 106-107

d. What were the dates of these heart attacks? (month/year) _____

---

45. a. Do you get a pain in either leg on walking? (66) Yes ☐ 1 No ☐ 2

108 → Skip to 46

b. Does this pain ever begin when you are standing still or sitting? 109 (67) Yes ☐ 1 No ☐ 2

c. Do you get this pain in your calf? (or calves?) Yes ☐ 1 No ☐ 2 (68) 110

d. Do you get it when you walk uphill or hurry? (69) Yes ☐ 1 No ☐ 2

111 → Skip to 46

e. Do you get it when you walk at an ordinary pace on the level ground? 112 (70) Yes ☐ 1 No ☐ 2

f. Does this pain ever disappear while you are still walking? 113 (71) Yes ☐ 1 No ☐ 2

g. What do you do if you get it when you are walking? 114 (72) Stop or slow down ☐ 1 / Continue at same pace ☐ 2

h. Does it go away when you stand still? 115 (73) Yes ☐ 1 No ☐ 2

→ Skip to 46

i. How soon? 116 (74) 10 minutes or less ☐ 1 / More than 10 minutes ☐ 2

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SHEP ID: ☐☐ - ☐☐☐☐ - ☐☐ Acrostic: ☐☐☐☐☐☐

(PLEASE TURN OVER)

46. a. Do you usually cough first thing in the morning in the winter? (If you cough with your first smoke or when first going outside, you should mark "yes." Do not respond "yes" for clearing of throat or a single cough.)

117 (75) Yes ☐ 1 No ☐ 2

↓

Skip to 46c

b. Do you usually cough during the day or at night in the winter? (Do not respond "yes" for a single cough.)

(76) Yes ☐ 1 No ☐ 2

118

↓

Skip to 47

c. Do you cough like this on most days for as much as 3 months each Year?

119 (77) Yes ☐ 1 No ☐ 2

d. Do you usually bring up any phlegm (mucus) from your chest first thing in the morning in the winter?

120 (78) Yes ☐ 1 No ☐ 2

e. Do you usually bring up any phlegm from your chest during the day or at night in the winter?

(79) Yes ☐ 1 No ☐ 2

121

↓

Skip to 47

f. Do you bring up phlegm like this on most days for as much as 3 months each year?

122 (80) Yes ☐ 1 No ☐ 2

g. In the past 3 years, have you had a period of increased cough and phlegm lasting for 3 weeks or more?

123 (81)

Yes, once ☐ 1
Yes, more than once ☐ 2
No ☐ 3

---

47. a. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

124

(82) Yes ☐ 1 No ☐ 2

b. Do you get short of breath walking with other people of your own age on level ground?

125 (83) Yes ☐ 1 No ☐ 2

c. Do you ever wake up at night gasping for breath?

126 (84) Yes ☐ 1 No ☐ 2

d. Do you get short of breath at night unless you sleep on two or more pillows?

127 (85) Yes ☐ 1 No ☐ 2

e. Have you ever had asthma?

128 (86) Yes ☐ 1 No ☐ 2

↓

Skip to 48

f. Have you had any asthma attacks in the past three years?

129 (87) Yes ☐ 1 No ☐ 2

g. Do you take medication to control or treat asthma?

130 (88) Yes ☐ 1 No ☐ 2

---

48. a. Have you ever had any sudden feeling of numbness, tingling or loss of feeling in either arm, hand, leg, foot or face? (89) Yes ☐ 1 No ☐ 2

131 ↓ Skip to 49

b. How many attacks of such numbness or tingling have you had? (Check one.)

132 (90)
- Only one ☐ 1
- Two ☐ 2
- Three to five ☐ 3
- More than five ☐ 4

c. How long did each of the attack(s) usually last?

133 (91)
- Less than 5 minutes ☐ 1
- From 5 minutes to one hour ☐ 2
- From 1-6 hours ☐ 3
- From 6-24 hours ☐ 4
- More than 24 hours ☐ 5

d. Did you see a doctor for the numbness, tingling, or loss of feeling? 134 (92) Yes ☐ 1 No ☐ 2

---

49. a. Have you ever had any sudden attacks of paralysis or loss of use of either arm, hand, leg or foot? (93) Yes ☐ 1 No ☐ 2

135 ↓ Skip to 50

b. How many attacks of such paralysis have you had? (Check one.)

136 (94)
- Only one ☐ 1
- Two ☐ 2
- Three to five ☐ 3
- More than five ☐ 4

c. How long did the attack(s) usually last?

137 (95)
- Less than 5 minutes ☐ 1
- From 5 minutes to one hour ☐ 2
- From 1-6 hours ☐ 3
- From 6-24 hours ☐ 4
- More than 24 hours ☐ 5

d. Did you see a doctor for this paralysis? 138 (96) Yes ☐ 1 No ☐ 2

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(PLEASE TURN OVER)

50. a. Have you ever had any sudden loss of eyesight or blurring of vision for a short period of time? (97) 139 Yes ☐ 1 No ☐ 2

↓

Skip to 51

b. What part of your vision was affected? 140 (98)

- Right eye only ☐ 1
- Left eye only ☐ 2
- Both eyes ☐ 3
- Vision to the right side ☐ 4
- Vision to the left side ☐ 5

c. How many attacks of loss of eyesight or blurring of vision have you had? 141 (99)

- Only one ☐ 1
- Two ☐ 2
- Three-five ☐ 3
- More than five ☐ 4

d. How long did the attack(s) usually last? 142 (100)

- Less than 5 minutes ☐ 1
- From 5 minutes to one hour ☐ 2
- From 1-6 hours ☐ 3
- From 6-24 hours ☐ 4
- More than 24 hours ☐ 5

e. Did you see a doctor for this vision problem? (101) 143 Yes ☐ 1 No ☐ 2

---

51. a. Have you ever had any sudden attacks of changes in speech, loss of speech or inability to say words? 144 (102) Yes ☐ 1 No ☐ 2

↓

Skip to 52

b. How many attacks of loss of speech have you had? 145 (103)

- Only one ☐ 1
- Two ☐ 2
- Three-five ☐ 3
- More than five ☐ 4

c. How long did the attack(s) usually last? 146 (104)

- Usually less than 5 minutes ☐ 1
- From 5 minutes to one hour ☐ 2
- From 1-6 hours ☐ 3
- From 6-24 hours ☐ 4
- More than 24 hours ☐ 5

d. Did you see a doctor for your speech problem? Yes ☐ 1 No ☐ 2 (105) 147

---

52. Have you ever had any of the following:

148 (106)
a. Dizziness — Yes ☐ 1 No ☐ 2
149 (107)
b. Spinning sensation (vertigo) — Yes ☐ 1 No ☐ 2
c. Loss of balance — Yes ☐ 1 No ☐ 2 (108) 150
151 (109)
d. Difficulty walking — Yes ☐ 1 No ☐ 2
e. Blackouts or fainting — Yes ☐ 1 No ☐ 2 (110) 152
153 (111)
f. Frequent falls — Yes ☐ 1 No ☐ 2

---

53. a. Did you answer "yes" to any of the problems in Question 52?

(112) Yes ☐ 1 No ☐ 2
154
↓
Skip to 54

b. About how many total attacks of all conditions checked do you think you ever had?

155 (113)
- Only one ☐ 1
- Two ☐ 2
- Three-five ☐ 3
- More than five ☐ 4

c. How long did the attack(s) usually last?

156 (114)
- Usually less than 5 minutes ☐ 1
- From 5 minutes to one hour ☐ 2
- From 1-6 hours ☐ 3
- From 6-24 hours ☐ 4
- More than 24 hours ☐ 5

d. Did you see a doctor for any of these spells? (115) Yes ☐ 1 No ☐ 2
157

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SHEP ID: ☐☐ - ☐☐☐☐ - ☐☐ Acrostic: ☐☐☐☐☐☐

(PLEASE TURN OVER)

54. a. Have you ever had surgery to improve the blood flow in your arteries or vessels (endarterectomy, by-pass surgery)? (Do not include surgery for varicose veins.) 158 (116) Yes ☐ 1 No ☐ 2

↓

Skip to 55

b. Did you have surgery on your neck vessels (carotid artery)? 159 (117) Yes ☐ 1 No ☐ 2

Date(s) of surgery _____

c. Did you have surgery on your heart (coronary by-pass)? 160 (118) Yes ☐ 1 No ☐ 2

Date(s) of surgery _____

d. Did you have surgery on the aorta or leg arteries? 161 (119) Yes ☐ 1 No ☐ 2

Date(s) of surgery _____

---

55. a. Have you been hospitalized for any reason within the past 5 years? (120) Yes ☐ 1 No ☐ 2

162

↓

Skip to 56

b. List the reason, the name and address of the hospital, and the year of the hospitalization.

	Reason	Year	Name of Hospital, City and State
(1)			
(2)			
(3)			
(4)			
(5)			

(If more than 5 hospitalizations, list rest on a blank sheet of paper.)

56. Have you ever had a fracture of the:

a. Hip? 163 (121) Yes ☐ 1 No ☐ 2
When? _____

b. Spine? 164 (122) Yes ☐ 1 No ☐ 2
When? _____

c. Forearm? 165 (123) Yes ☐ 1 No ☐ 2
When? _____

---

57. a. About how many times would you say that you have fallen to the floor or ground for no obvious reason in the past three months? 166 (124)

None	☐ 1
Once	☐ 2
Twice	☐ 3
Three times	☐ 4
Four or five times	☐ 5
More than five times	☐ 6
Don't know	☐ 7

If "None," skip to 58

b. Did you have any injury from those falls that required a doctor's attention? 167 (125) Yes ☐ 1 No ☐ 2 Don't know ☐ 3

Describe injury: _____

---

58. Has any medicine you may be taking, or have taken in the past, ever caused you to have a skin rash or other kind of allergic reaction? 168 (126) Yes ☐ 1 No ☐ 2

Describe medicine, reaction and circumstances:

_____

_____

_____

THANK YOU FOR COMPLETING THIS FORM. PLEASE REMEMBER TO BRING THIS FORM AND ANY PRESCRIPTION MEDICINES THAT YOU ARE NOW TAKING WITH YOU FOR YOUR CLINIC VISIT WHICH IS SCHEDULED ON THE DATE SHOWN ON THE FRONT PAGE.

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SHEP ID: ☐☐ - ☐☐☐☐ - ☐☐ Acrostic: ☐☐☐☐☐☐

169 (127) RECORD TYPE

(128) DATE RECEIVED 170-175

(129) UPDATE NUMBER 176-178

(130) DATE LAST PROCESSED 179-184

(131) PAPER COPY 185

EDIT STATUS CODE (132) 186

(514) BATCH DATE 3-8

(515) DATE MODIFIED 11-16

(516) TIME MODIFIED 17-20

(517) EDIT STATUS

Version 2 - 6/85

SH04/11

ADDENDUM TO SH04 -- BASELINE MEDICAL HISTORY

59. Living arrangements at baseline: (BLANK/1)

195 (137) 59a. Living alone

196 (138) 59b. Living with spouse

197 (139) 59c. Living with related individuals

198 (140) 59d. Living with non-related friends

199 (141) 59e. Living with non-related paid help

200 (142) 59f. Don't know

ENTRY INSTRUCTIONS FOR SH04 LIVING ARRANGEMENTS LIST

A listing of all randomized participants was sent out to the SHEP clinics for them to fill in living arrangements at Baseline. The choices were such things as "Living Alone," "With Spouse," etc. These listings have now been returned, all filled in, and we must enter the data so it can be put on the SHEP masterfile.

An entry program has been created for entry of this data, and then other progams will actually put the new data onto the old SH04 forms on the SHEP masterfile. These other programs will match the ID and Acrostic as entered with the data currently on the masterfile.

To access the data entry program, sign on to account SHEP001, then type:

@LIVARNG

The computer will respond with the standard Viking menu as shown below in Figure 1.

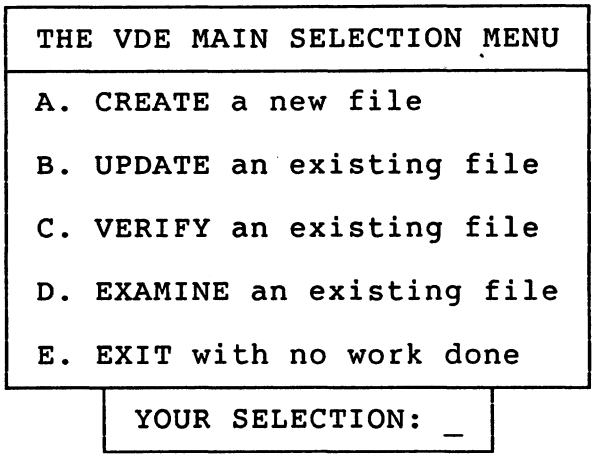

Figure 1: Viking Main Selection Menu

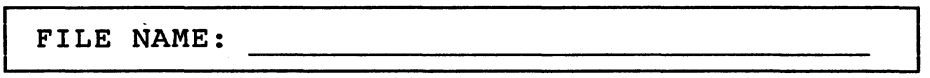

Figure 2: Viking File Name Request Menu

After you make your selection, another menu (Figure 2, above) will appear at the bottom of the screen and ask for the name of the file. After you supply the file name, the computer will show you the data screen. If you are creating a file, the data fields on the screen will be empty and you can immediately begin to enter data. If you are updating an existing file, the computer will show you the last page of data previously entered. To get to an empty screen so you can enter more data, push the "Next Screen" button.

The empty screen, ready for new data, will look like Figure 3.

SHEP Baseline Living Arrangements

To SKIP to the end of the page, ENTER "1" here: _

		In the columns below, ENTER "1" instead of "X"					
SHEP ID	Acrostic	Living Alone	With Spouse	Related Individuals	Non-Related Friends	Non-Related Paid Help	Don't Know
__-____-__	_____	_	_	_	_	_	_
__-____-__	_____	_	_	_	_	_	_
__-____-__	_____	_	_	_	_	_	_
__-____-__	_____	_	_	_	_	_	_
__-____-__	_____	_	_	_	_	_	_
__-____-__	_____	_	_	_	_	_	_
__-____-__	_____	_	_	_	_	_	_
__-____-__	_____	_	_	_	_	_	_

Figure 3. Screen Page for Data Entry

When the empty page is displayed waiting for data entry to begin, the cursor will be sitting on the line following the note at the top of the page which says, 'To SKIP to the end of the page, ENTER "1" here:'. To begin data entry in the first ID number, just skip this field by hitting the RETURN key. The cursor will jump down to the first ID number, and data entry can begin.

All the fields of the ID number and the Acrostic field on each line are "must enter" fields. They cannot be skipped. But most of the data fields under the columns will be blank, and can be skipped by hitting the RETURN key.

Start entering data on the first line, and when you finish it the cursor will automatically go to the next line. When the page is filled up, a new empty page will appear.

Note that the listing that came back from the clinics has "X" or check marks in the columns, but you are to enter "1" in the fields instead of "X".

If you finish the data and there are still blank lines on the page to be filled out, you may finish the page with no trouble by returning to the first field up at the left. This is the field which has the note: 'To SKIP to the end of the page, ENTER "1" here:'. You go back to this field by pushing the Previous Screen key. As soon as you put a "1" in this field, the computer will skip to the end of the page and show you a new page, and you can request a menu so you can EXIT from the entry program.

The exit menu, as usual, looks like Figure 4, below.

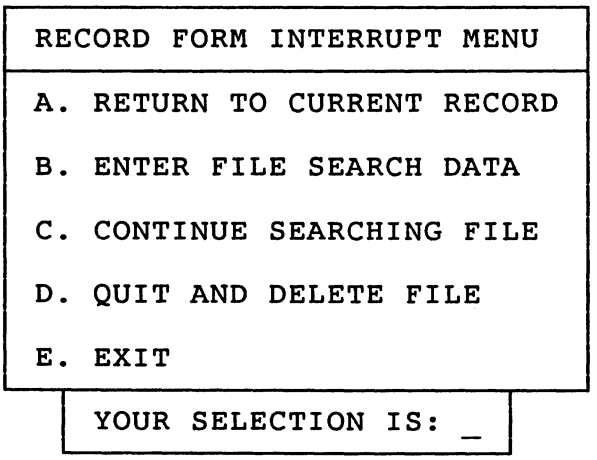

Figure 4. Record Interruption Menu

You may choose any name you want for the various files of data records, but the first two letters in the file name should be "LV". Do not enter more than 50 pages into any single file.

If any questions arise, contact Lynne Mutchler.