Completion log

Date Received __/__/__
Date Entry __/__/__
BE Sysid _____
Verification __/__/__
Cleaned __/__/__
Transfer __/__/__

ID TEXT
WISE ID: _ _ _ _ _ _ _ _
Name Code: _ _ _ _ _ _

WISE STUDY
BASELINE EVALUATION

TIME= 0 Time
INT

1. Date patient received WISE ID: ___/___/___ PEDAT DATE
mm dd yy

QUALITY OF LIFE

2. In general, would she say her health is (Mark one)

Excellent	Very good	Good	Fair	Poor
1 ()	2 ()	3 ()	4 ()	5 ()

Healt

3. Overall, how would the patient rate her quality of life? (Mark one of the boxes below)

0	1	2	3	4	5	6	7	8	9	10
()	()	()	()	()	()	()	()	()	()	()
Worst					Halfway					Best

QOL

As bad or worse than being dead

Best quality of life

4. How satisfied is the patient with her current quality of life? (Mark one of the boxes below)

0	1	2	3	4	5	6	7	8	9	10
()	()	()	()	()	()	()	()	()	()	()
Worst					Halfway					Best

STQOL

Not at all happy with quality of life now

Very happy with quality of life now

SYMPTOMS

5. In the last 12 months has the patient had pain or discomfort above the waist? HIPN
1 ( ) Yes 0 ( ) No
↓

5.1 Which of the following locations describe(s) most of the discomfort? (Check all that apply):
5.1.1 ( ) Center of the chest behind the breast bone CNPN
5.1.2. ( ) Left side of chest LCHT
5.1.3. ( ) Neck or jaw NECK
5.1.4. ( ) Left arm LARM
5.1.5. ( ) Other PNOT
5.1.5.1. Specify: PNOTX

5.2 Does most of the pain or discomfort occur during physical exertion and/or emotional stress? PEPN
1 ( ) Yes 0 ( ) No

5.3 Does the pain or discomfort most often go away with rest?
1 ( ) Yes 0 ( ) No GORT
↓

5.3.1. Minutes until starts going away MINGO
5.3.2. Minutes until completely gone away ALLGO

5.4 Has the patient used nitroglycerine? USNTG —
1 ( ) Yes 0 ( ) No
↓

5.4.1. Does the pain or discomfort most often go away with nitroglycerine? NIGO —
1 ( ) Yes 0 ( ) No
↓

5.4.1.1. Minutes until starts going away MINNI —
5.4.1.2. Minutes until completely gone away ALLNI —

5.5 Does the patient have angina that wakes her at night?
1 ( ) Yes 0 ( ) No ANNA

6. In the past 6 weeks, how often has the patient had chest discomfort? CHTPN
   1 ( ) Never
   2 ( ) 1 to 3 times
   3 ( ) 1 to 3 times a week
   4 ( ) Almost every day
   5 ( ) 1 to 3 times a day
   6 ( ) 4 or more times a day

7. Has the patient had unstable angina in the last 6 weeks? UNANG
   1 ( ) Yes 0 ( ) No 2 ( ) Unknown

↓

7.1 Which of the presentations does the patient demonstrate? (Check all that apply)

SYANR ( ) symptoms of angina at rest (usually prolonged > 20 minutes)

NEWON ( ) new onset (< 2 months) exertional angina of at least Canadian Cardiovascular Society Classification (CCSC) class III in severity

RECNT ( ) recent (< 2 months) acceleration of angina as reflected by an increase in severity of at least one CCSC class to at least CCSC class III.

INDICATIONS FOR CATHETERIZATION

8. What are the indications for coronary catheterization?

		Yes 1	No 0
8.1	Chest pain or discomfort CHDIS	( )	( )
8.2	Stress test result STEST	( )	( )
8.3	Preoperative clearance PREOP	( )	( )
8.4	Shortness of breath SBRT	( )	( )
8.5	Syncope SYN	( )	( )
8.6	Unknown or unclear CUNKN	( )	( )
8.7	Other----> CATHO	( )	( )
	8.7.1 Specify CATHX		

WISE ID: _ _ _ _ _

MEDICAL HISTORY

9. Has the patient ever been told by a physician she had congestive heart failure requiring treatment?

1 ( ) Yes 0 ( ) No 2 ( ) Unknown CONHT

↓

9.1	Record current functional classification. (See definition) 1 ( ) 2 ( ) 3 ( ) 4 ( ) CUCLS
9.2	Worst ever functional class. (See definition) 1 ( ) 2 ( ) 3 ( ) 4 ( ) WRCLS

10. Prior PTCA (include balloon and/or new device intervention procedures) PTCA

1 ( ) Yes 0 ( ) No

↓

10.1	# times_____(#separate trips to cath lab)	PCTME
10.2	Date most recent ____/____/____ mm dd yy	PC DTE

11. Prior coronary bypass surgery CBS

1 ( ) Yes 0 ( ) No

↓

11.1	# times_____(# separate operations)	CBSTM
11.2	Date most recent ____/____/____ mm dd yy	CBSDT

12. Prior myocardial infarction MI

1 ( ) Yes 0 ( ) No 2 ( ) Unknown

↓

12.1	Date most recent ____/____/____ mm dd yy	MIDTE
12.2	Documentation: (Check all that apply): ( ) Physician told patient DRTOL ( ) Hospitalized (documented by dicharge summary) HOSP ( ) New Q-waves on ECG QWAVE	

13. History of other significant illness or therapy.

			Yes 1	No 0	Unknown 2
CVD	13.1	Cerebral vascular disease (Stroke, transient ischemic attack, carotid revascularization)	( )	( )	( )
PVD	13.2	Peripheral vascular disease (Claudication, peripheral vascular surgery)	( )	( )	( )
ABA	13.3	Abdominal aneurysm	( )	( )	( )
COPD	13.4	Chronic obstructive pulmonary disease	( )	( )	( )
RENAL	13.5	Chronic renal dysfunction (creatinine >1.5)	( )	( )	( )
CA	13.6	Malignancy	( )	( )	( )
ESORF	13.7	Esophageal reflux	( )	( )	( )
DEPRS	13.8	Depression/manic depression requiring treatment	( )	( )	( )
ANORX	13.9	Anorexia/bulimia	( )	( )	( )
PCO	13.10	Polycystic ovary disease	( )	( )	( )
AUTO	13.11	Autoimmune disease (lupus, rheumatoid arthritis, Raynaud syndrome)	( )	( )	( )
MIHD	13.12	Migraine headache	( )	( )	( )
MVP	13.13	Mitral valve prolapse	( )	( )	( )
ILL	13.14	Other (~~Specify~~): Specify OTHIL	( )	( )	( )

WISE ID: _ _ _ _ _

14. Record all treatment within **the week prior** to study entry:

			Yes 1	No 0	Unknown 2
ARHY	14.1	Antiarrhythmic agents	()	()	()
ACOAG	14.2	Anticoagulants	()	()	()
ADEP	14.3	Antidepressants	()	()	()
ACE	14.4	Antihypertensive: ACE inhibitors	()	()	()
ARB	14.5	Antihypertensive:angiotensin receptor blocker	()	()	()
DIUR	14.6	Antihypertensive: diuretics	()	()	()
VASO	14.7	Antihypertensive: Vasodilators or others	()	()	()
APLAT	14.8	Antiplatelet agents other than aspirin	()	()	()
ANXIOL	14.9	Anxiolytics, sedatives or hypnotics	()	()	()
ASPRN	14.10	Aspirin	()	()	()
BETAB	14.11	Beta Blockers	()	()	()
CALC	14.12	Calcium supplements (fosamax)	()	()	()
CALAN	14.13	Calcium antagonists	()	()	()
CORT	14.14	Corticosteroids	()	()	()
DIGIT	14.15	Digitalis	()	()	()
FOLAT	14.16	Folate or B vitamins	()	()	()
GIMED	14.17	GI medications	()	()	()
LLSTT	14.18	Lipid lowering - statins	()	()	()
LLOTH	14.19	Lipid lowering agents - others	()	()	()
NITR	14.20	Nitrates	()	()	()
NONAA	14.21	Nonsteroidal antiinflammatory agents	()	()	()
TAMAX	14.22	Tamoxifen or derivatives	()	()	()
THYMD	14.23	Thyroid medications	()	()	()
VICEA	14.24	Vitamin C, E or A(betacarotene)	()	()	()
	~~14.25~~	~~Ecu/Fen (Phenfluoramine) FEN~~	()	()	()
	~~14.26~~	~~Redux REDUX~~	()	()	()

RISK FACTORS

15. History of cigarette smoking HSGIG

0 () Never smoked 1 () Former smoker 2 () Current smoker

15.1	Average daily consumption (cigarettes per day) CIGDY
15.2	Number of **years** smoked YRSMK
15.3	Number of **months** before study entry that patient quit smoking (Enter zero if patient currently smokes) MCGQT

WISE ID: _ _ _ _ _

16. History of other tobacco use (cigars, pipes, chewing tobacco, snuff) HSTOB
1 ( ) Yes 0 ( ) No

17. Alcohol use within last 6 months: ALCHL
1 ( ) Yes 0 ( ) No
↓

17.1 Number of drinks per week DRWK

18. Family history of coronary disease or sudden death, (First degree relatives: mother, father, siblings -before age 55 for male relatives, before age 65 for female relatives). HSCOR
1 ( ) Yes 0 ( ) No 2 ( ) Unknown

19. History of hypertension requiring treatment (lifestyle or drugs) HSHYP
1 ( ) Yes 0 ( ) No 2 ( ) Unknown
↓

19.1 Age at diagnosis: _____years AGHYP

20. History of diabetes HSDIB
1 ( ) Yes 0 ( ) No 2 ( ) Unknown
↓

20.1 Age at diagnosis:_____ years AGDIB

20.2 Record current therapy: (check all that apply)
( ) None NOTHY
( ) Oral medical ORAL
( ) Insulin INSLN
( ) Diet DIET

21. History of dyslipidemia DISLP
1 ( ) Yes 0 ( ) No 2 ( ) Unknown

WISE ID: _ _ _ _ _ _

22. History of Psychosocial Stress STRS

In the past 5 years, has she experienced stress (tension, irritability, anxiety or sleeping difficulties as a result of conditions at work or at home):

Never	Sometimes	Often	Always for last year	Always last 5 years
1 ( )	2 ( )	3 ( )	4 ( )	5 ( )

23. Check the number of times in her life she has **intentionally** lost the number of pounds shown below (e.g. through diet, exercise, a formal weight control program, on her own, etc. Do not include childbirth.)

	Number of Times				TME
	Never (0)	1-2 (1)	3-5 (2)	6-10 (3)	More than 10 (4)
WLT20 23.1 How often has she lost 10-19 lbs?	( )	( )	( )	( )	( )
WLT 49 23.2 How often has she lost 20-49 lbs?	( )	( )	( )	( )	( )
WLT 79 23.3 How often has she lost 50-79 lbs?	( )	( )	( )	( )	( )
WLT 99 23.4 How often has she lost 80-99 lbs?	( )	( )	( )	( )	( )
WG100 23.5 How often has she lost 100+ lbs?	( )	( )	( )	( )	( )

24. Has a health care provider ever prescibed any medication to aid with weight loss? MDWLS YNU

1 ( ) Yes ↓ ~~2~~ 0 ( ) No ~~3~~ 2 ( ) Unknown

	Did she take: YRSNO	Yes 1	No 0
24.1	Fenfluramine (Pondimin) FEN	( )	( )
24.2	Phenteramine (Ionamin) PHEN	( )	( )
24.3	Dexfenfluramine (Redux) REDUX	( )	( )

WISE ID: __ __ __ __ __

HORMONAL STATUS/REPRODUCTIVE HISTORY

25. Has she ever taken any type of hormonal replacement therapy, such as estrogen (Premarin, etc), progesterone (Provera, etc.), estrogen/progesterone combination (Prempro, etc.), testosterone, or any other hormone medications?

1 ( ) Yes 0 ( ) No 2 ( ) Unknown HRT

↓

25.1 At what age did she first start taking hormone replacement therapy?
__ __ Age started AGHRT

25.2 At what age did she last stop taking hormone replacement therapy? (Enter 0 if currently using)
__ __ Age stopped SAGHR

25.3 How many total years and months between (ages in 24.1 and 24.2) did she take or has she been using hormone replacement?
YRHRT __ __ Years __ __ Months MOHRT

25.4 Has she taken any of these hormones in the last 3 months? HRT3M
1 ( ) Yes 0 ( ) No 2 ( ) Unknown YNU
↓

25.4.1 Specify TYHRT
1( ) Estrogen only
2( ) Estrogen and Progesterone
3( ) Other HRTXT

TYHRT (enumerate type)

25.4.2 Is the HRT regimen cyclic? CYHRT
1 ( ) Yes 0 ( ) No

25.4.3 Has she taken androgen (testosterone)in the last 3 months? ANDRN
1 ( ) Yes 0 ( ) No

WISE ID: _ _ _ _ _ _

26. Has she ever had menopausal symptoms, such as hot flashes or night sweats? (Her best guess)
1 ( ) Yes 0 ( ) No MENPS
↓

26.1 How old was she when she first had symptoms such as hot flashes or night sweats? (Her best guess.)
_____ Years old AGFST

26.2 How old was she when she last had symptoms such as hot flashes or night sweats? (If she is still having symptoms such as hot flashes or night sweats, enter current age.)
_____ Years old AGLST

27. Has she had a natural menstrual period in the past 12 months? PERD
1 ( ) Yes 0 ( ) No
↓

27.1 Date of the beginning of her last period ___/___/___ (mm dd yy) PERDT

27.2 Today's date ___/___/___ (mm dd yy) TDAY3

27.3 Currently, the pattern that best describes her periods is: PRPAT
0 ( ) No menstrual periods
1 ( ) Regular menstrual periods
2 ( ) Irregular menstrual periods
3 ( ) Sometimes regular, sometimes irregular

PRPAT

28. Has she had a hysterectomy? HYST
1 ( ) Yes 0 ( ) No
↓

28.1 Date of hysterectomy: ___/___/___ (mm dd yy) HYDTE

29. Has she had any ovaries removed? OVARY
0 ( ) No 1 ( ) Yes, one 2 ( ) Yes, both

OVARY

30. Has she gone through **natural** menopause? NAMEN
1 ( ) Yes 0 ( ) No

31. How old was the patient when she last had **natural** menstrual bleeding (a period?)
(Her best guess.)_____ Years old PRLST

WISE ID: _ _ _ _ _

32. How old was she when she had her first menstrual period (menses)?
_____ Years old PRFST

33. During most of her life were her periods regular; that is, did they occur about once a month? (Do not include any time when she was pregnant or taking birth control pills.) PEREG
1 ( ) Yes 0 ( ) No 2 ( ) Unknown

34. Did she ever take birth control pills (oral contraceptives) for any reason? BCP

1 ( ) Yes 0 ( ) No 2 ( ) Unknown
↓

34.1 At what age did she first start taking birth control pills?
_____ Age started AGBCS

34.2 At what age did she last stop taking birth control pills?
_____ Age stopped (enter 0 if currently using) AGBCT

34.3 How many total years and months (between the ages listed in above) did she take or has she been using birth control pills?
YRBCP_____ Years MOBCP_____ Months

34.4 Is she currently taking oral contraceptives? CUBCP
1 ( ) Yes 0 ( ) No

35. Has she ever been pregnant? PREG
1 ( ) Yes 0 ( ) No
↓

35.1 How many times has she been pregnant?_____ TMPREG

35.1.1 How many live births did she have?_____ LIVE

35.1.2 How many pregnancies did not result in live birth?_____ MISCR

36. Has she ever had an operation to have her tubes tied to prevent pregnancy?
1 ( ) Yes 0 ( ) No TUBAL
↓

36.1 How old was she when she had her tubes tied?
_____ Years old AGTBE

WISE ID: _ _ _ _ _

PHYSICAL EXAM

37. Resting pulse: _____bpm PULSE

38. Sitting blood pressure:

38.1 SYS1 ___ / DIA1 ___ Systolic/Diastolic

38.2 SYS2 ___ / DIA2 ___ Systolic/Diastolic

39. Height: HT ___ inches
(to nearest inch)

40. Weight: WT ___ lbs
(To nearest pound)

41. Waist circumference: WSTIN ___ inches
(to nearest inch)

42. Hip circumference: HIPIN ___ inches
(to nearest inch)

CONVERSION:
To get inches divide centimeters by 2.54.
(157 cm = 62 in).
To get pounds multiply kilograms by 2.2.
(68 kg = 150 lb)

43. S_3 S3 1 ( ) Yes 0 ( ) No

44. Rales that do not clear with cough RALE 1 ( ) Yes 0 ( ) No

45. JVP >8 cm of water JVP8 1 ( ) Yes 0 ( ) No

46. Carotid bruit CARBT 1 ( ) Yes 0 ( ) No

47. Chest pain to palpation CPAIN 1 ( ) Yes 0 ( ) No

48. Murmur MUR
1 ( ) Yes 0 ( ) No
↓

48.1 Please Check SYSMR DIAMR
1( ) Systolic 2( ) Diastolic

49. Hepatomegaly HEPAT 1 ( ) Yes 0 ( ) No

50. Pitting edema EDEMA 1 ( ) Yes 0 ( ) No

WISE ID: _ _ _ _ _

LABORATORY DATA

51. Was the patient fasting? FAST
1 ( ) Yes 0 ( ) No 2 ( ) Unknown

52. Cholesterol: TC _____ mg/dl

53. Triglycerides: TRIG _____ mg/dl

54. HDL: HDLC _____ mg/dl

55. LDL: LDLC _____ mg/dl

56. Glucose: GLUC _____ mg/dl

57. Creatinine. CREAT _____ mg/dl

58. Hemoglobin: HEMO _____ grams/dl

PHYSICAL ACTIVITY

SCACT

59. Thinking about the things she usually did at **work** during the **last 12 months,** how would she describe the kind of physical activity she performed? (See definitions on back of previous page)

WACT

1 ( ) Inactive 2 ( ) Light 3 ( ) Moderate 4 ( ) Heavy 5 ( )Not applicable

60. Thinking about the things she usually did in her **home** during the **last 12 months**, how would she describe the kind of physical activity she performed?

HMACT

1 ( ) Inactive 2 ( ) Light 3 ( ) Moderate 4 ( ) Heavy 5 ( )Not applicable

61. Thinking about the things she usually did in her **leisure time** during the **last 12 months**, how would she describe the kind of physical activity she performed?

LSACT

1 ( ) Inactive 2 ( )Light 3 ( ) Moderate 4 ( ) Heavy 5 ( )Not applicable

WISE ID: _ _ _ _ _

62. DUKE ACTIVITY STATUS INVENTORY

Prior to your recent illness or hospitalization could you:	Yes, with no difficulty 1	Yes, but with some difficulty 2	No, I can't do this 3	Don't do this for other reasons 4
62.1 Take care of yourself, that is, eating, dressing, bathing, and using the toilet? CARE	()	()	()	()
62.2 Walk indoors, such as around your house? WKIN	()	()	()	()
62.3 Walk a block or two on level ground? WKBLK	()	()	()	()
62.4 Climb a flight of stairs or walk up a hill? STAIR	()	()	()	()
62.5 Run a short distance? RUN	()	()	()	()
62.6 Do light work around the house like dusting or washing dishes? LTWRK	()	()	()	()
62.7 Do moderate work around the house like vacuuming, sweeping floors, carrying in groceries? MDWRK	()	()	()	()
62.8 Do heavy work around the house like scrubbing floors, or lifting or moving heavy furniture? HVWRK	()	()	()	()
62.9 Do yardwork like raking leaves, weeding, or pushing a power mower? YDWRK	()	()	()	()
62.10 Have sexual relations? SEX	()	()	()	()
62.11 Participate in moderate recreational activities, like golf, bowling, dancing, doubles tennis, or throwing baseball or football? MDSP	()	()	()	()
62.12 Participate in strenuous sports like swimming, singles tennis, football, basketball or skiing? STRSP	()	()	()	()

WISE ID: _ _ _ _ _ _

DEMOGRAPHIC INFORMATION

63. Date of birth :___/___/___ BRDTE
mm dd yy

64. Which category best describes the patient's racial or ethnic group? RACE
1 ( ) American Indian or Alaskan Native
2 ( ) Asian or Pacific Islander (ancestry is Chinese, Indo-Chinese, Korean, Japanese, Pacific Islander, Vietnamese)
3 ( ) Black or African-American (not of Hispanic origin)
4 ( ) Hispanic/Latino (ancestry is Mexican, Cuban, Puerto Rican, Central American, or South American)
5 ( ) White (not of Hispanic origin)
6 ( ) Other (Specify)_____

65. Which category best describes the highest grade in school finished? (Mark one) EDUC
1 ( ) Didn't go to school
2 ( ) Grade School
3 ( ) Some high school (9th -11th grade)
4 ( ) High school diploma or G.E.D.
5 ( ) Associate Degree/some college/Vocational or training school after high school graduation
6 ( ) College graduate or Baccalaureate Degree
7 ( ) Master's Degree
8 ( ) Doctoral Degree (Ph.D., M.D., J.D., etc.)

66. Which category best descirbes her current job status? (Mark one or more that best describes her.)
( ) Retired RETR
( ) Homemaker, raising children, care of others HOMKR
( ) Employed full-time EMPT
( ) Employed part-time EMPT
( ) Disabled, unable to work DISBD
( ) Other (Specify): OTH OTHX 1
OTHX 2

WISE ID: _ _ _ _ _

67. Which of the statements below best describes the patient's job? If she is not working now, which statement best describes her past job, that is, the job she held the longest? (If she is a homemaker, but also works part-time, mark both.)

( ) Homemaker, raising children, care of others HOME

( ) Managerial, professional specialty (Executive, managerial, administrative, professional occupations. Job titles include teacher, guidance counselor, registered nurse, doctor, lawyer, accountant, architect, computer/systems analyst, personnel manager, sales manager, etc.) MANGR

( ) Technical, sales, and administrative support (Technical and related support occupations, sales, administrative support, clerical work. Job titles include computer programmer/operator, vocational/practical nurse, dental assistant, laboratory technician, sales clerk, cashier, receptionist, secretary, word processor, etc.) TECH

( ) Service (Protective service (police, fire), health or food services, craft and repair occupations, farming, forestry or fishing occupations. Job titles include policewoman, nursing assistant, teaching assistant, child care attendant, maid, cook, waitress, food service clerk, seamstress, etc.) SERV

( ) Operators, fabricators, and laborers (Factory, transport, and construction work. Job titles include factory, assembly, truck driver, construction worker, etc.) LABOR

JTH

( ) Other (Specify): JTHX

68. Which category best describes your method of reimbursement for health care? INSUR / INSU

1 ( ) Medicare
2 ( ) Other public (includes Medicaid, CHAMPUS, Administar Defense, etc.)
3 ( ) Private (includes fee for service, HMO, PPO)
4 ( ) None/selfpay

69. Current marital status? (Mark the one that <u>best</u> describes her.) MS

1 ( ) Never married
2 ( ) Divorced or separated
3 ( ) Widowed
4 ( ) Presently married
5 ( ) Living in a marriage like relationship

70. Total family income (before taxes) from all sources within her household in the last year? (Mark the one that is the best guess. Tell patient this information is important for describing the women in the study as a group and is kept strictly confidential.) INC

1 ( ) Less than $20,000
2 ( ) $20,000 to 34,999
3 ( ) $35,000 to 49,999
4 ( ) $50,000 to 99,000
5 ( ) $100,000 or more
6 ( ) Don't know

INCOME

71. Date of form completion ____/____/____ BEDTE
mm dd yy

72. Name of person completing form NAME