OMB# 0925-0626
EXP. 04/30/2017

Clinical Exam Questionnaire

Table of Contents

Section A: Clinical Exam Check-In

[PROGRAMMER NOTE: AUTO-POPULATE CONTACT INFORMATION AND DISPLAY= PID, FIRST, MIDDLE AND LAST NAME, SUFFIXES OR SURNAMES DEMOGRAPHIC INFORMATION=AGE, DATE OF BIRTH, RACE AND GENDER/SEX, STREET ADDRESS AND ELIGIBILITY (QA OR SALIVA, IF APPLICABLE) ON SCREEN]

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

A1. PARTICIPANT'S EXAM START DATE [PROGRAMMER NOTE: AUTO-FILL DATE]
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

A2. PARTICIPANT'S EXAM START TIME [PROGRAMMER NOTE: AUTO-FILL TIME USING 24 HOUR CLOCK]
__ __:__ __ [HH:MM AM/PM]

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

Section B: Informed Consent

[PROGRAMMER NOTE: AUTO TIME STAMP]

B1. CONSENT DATE [PROGRAMMER NOTE: AUTO-FILL DATE]
_____/_____/_____ [MM/DD/YYYY]

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

B2. RECORD CONSENT VERSION #
V1.0 (Practice)……1
~~V5.0 (Main)……2~~
V6.0 ……..3
V7.0 (Revised 09/11/2015)……4

B2a. DID THE PARTICIPANT CONSENT TO THE FULL CLINICAL EXAM?
YES .....1 [GO TO B3]
NO 2

B2b. REASON FOR FULL EXAM CONSENT REFUSAL
[FREE TEXT FIELD]

B2c. DID THE PARTICIPANT CONSENT TO THE MINI CLINICAL EXAM?
YES .....1 [GO TO B3]
NO 2

B2d. REASON FOR MINI EXAM CONSENT REFUSAL
[FREE TEXT FIELD]

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

B3. SCAN CONSENT FORM BARCODE

|__|__|__|__|__|__|__|__|-|_D|_O|_C|

[PROGRAMMER NOTE: CHECK THAT BARCODE MATCHES CURRENT PARTICIPANT ID]

Section C: Background Questions

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

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

C2. What language do you speak **<u>at home</u>**?

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

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

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

C4. **During the past 24 hours,** have you used a short-term or long-acting bronchodilator?
YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

C5. **In the past 3 months**, have you had heart surgery?
YES.....1
NO.....2
DON'T KNOW 8
REFUSED 9

C6. **In the past 3 months**, have you had an angioplasty or stent placement?
YES.....1
NO.....2
DON'T KNOW 8
REFUSED 9

C7. **In the past 3 months**, have you had any (other) surgery to your chest or abdomen?
YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

C8. **In the past 3 months**, have you had a heart attack or myocardial infarction?
YES.....1
NO.....2
DON'T KNOW 8
REFUSED 9

C9. **In the past 3 months**, have you had a stroke?
YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

C9a. **Over the past 3 months,** have you had new or worsening chest pain or pressure?
YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

C9b. **Over the past 3 months,** have you had new or worsening symptoms of angina or been diagnosed with angina?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

C9c. **Over the past 3 months,** have you had new or worsening shortness of breath at rest or low exertion?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

C10. **In the past 3 months**, have you been hospitalized for any other heart problem?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

C11. **In the past 3 months**, have you had a detached retina or eye surgery?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

C12. Are you currently taking medication for tuberculosis?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

C13. In the **past 12 months**, has a doctor told you that you had an ear infection?
YES 1
NO .....2 [GO TO QUESTION C14]
DON'T KNOW .....8 [GO TO QUESTION C14]
REFUSED .....9 [GO TO QUESTION C14]

C13a. What was the month and year of your diagnosis?
__ __/__ __ __ __ [MM/YYYY]
DON'T KNOW 8
REFUSED 9

C13b. Was the ear infection treated with antibiotics?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

C14. Have you ever had inner ear surgery?
YES 1
NO .....2 [GO TO C15]
DON'T KNOW .....8 [GO TO C15]
REFUSED .....9 [GO TO C15]

C14a. What was the month and year of your surgery?
__ __/__ __ __ __ [MM/YYYY]
DON'T KNOW 8
REFUSED 9

C15. Has a doctor **ever** told you that you have any of the following conditions or diseases or have you had any of the following procedures…?

Condition or Procedure	1. Have Condition/had Procedure?	2. What was the month and year you were diagnosed with this condition [MM] / [YYYY]		3. Comments/Notes
C15a. Brain Tumor	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO b ✓ REFUSED	(ENTER MONTH AND YEAR) [MM] [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[free text field]
C15b. Polio	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO c ✓ REFUSED	(ENTER MONTH AND YEAR) [MM] [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[free text field]
C15c. Amyotrophic lateral sclerosis	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO d ✓ REFUSED	(ENTER MONTH AND YEAR) [MM] [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[free text field]
C15d. Multiple sclerosis	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO e ✓ REFUSED	(ENTER MONTH AND YEAR) [MM] [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[free text field]
C15e. Parkinson's disease	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO f ✓ REFUSED	(ENTER MONTH AND YEAR) [MM] [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[free text field]
C15f. Stroke	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO g ✓ REFUSED	(ENTER MONTH AND YEAR) [MM] [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[free text field]
C15g. Low thyroid gland function	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO h ✓ REFUSED	(ENTER MONTH AND YEAR) [MM] [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[free text field]

Condition or Procedure	1. Have Condition/had Procedure?	2. What was the month and year you were diagnosed with this condition [MM] / [YYYY]		3. Comments/Notes
C15h. Diabetes	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO i ✓ REFUSED	(ENTER MONTH AND YEAR) [MM] [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[free text field]
C15i. Retinal or macular degeneration	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO C16 ✓ REFUSED	(ENTER MONTH AND YEAR) [MM] [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[free text field]

C16. Are you **currently** under a doctor's care for any other short-term or long-term illness (es) or conditions not listed above?
YES.....1
NO.....2 [GO TO QUESTION C17]
DON'T KNOW.....8 [GO TO QUESTION C17]
REFUSED .....9 [GO TO QUESTION C17]

C16a. What illnesses or conditions do you have? RECORD FIRST ILLNESS OR CONDITION [PROGRAMMER NOTE: LOOP THESE QUESTIONS SO THAT IF YES IS SELECTED, FREE TEXT FIELD IS DISPLAYED FOR DATA ENTRY OF ILLNESS OR CONDITION. DO NOT ALLOW NEW ROWS TO BE ADDED IF PRIOR ROWS ARE BLANK.]
[FREE TEXT FIELD] _____

C17. Have you experienced any illness, injury or condition affecting the use of your arms or legs?
YES.....1
NO.....2 [GO TO C18]
DON'T KNOW.....8 [GO TO C18]
REFUSED .....9 [GO TO C18]

C17a. What are these illnesses, injuries or conditions? RECORD FIRST ILLNESS OR CONDITION [PROGRAMMER NOTE: LOOP THESE QUESTIONS SO THAT IF YES IS SELECTED, FREE TEXT FIELD IS DISPLAYED FOR DATA ENTRY OF ILLNESS OR CONDITION. DO NOT ALLOW NEW ROWS TO BE ADDED IF PRIOR ROWS ARE BLANK.]
[FREE TEXT FIELD]_____

C18. Have you **ever** had a head injury?
YES 1
NO .....2 [GO TO QUESTION C20]
DON'T KNOW .....8 [GO TO QUESTION C20]
REFUSED .....9 [GO TO QUESTION C20]

C18a. In what month and year was your most recent head injury?
__ __/__ __ __ __ [MM/YYYY]
DON'T KNOW 8
REFUSED 9

C19. Have you **ever** had a head injury where you lost consciousness?
YES 1
NO .....2 [GO TO QUESTION C20]
DON'T KNOW .....8 [GO TO QUESTION C20]
REFUSED .....9 [GO TO QUESTION C20]

C19a. How many times in your life have you had a head injury that resulted in loss of consciousness?
__ __ __ TIMES
DON'T KNOW 888
REFUSED 999

C19b. How many of these were seen or treated by a health care provider?
[FREE TEXT FIELD] OF THEM
ALL OF THEM 1
SOME OF THEM 2
JUST ONE 3
NONE OF THEM 4
DON'T KNOW 8
REFUSED 9

[PROGRAMMER: REPEAT THE FOLLOWING QUESTIONS FOR UP TO FIVE HEAD INJURIES WITH LOSS OF CONSCIOUSNESS.]

	Head Injury with loss of consciousness				
	1	**2**	**3**	**4**	**5**
C19c. When did your [first/next] head injury with loss of consciousness occur?	○ _ _ / _ _ _ _ [MM/YYYY] ○ __ __ AGE ○ DON'T KNOW ○ REFUSED	SAME AS 1	SAME AS 1	SAME AS 1	SAME AS 1
C19d. Approximately how long were you unconscious?	○ Less than 30 minutes ○ 30 or more minutes ○ DON'T KNOW ○ REFUSED	SAME AS 1	SAME AS 1	SAME AS 1	SAME AS 1
C19e. Did you seek medical treatment for your head injury?	○ YES ○ NO ○ DON'T KNOW ○ REFUSED	SAME AS 1	SAME AS 1	SAME AS 1	SAME AS 1
C19f. Were you hospitalized overnight as a result of your head injury?	○ YES ○ NO [GO TO C19h] ○ DON'T KNOW [GO TO C19h] ○ REFUSED [GO TO C19h]	SAME AS 1	SAME AS 1	SAME AS 1	SAME AS 1
C19g. What was the total number of days you spent in the hospital?	○ __ __ DAYS ○ DON'T KNOW ○ REFUSED	SAME AS 1	SAME AS 1	SAME AS 1	SAME AS 1
C19h. Did your head injury occur on the job?	○ YES ○ NO ○ DON'T KNOW ○ REFUSED	SAME AS 1	SAME AS 1	SAME AS 1	SAME AS 1
C19i. Did your head injury occur in a motor vehicle accident?	○ YES ○ NO ○ DON'T KNOW ○ REFUSED	SAME AS 1	SAME AS 1	SAME AS 1	SAME AS 1
C19j. Did your head injury occur at work on a farm?	○ YES ○ NO ○ DON'T KNOW ○ REFUSED	SAME AS 1	SAME AS 1	SAME AS 1	SAME AS 1
C19k. Did your head injury occur in another way?	○ YES [FREE TEXT FIELD] ○ NO ○ DON'T KNOW ○ REFUSED	SAME AS 1	SAME AS 1	SAME AS 1	SAME AS 1

C20. Have you **ever** had a concussion?
YES.....1
NO.....2 [GO TO QUESTION C21]
DON'T KNOW.....8 [GO TO QUESTION C21]
REFUSED .....9 [GO TO QUESTION C21]

C20a. How many times in your life have you had a concussion?
__ __ __ TIMES
DON'T KNOW 888
REFUSED 999

C20b. How many of these were diagnosed by a health care provider?
[FREE TEXT FIELD] OF THEM

ALL OF THEM.....1
SOME OF THEM.....2
JUST ONE.....3
NONE OF THEM.....4
DON'T KNOW 8
REFUSED 9

C21. Do you take **any** prescription or over-the-counter medications regularly? This includes any minerals, vitamins and herbal supplements and those medications that are taken in forms other than a pill or capsule, such as a daily shot, inhalers, liquids, gels, creams, sprays, patches or suppositories, etc.
YES.....1
NO.....2 [GO TO C22]
DON'T KNOW.....8 [GO TO C22]
REFUSED .....9 [GO TO C22]

[PROGRAMMER NOTE: DO NOT ALLOW NEW ROWS TO BE ADDED IF PRIOR ROWS ARE BLANK.]

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

What is the [first/next] prescription or over-the-counter medication you take regularly?

Drug	C21a What is the name of the prescription or over-the-counter medication? RECORD FROM LABEL	C21b What is the reason you take this?	C21c What is the dosage? RECORD FROM LABEL	C21d Enter dosage units RECORD FROM LABEL	C21e If "other" dosage unit, specify here RECORD FROM LABEL	C21f How often do you take this?	C21g On days when you take it, how many times do you take it?	C21h When did you start taking this? [MM]	C21h When did you start taking this? [YYYY]
1	(ENTER RESPONSE) [Free text field]	(ENTER RESPONSE) [Free text field]	(ENTER RESPONSE) I_I_I_I_I DON'T KNOW 8888 REFUSED 9999	(SELECT ONE) mg IU Mcg mL g tbsp tsp other DON'T KNOW REFUSED	(ENTER RESPONSE) [Free text field] [SKIP IF C21d ≠ OTHER]	(SELECT ONE) Once a month or less Less than once a week Once a week 2-3 days a week 4-5 days a week 6-7 days a week DON'T KNOW REFUSED	(SELECT ONE) 1 time per day 2 times per day 3 times per day 4 times per day 5 or more times per day DON'T KNOW REFUSED	(ENTER RESPONSE) – – DON'T KNOW 88 REFUSED 99	(ENTER RESPONSE) – – – – DON'T KNOW 8888 REFUSED 9999
2	" "	" "	" "	" "	" "	" "	" "	" "	" "
3	" "	" "	" "	" "	" "	" "	" "	" "	" "
4	" "	" "	" "	" "	" "	" "	" "	" "	" "
5	" "	" "	" "	" "	" "	" "	" "	" "	" "
6	" "	" "	" "	" "	" "	" "	" "	" "	" "
7	" "	" "	" "	" "	" "	" "	" "	" "	" "
8	" "	" "	" "	" "	" "	" "	" "	" "	" "
9	" "	" "	" "	" "	" "	" "	" "	" "	" "
10	" "	" "	" "	" "	" "	" "	" "	" "	" "

C22. Do you usually drink 1 or more beverages containing caffeine a day? Include coffee, energy drinks, regular tea, cola beverages and other sodas such as Mountain Dew that have caffeine.

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

C23. How long has it been since you last drank a caffeinated beverage?
I_I_I_I UNITS
MINUTES.....1
HOURS 2
DAYS 3
WEEKS…….4
MONTHS……..5
YEARS……..6
DON'T KNOW 8
REFUSED 9

C24. Have you ever smoked cigarettes or used other tobacco products on a daily basis?
No, never.....1[GO TO C24b]
Yes, in the past, but not currently.....2
Yes, I currently use cigarettes or tobacco products on a daily basis .3
DON'T KNOW .....8[GO TO C24b]
REFUSED .....9[GO TO C24b]

C24a. How long has it been since you last smoked or used tobacco products?
I__I__I__I UNITS
MINUTES 1
HOURS 2
DAYS.....3
WEEKS 4
MONTHS.....5
YEARS 6
DON'T KNOW 8
REFUSED 9

C24b. Have you ever used an electronic cigarette or e-cigarette, such as NJOY, Blu, or Smoking Everywhere, even one or two times?
YES.....1
NO.....2[GO TO C25]
DON'T KNOW .....8[GO TO C25]
REFUSED .....9[GO TO C25]

C24c. Do you now use e-cigarettes…
Every day 1
Some days.....2
Not at all 3
DON'T KNOW 8
REFUSED 9

C24d. What brand of e-cigarette do/did you use? [PROBE: "What company makes the e-cigarette that you usually use/used?"
_____ [FREE TEXT]
DON'T KNOW 8
REFUSED 9

C24e. About how many disposable e-cigarettes or e-cigarette cartridges have you used in the past year?
NONE 1
1 OR MORE *PUFFS*, BUT NEVER A WHOLE ONE 2
1-10 3
11-20 4
21-50 5
51-99 6
100 OR MORE 7
DON'T KNOW 8
REFUSED 9

C25. How long has it been since you last drank alcohol?
I__I__I__I UNITS
MINUTES 1
HOURS 2
DAYS 3
WEEKS 4
MONTHS.....5
YEARS .....6 [GO TO QUESTION C30]
I DON'T DRINK .....7 [GO TO QUESTION C30]
DON'T KNOW 8
REFUSED 9

C26. During the **past 12 months**, about how many drinks containing alcohol did you have on a typical **weekend?** (A typical weekend is Friday evening through Sunday evening. One can of beer, one glass of wine, or one shot of liquor counts as one drink).
I_I_I_I # drinks
DON'T KNOW 888
REFUSED 999

C27. During the **past 12 months**, about how many drinks containing alcohol did you have during a typical **week**? (A typical week is Monday through Friday afternoon. One can of beer, one glass of wine, or one shot of liquor counts as one drink).
I_I_I_I # drinks
DON'T KNOW 888
REFUSED 999

C28. During the **<u>past 12 months</u>**, about how many times did you have **<u>5 or more</u>** drinks containing alcohol on one occasion?
I_I_I_I # times
DON'T KNOW 888
REFUSED 999

C29. Now, please think about your use of alcohol throughout your life. Have you **<u>ever</u>** sought help to cut back or stop drinking?
YES.....1
NO.....2
DON'T KNOW 8
REFUSED 9

C30. Have you **<u>ever</u>** worked with or been exposed to any of the following chemicals for 8 hours a week or more in a past job, your present job, at home (i.e. hobbies), or any other locations where you spend time?

Chemical	1. Exposed? Y/N	2. What year did you start and stop being exposed to this?			3. Comments/ Notes
C30a. Gasoline	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO b ✓ REFUSED	(ENTER YEAR) [YYYY]	(ENTER YEAR) [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[Free text field]
C30b. Paint Lacquer/ Thinner	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO b ✓ REFUSED	(ENTER YEAR) [YYYY]	(ENTER YEAR) [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[Free text field]
C30c. Turpentine	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO b ✓ REFUSED	(ENTER YEAR) [YYYY]	(ENTER YEAR) [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[Free text field]
C30d. Benzene	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO b ✓ REFUSED	(ENTER YEAR) [YYYY]	(ENTER YEAR) [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[Free text field]
C30e. Toluene	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO b ✓ REFUSED	(ENTER YEAR) [YYYY]	((ENTER YEAR) [YYYY]]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[Free text field]
C30f. Petroleum Distillates	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO b ✓ REFUSED	(ENTER YEAR) [YYYY]	(ENTER YEAR) [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[Free text field]

Chemical	1. Exposed? Y/N	2. What year did you start and stop being exposed to this?			3. Comments/ Notes
C30g. Welding Fumes	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO b ✓ REFUSED	(ENTER YEAR) [YYYY]	(ENTER YEAR) [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[Free text field]
C30h. Soldering Products	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO b ✓ REFUSED	(ENTER YEAR) [YYYY]	(ENTER YEAR) [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[Free text field]
C30i. Pesticides	(SELECT ONE) ✓ YES → GO TO 2 ✓ NO ✓ DON'T KNOW → GO TO b ✓ REFUSED	(ENTER YEAR) [YYYY]	(ENTER YEAR) [YYYY]	(SELECT ONE) ✓ DON'T KNOW ✓ REFUSED	[Free text field]

C31. Around what time did you fall asleep last night?
__ __: __ __ [HH:MM]
AM.....1
PM.....2
DON'T KNOW 8
REFUSED.....9

C32. What time do you usually wake up?
__ __: __ __ [HH:MM]
AM.....1
PM.....2
DON'T KNOW 8
REFUSED.....9

C33. What time did you wake up today?
__ __: __ __ [HH:MM]
AM.....1
PM.....2
DON'T KNOW 8
REFUSED.....9

C34. How many times did you wake up last night?
|__|__| [TIMES]
DON'T KNOW 88
REFUSED.....99

C35. How much sleep did you get last night? Would you say…?
About the usual amount 1
Less than usual 2
More than usual 3
DON'T KNOW 8
REFUSED 9

C36. How many hours and minutes of sleep did you get last night?
__ __: __ __ [HH:MM]
DON'T KNOW 8
REFUSED 9

C37. How many hours and minutes of sleep do you usually get a night?
__ __: __ __ [HH:MM]
DON'T KNOW 8
REFUSED 9

C38. Since 2010, have you used hair dye to color your hair?
NO.....1[GO TO C43]
YES 2
DON'T KNOW 8
REFUSED 9

C39. In what years did you do this? (SELECT ALL THAT APPLY)
2010 1
2011 2
2012 3
2013 4
2014 5
2015 6
ALL OF THEM.....7
DON'T KNOW 8
REFUSED 9

C40. In what month and year did you last dye your hair?
__ __/__ __ __ __ [MM/YYYY] (01-12, 88, 99/2010 – 2015, 8888, 9999)
DON'T KNOW 88/8888
REFUSED 99/9999

C41. What color do/did you usually use?
Black 1
Light brown.....2
Medium brown.....3
Dark brown.....4
Light blond.....5
Dark blond.....6
Light red 7
Dark red 8
Other 9
DON'T KNOW 88
REFUSED 99

C42. What type of hair dye do you use most often?
Temporary dyes (wash out with a few shampoos) 1

Semi-permanent dyes (colors are pre-mixed or require mixing but no other chemicals are added; color fades out in about 4-8 weeks) 2

Demi-permanent dyes (other chemicals are mixed with the color; has strong smell; color fades out) 3

Permanent dyes (other chemicals are mixed with the color; has strong smell; color grows out over time, sometimes leaving your "roots" showing).....4

DON'T KNOW 8

REFUSED 9

C43. In the past two weeks (14 days), about how often have you used an anti-dandruff shampoo, conditioner, or other hair or scalp treatment?
None.....1 [GO TO D1]
Once or twice 2
1-2 times a week 3
3-4 times a week 4
5-6 times a week 5
Every day 6
DON'T KNOW .....8 [GO TO D1]
REFUSED .....9 [GO TO D1]

C44. How long has it been since you last used an anti-dandruff shampoo, conditioner, or other hair or scalp treatment?

|__|__| UNITS [RANGE = 01 – 99]
HOURS 1
DAYS.....2
WEEKS 3
DON'T KNOW 8
REFUSED 9
[PROGRAMMER NOTE: REQUIRE INTERVIEWER TO VERIFY OR RE-ENTER IF C44 > 14 DAYS/2 WEEKS. IF HOURS, DAYS, OR WEEKS IS SELECTED, A VALID UNIT MUST BE ENTERED.]

C45. In the past two weeks, what brands have you used? [PROBE: "What company makes the products that you use/used? Any others?"]
[FREE TEXT FIELD]

Sections D-H: Physiological and Anthropometric Measurements

TAKE EACH MEASUREMENT THREE TIMES AND RECORD BELOW.

[PROGRAMMER NOTE: COMPUTE AVERAGE OF LAST TWO MEASUREMENTS RECORDED]

Vital Signs	Measurement 1	Measurement 2	Measurement 3	Average	Mark if any measurement not collected
Systolic Blood Pressure	D1a. _ _ _	D1b. _ _ _	D1c. _ _ _	D1d. [FILL XXX]	☐Refused ☐Equipment malfunction ☐Other, specify [NOTE ICON]
Diastolic Blood Pressure	D2a. _ _ _	D2b. _ _ _	D2c. _ _ _	D2d. [FILL XXX]	
Heart Rate (BPM)	D3a. _ _ _	D3b. _ _ _	D3c. _ _ _	D3d. [FILL XXX]	

Anthropometric Measurements	Measurement 1	Measurement 2	Measurement 3	Average	Mark if any measurement not collected
Height (cm)	E1a. _ _ _._	E1b. _ _ _._	E1c. _ _ _._	E1d. [FILL XXX.X]	☐Refused ☐Equipment malfunction ☐Other, specify [NOTE ICON]
Height (in)	E2a. [FILL XXX.X]	E2b. [FILL XXX.X]	E2c. [FILL XXX.X]	E2d. [FILL XXX.X]	
Weight (kg)	F1a. _ _ _._	F1b. _ _ _._	F1c. _ _ _._	F1d. [FILL XXX.X]	☐Refused ☐Equipment malfunction ☐Other, specify [NOTE ICON]
Weight (lb)	F2a. [FILL XXX.X]	F2b. [FILL XXX.X]	F2c. [FILL XXX.X]	F2d. [FILL XXX.X]	
BMI	F3a. [FILL XXX.X]	F3b. [FILL XXX.X]	F3c. [FILL XXX.X]	F3d. [FILL XXX.X]	
Waist Circumference (cm)	G1a. _ _ _._	G1b. _ _ _._	G1c. _ _ _._	G1d. [FILL XXX.X]	☐Refused ☐Equipment malfunction ☐Other, specify [NOTE ICON]
Hip Circumference (cm)	H1a. _ _ _._	H1b. _ _ _._	H1c. _ _ _._	H1d. [FILL XXX.X]	☐Refused ☐Equipment malfunction ☐Other, specify [NOTE ICON]

[PROGRAMMER NOTE: IF THE AVERAGE OF THE LAST TWO SYSTOLIC BP ≥ 180 OR DIASTOLIC BP ≥ 110 OR HEART RATE ≤ 40 OR ≥ 120, SKIP PFT AND LONG-DISTANCE CORRIDOR WALK]

Section I: Hair Collection

I1. WAS A HAIR SAMPLE COLLECTED?
YES..... 1 [GO TO QUESTION I2]
NO..... 2

I1a. IF NO, PROVIDE A REASON
NOT ENOUGH HAIR ..... 1 [GO TO SECTION J]
OTHER, SPECIFY [FREE TEXT FIELD] 2 [GO TO SECTION J]
DON'T KNOW ..... 8 [GO TO SECTION J]
REFUSED ..... 9 [GO TO SECTION J]

I2. WERE THE PROXIMAL AND DISTAL ENDS OF THE HAIR DESIGNATED/MARKED?
YES..... 1 [GO TO J1]
NO..... 2

I2a. IF NO, PROVIDE A REASON
OTHER, SPECIFY [FREE TEXT FIELD] 1
DON'T KNOW 8
REFUSED 9

Section J: Toenail Collection

J1. Are you currently wearing false toenails, nail tips, acrylic and or gel on your toenails?
YES..... 1 [GO TO QUESTION J4]
NO..... 2

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

J2. Are you currently wearing nail polish, nail hardener or any other nail product on your toenails?
YES..... 1
NO..... 2 [GO TO QUESTION J3]

[PROGRAMMER NOTE: IF YES, DISPLAY MESSAGE = ASK PARTICIPANT IF THEY ARE WILLING TO REMOVE NAIL PRODUCT(S) FROM TOENAILS; PROVIDE NAIL POLISH REMOVER AND COTTON WIPE. IF PARTICIPANT SAYS NO; DO NOT COLLECT TOENAILS.]

J2a. DID PARTICIPANT REMOVE NAIL POLISH, NAIL HARDENER OR ANY OTHER NAIL PRODUCT USING NAIL POLISH REMOVER OR ACETONE?
YES 1
NO .....2 [GO TO QUESTION J4]

J3. WERE TOENAIL SAMPLES COLLECTED?
YES..... 1 [GO TO SECTION K]
NO..... 2

J3a. IF NO, PROVIDE A REASON
NAILS NOT LONG ENOUGH 1
MISSING TOENAILS/TOES/FOOT 2
MEDICAL CONDITION 3
OTHER, SPECIFY [FREE TEXT FIELD] 4
DON'T KNOW 8
REFUSED 9

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

J4. PARTICIPANT AGREED TO COLLECT AND SEND TOENAIL SAMPLES AT A LATER DATE?
YES..... 1
NO..... 2 [GO TO K1]

J5. SCAN BARCODE OF TOENAIL SAMPLE ENVELOPE
I__I__I__I__I__I__I-|_T|_O|_E|_1|_0|_1|

Section K: Urine Collection

K1. WAS A MID-STREAM URINE SAMPLE COLLECTED DURING THE CLINICAL EXAM?
YES..... 1 [GO TO QUESTION K2]
NO..... 2

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

K1a. IF NO, PROVIDE A REASON
UNABLE TO COLLECT..... 1 [GO TO SECTION L]
SPILLED..... 2 [GO TO SECTION L]
OTHER, SPECIFY [FREE TEXT FIELD] 3 [GO TO SECTION L]
DON'T KNOW ..... 8 [GO TO SECTION L]
REFUSED ..... 9 [GO TO SECTION L]

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

K2. VOLUME OF THE RANDOM URINE SAMPLE COLLECTED
__/__/__ ML

K3. DATE OF RANDOM URINE SAMPLE [PROGRAMMER NOTE: AUTO-FILL DATE]
_ _/_ _/_ _ _ _ [MM/DD/YYYY]

K4. ENTER TIME THE RANDOM URINE SPECIMEN WAS COLLECTED.
__ __: __ __ [HH:MM]
AM..... 1
PM..... 2

K5. RECORD URINE DIPSTICK RESULTS:

K5a. Leukocyte	K5b. Nitrite	K5c. Urobilinogen	K5d. Protein	K5e. pH	K5f. Blood	K5g. Specific Gravity	K5h. Ketones	K5i. Billrubin	K5j. Glucose
(SELECT ONE) - +- 1+ 2+ 3+ NOT OBTAINED	(SELECT ONE) - + NOT OBTAINED	(SELECT ONE) - +- 1+ 2+ 3+ NOT OBTAINED	(SELECT ONE) - +- 1+ 2+ 3+ NOT OBTAINED	(SELECT ONE) 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 NOT OBTAINED	(SELECT ONE) - +- 1+ 2+ 3+ NOT OBTAINED	(SELECT ONE) 1.000 1.005 1.010 1.015 1.020 1.025 1.030 NOT OBTAINED	(SELECT ONE) - +- 1+ 2+ 3+ NOT OBTAINED	(SELECT ONE) - +- 1+ 2+ 3+ NOT OBTAINED	(SELECT ONE) - +- 1+ 2+ 3+ NOT OBTAINED

K5a. SCAN BARCODE FOR PARTICIPANT POCT RESULTS FORM

|__|__|__|__|__|__|__|-|_D|_O|_C|

[PROGRAMMER NOTE: CHECK THAT BARCODE MATCHES CURRENT PARTICIPANT ID]

K6. WAS REMAINING URINE SAMPLE SENT TO LAB TO BE ALIQUOTTED FOR LONG TERM STORAGE AND FUTURE ANALYSIS?
YES..... 1 [GO TO QUESTION L1]
NO..... 2

K6a. IF NO, PROVIDE A REASON
INSUFFICIENT SAMPLE……...1
SPILLED..... 2
OTHER, SPECIFY [FREE TEXT FIELD] 3
DON'T KNOW 8
REFUSED 9

Section L: Saliva Practice and Instruction

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

L1. PROGRAMMING CHECK, DO NOT DISPLAY: WAS PARTICIPANT SELECTED FOR MAIN AT-HOME SALIVA SAMPLE COLLECTION?
YES..... 1 [GO TO L2]
NO..... 2

L1a. PROGRAMMING CHECK, DO NOT DISPLAY: WAS PARTICIPANT SELECTED FOR QC AT-HOME SALIVA SAMPLE COLLECTION?
YES..... 1
NO..... 2 [GO TO SECTION M]

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

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

L3a.DATE OF PRACTICE SALIVA SAMPLE COLLECTION [PROGRAMMER NOTE: AUTO-FILL DATE]
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

L3b. ENTER TIME OF PRACTICE SALIVA SAMPLE COLLECTION
__ __: __ __ [HH:MM] [GO TO QUESTION L4a]
AM .. 1
PM .. 2

L3c.IF NO, PROVIDE A REASON
MEDICAL REASON ..... 1[GO TO M1]
OTHER, SPECIFY [FREE TEXT FIELD] 2[GO TO M1]
DON'T KNOW ..... 8[GO TO M1]
REFUSED ..... 9[GO TO M1]

L4a. In the past 20 minutes, have you done any of the following?

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

L4b. (In the past 20 minutes, have you done any of the following?)
Eaten anything?
YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

L4c. (In the past 20 minutes, have you done any of the following?)
Drunk anything?
YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

L4d. (In the past 20 minutes, have you done any of the following?)
Exercised?
YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

L5. Do you feel happy, excited, or content right now?
Not at all.....1
Somewhat 2
Very much 3
Extremely 4
DON'T KNOW 8
REFUSED 9

L6. Do you feel worried, anxious, or fearful right now?
Not at all.....1
Somewhat 2
Very much 3
Extremely 4
DON'T KNOW 8
REFUSED 9

L7. Do you have any problems or concerns right now?
SPECIFY [FREE TEXT FIELD] _____

L8. SCAN SALIVA LOG BARCODE

|__|__|__|__|__|__|__|-|_S|_L|_V|__|_Q|_X|

[PROGRAMMER NOTE: CHECK THAT BARCODE MATCHES CURRENT PARTICIPANT ID]

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

Section M: Blood Collection

M1. WAS BLOOD DRAW ATTEMPTED?
YES..... 1
NO..... 2 [GO TO M1f]

M1a. DATE OF BLOOD COLLECTION ATTEMPT [PROGRAMMER NOTE: AUTO-FILL DATE]
_____/_____/_____ [MM/DD/YYYY]

M1b. ENTER TIME OF BLOOD COLLECTION ATTEMPT
__ __: __ __ [HH:MM] [GO TO QUESTION M2]
AM …….1
PM……..2

M1c. RECORD SITE FOR BLOOD COLLECTION ATTEMPTS (SELECT ALL THAT APPLY)
RIGHT ARM 1
RIGHT HAND 2
LEFT ARM.....3
LEFT HAND.....4

M1d. RECORD NUMBER OF BLOOD DRAW ATTEMPTS
ONE.. 1
TWO. 2
THREE 3

M1e. WAS ANY BLOOD COLLECTED?
YES .. ..1 [GO TO M3]
NO.... .....2 [GO TO M1f]

M1f. IF NOT COLLECTED, PROVIDE A REASON
UNABLE TO COLLECT.....1 [GO TO SECTION O]
MEDICAL REASON .....2 [GO TO SECTION O]
EQUIPMENT MALFUNCTION .....3 [GO TO SECTION O]
OTHER, SPECIFY [FREE TEXT FIELD].....4 [GO TO SECTION O]
DON'T KNOW .....8 [GO TO SECTION O]
REFUSED .....9 [GO TO SECTION O]

M3. DID YOU COLLECT THE FOLLOWING TUBES?

Tube Color	M3a. Collected?	M3b. If no, why?	M3c. If "other", specify
1. Red RED100	(SELECT ONE) ✓YES [GO TO 2] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 2 ✓ OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD
2. Red RED200	(SELECT ONE) ✓YES [GO TO 3] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 3 ✓ OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD
3. Lavender LAV100	(SELECT ONE) ✓YES [GO TO 4] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 4 ✓ OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD
4. Lavender LAV200	(SELECT ONE) ✓YES [GO TO 4a] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 4a ✓ OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD
4a. Lavender LAV300 [LSU ONLY]	(SELECT ONE) ✓YES [GO TO 5] NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 5 OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD
5. Yellow ACD100	(SELECT ONE) ✓YES [GO TO 6] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 6 ✓ OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD
6. Yellow ACD200 [LSU ONLY]	(SELECT ONE) ✓YES [GO TO 7] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 7 ✓ OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD
7. Royal Blue BLU101	(SELECT ONE) ✓YES [GO TO 8] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 8 ✓ OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD

Tube Color	M3a. Collected?	M3b. If no, why?	M3c. If "other", specify
8. Paxgene PAX101	(SELECT ONE) ✓YES [GO TO N1] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED GO TO N1 ✓ OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD

Section N: Quality Control and Expanded Lymphocyte Isolation Blood Collection

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

N1. PROGRAMMING CHECK, DO NOT DISPLAY: WAS PARTICIPANT SELECTED FOR QUALITY CONTROL BLOOD DRAW?
YES..... 1
NO..... 2 [GO TO N4]

N2. PARTICIPANT SELECTED FOR QUALITY CONTROL BLOOD DRAW. DID THE PARTICIPANT AGREE TO THE COLLECTION OF ADDITIONAL QUALITY CONTROL BLOOD TUBES?
YES..... 1
NO..... 2 [GO TO N4]

QC SUB QUESTIONS

N3. DID YOU COLLECT THE FOLLOWING QUALITY CONTROL TUBES?

Tube Color	N3a. Collected?	N3b. If not, why?	N3c. If "other", specify
1. Red QRED	(SELECT ONE) ✓YES [GO TO 2] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 2 ✓ OTHER → GO TO c	[FREE TEXT FIELD]NOTE FIELD
2. Lavender QLAV	(SELECT ONE) ✓YES [GO TO 3] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 3 ✓ OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD
3. Yellow QACD	(SELECT ONE) ✓YES [GO TO 4] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 4 ✓ OTHER → GO TO c	[FREE TEXT FIELD]NOTE FIELD
4. Royal Blue QBLU01	(SELECT ONE) ✓YES [GO TO O1] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO O1 ✓ OTHER → GO TO c	[FREE TEXT FIELD]NOTE FIELD

N4. PROGRAMMING CHECK, DO NOT DISPLAY: WAS PARTICIPANT SELECTED FOR EXPANDED LYMPHOCYTE ISOLATION BLOOD DRAW?
YES..... 1
NO..... 2 [GO TO SECTION O]

N5. PARTICIPANT SELECTED FOR EXPANDED LYMPHOCYTE ISOLATION BLOOD COLLECTION. DID THE PARTICIPANT AGREE TO THE COLLECTION OF ADDITIONAL EXPANDED LYMPHOCYTE ISOLATION BLOOD TUBES?
YES..... 1
NO..... 2 [GO TO SECTION O]

ELI QUESTIONS

N6. DID YOU COLLECT THE FOLLOWING EXPANDED LYMPHOCYTE ISOLATION TUBES?

Tube Color	**N6a. Collected?**	**N6b. If not, why?**	**N6c. If "other", specify**
1. Yellow ACD300	(SELECT ONE) ✓YES [GO TO 2] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 2 ✓ OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD
2. Yellow ACD400	(SELECT ONE) ✓YES [GO TO 3] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 3 ✓ OTHER → GO TO c	[FREE TEXT FIELD] NOTE FIELD
3. Yellow ACD500	(SELECT ONE) ✓YES [GO TO O1] ✓NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO 4 ✓ OTHER → GO TO c	[FREE TEXT FIELD]NOTE FIELD
4. Yellow ACD600	(SELECT ONE) ✓YES [GO TO O1] NO [GO TO B]	(SELECT ONE) ✓ UNABLE TO COLLECT ✓ MEDICAL REASON ✓ SPILLED ✓ REFUSED → GO TO O1 OTHER → GO TO c	[FREE TEXT FIELD]NOTE FIELD

Section O: Finger Stick

O1. WAS A FINGER STICK CAPILLARY BLOOD SAMPLE COLLECTED?
YES..... 1
NO..... 2 [GO TO QUESTION O1c]

O1a. DATE OF CAPILLARY BLOOD SAMPLE [PROGRAMMER NOTE: AUTO-FILL DATE]
_____/_____/_____ [MM/DD/YYYY]

O1b. ENTER TIME OF CAPILLARY BLOOD SAMPLE
__ __: __ __ [HH:MM] [GO TO QUESTION O2]
AM …….1
PM……..2

O1c. IF NO, PROVIDE A REASON
UNABLE TO COLLECT.....1 [GO TO SECTION P]
MEDICAL REASON .....2 [GO TO SECTION P]
EQUIPMENT MALFUNCTION .....3 [GO TO SECTION P]
SPILLED.....4 [GO TO SECTION P]
OTHER, SPECIFY [FREE TEXT FIELD].....5 [GO TO SECTION P]
DON'T KNOW .....8 [GO TO SECTION P]
REFUSED .....9 [GO TO SECTION P]

O2. RECORD HEMOGLOBIN A1C RESULT
<2.5%
ENTER VALUE BETWEEN 2.5 AND 14% [FREE TEXT FIELD]
>14.0%

O3. RECORD BLOOD LIPIDS RESULTS

Lipid Panel	**Value**
O3a.Total Cholesterol (mg/dL)	_____
O3b. HDL Cholesterol (mg/dL)	_____
O3c. Triglycerides (mg/dL)	_____
O3d. LDL Cholesterol (mg/dL)	_____

Section P: Visual Acuity and Contrast Sensitivity

P1. Do you normally wear or use glasses, contacts or something else to help you see at a distance (for example, while driving a car)?
YES..... 1
NO..... .....2[GO TO P2]
DON'T KNOW .....8[GO TO P2]
REFUSED... .....9[GO TO P2]

P1a. Are you wearing them or do you have them with you today?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

[EXAMINER NOTE: IF PARTICIPANT BROUGHT GLASSES OR CONTACTS MAKE SURE THEY ARE WORN FOR TESTING]

VISUAL ACUITY TEST

P2. WAS VISUAL ACUITY TEST ATTEMPTED?
YES..... 1 [GO TO P3]
NO..... 2

P2a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION .....1[GO TO P7]
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS .....2[GO TO P7]
OTHER, SPECIFY [FREE TEXT FIELD].....3[GO TO P7]
DON'T KNOW .....8[GO TO P7]
REFUSED .....9[GO TO P7]

P3. DATE OF VISUAL ACUITY TEST [PROGRAMMER NOTE: AUTO-FILL DATE]
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

P4. RECORD START TIME
__ __: __ __ [HH:MM]
AM..... 1
PM..... 2
[PROGRAMMER NOTE: DISPLAY THE BELOW TABLE ON THE SCREEN FOR EXAMINER DURING VISUAL ACUITY TESTING]

VISUAL ACUITY TEST GUIDE: SELECT THE HIGHEST ROW WITHOUT ANY ERRORS

LINE	LEFT	BOTH	RIGHT	Select One
1	Z N	R O	H K	○ PASSED
2	R K S	H N C	Z O D	○ PASSED
3	H C D V	S K Z O	R N D S	○ PASSED
4	Z R O D	N S C H	V Z K N	○ PASSED
5	K H S C	O Z N R	D N V C	○ PASSED
6	O N R Z V	D K H C S	K D S O N	○ PASSED
7	S D C H N	V R Z K O	H S N R D	○ PASSED
RESULTS NOT OBTAINED				○ N/A

[PROGRAMMER NOTE: IF ROW 1-7 IS CHECKED, GO TO P5. IF RESULTS NOT OBTAINED, GO TO P6]

P5. WAS PARTICIPANT WEARING CORRECTIVE LENSES?
YES 1
NO 2
[BOTH RESPONSES GO TO QUESTION P7]

P6. IF RESULT NOT OBTAINED, PROVIDE A REASON
EQUIPMENT MALFUNCTION 1
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS 2
OTHER, SPECIFY [FREE TEXT FIELD].....3
DON'T KNOW 8
REFUSED 9

P6a. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

CONTRAST SENSITIVITY TEST

P7. WAS CONTRAST SENSITIVITY TEST ATTEMPTED?
YES..... 1 [GO TO QUESTION P8]
NO..... 2

P7a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ..... 1[GO TO Q1]
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS ..... 2[GO TO Q1]
OTHER, SPECIFY [FREE TEXT FIELD]..... 3[GO TO Q1]
DON'T KNOW ..... 8[GO TO Q1]
REFUSED ..... 9[GO TO Q1]

P8. DATE OF CONTRAST SENSITIVITY TEST [PROGRAMMER NOTE: AUTO-FILL DATE]
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

P9. RECORD START TIME OF CONTRAST SENSITIVITY TEST
__ __: __ __ [HH:MM]
AM..... 1
PM..... 2

P10. [PROGRAMMER NOTE: DISPLAY THE BELOW TABLE ON THE SCREEN FOR EXAMINER DURING CONTRAST SENSITIVITY TESTING]

CONTRAST SENSITIVITY TEST GUIDE

DEMONSTRATION GUIDE		
U	U	U
L	L	L
R	R	R

RECORD DATA FOR CONTRAST SENSITIVITY TEST

Test A Guide								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
U	U	L	R	U	L	L	L	

P10a. ENTER TEST A RESULT VALUE
|__| TEST VALUE 1-9
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW INSTRUCTIONS...10
REFUSED 11
OTHER, SPECIFY [FREE TEXT FIELD].....12

Test B Guide								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
U	L	R	U	R	L	U	U	

P10b. ENTER TEST B RESULT VALUE
|__| TEST VALUE 1-9
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW INSTRUCTIONS...10
REFUSED 11
OTHER, SPECIFY [FREE TEXT FIELD].....12

Test C Guide								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
U	L	U	R	L	R	U	R	

P10c. ENTER TEST C RESULT VALUE
|__| TEST VALUE 1-9
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW INSTRUCTIONS...10
REFUSED 11
OTHER, SPECIFY [FREE TEXT FIELD].....12

Test D Guide								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
U	U	U	R	R	L	U	L	

P10d. ENTER TEST D RESULT VALUE
|__| TEST VALUE 1-9
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW INSTRUCTIONS...10
REFUSED 11
OTHER, SPECIFY [FREE TEXT FIELD].....12

Test E Guide								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
U	R	U	L	R	U	R	R	

P10e. ENTER TEST E RESULT VALUE

|__| TEST VALUE 1-9
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW INSTRUCTIONS ...10
REFUSED 11
OTHER, SPECIFY [FREE TEXT FIELD].....12

P11. RECORD STOP TIME OF CONTRAST SENSITIVITY TEST

__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

Section Q: Grip Strength Dynamometry

Q1. DID PARTICIPANT ATTEMPT HAND/GRIP STRENGTH TEST?
YES..... 1[GO TO QUESTION Q2]
NO..... 2

Q1a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ..... 1[GO TO R1]
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS
..... 2[GO TO R1]
OTHER, SPECIFY [FREE TEXT FIELD]..... 3[GO TO R1]
DON'T KNOW ..... 8[GO TO R1]
REFUSED ..... 9[GO TO R1]

Q2. DATE OF HAND/GRIP STRENGTH TEST [PROGRAMMER NOTE: AUTO-FILL DATE]
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

Q3. Are you right handed, left handed, or do you use both hands equally to write with and complete most other tasks?
RIGHT HANDED.....1
LEFT HANDED 2
AMBIDEXTROUS (USE BOTH HANDS EQUALLY) 3
DON'T KNOW 8
REFUSED 9

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

Q5. RECORD DYNAMOMETER (HAND/GRIP STRENGTH) RESULTS

Hand	Q5a. Trial 1	Q5b. Trial 2	Q5c. Trial 3	Q5d. All Trials Done?	Q5e. Reason	Q5e1. Reason Free Text Field
1. Right Hand Grip (lb)	(ENTER LBS) |__|__|.|__|	(ENTER LBS) |__|__|.|__|	(ENTER LBS) |__|__|.|__|	(SELECT ONE) YES [GO TO Q5a2] NO [GO TO Q5e1]	(SELECT ONE) REFUSED OTHER:	[FREE TEXT FIELD] NOTE FIELD
2. Right Hand Grip (lb)	(ENTER LBS) |__|__|.|__|	(ENTER LBS) |__|__|.|__|	(ENTER LBS) |__|__|.|__|	(SELECT ONE) YES [GO TO Q6] NO [GO TO Q5e2]	(SELECT ONE) REFUSED OTHER:	[FREE TEXT FIELD] NOTE FIELD

Q6. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

Section R: Vibrotactile Threshold Measurement

[PROGRAMMER NOTE: DISPLAY R1 – R3 ON ONE SCREEN]

R1. WAS VIBROTACTILE THRESHOLD TEST ATTEMPTED?
YES..... 1 [GO TO R2]
NO..... 2

R1a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ..... 1[GO TO S1]
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS ..... 2[GO TO S1]
OTHER, SPECIFY [FREE TEXT FIELD]……...3[GO TO S1]
DON'T KNOW ..... 8[GO TO S1]
REFUSED ..... 9[GO TO S1]

R2. DATE OF VIBROTACTILE THRESHOLD TEST [PROGRAMMER NOTE: AUTO-FILL DATE]
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

R3. RECORD START TIME
__ __: __ __ [HH:MM]
AM..... 1
PM..... 2

R4. RECORD RESULTS FOR VIBROTACTILE THRESHOLD TEST

Toe	1 Down	2 Up	3 Down	4 Up	5 Down	6 All Trials Done?	7 Reason	7a Reason Free Text
R4a. Right	(ENTER VALUE) |__|__|	(ENTER VALUE) |__|__|	(ENTER VALUE) |__|__|	(ENTER VALUE) |__|__|	(ENTER VALUE) |__|__|	(SELECT ONE) YES [GO TO R4b1] NO [GO TO R4a7]	(SELECT ONE) EQUIPMENT MALFUNCTION PARTICIPANT UNABLE TO UNDERSTAND/ FOLLOW DIRECTIONS REFUSED OTHER	[FREE TEXT FIELD]

Toe	1 Down	2 Up	3 Down	4 Up	5 Down	6 All Trials Done?	7 Reason	7a Reason Free Text
R4b. Left	(ENTER VALUE) |__|__|	(ENTER VALUE) |__|__|	(ENTER VALUE) |__|__|	(ENTER VALUE) |__|__|	(ENTER VALUE) |__|__|	(SELECT ONE) YES [GO TO R5] NO [GO TO R4b7]	(SELECT ONE) EQUIPMENT MALFUNCTION PARTICIPANT UNABLE TO UNDERSTAND/ FOLLOW DIRECTIONS REFUSED OTHER	[FREE TEXT FIELD]

R5. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

Section S: Accusway (Postural Stability)

S1. WAS POSTURAL STABILITY/STANDING STEADINESS TEST (SWAY) PERFORMED?
YES..... 1 [GO TO S2]
NO..... 2

S1a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ..... 1[GO TO T1]
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS ..... 2[GO TO T1]
OTHER, SPECIFY [FREE TEXT FIELD]..... 3[GO TO T1]
DON'T KNOW ..... 8[GO TO T1]
REFUSED ..... 9[GO TO T1]

S2. DATE OF POSTURAL STABILITY/STANDING STEADINESS TEST (SWAY) [PROGRAMMER NOTE: AUTO-FILL DATE]
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

S3. RECORD START TIME OF POSTURAL STABILITY/STANDING STEADINESS TEST (SWAY)
__ __: __ __ [HH:MM]
AM..... 1
PM..... 2

S3a. ENTER PROBLEMS ENCOUNTERED DURING ACCUSWAY TEST
NONE 1
OTHER, SPECIFY [FREE TEXT FIELD]..... 2
DON'T KNOW 8
REFUSED 9

S4. RECORD STOP TIME OF POSTURAL STABILITY/STANDING STEADINESS TEST (SWAY)
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

Section T: Single Leg Stance

ONE LEG STAND TRIAL 1

T1. WAS ONE LEG STAND TRIAL 1 ATTEMPTED?
YES..... 1 [GO TO T1a]
NO..... 2

T1a. IF NO, PROVIDE A REASON
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS
..... 1[GO TO U1]
OTHER, SPECIFY [FREE TEXT FIELD]..... 2[GO TO U1]
DON'T KNOW ..... 8[GO TO U1]
REFUSED ..... 9[GO TO U1]

T1b. RECORD START TIME OF SINGLE LEG STANCE TEST
__ __: __ __ [HH:MM]
AM..... 1
PM..... 2

T2. RECORD RESULT OF ONE LEG STAND TRIAL 1
UNABLE TO ATTAIN POSITION 1
UNABLE TO HOLD FOR 1 SEC 2
HOLDS FOR 1 SEC BUT < 30 SEC, RECORD TIME IN SECONDS 3
|__|__|:|__|__| [SS:MS]
HOLDS FOR 30 SEC 4

[PROGRAMMER NOTE: IF "HOLDS FOR 1 SECOND, BUT < 30 SECONDS" DISPLAY INTERVIEWER NOTE= GO TO LEG STAND TRIAL 2, GO TO T3. ELSE DISPLAY INTERVIEWER NOTE = GO TO LONG DISTANCE CORRIDOR WALK, GO TO T6a]

ONE LEG STAND TRIAL 2

T3. WAS ONE LEG STAND TRIAL 2 PERFORMED?
YES..... 1 [GO TO T4]
NO..... 2

T3a. IF NO, PROVIDE A REASON
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS
..... 1[GO TO T6a]
OTHER, SPECIFY [FREE TEXT FIELD]..... 2[GO TO T6a]
DON'T KNOW ..... 8[GO TO T6a]
REFUSED ..... 9[GO TO T6a]

T4. RECORD RESULT OF ONE LEG STAND TRIAL 2
UNABLE TO ATTAIN POSITION 1
UNABLE TO HOLD FOR 1 SEC 2
HOLDS FOR 1 SEC BUT < 30 SEC, RECORD TIME IN SECONDS 3
|__|__|:|__|__| [SS:MS]
HOLDS FOR 30 SEC 4

[PROGRAMMER NOTE: IF “HOLDS FOR 1 SECOND, BUT < 30 SECONDS” DISPLAY INTERVIEWER NOTE= GO TO ONE LEG STAND TRIAL 3, GO TO T5. ELSE DISPLAY INTERVIEWER NOTE = GO TO LONG DISTANCE CORRIDOR WALK, GO TO T6a]

ONE LEG STAND TRIAL 3

T5. WAS ONE LEG STAND TRIAL 3 PERFORMED?
YES..... 1 [GO TO T6]
NO..... 2

T5a. IF NO, PROVIDE A REASON
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS
..... 1[GO TO T6a]
OTHER, SPECIFY [FREE TEXT FIELD]..... 2[GO TO T6a]
DON’T KNOW ..... 8[GO TO T6a]
REFUSED ..... 9[GO TO T6a]

T6. RECORD RESULT OF ONE LEG STAND TRIAL 3
UNABLE TO ATTAIN POSITION 1
UNABLE TO HOLD FOR 1 SEC 2
HOLDS FOR 1 SEC BUT < 30 SEC, RECORD TIME IN SECONDS 3
|__|__|:|__|__| [SS:MS]
HOLDS FOR 30 SEC 4

T6a. RECORD STOP TIME OF SINGLE LEG STANCE TEST
__ __: __ __ [HH:MM]
AM..... 1
PM..... 2

[GO TO U1]

Section U: Long Distance Corridor Walk

U1. Is there any reason you would feel unsafe or unable to complete the walking tests?
YES, SPECIFY [FREE TEXT FIELD]..... 1 [GO TO V1]
NO..... 2 [GO TO QUESTION U2]
DON'T KNOW..... 8 [GO TO QUESTION U2]
REFUSED..... 9 [GO TO QUESTION U2]

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

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

[PROGRAMMER NOTE: THE FOLLOWING ARE EXCLUSION QUESTIONS FOR THE LONG DISTANCE CORRIDOR WALK. SKIP LONG DISTANCE CORRIDOR WALK IF ANY OF i) YES, "DON'T KNOW" OR "REFUSED" TO QUESTIONS C5, C6, OR C8, ii) BP ≥180 SYSTOLIC OR ≥ 110 DIASTOLIC, iii) HR ≤ 40 BPM OR ≥ 120, iv) YES TO U2 OR U3.]

U2. Will you need any walking aids or assistive devices such as crutches, a cane or walker to help you complete the walking tests today?
YES.....1[GO TO V1]
NO.....2
DON'T KNOW.....8
REFUSED.....9

U3. Are you wearing shoes that make it difficult for you to walk?
YES.....1[GO TO V1]
NO.....2
DON'T KNOW.....8
REFUSED.....9

U4. DATE OF LONG DISTANCE CORRIDOR WALK [PROGRAMMER NOTE: AUTO-FILL DATE]
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

U5. RECORD LAP TIMES FOR LONG DISTANCE CORRIDOR WALK (400M)

Record Laps		U5a. Lap Start Time	U5b. Lap Time	U5c. Total Time Elapsed
0	Start – click here	[auto-record HH:MM:SS:MS]	00:00:00	00:00:00
1	Lap 1 – click here	[auto-record HH:MM:SS:MS]	=LAP1 – START	=LAP1 – START
2	Lap 2 – click here	[auto-record HH:MM:SS:MS]	=LAP2 – LAP1	=LAP2 – START
3	Lap 3 – click here	[auto-record HH:MM:SS:MS]	=LAP3 – LAP2	=LAP3 – START
4	Lap 4 – click here	[auto-record HH:MM:SS:MS]	=LAP4 – LAP3	=LAP4 – START
5	Lap 5 – click here	[auto-record HH:MM:SS:MS]	=LAP5 – LAP4	=LAP5 – START
6	Lap 6 – click here	[auto-record HH:MM:SS:MS]	=LAP6 – LAP5	=LAP6 – START
7	Lap 7 – click here	[auto-record HH:MM:SS:MS]	=LAP7 – LAP6	=LAP7 – START
8	Lap 8 – click here	[auto-record HH:MM:SS:MS]	=LAP8 – LAP7	=LAP8 – START
9	Lap 9 – click here	[auto-record HH:MM:SS:MS]	=LAP9 – LAP8	=LAP9 – START
10	End – click here	[auto-record HH:MM:SS:MS]	=END – LAP9	=END – START
11	TEST ENDED PREMATURELY – click here	[auto-record HH:MM:SS:MS]		=END – START
12	Reset – click here			

[PROGRAMMER NOTE: IF ROWS 1-10 ARE COMPLETE, GO TO V1. IF TEST ENDED PREMATURELY, GO TO U6]

U6. ENTER REASON LONG DISTANCE CORRIDOR WALK WAS NOT COMPLETED

PARTICIPANT UNABLE TO WALK FULL DISTANCE..... 1 [GO TO V1]
OTHER, SPECIFY [FREE TEXT FIELD]..... 2 [GO TO V1]
DON'T KNOW ..... 8 [GO TO V1]
REFUSED ..... 9 [GO TO V1]

Section V: Trail Making Test (TMT) Parts A & B

V1. WAS TRAILMAKING TEST ATTEMPTED?
YES..... 1 [GO TO V2]
NO..... 2

V1a. IF NO, PROVIDE A REASON
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS
..... 1[GO TO W1]
OTHER, SPECIFY [FREE TEXT FIELD]..... 4[GO TO W1]
DON'T KNOW ..... 8[GO TO W1]
REFUSED ..... 9[GO TO W1]

[PROGRAMMER NOTE: IF NO OR REFUSED, SKIP OR SUPPRESS ADDITIONAL TRAILMAKING TEST QUESTIONS]

V2. DATE OF TRAILMAKING TEST [PROGRAMMER NOTE: AUTO-FILL DATE]
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

V3. RECORD START TIME
__ __: __ __ [HH:MM]
AM..... 1
PM..... 2

V4. RECORD RESULTS FOR TRAILMAKING

Test	V4a. Score obtained?	V4b. Score (in seconds)	V4c. Describe reason no score obtained	V4c1. Reason Free Text
1. Trail Making Test A	(SELECT ONE) YES [GO TO V4b1] NO [GO TO V4c1]	(ENTER TIME) MM:SS:MS [GO TO V4d1]	(SELECT ONE) EQUIPMENT MALFUNCTION PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW INSTRUCTIONS OTHER	[FREE TEXT FIELD]
2. Trail Making Test B	(SELECT ONE) YES [GO TO V4b2] NO [GO TO V4c2]	(ENTER TIME) MM:SS:MS [GO TO V4d2]	(SELECT ONE) EQUIPMENT MALFUNCTION PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW INSTRUCTIONS OTHER	[FREE TEXT FIELD]

V5. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

V6. SCAN BARCODE FOR TRAILMAKING FORM A

|__|__|__|__|__|__|__|-|_D|_O|_C|

[PROGRAMMER NOTE: CHECK THAT BARCODE MATCHES CURRENT PARTICIPANT ID]

V7. SCAN BARCODE FOR TRAILMAKING FORM B

|__|__|__|__|__|__|__|-|_D|_O|_C|

[PROGRAMMER NOTE: CHECK THAT BARCODE MATCHES CURRENT PARTICIPANT ID]

Section W: Computer Based Neurobehavioral Testing

W1. WAS ANY OF THE NEUROBEHAVIORAL TEST BATTERY (BARS COMPUTER TESTS) COMPLETED?
YES..... 1[GO TO QUESTION W2]
NO..... 2

W1a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ..... 1[GO TO X1]
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS 2[GO TO X1]
OTHER, SPECIFY [FREE TEXT FIELD]..... 3[GO TO X1]
DON'T KNOW ..... 8[GO TO X1]
REFUSED ..... 9[GO TO X1]

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

W2. DATE OF NEUROBEHAVIORAL TEST BATTERY [PROGRAMMER NOTE: AUTO-FILL DATE]
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

W3. RECORD START TIME
__ __: __ __ [HH:MM]
AM..... 1
PM..... 2

W3a. ENTER PROBLEMS ENCOUNTERED DURING BARS TESTS
NONE 1
OTHER, SPECIFY [FREE TEXT FIELD]..... 2
DON'T KNOW 8
REFUSED 9

W4. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

Section X: Exhaled Nitric Oxide (eNO)

X1. **Within the last hour**, have you smoked a cigarette, cigar, pipe, or used any other tobacco product?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

X2. **Within the last hour**, have you done any **vigorous or strenuous** exercise? Vigorous or strenuous exercise requires hard physical effort and often times leads to heavy breathing and a faster heartbeat.
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

X3. **Within the last hour,** have you had anything to eat or drink?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

X4. **Within the last 3 hours** have you eaten beets, broccoli, cabbage, celery, lettuce, spinach, radishes or root vegetables?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

X5. **Within the last 3 hours** have you eaten bacon, ham, hot dogs, or smoked fish?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

X6. **Within the past 2 days** have you used any oral or inhaled steroids? (I.e. inhaled glucocorticoids and montelukast)?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

X7. **In the past 7 days,** have you had a cough, cold, airway infection, respiratory illness, phlegm or runny nose? Do not count allergies or hay fever.
YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

X8. WAS TEST FOR EXHALED NITRIC OXIDE COMPLETED?
YES..... 1 [GO TO QUESTION X9]
NO..... 2

X8a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION ..... 1[GO TO Y1]
PARTICIPANT UNABLE TO UNDERSTAND/FOLLOW DIRECTIONS ..... 2[GO TO Y1]
OTHER, SPECIFY [FREE TEXT FIELD]..... 3[GO TO Y1]
DON'T KNOW ..... 8[GO TO Y1]
REFUSED ..... 9[GO TO Y1]

X9. DATE EXHALED NITRIC OXIDE TEST PERFORMED [PROGRAMMER NOTE: AUTO-FILL DATE]
__ __/__ __/__ __ __ __ [MM/DD/YYYY]

X10. RECORD START TIME
__ __: __ __ [HH:MM]
AM..... 1
PM..... 2

X11. HOW MANY TOTAL MANEUVERS/ATTEMPTS WERE PERFORMED? [EXAMINER NOTE: NO MORE THAN 8 TOTAL MANEUVERS/ATTEMPTS SHOULD BE PERFORMED]
I_I

X12. RECORD STOP TIME
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

Section Y: Pulmonary Function Testing (PFT)

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

[PROGRAMMER NOTE: QUESTIONS C3 – C12 ARE EXCLUSION CRITERIA FOR PULMONARY FUNCTION TESTING. IF "YES", "DON'T KNOW" OR "REFUSED" TO ANY OF THESE QUESTIONS, SKIP PULMONARY FUNCTION TEST.]

Y1. Do you consider yourself to be Hispanic or Latino?
[INTERVIEWER READ IF PARTICIPANT IS UNSURE OF DEFINITION OF HISPANIC OR LATINO: Where do your ancestors come from? Puerto Rico, Cuba, Dominican Republic, Mexico, Central or South America or another Latin American country?]

YES 1
NO 2
DON'T KNOW 8
REFUSED 9

Y2. What race do you consider yourself to be? Please select one or more of these categories:
[NOTE TO INTERVIEWER: READ CHOICES 1-5, PROBE AND RECORD OTHER IF NECESSARY, SELECT ALL THAT APPLY]

American Indian or Alaskan Native.....1
Asian 2
Black or African American 3
Native Hawaiian or Pacific Islander 4
White 5
OTHER, SPECIFY [FREE TEXT FIELD].....6
DON'T KNOW 8
REFUSED 9

[PROGRAMMER NOTE: UPDATE DATA WITH CORRECTED RACE/ETHNICITY]

Y3. Do you consider your (biological) mother to be Hispanic or Latino?
[INTERVIEWER READ IF PARTICIPANT IS UNSURE OF DEFINITION OF HISPANIC OR LATINO: Where do your ancestors come from? Puerto Rico, Cuba, Dominican Republic, Mexico, Central or South America or another Latin American country?]

YES 1
NO 2
DON'T KNOW 8
REFUSED 9

Y4. What race do you consider your (biological) mother to be? Please select one or more of these categories:
[NOTE TO INTERVIEWER: READ CHOICES 1-5, PROBE AND RECORD OTHER IF NECESSARY, SELECT ALL THAT APPLY]

American Indian or Alaskan Native.....1
Asian 2
Black or African American 3
Native Hawaiian or Pacific Islander 4
White 5
OTHER, SPECIFY [FREE TEXT FIELD].....6
DON'T KNOW 8
REFUSED 9

Y5. Do you consider your biological) father to be Hispanic or Latino?
[INTERVIEWER READ IF PARTICIPANT IS UNSURE OF DEFINITION OF HISPANIC OR LATINO: Where do your ancestors come from? Puerto Rico, Cuba, Dominican Republic, Mexico, Central or South America or another Latin American country?]

YES 1
NO 2
DON'T KNOW 8
REFUSED 9

Y6. What race do you consider your (biological) father to be? Please select one or more of these categories:
[NOTE TO INTERVIEWER: READ CHOICES 1-5, PROBE AND RECORD OTHER IF NECESSARY, SELECT ALL THAT APPLY]

American Indian or Alaskan Native.....1
Asian 2
Black or African American 3
Native Hawaiian or Pacific Islander 4
White 5
OTHER, SPECIFY [FREE TEXT FIELD].....6
DON'T KNOW 8
REFUSED 9

[PROGRAMMER NOTE: CALCULATE EACH PARENT'S PFT RACE/ETHNICITY:

IF HISPANIC = YES, PFT RACE/ETHNICITY = HISPANIC, ELSE
IF RACE = BLACK OR AFRICAN AMERICAN, PFT RACE/ETHNICITY = AFRICAN AMERICAN, ELSE
PFT RACE/ETHNICITY = CAUCASIAN]

[PROGRAMMER NOTE: CALCULATE PARTICIPANT'S PFT RACE/ETHNICITY:

IF MOTHER **OR** FATHER = HISPANIC, PARTICIPANT PFT RACE/ETHNICITY = HISPANIC, ELSE
IF MOTHER **AND** FATHER = AFRICAN AMERICAN, PARTICIPANT PFT RACE/ETHNICITY = AFRICAN AMERICAN, ELSE
PARTICIPANT PFT RACE/ETHNICITY = CAUCASIAN]

Y7. DID PARTICIPANT COMPLETE PULMONARY FUNCTION TESTING (PFT)?
YES..... 1 [GO TO QUESTION Y8]
NO..... 2

Y7a. IF NO, PROVIDE A REASON
EQUIPMENT MALFUNCTION .....1[GO TO Z1]
MEDICAL REASON .....2[GO TO Z1]
OTHER, SPECIFY [FREE TEXT FIELD].....3[GO TO Z1]
DON'T KNOW .....8[GO TO Z1]
REFUSED .....9[GO TO Z1]

Y8. DATE OF PFT PROCEDURE [PROGRAMMER NOTE: AUTO-FILL DATE]
__/__/__ [MM/DD/YYYY]

Y9. ENTER THE FOLLOWING PARTICIPANT INFORMATION IN PFT SOFTWARE.

DATE OF BIRTH:	[FILL DOB]
SEX:	[FILL SEX]
HEIGHT IN INCHES:	[FILL AVERAGE HEIGHT (E2d)]
WEIGHT IN POUNDS:	[FILL AVERAGE WEIGHT (F2d)]
MOTHER'S RACE/ETHNICITY FOR PFT:	[FILL MOTHER'S CALCULATED PFT RACE/ETHNICITY]
FATHER'S RACE/ETHNICITY FOR PFT:	[FILL FATHER'S CALCULATED PFT RACE/ETHNICITY]
PARTICIPANT'S RACE/ETHNICITY FOR PFT:	[FILL PARTICIPANT'S CALCULATED PFT RACE/ETHNICITY]

Y10. RECORD START TIME OF PRE- BRONCHODILATOR (ALBUTEROL) SPIROMETRY
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

Y10a. DID PARTICIPANT AGREE TO ALBUTEROL ADMINISTRATION?
YES..... 1 [GO TO QUESTION Y11]
NO..... 2 [GO TO QUESTION Y10b]

Y10b. IF NO, PROVIDE A REASON
MEDICAL REASON .....1[GO TO Y14]
OTHER, SPECIFY [FREE TEXT FIELD].....2[GO TO Y14]
DON'T KNOW .....8[GO TO Y14]
REFUSED .....9[GO TO Y14]

Y11. RECORD START TIME OF BRONCHODILATOR (ALBUTEROL) ADMINISTRATION
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

Y12. BRONCHODILATOR (ALBUTEROL) PUFFS ADMINISTERED
ONE 1
TWO..... 2
THREE..... 3
FOUR..... 4

Y13. RECORD START TIME OF POST-BRONCHODILATOR (ALBUTEROL) SPIROMETRY
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

Y14. RECORD STOP TIME OF SPIROMETRY TEST
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

Section Z: Medical Referrals

Z1. [DISPLAY INTERVIEWER NOTE – PRINT RESULTS FORM AND PROVIDE TO PARTICIPANT]

PROGRAMMING CHECKS FOR MEDICAL REFERRALS NEEDED

BLOOD PRESSURE:
IF SYSTOLIC BP ≥ 140 OR DIASTOLIC ≥ 90
THEN BLOOD PRESSURE REFERRAL = YES
ELSE BLOOD PRESSURE REFERRAL = NO

HEART RATE:
IF HEART RATE > 100 BPM OR
HEART RATE < 60 BPM
THEN HEART RATE REFERRAL = YES
ELSE HEART RATE REFERRAL = NO

TOTAL CHOLESTEROL:
IF TOTAL CHOLESTEROL ≥ 200 mg/dL
THEN TOTAL CHOLESTEROL REFERRAL = YES
ELSE TOTAL CHOLESTEROL REFERRAL = NO

HDL CHOLESTEROL:
IF HDL CHOLESTEROL < 60 mg/dL
THEN HDL CHOLESTEROL REFERRAL = YES
ELSE HDL CHOLESTEROL REFERRAL = NO

LDL CHOLESTEROL:
IF LDL CHOLESTEROL ≥ 130 mg/dL
THEN LDL CHOLESTEROL REFERRAL = YES
ELSE LDL CHOLESTEROL REFERRAL = NO

TRIGLYCERIDES:
IF TRIGLYCERIDES ≥ 150 mg/dL
THEN TRIGLYCERIDES REFERRAL = YES
ELSE TRIGLYCERIDES REFERRAL = NO

BLOOD A1C:
IF BLOOD A1C > 5.7%
THEN BLOOD A1C REFERRAL = YES
ELSE BLOOD A1C REFERRAL = NO

IF NO TO ALL, GO TO MENTAL HEALTH PROGRAMMING CHECKS, ELSE CONTINUE

[DISPLAY INTERVIEWER NOTE – ONE OR MORE MEDICAL REFERRALS SHOULD BE OFFERED]

REFER TO PARTICIPANT'S REPORT OF FINDINGS TO DETERMINE IF ANY MEDICAL REFERRALS SHOULD BE OFFERED

Z2. WAS A MEDICAL REFERRAL PROVIDED BASED ON EXAM RESULTS (PAGES 1-3 OF THE RESULTS FORM)?
YES..... 1
NO..... 2 [GO TO Z3]

Z2a. ENTER REASON(S) MEDICAL REFERRAL WAS PROVIDED (SELECT ALL THAT APPLY)

BMI 01
BLOOD PRESSURE 02
HEART RATE 03
TOTAL CHOLESTEROL.....04
HDL CHOLESTEROL 05
LDL CHOLESTEROL.....06
TRIGLYCERIDES.....07
BLOOD A1C 08
LUNG FUNCTION TEST 09
OTHER, SPECIFY [FREE TEXT FIELD] 10

Z2b. ENTER NAME, LOCATION OF **PRIMARY MEDICAL** REFERRAL GIVEN
[PRACTICE NAME]
[ADDRESS1]
[CITY]
[ST]
[ZIP]

PROGRAMMING CHECKS FOR MENTAL HEALTH REFERRALS NEEDED

ANXIETY:
IF GAD-7 SCORE ≥ 10 (MODERATE – SEVERE)
THEN ANXIETY REFERRAL = YES
ELSE ANXIETY REFERRAL = NO

PTSD:
IF YES TO ANY QUESTIONS IN PC-PTSD SCALE
THEN PTSD REFERRAL = YES
ELSE PTSD REFERRAL = NO

DEPRESSION:
IF PHQ SCORE ≥ 10 (MODERATE – SEVERE)
THEN DEPRESSION REFERRAL = YES

ELSE DEPRESSION REFERRAL = NO

IF NO TO ALL, GO TO Z4, ELSE CONTINUE

[DISPLAY INTERVIEWER NOTE – ONE OR MORE MENTAL HEALTH REFERRALS SHOULD BE OFFERED]
REFER TO PARTICIPANT'S REPORT OF FINDINGS TO DETERMINE IF ANY MENTAL HEALTH REFERRALS SHOULD BE OFFERED

Z3. WAS A MENTAL HEALTH REFERRAL PROVIDED BASED ON SURVEY QUESTIONS (PAGE 4 OF THE RESULTS FORM)?
YES..... 1
NO..... 2 [GO TO Z4]

Z3a. ENTER REASON(S) MENTAL HEALTH REFERRAL WAS PROVIDED (SELECT ALL THAT APPLY)
ANXIETY 1
PTSD 2
DEPRESSION 3

Z3b. ENTER NAME AND LOCATION OF **PRIMARY MENTAL HEALTH** REFERRAL GIVEN
[NAME]
[ADDRESS1]
[CITY]
[ST]
[ZIP]

Z4. WERE ANY OTHER REFERRALS PROVIDED?
YES..... 1
NO..... 2 [GO TO AA1]

Z4a. HOW MANY ADDITIONAL REFERRALS WERE PROVIDED?
|_||_| NUMBER OF REFERRALS

[PROGRAMMER NOTE: LOOP THROUGH Z4b-Z4c FOR EACH REFERRAL PROVIDED/INDICATED]

Z4b. REASON FOR REFERRAL #1:
MENTAL HEALTH PROBLEMS.....1
MEDICAL PROBLEMS.....2
SOCIAL PROBLEMS (HOMELESSNESS, ALCOHOL/DRUGS, ETC.) 3
OTHER, SPECIFY [FREE TEXT FIELD].....4

Z4c. NAME, LOCATION OF REFERRAL #1

[NAME]
[ADDRESS1]
[CITY]
[ST]
[ZIP]

Z4d. REASON FOR REFERRAL #2:
MENTAL HEALTH PROBLEMS.....1
MEDICAL PROBLEMS.....2
SOCIAL PROBLEMS (HOMELESSNESS, ALCOHOL/DRUGS, ETC.) 3
OTHER, SPECIFY [FREE TEXT FIELD].....4

Z4e. NAME, LOCATION OF REFERRAL #2
[NAME]
[ADDRESS1]
[CITY]
[ST]
[ZIP]
[]

Z4f. REASON FOR REFERRAL #3:
MENTAL HEALTH PROBLEMS.....1
MEDICAL PROBLEMS.....2
SOCIAL PROBLEMS (HOMELESSNESS, ALCOHOL/DRUGS, ETC.) 3
OTHER, SPECIFY [FREE TEXT FIELD].....4

Z4g. NAME, LOCATION OF REFERRAL #3
[NAME]
[ADDRESS1]
[CITY]
[ST]
[ZIP]

Z4h. REASON FOR REFERRAL #4:
MENTAL HEALTH PROBLEMS.....1
MEDICAL PROBLEMS.....2
SOCIAL PROBLEMS (HOMELESSNESS, ALCOHOL/DRUGS, ETC.) 3
OTHER, SPECIFY [FREE TEXT FIELD].....4

Z4i. NAME, LOCATION OF REFERRAL #4
[NAME]
[ADDRESS1]
[CITY]
[ST]
[ZIP]

Z4j. REASON FOR REFERRAL #5:
MENTAL HEALTH PROBLEMS.....1
MEDICAL PROBLEMS.....2
SOCIAL PROBLEMS (HOMELESSNESS, ALCOHOL/DRUGS, ETC.) 3
OTHER, SPECIFY [FREE TEXT FIELD].....4

Z4k. NAME, LOCATION OF REFERRAL #5
[NAME]
[ADDRESS1]
[CITY]
[ST]
[ZIP]

Section AA: Check-Out, Review and Remuneration

AA1. GIFT CARD AMOUNT PARTICIPANT RECEIVED FOR VISIT REMUNERATION
$100 (FULL EXAM).....1[GO TO AA2]
$50 (MINI EXAM).....2[GO TO AA2]
NONE.....3

AA1a. PROVIDE REASON: [FREE TEXT FIELD] [GO TO AA4]

AA2. ENTER VISIT GIFT CARD SERIAL NUMBER #1
SERIAL NUMBER: [FREE TEXT FIELD] [IF $50 SELECTED AT AA1, GO TO AA4]

AA3. ENTER VISIT GIFT CARD SERIAL NUMBER #2
SERIAL NUMBER: [FREE TEXT FIELD]

AA4. GIFT CARD AMOUNT PARTICIPANT RECEIVED FOR TRAVEL
$50 (61 MILES OR MORE ROUND TRIP).....1[GO TO AA5]
$25 (60 MILES OR LESS ROUND TRIP) .....2[GO TO AA5]
NONE.....3

AA4a. PROVIDE REASON: [FREE TEXT FIELD] [GO TO AA6]

AA5. ENTER TRAVEL GIFT CARD SERIAL NUMBER
SERIAL NUMBER: [FREE TEXT FIELD]

AA6. GIFT CARD AMOUNT PARTICIPANT RECEIVED FOR MEALS
$25 (OVERNIGHT STAY) 1
NONE (NO OVERNIGHT STAY) .....2[GO TO AA8]

AA7. ENTER MEALS GIFT CARD SERIAL NUMBER
SERIAL NUMBER: [FREE TEXT FIELD]

AA8. SCAN RECEIPT BARCODE

|__|__|__|__|__|__|__|__|-|_D|_O|_C|

[PROGRAMMER NOTE: CHECK THAT BARCODE MATCHES CURRENT PARTICIPANT ID]

[PROGRAMMER NOTE: ALLOW ENTRY AT AA9 ONLY IF L3 = YES (PRACTICE SALIVA SAMPLE OBTAINED)]

AA9. SCAN BARCODE OF AT-HOME SALIVA COLLECTION KIT ID
I___I___I___I___I___I___I-|_S|_L|_V|_B|_O|_X|

[DISPLAY EXAMINER MESSAGE: DISTRIBUTE TAKE-HOME SALIVA COLLECTION KIT TO PARTICIPANT]
AA10. ENTER PARTICIPANT'S EXAM END TIME
__ __:__ __ [HH:MM]
AM..... 1
PM..... 2

[END OF EXAM]