HEALTH STATUS
OF
VIETNAM VETERANS

SUPPLEMENT C
MEDICAL AND PSYCHOLOGICAL
PROCEDURE
MANUALS AND FORMS
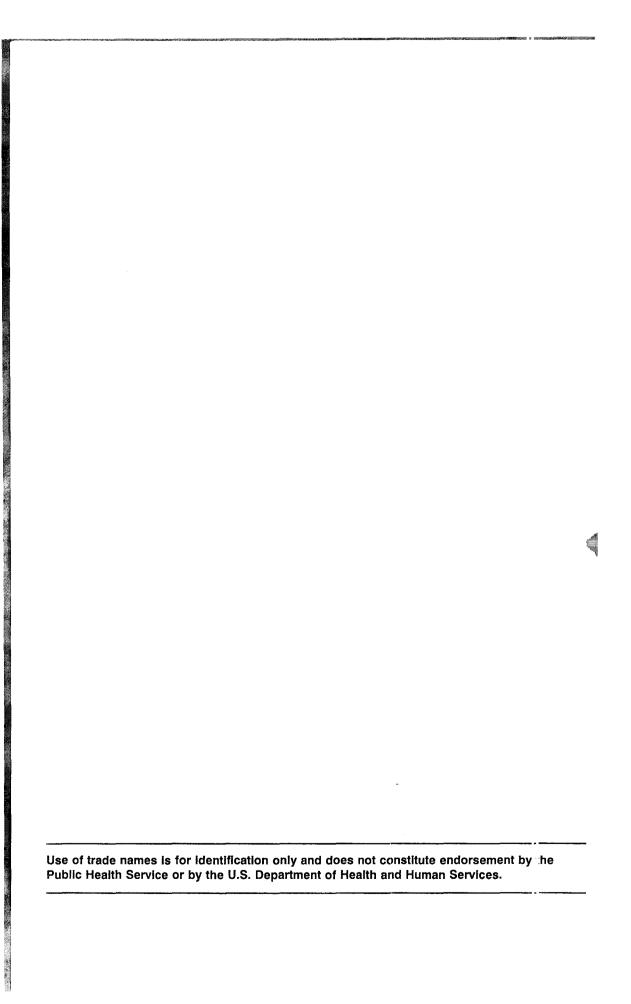
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control

HEALTH STATUS OF VIETNAM VETERANS

SUPPLEMENT C
Medical and Psychological Procedure Manuals and Forms

The Centers for Disease Control
Vietnam Experience Study
January 1989

ACKNOWLEDGMENTS

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SUMMARY TABLE OF CONTENTS

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

I. INTRODUCTION

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

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

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

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

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

II. Medical Examination Forms

    A. Audiometry Examination

1. EXAM CODE   : /A/E/0/1/   (0001-0004)

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

3. Participant Name_____ :

4. Date   Month   : / / /   (0012-0013)

                      Day   : / / /   (0014-0015)

                      Year   : / / /   (0016-0017)

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

                      Min   : / / /   (0020-0021)

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

7. Examination Status   : / /   (0026)

     1=complete   :
     2=sick   :
     3=terminated   :
     4=physically impaired   :
     7=other   :
     8=don't know   :
     9=refused   :

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

8.   500 Hz. left   : / / /   (0027-0029)

9.   500 Hz. right   : / / / /   (0030-0032)

10. 1000 Hz. left   : / / /   (0033-0035)

11. 1000 Hz. right   : / / /   (0036-0038)

12. 2000 Hz. left   : / / /   (0039-0041)

13. 2000 Hz. right : / / / / (0042-0044)

14. 3000 Hz. left : / / / / (0045-0047)

15. 3000 Hz. right : / / / / (0048-0050)

16. 4000 Hz. left : / / / / (0051-0053)

17. 4000 Hz. right : / / / / (0054-0056)

18. 6000 Hz. left : / / / / (0057-0059)

19. 6000 Hz. right : / / / / (0060-0062)

20. 8000 Hz. left : / / / / (0063-0065)

21. 8000 Hz. right : / / / / (0066-0068)

II. Medical Examination Forms

   B. Birth Facts Sheet

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

   1a. Participant ID   : / / / / / / / /   (0005-0011)

   1b. Participant's Name   :

   2. Exam Date   Month   : / / /   (0012-0013)

                              Day   : / / /   (0014-0015)

                              Year   : / / /   (0016-0017)

   3. Interviewer ID   : / / / /   (0018-0021)

   4. Examination   : / /   (0022)

       1=Complete   :
       2=Partially Complete   :
       9=Refused   :

   5. Total Number Of Children   : / / /   (0023-0024)

       (Enter Number of Live-born and   :
        Stillborn Children Fathered)   :
       99=refused   :

   6. Child Number   :

       (Enter Number for Child in   : / / /   (0025-0026)
        Order Listed by the Participant)   :
       99=refused   :

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

   a. First Name   :

/   (0027-0056)
                                                  :

5

b. Middle Name   :

/   (0057-0086)

c. Last Name   :

/   (0087-0116)
   (If stillbirth, enter "Stillbirth" :
   for last name; leave first and   :
   middle name "BLANK")   :
                                   :

8.   What is the child's complete   :
     date of birth?   :
                                   :

  a.   (Enter birth month)   Month : / / /   (0117-0118)

  b.   (Enter birth day)   Day   : / / /   (0119-0120)

  c.   (Enter birth year)   Year : / / /   (0121-0122)

9. Where was the child born?   :

a. City (Town)   :

/   (0123-0152)

b. County (or Province)   :

/   (0153-0182)

c. State (or Country)   :

/   (0183-0212)

d. Name of Hospital or other   :
   Medical Facility   :

/   (0213-0242)

   (If child was not born in a   :
   hospital, enter "Not Born In   :
   Hospital" in question 9d, and :
   use parenthetical expression   :
   in next question)   :
                                   :
                                   :

10. Was the child transferred to another : /_/   ([243)
    (admitted to a) hospital   :
    shortly after birth?   :
                                      :
    1 = no   :
    2 = yes   :
    8 = don't know   :
    9 = refused   :
                                      :
  If Q.10 is other than "yes",   :
    GO TO Q.11/   :
                                      :
                                      :
  a. Name of Hospital   :
                                      :
/   ([244-0273)
                                      :
  b. City (Town)   :
                                      :
/   ([274-0303)
                                      :
  c. County (or Province)   :
                                      :
/   ([304-0333)
                                      :
  d. State (or Country)   :
                                      :
/   ([334-0363)
                                      :
11. Finally, I need to know the full :
    name of the child's mother when   :
    the child was born?   :
                                      :
  a. First name of mother   :
                                      :
/   (()364-0393)
                                      :
  b. Middle name of mother   :
                                      :
/   (()394-0423)
                                      :
  c. Last name of mother   :
                                      :
/   (()424-0453)
                                      :
  d. Maiden name of mother   :
                                      :
/   (()454-0483)
                                      :
                                      :

7

12. Address of Hospital (Where Child　　:
　　　was born)　　　　　　　　　　　:
　　　　　　　　　　　　　　　　　　　:
　　a. Street address　　　　　　　　:
　　　　　　　　　　　　　　　　　　　:
/ /　　(0484-0513)
　　　　　　　　　　　　　　　　　　　:
/ /　　(0514-0543)
　　　　　　　　　　　　　　　　　　　:
　　b. Zip code　　　　　　　　　　　: / / / / / /　　(0544-0548)
　　　　　　　　　　　　　　　　　　　:
13. Address of Hospital (Where Child　:
　　　was transferred)　　　　　　　　:
　　　　　　　　　　　　　　　　　　　:
　　a. Street address　　　　　　　　:
　　　　　　　　　　　　　　　　　　　:
/ /　　(0549-0578)
　　　　　　　　　　　　　　　　　　　:
/ /　　(0579-0608)
　　　　　　　　　　　　　　　　　　　:
　　b. Zip code　　　　　　　　　　　: / / / / / /　　(0609-0613)

II. Medical Examination Forms

    C. Dermatology Examination

Participant ID#:_____ Participant Name:_____

   2)   Date:_____ 3) Start Time:_____

   4)   Examiner ID#:_____

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

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

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

8)	HYPERPIGMENTATION	[ ]	9)	[ ]	10)	[ ]
11)	HYPOPIGMENTATION	[ ]	12)	[ ]	13)	[ ]
14)	BIRTHMARKS	[ ]	15)	[ ]	16)	[ ]
17)	OTHER CONDITIONS	[ ]	18)	[ ]	19)	[ ]
			20)	[ ]		

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

22)	ALOPECIA, MALE PATTERN	[ ]	23)	[ ]	24)	[ ]
25)	ALOPECIA, SCARRING	[ ]	26)	[ ]	27)	[ ]
28)	ALOPECIA, NONSCARRING AND NOT PATTERN	[ ]	29)	[ ]	30)	[ ]
31)	HIRSUTISM	[ ]	32)	[ ]	33)	[ ]
34)	OTHER CONDITIONS	[ ]	35)	[ ]	36)	[ ]
			37)	[ ]		

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

4)	ACNE, GR I	[ ]	5)	[ ]	6)	[ ]
7)	ACNE, GR II	[ ]	8)	[ ]	9)	[ ]
10)	ACNE, GR III	[ ]	11)	[ ]	12)	[ ]
13)	ACNE, GR IV	[ ]	14)	[ ]	15)	[ ]
16)	ACNE ATYPICAL	[ ]	17)	[ ]	18)	[ ]
19)	COMEDONES ONLY	[ ]	20)	[ ]	21)	[ ]
22)	FOLLICULITIS	[ ]	23)	[ ]	24)	[ ]
25)	HIDRADENITIS SUPPR.	[ ]	26)	[ ]	27)	[ ]
28)	TINEA OF NAILS	[ ]	29)	[ ]	30)	[ ]
31)	CANDIDA	[ ]	32)	[ ]	33)	[ ]
34)	TINEA VERSICOLOR	[ ]	35)	[ ]	36)	[ ]
37)	TINEA (OTHER)	[ ]	38)	[ ]	39)	[ ]
40)	OTHER CONDITIONS	[ ]	41)	[ ]	42)	[ ]
			43)	[ ]		

C. 3) NEOPLASTIC   [ ]   (1-Absent; 2-Present) IF PRESEN'', ENTER
                                              LOC., PHOTO CD. (1-Yes; 2-No)

    4)   ACROCHORDON   [ ]   5) [ ]   6) [ ]
    7)   CANCER OF SKIN   [ ]   8) [ ]   9) [ ]
    10) DERMATO-FIBROMAS   [ ]   11) [ ]   12) [ ]
    13) EPIDERMAL INCL.CYST   [ ]   14) [ ]   15) [ ]
    16) KERATOSIS, ACTINIC   [ ]   17) [ ]   18) [ ]
    19) KERATOSIS, SEBORRHEIC   [ ]   20) [ ]   21) [ ]
    22) LENTIGENES   [ ]   23) [ ]   24) [ ]
    25   LIPOMAS   [ ]   26) [ ]   27) [ ]
    28) MILIA   [ ]   29) [ ]   30) [ ]
    31) NEVI, ATYPICAL   [ ]   32) [ ]   33) [ ]
    34) SEBACEOUS HYPERPLASIA   [ ]   35) [ ]   36) [ ]
    37) WARTS, NONGENITAL   [ ]   38) [ ]   39) [ ]
    40) OTHER CONDITIONS   [ ]   41) [ ]   42) [ ]
                                          43) [ ]

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

    4)   BRUISES   [ ]   5) [ ]
    7)   CAPILLARITIS   [ ]   8) [ ]
    10) HEMANGIO. NOT SPIDER   [ ]   11) [ ]
    13) PALMAR ERYTHEMA   [ ]   14) [ ]
    16) POIKILODERMA OF
            CIVATTE   [ ]   17) [ ]
    19) SPIDER ANGIOMAS   [ ]   20) [ ]
    22) TELANGIECTASIAS   [ ]   23) [ ]
    25) VASCULITIS   [ ]   26) [ ]
    28) VARICOSITIES   [ ]   29) [ ]
    31) OTHER CONDITIONS   [ ]   32) [ ]
                                          34) [ ]

E. 3) STD   [ ]   (1-Absent; 2-Present) IF PRESEN'',
                                              ENTER LOC., PHOTO CD. (1-Yes; :-No)

    4)   EXANTHEMS   [ ]   5) [ ]   6) [ ]
    7)   HERPETIFORM LESIONS   [ ]   8) [ ]   9) [ ]
    10) ULCERS   [ ]   11) [ ]   12) [ ]
    13) CONDYLOMATA   [ ]   14) [ ]   15) [ ]
    16) OTHER CONDITIONS   [ ]   17) [ ]   18) [ ]
                                          19) [ ]

F. 3) TRAUMA/FACTITIAL   [ ]   (1-Absent; 2-Present) IF PRESI:NT,
                                              ENTER LOC., PHOTO CD. (1-Yes 2-No)

    4)   DRUG TRACKS   [ ]   5) [ ]   6) [ ]
    7)   SCARS,POSTINFLAMMATION   [ ]   8) [ ]   9) [ ]
    10) SCARS, SURGICAL   [ ]   11) [ ]   12) [ ]
    13) SCARS, TRAUMATIC   [ ]   14) [ ]   15) [ ]
    16) TATTOOS   [ ]   17) [ ]   18) [ ]
    19) OTHER CONDITIONS   [ ]   20) [ ]   21) [ ]
                                      22) [   ]

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

    4) APHTHOSIS   [ ]   5) [ ]   6) [ ]
    7) BULLAE   [ ]   8) [ ]   9) [ ]
   10) VESICLES   [ ]   11) [ ]   12) [ ]
   13) DERMATITIS,ECZEMATOUS   [ ]   14) [ ]   15) [ ]
   16) DYSHIDROSIS   [ ]   17) [ ]   18) [ ]
   19) LICHEN SIMP. CHRONIC   [ ]   20) [ ]   21) [ ]
   22) LICHEN PLANUS   [ ]   23) [ ]   24) [ ]
   25) PSORIASIS   [ ]   26) [ ]   27) [ ]
   28) EXCORIATIONS   [ ]   29) [ ]   30) [ ]
   31) ROSACEA   [ ]   32) [ ]   33) [ ]
   34) SEBORRHEIC DERMATITIS   [ ]   35) [ ]   36) [ ]
   37) ANGULAR STOMATITIS   [ ]   38) [ ]   39) [ ]
   40) URTICARIA   [ ]   41) [ ]   42) [ ]
   43) OTHER CONDITIONS   [ ]   44) [ ]   45) [ ]
                                        46) [ ]

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

    4) ASTEATOSIS   [ ]   5) [ ]   6) [ ]
    7) KERATOSIS PILARIS   [ ]   8) [ ]   9) [ ]
   10) PHOTODERMATITIS NOS   [ ]   11) [ ]   12) [ ]
   13) PITYRIASIS ALBA   [ ]   14) [ ]   15) [ ]
   16) STRIAE   [ ]   17) [ ]   18) [ ]
   19) SUNBURN   [ ]   20) [ ]   21) [ ]
   22) OTHER CONDITIONS   [ ]   23) [ ]   24) [ ]
                                        25) [ ]

   26) ANY PHOTOS TAKEN   [ ] (1-yes; 2-no; 9-refused)

   27) COMMENTS TO THE DIAGNOSTICIAN (FREE TEXT)

   _____

   _____

   _____

   _____

   _____

   _____

   _____

II. Medical Examination Forms

   D. Electrocardiogram (ECG) Examination

1. EXAM CODE		:	/E/K/0/1/	(0001-0004)
2. Participant ID		:	/ / / / / / / /	(0005-0011)
3. Participant's Name_____		:		
4. Date	Month	:	/ / /	(0012-0013)
	Day	:	/ / /	(0014-0015)
	Year	:	/ / /	(0016-0017)
5. Time Started	Hour	:	/ / /	(0018-0019)
	Min	:	/ / /	(0020-0021)
6. Administered by (Technician I.D.)		:	/ / / / /	(0022-0025)
7. Examination Status		:	/ /	(0026)

    1=complete
    2=sick
    3=terminated
    4=physically impaired
    7=other
    8=don't know
    9=refused

8. Interpreted by (Cardiologist I.D.)		:	/ / / / /	(0027-0030)
9. Vent. Rate (in BPM)		:	/ / / /	(0031-0033)
10. PR Interval (in MS)		:	/ / / /	(0034-0036)
11. QRS Duration (in MS)		:	/ / / /	(0037-0039)
12. QT (in MS)		:	/ / / /	(0040-0042)
13. QTC (in MS)		:	/ / / /	(0043-0045)
14. P-R-T Axes (range = -180 to 180)	P	:	/ / / / /	(0046-0049)
	R	:	/ / / / /	(0050-0053)
	T	:	/ / / / /	(0054-0057)

15. **INTERPRETATION**
    Unconfirmed

	1U	: /////	(0058-0061)
	2U	: /////	(0062-0065)
	3U	: /////	(0066-0069)
	4U	: /////	(0070-0073)
	5U	: /////	(0074-0077)
	6U	: /////	(0078-0081)
	7U	: /////	(0082-0085)
	8U	: /////	(0086-0089)
	9U	: /////	(0090-0093)
	10U	: /////	(0094-0097)
Confirmed	1C	: /////	(0098-0101)
	2C	: /////	(0102-0105)
	3C	: /////	(0106-0109)
	4C	: /////	(0110-0113)
	5C	: /////	(0114-0117)
	6C	: /////	(0118-0121)
	7C	: /////	(0122-0125)
	8C	: /////	(0126-0129)
	9C	: /////	(0130-0133)
	10C	: /////	(0134-0137)

II. Medical Examination Forms

E. General Physical Examination

Participant ID#:_____   Participant's Name:_____--

2) Date:_____

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

4) Nurse ID #:_____   5) Time:_____

VITAL SIGNS:

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

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

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

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

10) RESPIRATION [   ]/MIN

15) Physician ID#:_____   16) Time:_____

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

    IF ABNORMAL, DESCRIBE (FREE TEXT)

    _____

B. EYES

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

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

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

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

       4) SCARRING   [   ]
       5) CATARACT   [   ]
       6) SCLERAL ICTERUS [   ]
       7) RETINAL ABNORMALITIES [   ]   (1-No; 2-Yes)

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

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

C. EARS

    1) EAR CANALS   [   ] (1-Normal; 2-Abnormal)

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

        2) CERUMEN IMPACTED   [   ]
        3) INFLAMMATION   [   ]

    4) MIDDLE EAR [   ] (1-Normal; 2-Abnormal)

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

        5) DRUM PERFORATED   [   ]
        6) DRUM RETRACTED   [   ]
        7) DRUM SCARRED   [   ]
        8) DRUM BULGING   [   ]
        9) DRUM INFLAMED   [   ]

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

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

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

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

        IF ABNORMAL, THEN SPECIFY:

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

F. MOUTH

    1) DENTAL STATUS   [   ] (1-Good; 2-Fair; 3-Poor; 4-Edentulous)
    2) DENTURES WORN   [   ] (1-No; 2-Yes)
    3) ULCERS   [   ] (1-No; 2-Yes)
    4) PLAQUES   [   ] (1-No; 2-Yes)
    5) MASS   [   ] (1-No; 2-Yes)

IF YES, THEN DESCRIBE (Free text):

_____

6) GLOSSITIS   [   ]   (1-No; 2-Yes)
7) GUMS   [   ]   (1-Normal; 2-Abnormal)

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

    8) GINGIVITIS [   ]
    9) HYPERTROPHY/HYPERPLASIA   [   ]

G.   1) SINUSES   [   ]   (1-Normal; 2-Abnormal)

    IF ABNORMAL, THEN SPECIFY: (1-Normal; 2-R Tender;
                                   3-L Tender; 4-Both Tender)

    2) FRONTAL   [   ]
    3) MAXILLARY   [   ]

H.   1) SALIVARY GLANDS   [   ] (1-Normal; 2-Abnormal)

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

    2) SUBMENTAL   [   ]

    IF ABNORMAL:

    3) ENLARGED [   ]
    4) TENDER   [   ]
    5) MASS   [   ]

   6) PAROTID   [   ]

    IF ABNORMAL:

    7) ENLARGED [   ]
    8) TENDER   [   ]
    9) MASS   [   ]

10) SUBLINGUAL [   ]

    IF ABNORMAL:

    11) ENLARGED [   ]
    12) TENDER   [   ]
    13) MASS   [   ]

I. NECK

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

       IF ABNORMAL, THEN

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

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

       IF ABNORMAL, THEN

       6) SIZE   [   ] (1-Normal; 2-Large)
       7) TENDERNESS [   ] (1-No; 2-Yes)
       8) NODULES   [   ] (1-Absent; 2-Solitary; 3-Multiple)
    9) CAROTID PULSES [   ] (1-Normal; 2-Reduced; 3-Increased)
   10) NECK MASSES OTHER THAN
       ENLARGED LYMPH NODES [   ] (1-No; 2-Yes)

       IF YES, THEN DESCRIBE (FREE TEXT):

       _____

J. CHEST

    1) EXCURSION SYMMETRICAL [   ] (1-Yes; 2-Decreased R;
                                        3-Decreased L)
    2) SHAPE [   ] (1-Normal; 2-Pectus Excavatum; 3-Pectus
                    Carinatum; 4-Other Deformity)

    IF 4, THEN SPECIFY (FREE TEXT)

    _____

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

       IF ABNORMAL, THEN

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

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

       IF PRESENT, THEN 1-No; 2-Yes

       7) ANTERIOR   [   ] IF YES, THEN

```
RIGHT:  8) Upper [   ]  9) Middle  [   ] 10) Lower  [   ]
LEFT:  11) Upper [   ] 12) Middle  [   ] 13) Lower  [   ]

14) POSTERIOR    [   ]  IF YES, THEN

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

21) DIMINISHED BREATH SOUNDS [   ] (1-Absent; 2-Present)

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

    22) ANTERIOR   [   ] IF YES, THEN

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

    29) POSTERIOR   [   ] IF YES, THEN

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

36) ADVENTITIAL SOUNDS [   ] (1-Absent; 2-Present)

    IF PRESENT, THEN

    37) CRACKLES [   ] (1-No; 2-Yes)

    IF PRESENT, THEN

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

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

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

    IF YES, THEN ENTER CODE FOR PREDOMINANT SOUND IN
    APPROPRIATE REGION(S) (1-Absent; 2-Fine; 3-Medium;
    4-Coarse)

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

    52) WHEEZES [   ] (1-Absent; 2-Present)

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

53) ANTERIOR   [   ] (1-No; 2-Yes)

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

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

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

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

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

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

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

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

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

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

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

K. HEART

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

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

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

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

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

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

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

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

IF NO, THEN SKIP TO PAGE 9, ITEM #29;
IF YES THEN:

7) NUMBER OF SYSTOLIC MURMURS PRESENT [ ] (1, 2, 3)

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

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

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

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

(FREE TEXT)

---

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

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

(FREE TEXT)

FOR A SECOND SYSTOLIC MURMUR, ENTER:

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

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

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

20

(FREE TEXT)

---

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

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

(FREE TEXT)

  FOR A THIRD SYSTOLIC MURMUR, ENTER:

   22) INTENSITY [   ]   (1-6)
   23) PITCH [   ]   (1-Low; 2-Medium; 3-High)
   24) CONFIGURATION   [   ]   (1-Crescendo; 2-Decrescendo;
                                  3-Crescendo-decrescendo;
                                  4-Plateau)

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

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

 (FREE TEXT)

---

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

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

---

29) <u>DIASTOLIC MURMURS</u> [ ] (1-No; 2-Yes)

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

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

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

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

(FREE TEXT)

---

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

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

(FREE TEXT)

FOR A SECOND DIASTOLIC MURMUR, ENTER:

38) INTENSITY [ ] (1-6)
39) PITCH [ ] (1-Low; 2-Medium; 3-High)
40) CONFIGURATION [ ] (1-Crescendo; 2-Decrescendo;
                             3-Crescendo-Decrescendo;
                             4-Plateau)
41) TIMING [ ] (1-Early Diastolic; 2-Mid Diastolic;
                3-Late Diastolic (Presystolic))

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

(FREE TEXT)

_____

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

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

(FREE TEXT)

_____

FOR A THIRD DIASTOLIC MURMUR, ENTER:

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

(FREE TEXT)

_____

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

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

(FREE TEXT)

_____

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

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

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

(FREE TEXT)

---

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

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

(FREE TEXT)

---

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

IF PRESENT, THEN

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

IF PRESENT, THEN

61) TIMING [ ] (1-atrial gallop (Presystolic);
                    2-ventricular diastolic gallop;
                    3-summation gallop)
62) VARIES WITH INSPIRATION [ ] (1-No; 2-Louder
                    During Expiration; 3-Louder
                    During Inspiration)
63) PERICARDIAL FRICTION RUB [ ] (1-Absent; 2-Present)
64) OTHER CARDIAC ABNORMALITY [ ] (1-No;2-Yes)

24

IF YES, DESCRIBE (FREE TEXT):

_____

_____

L. BREAST

1) GYNECOMASTIA   [ ] (1-Absent; 2-Present)

2) NIPPLE DISCHARGE [ ] (1-Absent; 2-Present)

M. ABDOMEN

1) VISIBLE ABNORMALITY [ ] (1-No; 2-Yes)

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

   2) ASCITES [ ]
   3) MASS   [ ]
   4) SPIDERS [ ]

   5) PALPABLE MASS [ ] (1-No; 2-Yes)

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

   6) RUQ [ ]   7) LUQ [ ]   8) RLQ [ ]
   9) LLQ [ ]   10) SUPRAPUBIC [ ]

   IF YES, THEN DESCRIBE (FREE TEXT):

   _____

   _____

   11) TENDERNESS [ ] (1-No; 2-Yes)

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

   12) RUQ [ ]   13) LUQ [ ]   14) RLQ [ ]
   15) LLQ [ ]   16) SUPRAPUBIC [ ]

   17) DIFFUSE TENDERNESS [ ] (1-No; 2-Yes)
18) REBOUND TENDERNESS [ ] (1-No; 2-Yes)

19) PERCUSSION TENDERNESS [ ] (1-No; 2-Yes)

20) PALPABLE LIVER [ ] (1-No; 2-Yes)

IF YES, THEN

21) RECORD cm BELOW RCM [ ] cm
22) LIVER EDGE [ ] (1-Sharp; 2-Blunt)
23) LIVER CONSISTENCY [ ] (1-Normal; 2-Abnormal)

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

24) HARD [ ]
25) NODULAR [ ]

26) PERCUSSIBLE LIVER SIZE IN R MID-CLAVICULAR LINE [ ] CM

27) SPLEEN PALPABLE [ ] (1-No; 2-Yes)

28) CVA TENDERNESS [ ] (1-No; 2-R; 3-L; 4-Both)

29) BRUIT [ ] (1-No; 2-Yes)

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

30) AORTIC [ ] 31) R FEMORAL [ ] 32) L FEMORAL [ ]
33) R CAROTID [ ] 34) L CAROTID [ ]

35) HERNIA [ ] (1-No; 2-Yes)

IF YES, THEN (1-Absent; 2-Reducible; 3-Not Reducible)

36) UMBILICAL [ ] 37) R INGUINAL [ ]
38) L INGUINAL [ ] 39) INCISIONAL [ ]

N. GENITAL

1) PUBIC HAIR [ ] (1-Normal male pattern; 2-Decreased)

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

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

4) PHIMOSIS [ ] (1-No; 2-Yes)

5) R TESTIS [ ] CM
6) L TESTIS [ ] CM

INDICATE 1-No; 2-R; 3-L; 4-Bilateral for the following:

7) EPIDIDYMIS THICKENED/TENDER [ ]

8) VARICOCELE [ ]

9) SCROTAL MASS [ ] IF OTHER THAN 1, DESCRIBE (FREE TEXT)

_____

10) PROSTATE [ ] (1-Normal; 2-Abnormal)

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

11) DIF ENLARGED [ ]   12) ATROPHIC [ ]
13) NODULE [ ]   14) SOFT CONSISTENCY [ ]
15) TENDER [ ]

O. 1) RECTAL [ ] (1-Normal; 2-Abnormal)

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

2) HEMORRHOIDS [ ]

3) ANAL FISSURE [ ]

4) RECTAL MASS [ ] IF YES, THEN DESCRIBE (FREE TEXT):

_____

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

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

P. EXTREMITIES

1) ABSENCE [ ] (1-No; 2-Yes)

IF YES, THEN (1-No; 2-R; 3-L; 4-R and L)

2) FINGER [ ]   3) TOE [ ]

4) ARM [ ]   5) LEG [ ]

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

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

8) EDEMA [ ] (1-No; 2-Yes)

IF YES, THEN INDICATE SEVERITY (0-4)

9) PEDAL [ ] 10) PRETIBIAL [ ] 11) ANKLE [ ]
              12) PRESACRAL [ ] 13) FACIAL [ ]

27

14) ACROCYANOSIS [ ] (1-No; 2-Yes)

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

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

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

   IF YES, DESCRIBE (FREE TEXT):

   _____

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

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

   19) R SHOULDER [ ]   20) L SHOULDER [ ]
   21) R ELBOW   [ ]   22) L ELBOW   [ ]
   23) R WRIST   [ ]   24) L WRIST   [ ]
   25) R HIP   [ ]   26) L HIP   [ ]
   27) R KNEE   [ ]   28) L KNEE   [ ]
   29) R ANKLE   [ ]   30) L ANKLE   [ ]

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

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

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

   33) R KNEE   [ ]   34) L KNEE   [ ]
   35) R ANKLE   [ ]   36) L ANKLE   [ ]
   37) R FINGERS [ ]   38) L FINGERS [ ]

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

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

   2) SCOLIOSIS   [ ]   3) KYPHOSIS   [ ]
   4) DECREASED ROM [ ]   5) TENDERNESS [ ]
   6) PELVIC TILT   [ ]

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

     IF ABNORMAL:

IF ENLARGED, THEN   IF ABNORMAL, THEN DESCRIBE AS:
RECORD SIZE IN CM   TENDER   FIRM   FIXED   CONFLUENT
                              (1-No; 2-Yes)

2) CERVICAL [ ] (1-Normal; 2-Abnormal)
    IF ABN: 3)[   ]cm   4)[5)[ ]   6)[ ]   7)[ ]

8) OCCIPITAL [ ] (1-Normal; 2-Abnormal)
    IF ABN: 9)[   ]cm   10)[ ]   11)[ ]   12)[ ]   13)[ ]

14) SUPRACLAVICULAR [ ] (1-Normal; 2-Abnormal)
    IF ABN: 15)[   ]cm   16)[ ]   17)[ ]   18)[ ]   19)[ ]

20) AXILLARY [ ] (1-Normal; 2-Abnormal)
    IF ABN: 21)[   ]cm   22)[ ]   23)[ ]   24)[ ]   25)[ ]

26) EPITROCHLEAR [ ] (1-Normal; 2-Abnormal)
    IF ABN: 27)[   ]cm   28)[ ]   29)[ ]   30)[ ]   31)[ ]

32) INGUINAL [ ] (1-Normal; 2-Abnormal)
    IF ABN: 33)[   ]cm   34)[ ]   35)[ ]   36)[ ]   37)[ ]
38) COMPLETION TIME [   ]

39) COMMENTS TO THE DIAGNOSTICIAN (FREE TEXT):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

II. Medical Examination Forms

F. Hypersensitivity Skin Test Examination

1. EXAM CODE   : /H/S/0/1/   (0001-0004)
                                              :

2. Participant ID   : / / / / / / /   (0005-0011)
                                              :
3. Participant's Name_____   :

4. Date Applied   Month : / / /   (0012-0013)
                                              :
                                 Day   : / / /   (0014-0015)
                                              :
                                 Year   : / / /   (0016-0017)
                                              :
5. Time Applied   Hour   : / / /   (0018-0019)
                                              :
                                 Min   : / / /   (0020-0021)
                                              :
6. Administered by   : / / / / /   (0022-0025)
     (Technician I.D.)   :

7. Examination Status   : / /   (0026)
                                              :
1=complete   7=other   :
2=sick   8=don't know   :
3=terminated   9=refused   :
4=physically impaired   :
5=adverse reaction   :
6=skin lesion   :
                                              :
8. Location of Skin Test   : / /   (0027)
                                              :
1=right arm   8=don't know   :
2=left arm   9=refused   :
3=back   :
                                              :
9. Reading Status   : / /   (0028)
                                              :
1=complete   7=other   :
2=sick   8=don't know   :
3=terminated   9=refused   :
4=physically impaired   :
5=adverse reaction   :
6=skin lesion   :

10. Read by   : /_/_/_/_/_/   (0029-0032)
    (Technician I.D.)   :

11. Reading Date   Month : /_/_/   (0033-0034)

                  Day   : /_/_/   (0035-0036)

                  Year : /_/_/   (0037-0038)

12. Reading Time   Hour : /_/_/   (0039-0040)

                  Min   : /_/_/   (0041-0042)

ANTIGENS   : <u>INDURATION</u> (in mm)

  13. PROTEUS   : /_/_/./_/   (0043-0045)

  14. TRICHOPHYTON   : /_/_/./_/   (0046-0048)

  15. CANDIDA   : /_/_/./_/   (0049-0051)

  16. GLYCERINE CONTROL : /_/_/./_/   (0052-0054)

  17. TETANUS   : /_/_/./_/   (0055-0057)

  18. DIPHTHERIA   : /_/_/./_/   (0058-0060)

  19. STREPTOCOCCUS   : /_/_/./_/   (0061-0063)

  20. TUBERCULIN   : /_/_/./_/   (0064-0066)

II. Medical Examination Forms

   G. Medical History Questionnaire

LOGISTICS

DATE: MM/DD/YY   _____

PARTICIPANT I.D.:   _____

PARTICIPANT NAME: _____.

PARTICIPANT AGE: _____

TIME HISTORY STARTED: HH:MM   _____

INTERVIEWER I.D.:   _____

SUPERVISOR I.D.:   _____

INTRODUCTION

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

SECTION A. CURRENT GENERAL HEALTH

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

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

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

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

_____
NOTE: Instruction to Interviewer
       All verbatim responses were limited to 40
       characters, unless otherwise indicated.

32

If q2 = 2, go to q3, else go to q4.

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

_____   _____

_____   _____

_____   _____

4. Are you currently taking any medications? ( )

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

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

5. What are the names of these medications?

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

   _____   _____

   _____   _____

   _____   _____

   _____   _____

   _____   _____

6. Excluding the dietary restrictions placed on you here in Albuquerque, are you currently on a special diet of any kind? (_)

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

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

7. What type of diet is it? (_)

    1 = Weight Loss   4 = Low Fat
    2 = Diabetic   5 = Vegetarian
    3 = Low Salt   6 = Other, Please Specify

                                  _____

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

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

SECTION B. HOSPITALIZATION AND SURGERY

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

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

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

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

FIRST HOSPITALIZATION
ENTER THE CONDITION NAME _____

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

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

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

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

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

NAME OF SURGICAL OPERATION:_____

13. Have you been hospitalized again? (_)

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

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

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

SECOND HOSPITALIZATION
ENTER THE CONDITION NAME _____

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

ENTER NAME AND PLACE OF HOSPITAL _____

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

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

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

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

    NAME OF SURGICAL OPERATION: _____

17. Have you been hospitalized again? (_)

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

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

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

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

    THIRD HOSPITALIZATION
    ENTER THE CONDITION NAME _____

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

    ENTER NAME AND PLACE OF HOSPITAL _____

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

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

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

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

    NAME OF SURGICAL OPERATION: _____

21. Have you been hospitalized again? (_)

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

    If q21 = 2, go to q22, else go to q51.

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

FOURTH HOSPITALIZATION
ENTER THE CONDITION NAME _____

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

ENTER NAME AND PLACE OF HOSPITAL _____

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

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

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

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

NAME OF SURGICAL OPERATION: _____

25. Have you been hospitalized again? (_)

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

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

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

FIFTH HOSPITALIZATION
ENTER THE CONDITION NAME _____

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

ENTER NAME AND PLACE OF HOSPITAL _____

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

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

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

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

NAME OF SURGICAL OPERATION: _____

29. Have you been hospitalized again? (_)

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

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

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

    SIXTH HOSPITALIZATION
    ENTER THE CONDITION NAME _____

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

    ENTER NAME AND PLACE OF HOSPITAL _____

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

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

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

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

    NAME OF SURGICAL OPERATION: _____

33. Have you been hospitalized again? (_)

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

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

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

    SEVENTH HOSPITALIZATION
    ENTER THE CONDITION NAME _____

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

    ENTER NAME AND PLACE OF HOSPITAL_____

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

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

    If q35 = 2, go to q36, else go to q37.

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

    NAME OF SURGICAL OPERATION: _____

37. Have you been hospitalized again? (_)

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

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

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

    EIGHTH HOSPITALIZATION
    ENTER THE CONDITION NAME _____

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

    ENTER NAME AND PLACE OF HOSPITAL _____

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

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

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

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

    NAME OF SURGICAL OPERATION: _____

41. Have you been hospitalized again? (_)

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

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

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

    NINTH HOSPITALIZATION
    ENTER THE CONDITION NAME _____

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

    ENTER NAME AND PLACE OF HOSPITAL _____

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

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

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

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

    NAME OF SURGICAL OPERATION: _____

45. Have you been hospitalized again? (_)

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

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

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

    TENTH HOSPITALIZATION
    ENTER THE CONDITION NAME _____

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

    ENTER NAME AND PLACE OF HOSPITAL _____

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

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

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

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

    NAME OF SURGICAL OPERATION: _____

49. SKIP

50. SKIP

SECTION C. TRAUMA

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

51. Have you had any broken bones? (_)

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

If q51 = 2, go to q52, else go to q53.

52. Which bone or bones have you broken?

    Record up to ten fractures:
    (_)(_)(_)   (_)(_)(_)
    (_)(_)(_)   (_)(_)(_)
    (_)(_)(_)   (_)(_)(_)
    (_)(_)(_)   (_)(_)(_)
    (_)(_)(_)   (_)(_)(_)

    001 = SKULL   004 = NECK   113 = RIGHT HIP
    002 = JAW   007 = PELVIS   213 = LEFT HIP
    003 = BACK   008 = RIBS   313 = HIP, SIDE UNSPECIFIED

    108 = RIGHT COLLAR BONE (CLAVICLE)   208 = LEFT COLLAR BONE
    308 = COLLAR BONE, SIDE UNSPECIFIED

    109 = RIGHT ARM (SHOULDER TO ELBOW)
    209 = LEFT ARM
    309 = ARM, SIDE UNSPECIFIED
    114 = RIGHT THIGH (BELOW HIP TO KNEE)
    214 = LEFT THIGH
    314 = THIGH, SIDE UNSPECIFIED

    110 = RIGHT FOREARM (BELOW WRIST TO FINGERS)
    210 = LEFT FOREARM
    310 = FOREARM, SIDE UNSPECIFIED

    111 = RIGHT HAND
    211 = LEFT HAND
    311 = HAND, SIDE UNSPECIFIED

    118 = OTHER FRACTURE, PLEASE SPECIFY _____

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

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

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

54. Which joint or joints have you dislocated?

    _____
    (LIMIT OF 30 CHARACTERS)

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

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

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56. Since your discharge from active duty have you injured your head? (_)

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

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

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

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

SECTION D. HISTORY OF SELECTED CONDITIONS

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

58. Did a doctor tell you that you have:

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

    (_)   ARTHRITIS?
    (_)   GOUT?
    (_)   DIABETES?
    (_)   OVERACTIVE THYROID?
    (_)   UNDERACTIVE THYROID?
    (_)   ECZEMA?
    (_)   PSORIASIS?
    (_)   CHLORACNE, a form of acne related to chemical exposure, not
            regular acne
    (_)   ASTHMA?
    (_)   CHRONIC BRONCHITIS?
    (_)   EMPHYSEMA?
    (_)   TUBERCULOSIS?
    (_)   PNEUMONIA?
    (_)   HYPERTENSION, that is, high blood pressure
    (_)   HEART MURMUR?
    (_)   ANGINA?
    (_)   HEART ATTACK, also known as myocardial infarction?
    (_)   HEART FAILURE
    (_)   ENDOCARDITIS, an infection of heart valves?
    (_)   PERICARDITIS, an inflammation around the heart?
    (_)   PERIPHERAL VASCULAR DISEASE, poor circulation in arms and legs?

41

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

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

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

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

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

(_)   POST-TRAUMATIC STRESS DISORDER?
(_)   KIDNEY, BLADDER STONES?
(_)   KIDNEY, BLADDER OR URINARY TRACT INFECTION?
(_)   CHRONIC KIDNEY DISEASE?
(_)   PROSTATITIS, an inflammation of the prostate gland?
(_)   EPIDIDYMITIS?
(_)   VARICOCELE, varicose veins in the scrotum?
(_)   GONORRHEA?
(_)   SYPHILIS?
(_)   GENITAL HERPES?
(_)   INFECTIOUS MONONUCLEOSIS?
(_)   MALARIA?
(_)   MELIOIDOSIS?
(_)   BENIGN TUMOR?   _____
(_)   CANCER OF ANY KIND?   _____
                        (LIMIT OF 30 CHARACTERS)
```

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

59. Have you <u>ever</u> had any allergies?  (_)

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

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

60. Are you now allergic to          61. Did a doctor tell you this?
    any of the following
    (read list):

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

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

62. In the past <u>year</u> how many colds, bouts of flu, or upper respiratoiy
    infections have you had?

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

63. Do you <u>now</u> have a cold or the flu?  (_)

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

SECTION E.  <u>REVIEW OF SYSTEMS</u>

The next series of questions are about medical symptoms you may have n⁊w or
may have had at any time during the <u>past year</u>.

<u>DERMATOLOGY</u>

At any time during the <u>past year</u> have you had:

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

64. Frequent skin boils or abscesses?  (_)

65. Jaundice or yellow discoloration of your skin or eyes? (_)

66. Unexplained darkening of your skin?  (_)

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

INSTRUCTION TO INTERVIEWER:

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

_____

_____

## EYE, EARS, AND NOSE

At any time during the past year have you had:

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

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

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

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

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

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

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

INSTRUCTION TO INTERVIEWER:

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

_____

_____

44

RESPIRATORY

At any time during the past year have you had:

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

76. Shortness of breath while at rest (other than just after exercise)?  (_)

77. A persistent cough?  (_)

    If q77 = 2, go to q78, else go to q79.

78. Did you bring up phlegm with the cough?  (_)

79. A coughing spell brought on by exercise or cold air?  (_)

80. Sudden attacks of wheezing?  (_)

81. An episode of coughing up blood?  (_)

INSTRUCTION TO INTERVIEWER:

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

    _____

    _____


CARDIOVASCULAR

At any time during the past year have you had:

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

83. Pain or pressure in your chest when you walked fast or walked up hill?  (_)

84. An unexplained episode of your heart beating rapidly or pounding in your chest?  (_)

85. An episode of fainting or losing consciousness?  (_)

86. Middle of the night awakening because of difficulty breathing?  (_)

87. Severe pain or cramping in one or both calf muscles brought on by walking a short distance and relieved by rest?  (_)

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

_____

_____

GASTROINTESTINAL

At any time during the  past year have you had:

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

89. A loss of appetite lasting more than two weeks?  (_)

90. A rapid unexplained weight loss of more than 10 pounds? (_)

91. Unexplained difficulty swallowing food?  (_)

92. Recurrent abdominal pain in the same location?  (_)

93. Vomiting up blood?  (_)

94. A bloody or tar-like black stool?  (_)

95. Abnormally frequent or loose stools?  (_)

INSTRUCTION TO INTERVIEWER:

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

_____

_____

HEMATOLOGY-ONCOLOGY

At any time during the past year have you had:

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

97. A tendency to bleed or bruise very easily?  (_)

98. Enlarged or swollen lymph nodes (glands) in your underarms or groin?  (_)

46

INSTRUCTION TO INTERVIEWER:

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

    _____

    _____

GENITOURINARY

At any time during the past year have you had:

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

100. Unexplained frequent urination?  (_)

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

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

103. Difficulty starting to urinate?  (_)

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

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

106. Blood in your urine?  (_)

107. A discharge from your penis?  (_)

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

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

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

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

INSTRUCTION TO INTERVIEWER:

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

     _____

     _____

## NEUROLOGY

At any time during the past year have you had:

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

113. Unusually frequent or severe headaches?  (_)

        If q113 = 2, go to q114, else go to q115.

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

115. Difficulty maintaining your balance?  (_)

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

117. A seizure or convulsion?  (_)

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

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

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

INSTRUCTION TO INTERVIEWER:

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

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

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

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

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

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

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

    (_)(_) = Enter number of years

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

123. Have you <u>ever</u> consulted a doctor about the numbness?  (_)

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

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

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

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

INSTRUCTION TO INTERVIEWER:

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

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

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

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

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

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

    (_)(_) = Enter number of years

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

128. Have you _ever_ consulted a doctor about the tingling?  (_)

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

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

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

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

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

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

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

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

INSTRUCTION TO INTERVIEWER:

If not currently symptomatic, probe for limb or limbs affected when most
recently symptomatic.

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

     (_)(_) = Enter number of years

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

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

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

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

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

     If q134 = 2, go to q135, else go to q138.

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INSTRUCTION TO INTERVIEWER:

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

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

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

136. For about how many years have you had your weakness?

    (_)(_) = Enter number of years

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

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

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

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

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

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

INSTRUCTION TO INTERVIEWER:

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

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

    1 = Right         8 = Don't Know
    2 = Left           9 = Refused
    3 = Both

140. For about how many years have you had your weakness?

(_)(_) = Enter number of years

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

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

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

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

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

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

INSTRUCTION TO INTERVIEWER:

Record "no" for muscle cramps and stiffness.

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

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

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

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

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

(_)(_) = Enter number of years
77 = Less than one year
88 = Don't know
99 = Refused

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

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

INSTRUCTION TO INTERVIEWER:

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

_____

_____

RHEUMATOLOGY

At any time during the past year have you had:

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

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

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

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

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

151. Which joint or joints have been affected?

Record up to ten joints:

(_)(_)(_)                         (_)(_)(_)
(_)(_)(_)                         (_)(_)(_)
(_)(_)(_)                         (_)(_)(_)
(_)(_)(_)                         (_)(_)(_)
(_)(_)(_)                         (_)(_)(_)

101 = Right shoulder              106 = Right hip
201 = Left shoulder               206 = Left hip
301 = Both shoulders              306 = Both hips

102 = Right elbow                 107 = Right knee
202 = Left elbow                  207 = Left knee
302 = Both elbows                 307 = Both knees

103 = Right wrist                 108 = Right ankle
203 = Left wrist                  208 = Left ankle
303 = Both wrists                 308 = Both ankles

104 = Right fingers & thumb       109 = Right toes
204 = Left fingers & thumb        209 = Left toes
304 = Fingers & thumb, both
      sides                       309 = Toes, both sides

```
105 = Right jaw joint          110 = Other joint,
205 = Left jaw joint
305 = Both jaw joints
```

Please specify: _____
                    (LIMIT OF 30 CHARACTERS)

INSTRUCTION TO INTERVIEWER:

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

     _____

     _____

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

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

     If YES, specify _____

     _____

SECTION F. FAMILY HISTORY

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

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

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

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

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

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

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

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

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SECTION G. OCCUPATION

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

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

        1 = NO
        2 = YES
        9 = REFUSED

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

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

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

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

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

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

        Record business or industry (Limit of 40 characters):

        _____

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

        1 = NO
        2 = YES

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

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

        Record job title (Limit of 40 characters):

        _____

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

        Record type of business or industry

        _____

        Go to q171.

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

    1 = Disabled   4 = Looking for work
    2 = On strike   5 = Something else
    3 = Laid off   9 = Refused

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

    Enter month of termination (Range 1-12)
    If "NEVER", enter 99 and go to ql75.   _____

    Enter last 2 digits of year of termination._____

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

    _____

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

    Record type of business or industry

    _____

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

    1 = NO
    2 = YES

    If ql68 = 2, go to ql71, else go to ql169.

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

    _____

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

    _____

    Go to ql71.

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

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

    If ql71 = 2, go to ql172, else go to ql173.

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

_____

_____

_____

_____

_____

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

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

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

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

_____

_____

_____

_____

SECTION H. HABITS

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

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

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

Probe for best estimate.

If q175 = 00, go to q179, else go to q176.

176. A drink is 1 can or bottle of beer, 1 glass of wine, or 1 cocktail or shot of liquor. On the days that you drink, how many drinks do you have per day on the average? (_)(_)

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

Probe for best estimate.

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

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

Probe for best estimate.

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

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

Probe for best estimate.

Now some questions about cigarette smoking:

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

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

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

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

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

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

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

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

Probe for best estimate.

182. How many years altogether have you been a regular cigarette smoker?

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

Go to q186.

183. How long has it been since you quit?

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

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

88 = Don't know   99 = Refused

Probe for best estimate.

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

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

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

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

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

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

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

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

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

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

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

If q189 = 2, go to q190, else go to q191.

190. What drug or drugs have you used?
    (LIMIT EACH NAME TO 15 CHARACTERS)

    Specify drug: _____

                  _____

                  _____

191. Have you ever talked with a health or mental health professional about an
    alcohol or drug problem? (_)

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

192. Have you ever been admitted to a treatment program for an alcohol or drug
    problem? (_)

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

THIS CONCLUDES THE MEDICAL HISTORY QUESTIONNAIRE.

EVALUATION REPORT

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

1. Was the respondent's cooperation: (_)

        1 = VERY GOOD
        2 = GOOD
        3 = FAIR
        4 = POOR

2. The quality of the interview was: (_)

        1 = UNSATISFACTORY
        2 = QUESTIONABLE
        3 = GENERALLY RELIABLE
        4 = HIGH QUALITY

3. The main reason for the unsatisfactory or questionable quality was that the
   respondent: (_)(_)

        01 = WAS ILL OR DISABLED
        02 = SPOKE ENGLISH POORLY
        03 = WAS EVASIVE OR SUSPICIOUS
        04 = WAS BORED OR UNINTERESTED
        05 = WAS UPSET OR DEPRESSED BY THE TOPIC
        06 = WAS INTOXICATED
        07 = HAD POOR HEARING OR SPEECH
        08 = WAS CONFUSED BY FREQUENT INTERRUPTIONS
        09 = WAS INSUFFICIENTLY KNOWLEDGEABLE
        10 = WAS MENTALLY DISTURBED
        11 = SOMETHING ELSE

        SPECIFY:_____

4. Are there specific questions for which the examinee had trouble
   responding? (_)

        1 = NO
        2 = YES

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

        _____

        _____

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II. Medical Examination Forms

   H. Nerve Conduction Velocity Examination

1. Exam Code   : /N/C/O/1/   (0001-0004)
                                      :
2. Participant ID   : / / / / / / / /   (0005-0011)
                                      :
3. Participant's   :
   Name_____   :
                                      :
4. Date   Month   : / / /   (0012-0013)
                                      :
                     Day   : / / /   (0014-0015)
                                      :
                     Year   : / / /   (0016-0017)
                                      :
5. Time Started   Hour   : / / /   (0018-0019)
                                      :
                     Min   : / / /   (0020-0021)
                                      :
6. Employee ID   : / / / / /   (0022-0025)
                                      :
7. Examination Status   : / /   (0026)
                                      :
   1=complete   :
   2=sick   :
   3=terminated   :
   4=physically impaired   :
   7=other   :
   8=don't know   :
   9=refused   :
                                      :
                                      :
A. MEDIAN NERVE   :
                                      :
8. MOTOR - DISTAL STIMULATION   :
   Onset latency (msec)   : / / /./ / /   (0027-0030)
   9996=none detectable   :
   9997=not applicable   :
   9998=don't know   :
   9999=refused   :
                                      :
9. MOTOR - DISTAL STIMULATION   :
    Amplitude (uV)   : / / / / /   (0031-0035)
   Range: 0400 uV - 25000 uV   :
   99996=none detectable   :
   99997=not applicable   :
   99998=don't know   :
   99999=refused   :
                                      :

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10. MOTOR - PROXIMAL STIMULATION :   ____ ____
    Onset latency (msec)   : / / /./ / /   (0036-003⁹)
    9996=none detectable   :
    9997=not applicable   :
    9998=don't know   :
    9999=refused   :
                            :
11. MOTOR - DISTANCE BETWEEN   :   _____
    STIMULATION SITES (mm) : / / / /   (0040-004²)
    996=none detectable   :
    997=not applicable   :
    998=don't know   :
    999=refused   :
                            :
12. MOTOR - CONDUCTION VELOCITY :
    (Not keypunched,   :
     meters/sec)   :
    Range: 20m/s - 70m/s   :
    96=none detectable   :
    97=not applicable   :
    98=don't know   :
    99=refused   :
                            :
13. SENSORY - DISTAL STIMULATION :   ____ ____
    Onset latency (msec)   : / / /./ / /   (0043-004⁶)
    9996=none detectable   :
    9997=not applicable   :
    9998=don't know   :
    9999=refused   :
                            :
14. SENSORY - DISTAL STIMULATION :   ____   _____
    Amplitude (uV)   : / / /./ / / /   (0047-⁰051)
    Range: 00.500uV - 48.000uV :
    99996=none detectable   :
    99997=not applicable   :
    99998=don't know   :
    99999=refused   :
15. SENSORY - PROXIMAL   :
    STIMULATION   :   ____ ____
    Onset latency (msec)   : / / /./ / /   (0052-005⁵)
    9996=none detectable   :
    9997=not applicable   :
    9998=don't know   :
    9999=refused   :
                            :
16. SENSORY - DISTANCE BETWEEN   :   _____
    STIMULATION SITES (mm) : / / / /   (0056-0058)
    996=none detectable   :
    997=not applicable   :
    998=don't know   :
    999=refused   :
                            :

17. SENSORY - DISTANCE BETWEEN :
    DISTAL : _____
    STIMULATING SITE AND : / / / / (0059-0061)
    ACTIVE ELECTRODE :
    996=none detectable :
    997=not applicable :
    998=don't know :
    999=refused :
      :
18. SENSORY - DISTAL CONDUCTION :
    VELOCITY :
    (Not keypunched, :
     meters/sec) :
    Range: 20m/s - 70m/s :
    96=none detectable :
    97=not applicable :
    98=don't know :
    99=refused :
      :
19. SENSORY - PROXIMAL :
    CONDUCTION VELOCITY :
    (Not keypunched, :
     meters/sec) :
    Range: 20m/s - 70m/s :
    96=none detectable :
    97=not applicable :
    98=don't know :
    99=refused :
      :
B. ULNAR NERVE :
      :
      :
20. SENSORY - DISTAL STIMULATION : ____   ____
    Onset latency (msec) : / / /./ / / (0062-0065)
    9996=none detectable :
    9997=not applicable :
    9998=don't know :
    9999=refused :
      :
21. SENSORY - DISTAL STIMULATION : ____   _____
    Amplitude (uV) : / / /./ / / (0066-0070)
    Range: 00.500uV - 48.000uV :
    99996=none detectable :
    99997=not applicable :
    99998=don't know :
    99999=refused :
      :

22. SENSORY – DISTANCE BETWEEN   :
       DISTAL STIMULATING SITE   :
       AND ACTIVE ELECTRODE (mm)   : / / / /   (0071-007])
       996=none detectable   :
       997=not applicable   :
       998=don't know   :
       999=refused   :
                                      :
23. SENSORY – DISTAL CONDUCTION   :
       VELOCITY   :
       (Not keypunched,   :
         meters/sec)   :
       Range: 20m/s – 70m/s   :
       96=none detectable   :
       97=not applicable   :
       98=don't know   :
       99=refused   :
                                      :
                                      :
C. PERONEAL NERVE   :
                                      :
                                      :
24. MOTOR – DISTAL STIMULATION   :   ___   ___
       Onset latency (msec)   : / / /./ / /   (0074-007])
       9996=none detectable   :
       9997=not applicable   :
       9998=don't know   :
       9999=refused   :
                                      :
25. MOTOR – DISTAL STIMULATION   :   _____
       Amplitude (uV)   : / / / / / /   (0078-008])
       Range: 0400 uV – 25000 uV   :
       99996=none detectable   :
       99997=not applicable   :
       99998=don't know   :
       99999=refused   :
                                      :
26. MOTOR – PROXIMAL STIMULATION   :   ___   ___
       Onset latency (msec)   : / / /./ / /   (0083-008])
       9996=none detectable   :
       9997=not applicable   :
       9998=don't know   :
       9999=refused   :
                                      :
27. MOTOR – DISTANCE BETWEEN   :   _____
       STIMULATION SITES (mm)   : / / / /   (0087-008])
       996=none detectable   :
       997=not applicable   :
       998=don't know   :
       999=refused   :
                                      :

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```
28. MOTOR - CONDUCTION VELOCITY  :
        (Not keypunched,          :
         meters/sec)              :
    Range: 20m/s - 70m/s          :
    96=none detectable            :
    97=not applicable             :
    98=don't know                 :
    99=refused                    :
                                  :
                                  :
D. SURAL NERVE                    :
                                  :
                                  :
29. SENSORY - DISTAL STIMULATION  :   ____   ____
        Onset latency  (msec)     : / / /./ / /              (0090-0093)
    9996=none detectable          :
    9997=not applicable           :
    9998=don't know               :
    9999=refused                  :
                                  :
30. SENSORY- DISTAL STIMULATION   :   ____   _____
        Amplitude  (uV)           : / / /./ / / /            (0094-0098)
    Range: 00.500uV - 36.000uV    :
    99996=none detectable         :
    99997=not applicable          :
    99998=don't know              :
    99999=refused                 :
                                  :
31. SENSORY - DISTANCE BETWEEN    :
        DISTAL STIMULATING        :   _____
        SITE AND ACTIVE           : / / / /                  (0099-0101)
        ELECTRODE  (mm)           :
    996=none detectable           :
    997=not applicable            :
    998=don't know                :
    999=refused                   :
                                  :
32. SENSORY - DISTAL CONDUCTION   :
        VELOCITY                  :
    (Not keypunched, meters/sec)  :
    Range: 20m/s - 70m/s          :
    96=none detectable            :
    97=not applicable _____     :
    98=don't know                 :
    99=refused                    :
                                  :
                                  :
```

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E. TEMPERATURES

33. UPPER LIMB SIDE TESTED   : /_/   (0102)

       1=right side only   :
       2=left side only   :
       3=both sides   :
       4=neither side   :
       7=not applicable   :
       8=don't know   :
       9=refused   :
                                          :
                                          :
34. UPPER LIMB - PALM   : /_/_/./_/   (0103-0105)
        (degrees C.)   :
                                          :
       Range: 30.0 C. - 36.9 C.   :
       997=not applicable   :
       998=don't know   :
       999=refused   :
                                          :
35. UPPER LIMB - FOREARM   : /_/_/./_/   (0106-0108)
        (degrees C.)   :
                                          :
       Range: 30.0 C. - 36.9 C.   :
       997=not applicable   :
       998=don't know   :
       999=refused   :
                                          :
                                          :
36. LOWER LIMB SIDE TESTED   : /_/   (0109)

       1=right side only   :
       2=left side only   :
       3=both sides   :
       4=neither side   :
       7=not applicable   :
       8=don't know   :
       9=refused   :
                                          :
37. LOWER LIMB - FOOT   : /_/_/./_/   (0110-0112)
         (degrees C.)   :
                                          :
       Range: 30.0 C. - 36.9 C.   :
       997=not applicable   :
       998=don't know   :
       999=refused   :
                                          :

38. LOWER LIMB – UPPER-CALF   : $\underline{/\quad/}.\underline{/\quad/}$ (0113-0115)
        (degrees C.)   :
                                     :
    Range: 30.0 C. – 36.9 C.   :
    997=not applicable   :
    998=don't know   :
    999=refused   :
                                     :
                                     :
39. IF PROXIMAL MOTOR AMPLITUDE   : $\underline{/\quad/}$ (0116)
    (FOR NO. 9 AND/OR 25)   :
                                     :
    1=median nerve only   :
    2=peroneal nerve only   :
    3=median and peroneal   :
      nerves   :
    6=none detectable   :
    7=not applicable (distal   :
      amplitude at both sites)   :

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II. Medical Examination Forms

 I. Neurological Examination

Participant ID#:_____ Participant's Name:_____._____

2) Exam Date:_____

3) Start Time:_____ Physician ID:_____

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

A: CRANIAL NERVES

        RT   LT

5) _____   6) _____ SMELL (1-Normal; 2-Abnormal; 3-Don't Know; Missing)
7) _____   8) _____ VISUAL FIELD (1-Normal; 2-Abnormal)

                     If ABNORMAL, indicate quadrant.

        9)   RT_____

       10)   LT_____

11) _____   12) _____ OPTIC DISC (1-Normal; 2-Atrophy; 3-Papilledema;
                                  4-Other-Specify)

       13)   RT_____

       14)   LT_____

15) _____   16) _____ PUPIL SIZE (MM)

17) _____   18) _____ LIGHT REACTION (1-Normal; 2-Sluggish; 3-None)

19) _____   20) _____ PTOSIS (1-Absent; 2-Partial; 3-Complete)

21) _____   22) _____ OCULAR MOBILITY (1-Normal; 2-Strabismus;
                                       3-Dysmetria; 4-Nerve/Muscle/Gaze
                                       Paresis 5-Other-Specify)

       23)   RT_____

       24)   LT_____

25) _____   26) _____ NYSTAGMUS (1-None; 2-Horizontal; 3-Vertical;
                                 4-Rotary; 5-Other-Specify)

27)   RT_____

28)   LT_____

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

        SPECIFY: _____

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

31) ____   FACIAL PAIN PERCEPTION (1-Normal; 2-Abnormal)

                If ABNORMAL, then (1-Normal; 2-Increased; 3-Decreased;
                                      4-Absent; 5-Other-Specify)

32) ____ 33) ____   OPHTHALMIC

34) ____ 35) ____   MAXILLARY

36) ____ 37) ____   MANDIBULAR

        SPECIFY: _____

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

        40)   RT_____

        41)   LT_____

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

        SPECIFY: _____

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

        SPECIFY: _____

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

        SPECIFY: _____

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

49)   RT_____

50)   LT_____

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

53)   RT_____

54)   LT_____

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

SPECIFY: _____

B. MOTOR SYSTEMS

  RT   LT

1) ____ AMPUTATION LOSSES (1-No; 2-Yes)

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

2) ____ HAND 3) ____ ARM

4) ____ FINGERS 5) ____ LEG

6) ____ FOOT 7) ____ OTHER

SPECIFY _____

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

9) ____ 10) ____ HEMIPARETIC

11) ____ 12) ____ SPASTIC

13) ____ 14) ____ ATAXIC

15) ____ 16) ____ PARKINSONIAN

17) ____ 18) ____ FOOT DROP

SPECIFY: _____

19) _____ 20) _____   ARM SWING (1-Normal; 2-Reduced; 3-Other-Specify)

21)   RT_____

22)   LT_____

23) _____   TANDEM GAIT (1-Normal; 2-Abnormal)

24) _____   STATION (Eyes Open) (1-Normal; 2-Abnormal)

25) _____   STATION (Eyes Closed) (1-Normal; 2-Abnormal)

26) _____   ABNORMAL CONSISTENCY (1-Absent; 2-Present)
                If PRESENT, then (1-Absent; 2-Present)

27) _____ 28) _____   HAND

29) _____ 30) _____   ARM

31) _____ 32) _____   LEG

33) _____   TRUNK

34) _____   NECK

35) _____   MUSCLE "TONE" (1-Normal; 2-Abnormal)

                If ABNORMAL, then (1-Normal; 2-Rigid; 3-Spastic;
                                   4-Chorea; 5-Athetosis)

36) _____ 37) _____   HAND

38) _____ 39) _____   ARM

40) _____ 41) _____   LEG

42) _____   TRUNK

43) _____   NECK

44) _____   ATROPHY (1-Absent; 2-Present)
                If PRESENT, then 1-Absent; 2-Present

45) _____ 46) _____   HAND

47) _____ 48) _____   ARM

49) _____ 50) _____   LEG

51) _____   TRUNK

52) _____   NECK

STRENGTH (1-Normal; 2-Decreased)

53) ____ 54) ____   DELTOIDS

55) ____ 56) ____   BICEPS

57) ____ 58) ____   TRICEPS

59) ____ 60) ____   WRIST EXT

61) ____ 62) ____   GRIP

63) ____ 64) ____   FINGER ABDUCTORS

65) ____ 66) ____   HIP FLEXORS

67) ____ 68) ____   KNEE EXT

69) ____ 70) ____   KNEE FLEXOR

71) ____ 72) ____   DORSIFLEXORS

73) ____ 74) ____   PLANTAR FLEXOR

75) ____ 76) ____   TOE EXT

77) ____ 78) ____   TREMORS-ARM (1-None; 2-Parkinsonian; 3-Essential;
                                    4-Cere.; 5-Anxiety; 6-Other-Specify)

          79)   RT_____

          80)   LT_____

81) ____   FINGER - NOSE ATAXIA (1-None; 2-Right;
                                            3-Left; 4-Both RT & LT)

82) ____   HAND PRONATION/SUPINATION (1-Normal; 2-RT Abnormal;
                                            3-LT Abnormal; 4-Both
                                            Abnormal)

83) ____   HEEL - SHIN ATAXIA (1-None; 2-Right; 3-Left;
                                            4-Both RT & LT)

84) ____   FINGER TAPPING (1-Normal; 2-RT Abnormal;
                                            3-LT Abnormal; 4-Both Abnormal)

85) ____   ARM DRIFT (1-None; 2-Right; 3-Left; 4-Both

86) ____   EXCESS REBOUND (1-None; 2-Right; 3-Left;
                                            4-Both RT & LT)

87) ____   SPEECH   (1-Normal; 2-Dysarthric; 3-Aphasic;
                                   4-Stammer/Stutter; 5-Other-Specify)

        SPECIFY: _____

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

                          If PRESENT, specify below:

                          _____

                          _____

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

    RT   LT

1) ____   2) ____   BICEPS

3) ____   4) ____   TRICEPS

5) ____   6) ____   KNEE

7) ____   8) ____   ANKLE

9) ____   10) ____   PLANTAR RESPONSE (1-Normal; 2-Reversed;
                                           3-Absent; 4-Other-Specify)

          11)   RT_____

          12)   LT_____
    RT   LT

13) ____   ____   OTHER REFLEX CONDITION (1-Absent; 2-Present)

                          If PRESENT, then specify

                   _____

D. PERIPHERAL SENSORY TESTING

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

ARMS

    RT   LT

        PROXIMAL

```
1) ____    2) ____       DORSAL

3) ____    4) ____       VENTRAL


           DISTAL

5) ____    6) ____       DORSAL

7) ____    8) ____       VENTRAL
```

LEGS

```
    RT         LT

         PROXIMAL

 9) ____   10) ____      DORSAL

11) ____   12) ____      VENTRAL
```
LEGS

```
    RT         LT

         DISTAL

13) ____   14) ____      DORSAL

15) ____   16) ____      VENTRAL
```

VIBRATORY SENSATION   (1–Normal; 2–Decreased; 3–Absent; 4–Not
                      applicable due to missing limb; 5–Not
                      Done)

LATERAL MALLEOLUS

```
    RT         LT

17) ____   18) ____
```

PATELLA

```
    RT         LT

19) ____   20) ____
```

SENSORY EXTINCTION (1–None; 2–Right is not perceived; 3–Left
                   is not perceived; 4–Right and Left are
                   not consistently perceived.

```
21) ____   Face
```

75

22) _____   Arm

23) _____   Legs

24) _____   Visual Field

_____   TIME COMPLETE
COMMENTS TO DIAGNOSTICIAN (FREE TEXT)

_____

_____

_____

_____

_____

_____

_____

_____

_____

II. Medical Examination Forms

   J. Pulmonary Function Examination

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

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

3. Participant's Name_____ :

4. Date   Month   : / / /   (0012-0013)

                       Day   : / / /   (0014-0015)

                       Year   : / / /   (0016-0017)

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

                       Min   : / / /   (0020-0021)

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

7. Examination Status   : / /   (0026)

   1=complete
   2=sick
   3=terminated
   4=physically impaired
   7=other
   8=don't know
   9=refused

_____ :

8. SVC – Actual (liters)   : / / /./ / /   (0027-0030)

   9997=not applicable
   9998=don't know
   9999=refused

9. FVC – Actual (liters)   : / / /./ / /   (0031-0034)

   9997=not applicable
   9998=don't know
   9999=refused

10. FEV1 - Actual (liters)   : /__/__/./__/__/   (0035-0038)
                                    :
    9997=not applicable   :
    9998=don't know   :
    9999=refused   :
                                    :
                                    :
11. FEV1/FVC (ratio)   : /__/__/./__/__/   (0039)-0042)
                                    :
    9997=not applicable   :
    9998=don't know   :
    9999=refused   :
                                    :
                                    :
12. PEF - Actual (liters/sec)   : /__/__/./__/__/   (0043-0046)
                                    :
    9997=not applicable   :
    9998=don't know   :
                                    :
13. MMEF - Actual (liters/sec)   : /__/__/./__/__/   (0047-0050)
                                    :
    9997=not applicable   :
    9998=don't know   :
    9999=refused   :
                                    :
                                    :
14. MMIF - Actual (liters/sec)   : /__/__/./__/__/   (0051-0054)
                                    :
    9997=not applicable   :
    9998=don't know   :
    9999=refused   :
                                    :
                                    :
15. ADEQUATE EFFORT   : /__/   (0055)
                                    :
    1=yes   :
    2=no   :

II. Medical Examination Forms

   K. Peripheral Vascular Examination (Doppler)

   1. EXAM CODE   : /P/V/Q/1/   (0001--0004)

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

   3. Participant's Name_____   :

   4. Date   Month : / / /   (0012--0013)

                              Day   : / / /   (0014--0015)

                              Year : / / /   (0016--0017)

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

                              Min   : / / /   (0020--0021)

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

   7. Examination Status   : / /   (0026)

      1=complete
      2=sick
      3=terminated
      4=physically impaired
      7=other
      8=don't know
      9=refused

   _____

   8. RADIAL PULSE MORPHOLOGY - RT   : / /   (0027)

      1=normal
      2=monophasic
      3=absent pulse
      7=not applicable
      8=don't know
      9=refused

9. RADIAL PULSE MORPHOLOGY - LT : /_/   (0028)

  1=normal
  2=monophasic
  3=absent pulse
  7=not applicable
  8=don't know
  9=refused

10. DORSALIS PEDIS MORPHOLOGY - RT : /_/   (0029)

  1=normal
  2=monophasic
  3=absent pulse
  7=not applicable
  8=don't know
  9=refused

11. DORSALIS PEDIS MORPHOLOGY - LT : /_/   (0030)

  1=normal
  2=monophasic
  3=absent pulse
  7=not applicable
  8=don't know
  9=refused

12. POSTERIOR TIBIAL MORPHOLOGY - RT : /_/   (0031)

  1=normal
  2=monophasic
  3=absent pulse
  7=not applicable
  8=don't know
  9=refused

13. POSTERIOR TIBIAL MORPHOLOGY - LT : /_/   (0032)

  1=normal
  2=monophasic
  3=absent pulse
  7=not applicable
  8=don't know
  9=refused

14. RESTING ARM PRESSURE – RT : / / / / (0033-0035)

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

15. RESTING ARM PRESSURE – LT : / / / / (0036-0038)

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

16. VERIFICATION – RT ARM PRESSURE : / / / / (0039-0041)

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

17. VERIFICATION – LT ARM PRESSURE : / / / / (0042-0044)

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

18. RESTING ANKLE PRESSURE – RT : / / / / (0045-0047)

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

19. RESTING ANKLE PRESSURE – LT : / / / / (0048-0050)

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

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20. VERIFICATION – RT ANKLE PRESSURE : ////   (0051-0053)

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

    Range: 050 – 350   :
    997=not applicable   :
    998=don't know   :
    999=refused   :
                                          :
                                          :
22. RESTING PRESSURE INDEX – RT   :
    (Not keypunched)   :
                                          :
    Range: 0.50 – 2.59   :
    997=not applicable   _____   :
    998=don't know   :
    999=refused   :
                                          :
                                          :
23. RESTING PRESSURE INDEX – LT   :
    (Not keypunched)   :
                                          :
    Range: 0.50 – 2.59   :
    997=not applicable   _____   :
    998=don't know   :
    999=refused   :
                                          :
                                          :
24. MAXIMAL BRACHIAL PRESSURE – RT   : ////   (0057-0059)

    Range: 050 – 350   :
    997=not applicable   :
    998=don't know   :
    999=refused   :
                                          :
                                          :
25. MAXIMAL BRACHIAL PRESSURE – LT   : ////   (0060-0062)

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

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26. IMMEDIATE POST OCCLUSION ANKLE   : ___ ___
     PRESSURE   -   RT   : / / / /   (0063-0065)

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

27. IMMEDIATE POST OCCLUSION ANKLE   : ___ ___
     PRESSURE   -   LT   : / / / /   (0066-0068)

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

28. HYPEREMIC INDEX - RT   :
     (Not keypunched)   :

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

29. HYPEREMIC INDEX - LT   :
     (Not keypunched)   :

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

30. ANKLE PRESSURE, ONE MINUTE POST   : ___ ___
     OCCLUSION   -   RT   : / / / /   (0069-0071)

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

31. ANKLE PRESSURE, ONE MINUTE POST   : ___ ___
     OCCLUSION   -   LT   : / / / /   (0072-0074)

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

32. RECOVERY INDEX - RT
    (Not keypunched)

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

33. RECOVERY INDEX - LT
    (Not keypunched)

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

II. Medical Examination Forms

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

1. EXAM CODE : /0/1/0/1/   (0001-0004)

2. Participant ID : /_/_/_/_/_/_/_/ (0005-0011)

3. Participant's Name_____ :

4. Date   Month : /_/_/   (0012-0013)

                     Day : /_/_/   (0014-0015)

                     Year : /_/_/   (0016-0017)

5. Time Started   Hour : /_/_/   (0018-0019)

                     Min : /_/_/   (0020-0021)

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

7. Examination Status : /_/   (0026)

    1=Complete   7=Other
    2=Sick   8=Don't Know
    3=Terminated   9=Refused
    4=Physically
       impaired

INDEX FINGER

8. Side Tested : /_/   (0027)

    1=Right   GO TO question 9
    2=Left   GO TO question 9
    7=Not Applic.   SKIP TO question 29
    8=Don't Know   GO TO question 9
    9=Refused   SKIP TO question 29

FIVE LOWEST VOLTAGE SETTINGS OF
    CORRECT CHOICES (questions 9-18)

9. Lowest - Switch Setting : /_/   (0028)

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

10. Lowest - Voltage (volts) : /_/_/   (0029-0030)

    98=Don't Know

11. Second Lowest - Switch Setting   : /_/   (0031)

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

12. Second Lowest - Voltage (volts)   : /_/_/   (0032-0033)

    98=Don't Know

13. Third Lowest - Switch Setting   : /_/   (0034)

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

14. Third Lowest - Voltage (volts)   : /_/_/   (0035-0036)

    98=Don't Know

15. Fourth Lowest - Switch Setting   : /_/   (0037)

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

16. Fourth Lowest - Voltage (volts)   : /_/_/   (0038-0039)

    98=Don't Know

17. Fifth Lowest - Switch Setting   : /_/   (0040)

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

18. Fifth Lowest - Voltage (volts)   : /_/_/   (0041-0042)

    98=Don't Know

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

19. First Incorrect - Switch Setting   : /_/   (0043)

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

20. First Incorrect - Voltage (volts)   : /_/_/   (0044-0045)

    98=Don't Know

21. Second Incorrect – Switch Setting   : $\underline{/\ \ /}$ (0046)

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

22. Second Incorrect – Voltage (volts)   : $\underline{/\ /\ /}$ (0047-0048)

    98=Don't Know

23. Third Incorrect – Switch Setting   : $\underline{/\ \ /}$ (0049)

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

24. Third Incorrect – Voltage (volts)   : $\underline{/\ /\ /}$ (0050-0051)

    98=Don't Know

25. Fourth Incorrect – Switch Setting   : $\underline{/\ \ /}$ (0052)

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

26. Fourth Incorrect – Voltage (volts)   : $\underline{/\ /\ /}$ (0053-0054)

    98=Don't Know

27. Fifth Incorrect – Switch Setting   : $\underline{/\ \ /}$ (0055)

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

28. Fifth Incorrect – Voltage (volts)   : $\underline{/\ /\ /}$ (0056-0057)

    98=Don't Know

<u>GREAT TOE</u>

29. Side Tested   : $\underline{/\ \ /}$ (0058)

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