

VARIABLES	WHICH FORM?										
	V-1	V-2	V-3	DIET	6-MO	YR 1	YR 2	YR 3	YR 4	YR 4.5	YR 5
CONSENT/DEMOGR./ANTHRO.											
Willingness to be in the study	X	consent	X								
Willingness to provide blood		X									
Willingness to do cog. interview		X									
Age in years	X										
Date of birth (mo/day/yr)		X	X	X	X	X	X	X	X	X	X
Gender	X	X									
Race	X										
Ethnicity	X										
Education	X										
Household income			X								
Weight		X				X	X	X	X		X
Height		X									
Full social security number (SSN)		X	X								
SSN – last 4 digits only					X	X	X	X	X		
Phone numbers		X	X		X	X	X	X	X	X	
E-mail address			X		X	X	X	X	X	X	
Provide contact information			X			X	X	X	X		
DIET											
Dairy, eggs/meat, seafood, fruits & vegetables, beverages, and miscellaneous				X						X	
ALCOHOL CONSUMPTION											
Beer, wine, liquor – average use/year				X					X	X	
LIMITED IN DAILY ACTIVITY											
Climbing stairs, bending, kneeling, bathing, walking, lifting, moderate and vig activity				X				X	X		X

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INDEPENDENT IN DAILY LIFE											
Feed, dress, bed, bath				X			X	X	X		X
FAMILY HISTORY											
Heart attack, diabetes, blood pressure, hip fracture, cancer				X							
DIETARY SUPPLEMENTS											
Vitamin D	X		X		X	X	X	X	X		X
Fish oil (incl. krill, cod liver at YR 2)	X	X	X		X	X	X	X	X		X
Other supplmt. containing Omega-3					X						
Calcium		X	X		X	X	X	X	X		X
Multivitamins				X						X	
Vitamin A							X				
Any other supplements (listed)				X						X	
MEDICATION USE											
Anti-coagulant / blood thinner		X	X			X	X	X	X		X
Aromatase inhibitor			X			X	X	X	X		X
Aspirin (and days/month)			X			X	X	X	X		X
Bone loss meds (listed)			X			X	X	X	X		X
Calcitriol			X			X	X	X	X		X
Clopidogrel (Plavix)/antiplatelet med							X	X	X		X
Corticosteroids			X			X	X	X	X		X
Diabetes meds (listed)		X				X	X	X	X		X
Estrogen						X	X	X	X		X
Hypertension meds (listed)		X				X	X	X	X		X
Lithium						X	X	X	X		X
Non-statin cholesterol lowering			X			X	X	X	X		X
NSAID											X
Serotonin reuptake inhibitor			X			X	X	X	X		X
Statins			X			X	X	X	X		X
Tamoxifen			X			X	X	X	X		X
Thyroid medications								X	X		X

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OTHER MEDS USE											X
H2 antagonists											X
Loop diuretics											X
Proton pump inhibitors											X
Thiazide diuretics											
DIAGNOSES / PROCEDURES											
Allergies to soy/allergies to FO		X	X								
Atrial fib. or other irreg. rhythm			X			X	X	X			X
Cancer (other than skin cancer)	X		X		X	X	X	X	X	X	X
Cancer – SKIN (type)	X		X		X	X	X	X	X		X
Carotid artery surgery			X			X	X	X	X		X
Carotid stenosis			X			X	X	X	X		X
Cataract			X								
Cataract surgery (extraction)			X			X	X	X	X		X
Celiac disease						X					
Chest Pain (angina) – hospitalized?			X			X	X	X	X		X
Cirrhosis / other severe liver dis.		X	X			X	X	X	X		X
Colon or rectal polyps			X			X	X	X	X		X
Polyp: repeat scope 5 years									X		X
Coronary angioplasty or stent	X		X		X	X	X	X	X	X	X
Coronary bypass surgery	X		X		X	X	X	X	X	X	X
Deep vein thrombosis			X			X	X	X	X		X
Diabetes		X	X			X	X	X	X		X
Fibr. breast disease – how confirmed?			X			X	X	X	X		X
Gastric bypass surgery			X			X	X	X	X		X
Headaches – describe symptoms		X							X		
Headaches - recurring										X	
Heart attack	X		X		X	X	X	X	X	X	X
Heart or congestive heart failure			X			X	X	X	X		X
Hypercalcemia		X	X		X	X	X	X	X		X
Hypertension		X				X	X	X	X		X

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Intermittent claudication			X			X	X	X	X		X
Kidney failure or dialysis		X	X			X	X	X	X		X
Kidney stones		X	X		X	X	X	X	X		X
Leg pain										X	
Macular degeneration		X				X	X	X	X		X
Multiple sclerosis			X			X	X	X	X		X
Parathyroid/thyroid conditions		X	X		X	X	X	X	X		X
Parkinson's disease			X			X	X	X	X		X
Peptic ulcer			X						X		X
Periodontal disease			X			X	X	X	X		X
Peripheral artery surgery / stenting			X			X	X	X	X		X
Pneumonia – Dx / hospitalized?		X				X	X	X	X		X
Prostatic hyperplasia			X						X		X
Prostatitis			X						X		X
Pulmonary embolism			X			X	X	X	X		X
RLS – describe symptoms		X							X		X
Sarcoid or Wegener's		X	X			X	X	X	X		X
Stroke	X		X		X	X	X	X	X	X	X
Mini-stroke (TIA)		X	X		X	X	X	X	X	X	X
Tuberculosis		X	X			X	X	X	X		X
Uterine fibroids			X								
OTHER major illness		X				X	X	X	X		X
POTENTIAL SIDE EFFECTS											
Stomach upset or pain			X		X	X	X	X	X		X
Nausea			X		X	X	X	X	X		X
Constipation			X		X	X	X	X	X		X
Diarrhea			X		X	X	X	X	X		X
Skin rash			X		X	X	X	X	X		X
Colds or URI			X		X	X	X	X	X		X
Flu-like symptoms			X		X	X	X	X	X		X
Frequent nosebleeds			X		X	X	X	X	X		X

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Easy bruising			X		X	X	X	X	X		X
Blood in urine			X		X	X	X	X	X		X
GI bleeding			X		X	X	X	X	X		X
Bad taste in mouth			X		X	X	X	X	X		X
Increased burping					X	X	X	X	X		X
PILL COMPLIANCE											
Past month – days missed			X								
“Typical” month – days missed					X	X	X	X	X		X
Reason missed			X		X	X	X	X	X		X
Are you currently taking?					X	X	X	X	X		X
PHYSICAL ACTIVITY											
Time spent in weekly activities			X					X			
Flights of stairs climb daily			X					X			
Usual walking pace			X					X			
SMOKING HISTORY											
Smoked 100 cigarettes			X								
Currently smoking (avg. cigs/day)			X			X		X			X
Avg cigs./day – currently & lifetime			X								
OTHER RISK FACTORS											
Skin color / reaction to sun exposure		X									
Lost 5 lbs. or more in past 2 years		X									
Specific blood pressure (SBP/DBP)		X									
Total cholesterol		X									
Menopausal history			X								
SCREENING											
Rectal exam			X				X		X		X
Hemoccult or guaiac			X				X		X		X
Colonoscopy			X				X		X		X
Sigmoidoscopy			X				X		X		X
Barium enema x-ray			X				X		X		X
Eye exam		X				X	X		X		X

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BP measured						X	X		X		X
PSA test			X				X		X		X
Mammogram			X			X	X		X		X
Breast biopsy			X			X	X		X		X
Fasting blood sugar									X		X
ANCILLARY QUESTIONS											
DIABETIC KIDNEY DISEASE <ul style="list-style-type: none"> Dx of diabetes and treatment Had blood glucose test Dx of DKD 		X									
KNEE PAIN <ul style="list-style-type: none"> How often have pain Pain when walking and for how long Knee replacement surgery Have osteoarthritis 		X									
AUTOIMMUNE DISEASE <ul style="list-style-type: none"> Thyroid IBD PMR RA Psoriasis Other 		X				X	X	X	X		X
HYPERTENSION <ul style="list-style-type: none"> Have hypertension Taking hypertensive meds Current BP (SBP/DBP) 		X				X	X	Only meds: BP or other reason	Only meds: BP or other reason		Only meds: BP or other reason
ANEMIA <ul style="list-style-type: none"> Dx of anemia Transfusion for anemia Evaluated by hematologist 		X				X	X	X	X		

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RESPIRATORY DISEASE <ul style="list-style-type: none"> • Usually cough • Usually bring up phlegm • Chest wheezy • Asthma Dx • Any chronic lung diseases • Recent Dx of pneumonia 		X				X	X	X	X		X (not all)
FRACTURES <ul style="list-style-type: none"> • Broken bones (which/when) 			X			X	X	X	X		X
MOOD <ul style="list-style-type: none"> • Depression Dx • Felt sad 2+ weeks • Felt sad most days in 2 or more years • Past 2 weeks have you had these feelings (listed) 			X			X	X	X	Dx only		X
FALLS <ul style="list-style-type: none"> • Number of falls • Result - need to see a doctor • Evaluated at hospital 				X		X	X	X	X		X
INFECTION <ul style="list-style-type: none"> • Number of colds • Have you had any of these infections (listed) or treated with antibiotics or flu vaccine 				X		X	X	X	# of colds only		# of colds only
DRY EYE <ul style="list-style-type: none"> • Eyes dry often • Eyes irritated often • Dx of dry eye 		X				X	X	X	X		X

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OTHER QUESTIONS											
Urinary incontinence							X				
CHF hospitalization or emergency room						X	X	X	X		X
Number of pregnancies							X				
Gestational diabetes							X				
Preeclampsia/gestational hypertension							X				
In general, describe your health			X			X	X	X	X		X
Memory in past year									X		X
Change in hearing past year									X		
Current hearing									X		
Ringing in ears									X		
Marital status											X
Where do you live											X
With whom do you live											X
Are you a caregiver											X