

BIENNIAL VISIT



The ACT Project
Epidemiology Questionnaire
University of Washington
March 14, 2001

Sept 2020 added Visit type = 6

78
FORM 2 3

SUBJECT ACT No.: 4 5 6 7 8 9
CHARSUB Char ID: 10 11 12
DATE Date: 13 14 / 15 16 / 17 18 DATE_MO
VISIT Visit No.: 01 DATE_DAY DATE_YR
VTYPE TYPE: Biennial - 2 19
Remote - 6
INT Interviewer No.: 20 21 22

Residential/Occupational History

1.0. What is your employment status **now**?

Employed.....	1
Homemaker.....	2
Retired.....	3
Disabled, unable to work.....	4
Unemployed, seeking work.....	5
Unemployed, not seeking work.....	6
Don't know.....	9

23 EPI

1.1 If employed at least one year since your last visit, what is/was your occupation or job title? **EPI_1**

OFFICE USE
<u>24 25 26</u>
(CODE OCCUPATION)

1.2 What were your duties? _____

1.3 Type of company/department: **EPI_3**

OFFICE USE
<u>27 28 29</u>
(CODE COMPANY)

Smoking History

		Yes	No	?
3.0. SINCE YOUR LAST VISIT, have you smoked more than 100 cigarettes?..... (If NO, skip to question 4.)	EP30 30	1	0	9
3.3. Do you smoke cigarettes now?.....	EP33 31	1	0	9 8
3.5. If YES, how many cigarettes a day do you smoke now?.....	EP35_A 32 33 34 cigarettes or			888
	EP35_B 35 36 packs (1 pack = 20 cigs)			888
4.0. SINCE YOUR LAST VISIT have you smoked pipes or cigars regularly?..... (If NO, skip to question 5.1)	EP40 37	1	0	9
4.2. About how many pipes/cigars per week?.....	EP42_W 38 39 40			888
	EP42_D 41 42 43			

Alcohol Use (Questions 5.1-5.5 Removed 01/14/2019)		Yes	No	?	
5.1.	Since your last visit, have you had more than 5 drinks (beer, wine or liquor) per year?..... EP51 44 (If NO, skip to question 8)	1	0	9	
5.2.	If YES, since your last visit, has a doctor suggested that you cut down on your drinking?..... EP52 45	1	0	9	8
5.3.	Since your last visit, have you had social, marital, or work related problems because of drinking?..... EP53 46	1	0	9	8
5.4.	Since your last visit, have you had problems with aggressive behavior (e.g. fighting) while under the influence of alcohol?..... EP54 47	1	0	9	8
5.5.	Since your last visit, have you had two or more traffic violations associated with alcohol?..... EP55 48	1	0	9	8

Accidents and Injuries (Q. 8.0-8.3 Removed 10/21/2015)		Yes	No	?	
8.0.	SINCE YOUR LAST VISIT, have you had an injury so severe that you lost consciousness?..... EP80 49 (If NO, skip to question 9)	1	0	9	

If YES, let me ask you about your most recent injury.

Most Recent Injury

8.1.	What kind of injury was it?				
	Head injury.....1				
	Near drowning.....2				
	Electric shock.....3				
	Trauma (not primarily involving head).....4	EP81	50		
	Other injury causing unconsciousness (specify): _____5				8

8.2.	When did it happen?..... EP82	<u>51</u>	<u>52</u>	<u>53</u>	<u>54</u>	(yr) 8888
------	--------------------------------------	-----------	-----------	-----------	-----------	-----------

8.3.	How long were you unconscious?				
	A few seconds or less.....1				
	About a minute or less.....2				
	1 – 2 minutes.....3				
	3 – 5 minutes.....4				
	6 – 9 minutes.....5				
	10 minutes to one hour.....6	EP83	55		
	More than one hour.....7				
	Don't know.....9				8

Q. 8.4-8.8 Removed 04/14/2008

Q. 8.10-8.12 Removed 10/21/2015

	Yes	No	?	
8.4. Did you see a doctor?..... EP84 56	1	0	9	8
(If NO, skip to question 8.8)				
8.5. If YES, please list: Doctor: _____				
City: _____				

8.6. Were you admitted to a hospital at least one night?..... EP86 57	1	0	9	8
---	---	---	---	---

8.7. If YES, please list: Hospital: _____				
City: _____ EP87				

OFFICE USE

58 59 60
(CODE HOSPITAL)

8.8. After you recovered from that accident, were you able to remember what you had been doing in the hour immediately before it occurred?	1	0	9	8
--	---	---	---	---

If you have had no other injuries leading to unconsciousness, please skip to Question 9. **EP88 61**

Second Most Recent Injury

8.10 What kind of injury was it?				
Head injury.....1				
Near drowning.....2				
Electric shock.....3				
Trauma (not primarily involving head).....4	EP810	62		
Other injury causing unconsciousness (specify): _____5				8

8.11 When did it happen?..... EP811 <u>63 64 65 66</u> (yr)	8888
--	------

8.12 How long were you unconscious?				
A few seconds or less.....1				
About a minute or less.....2				
1 – 2 minutes.....3				
3 – 5 minutes.....4				
6 – 9 minutes.....5				
10 minutes to one hour.....6	EP812	67		
More than one hour.....7				
Don't know.....9				8

Q. 8.13-8.17 Removed 04/14/2008

Q. 8.19-8.21 Removed 10/21/2015

		Yes	No	?	
8.13	Did you see a doctor?..... (If NO, skip to question 8.17)	1	0	9	8
8.14	If YES, please list: Doctor: _____ City: _____	EP813	68		
8.15	Were you admitted to a hospital at least one night?.....	1	0	9	8
8.16	If YES, please list: Hospital: _____ City: _____	EP815	69		
OFFICE USE _____ (CODE HOSPITAL)					
8.17	After you recovered from that accident, were you able to remember what you had been doing in the hour immediately before it occurred? (If no other injuries leading to unconsciousness, skip to question 9.)	EP816	70	71	72
		1	0	9	8

Third Most Recent Injury

8.19 What kind of injury was it?

EP817 73

Head injury.....	1
Near drowning.....	2
Electric shock.....	3
Trauma (not primarily involving head).....	4
Other injury causing unconsciousness (specify): _____	5

EP19 74 8

8.20 When did it happen?..... (yr) 8888

8.21 How long were you unconscious?

EP820 75 76 77 78

A few seconds or less.....	1
About a minute or less.....	2
1 – 2 minutes.....	3
3 – 5 minutes.....	4
6 – 9 minutes.....	5
10 minutes to one hour.....	6
More than one hour.....	7
Don't know.....	9

EP821 79 8

Q. 9.0-9.2.4 Removed 12/2005

Q. 8.22-8.26 Removed 04/14/2008

		<i>EP822</i>	<i>80</i>	Yes	No	?	
8.22	Did you see a doctor?..... (If NO, skip to question 8.26)			1	0	9	8
8.23	If YES, please list: Doctor: _____ City: _____						
8.24	Were you admitted to a hospital at least one night?.....	<i>EP824</i>	<i>81</i>	1	0	9	8
8.25	If YES, please list: Hospital: _____ City: _____	<i>EP825</i>					
8.26	After you recovered from that accident, were you able to remember what you had been doing in the hour immediately before it occurred?	<i>EP826</i>	<i>85</i>	1	0	9	8

OFFICE USE
82 83 84
(CODE HOSPITAL)

Medical History

9.0	Have you been told by a doctor that you have:						
	1. Rheumatoid arthritis (not osteoarthritis or degenerative joint disease).....	<i>EP90_1</i>	<i>86</i>	1	0	9	
	2. Systemic Lupus Erythematosus.....	<i>EP90_2</i>	<i>87</i>	1	0	9	
	3. Other autoimmune disorder (specify): _____	<i>EP90_3</i>	<i>88</i>	1	0	9	
	_____	<i>EP90_DIS</i>					
							OFFICE USE <i>89 90 91 92 93 94</i> _____._____ (CODE DISORDER)
9.1	SINCE YOUR LAST VISIT, have you had						
	1. Organ or bone marrow transplant.....	<i>EP91_1</i>	<i>95</i>	1	0	9	
	2. Chemotherapy.....	<i>EP91_2</i>	<i>96</i>	1	0	9	
	3. Other procedure where your immune system was suppressed (specify): _____	<i>EP91_3</i>	<i>97</i>	1	0	9	
	_____	<i>EP91_DIS</i>					
							OFFICE USE <i>98 99 100 101 102</i> _____._____ (CODE PROCEDURE)
9.2	Have you been told by a doctor that you have:						
	1. Lymphoma.....	<i>EP92_1</i>	<i>103</i>	1	0	9	
	2. Leukemia.....	<i>EP92_2</i>	<i>104</i>	1	0	9	
	3. Pernicious or aplastic anemia (not iron deficiency anemia).....	<i>EP92_3</i>	<i>105</i>	1	0	9	
	4. Other blood diseases/disorders (specify): _____	<i>EP92_4</i>	<i>106</i>	1	0	9	
	_____	<i>EP92_DIS</i>					
							OFFICE USE <i>107 108 109 110 111 112</i> _____._____ (CODE DISEASE)

INTERVIEWER: If participant is a group health member, circle SKIP and go to 10.0.

SKIP

Medical History

Yes No ?

9.3 Have you ever had any surgery which involved either a general or spinal anesthetic (including childbirth)?.....
 (If NO, skip to question 9.5)

1 0 9

Q. 9.3 Allow for 8. 10/21/2015

EP93 113

9.4 If YES, please fill out table below. (CODE HOSPITAL, LOCATION, SURGERY, AGE, & ANESTHETIC)

Hospital Name	Hospital Code	Location City & State	Type of Surgery	Surgery Code	Age	Anesthetic		
				OFFICE USE		General	Spinal	?
1. <u>EPHOS_1</u>	OFFICE USE <u>10 11 12</u>	City: <u>EPCITY1 (13-27)</u> State: <u>EPST1 28 29</u>	_____	<u>EPSUR_1</u> <u>116</u> <u>114 115 117 118</u>	<u>EPAGE_1</u> <u>119 120</u>	1	<u>EPAN_1</u> <u>2</u> <u>121</u>	9
2. <u>EPHOS_2</u>	<u>30 31 32</u>	City: <u>EPCITY2 (33-47)</u> State: <u>EPST2 48 49</u>	_____	<u>EPSUR_2</u> <u>124</u> <u>122 123 125 126</u>	<u>EPAGE_2</u> <u>127 128</u>	1	<u>EPAN_2</u> <u>2</u> <u>129</u>	9
3. <u>EPHOS_3</u>	<u>50 51 52</u>	City: <u>EPCITY3 (53-67)</u> State: <u>EPST3 68 69</u>	_____	<u>EPSUR_3</u> <u>132</u> <u>130 131 133 134</u>	<u>EPAGE_3</u> <u>135 136</u>	1	<u>EPAN_3</u> <u>2</u> <u>137</u>	9
4. <u>EPHOS_4</u>	<u>70 71 72</u>	City: <u>EPCITY4 (73-87)</u> State: <u>EPST4 88 89</u>	_____	<u>EPSUR_4</u> <u>140</u> <u>138 139 141 142</u>	<u>EPAGE_4</u> <u>143 144</u>	1	<u>EPAN_4</u> <u>2</u> <u>145</u>	9
5. <u>EPHOS_5</u>	<u>90 91 92</u>	City: <u>EPCITY5 (93-107)</u> State: <u>EPST5 108 109</u>	_____	<u>EPSUR_5</u> <u>148</u> <u>146 147 149 150</u>	<u>EPAGE_5</u> <u>151 152</u>	1	<u>EPAN_5</u> <u>2</u> <u>153</u>	9
6. <u>EPHOS_6</u>	<u>110 111 112</u>	City: <u>EPCITY6 (113-127)</u> State: <u>EPST6 128 129</u>	_____	<u>EPSUR_6</u> <u>156</u> <u>154 155 157 158</u>	<u>EPAGE_6</u> <u>159 160</u>	1	<u>EPAN_6</u> <u>2</u> <u>161</u>	9
7. <u>EPHOS_7</u>	<u>130 131 132</u>	City: <u>EPCITY7 (133-147)</u> State: <u>EPST7 148 149</u>	_____	<u>EPSUR_7</u> <u>164</u> <u>162 163 165 166</u>	<u>EPAGE_7</u> <u>167 168</u>	1	<u>EPAN_7</u> <u>2</u> <u>169</u>	9
8. <u>EPHOS_8</u>	<u>150 151 152</u>	City: <u>EPCITY8 (153-167)</u> State: <u>EPST8 168 169</u>	_____	<u>EPSUR_8</u> <u>172</u> <u>170 171 173 174</u>	<u>EPAGE_8</u> <u>175 176</u>	1	<u>EPAN_8</u> <u>2</u> <u>177</u>	9
9. <u>EPHOS_9</u>	<u>170 171 172</u>	City: <u>EPCITY9 (173-187)</u> State: <u>EPST9 188 189</u>	_____	<u>EPSUR_9</u> <u>180</u> <u>178 179 181 182</u>	<u>EPAGE_9</u> <u>183 184</u>	1	<u>EPAN_9</u> <u>2</u> <u>185</u>	9
10. <u>EPHOS_10</u>	<u>190 191 192</u>	City: <u>EPCITY10 (193-207)</u> State: <u>EPST10 208 209</u>	_____	<u>EPSUR_10</u> <u>188</u> <u>186 187 189 190</u>	<u>EPAGE_10</u> <u>191 192</u>	1	<u>EPAN_10</u> <u>2</u> <u>193</u>	9

9.5 SINCE YOUR LAST VISIT, have you had a blood transfusion, that is, have you ever been given a unit or more of whole blood, plasma, or other blood products, (not including your own blood)?.....EP95 1 0 9 194
 (If NO, skip to question 10.0)

PAGE 2	VISIT 1	FORM (78) 2 3
SUBJECT	4 5 6 7 8 9	

(CODE YEAR ONLY)

9.6 If YES, approximately what year and at what hospital were the transfusions received?

Hospital	City	State	Year
1. _____	_____	EP96_1	<u>10</u> <u>11</u> <u>12</u> <u>13</u>
2. _____	_____	EP96_2	<u>14</u> <u>15</u> <u>16</u> <u>17</u>
3. _____	_____	EP96_3	<u>18</u> <u>19</u> <u>20</u> <u>21</u>
4. _____	_____	EP96_4	<u>22</u> <u>23</u> <u>24</u> <u>25</u>
5. _____	_____	EP96_5	<u>26</u> <u>27</u> <u>28</u> <u>29</u>

9.7 If there were more than 5 occasions that transfusions were given, what were the total number given?.....EP97 30 31

Mental Health History

Yes No ?

10.0 SINCE YOUR LAST VISIT, have you had episodes of depression (feeling sad, blue, hopeless or down in the dumps) **lasting longer than two weeks?**.....EP100 1 0 9 32
 (If NO, skip to question 10.7)

10.1 If YES, at what age did the episodes begin?.....EP101 33 34 88

10.2 Did these episodes limit your ability to work or perform daily tasks? EP102 1 0 9 8 35

10.3 Did you ever consult a physician, psychiatrist, or psychologist to treat problems of depression?.....EP103 1 0 9 8 36

10.4 Did you take medications for depression?.....EP104 1 0 9 8 37

10.5 Were you hospitalized because of depression?.....EP105 1 0 9 8 38

10.6 Did your depression begin after a significant loss (e.g. loss of spouse or child)?.....EP106 1 0 9 8 39

10.7 SINCE YOUR LAST VISIT, have you received electroconvulsive therapy (ECT) or “shock treatment?.....EP107 1 0 9 8 40
 (If NO, skip to question 10.11)

10.8 If YES, how many times?.....EP108 41 42 88

