



The ACT Project
Epidemiology Questionnaire
University of Washington
October 19, 2006

SUBJECT ACT No.: 4 5 6 7 8 9

CHARSUB Char. ID: 10 11 12

DATE_MO

DATE_DAY Date: 13 14 / 15 16 / 17 18

DATE_YR

INT Interviewer: 19 20 21

(11/09/2005 Questions removed: 2.0-2.13, 6.0-7.3, 9.0-9.2, 10.1, 10.7, 10.8, 10.9, 10.10)

(04/14/2008 Questions removed: 8.4-8.8, 8.13-8.17, 8.22-8.26, 10.12)

(10/21/2015 Questions removed: 8.0-8.3, 8.9-8.12, 8.18-8.21, 9.3, 9.4 (baseline only), 9.5-9.7, 11.0-11.1)

(01/14/2019 Questions removed: 5.1-5.5)

This form asks a range of questions regarding your health habits, occupational history and physical and mental status.

Please answer the questions to the best of your ability. You may estimate if you don't know the exact answer.

This information will be kept confidential as provided by law and used only for research purposes. You have the right not to answer any questions you choose.

Residential/Occupational History

1.0. What was your employment status during most of this year?

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

22 **EPI**

1.1. What was or is your usual occupation or job title (the one you've worked at for the longest time)? _____

OFFICE USE
23 24 25
(CODE OCCUPATION)

EPI_1

1.2. What were your duties? _____

OFFICE USE
26 27 28
(CODE COMPANY)

EPI_3

1.3. Type of company/department: _____

1.4. Years in this job:.....

29 30 **EPI_4**

1.5. Dates in this job: (years)..... **EPI_5S** from 31-34 to 35-38 **EPI_5END**

1.6. The second longest job or occupation: _____

OFFICE USE
39 40 41
(CODE OCCUPATION)

EPI_6

(If you had no second longest job, skip to question 3)

1.7. What were your duties? _____

OFFICE USE
42 43 44
(CODE COMPANY)

EPI_8

1.8. Type of company/department: _____

1.9. Years in this job:.....

45 46 **EPI_9**

1.10. Dates in this job: (years)..... **EPI_10S** from 47-50 to 51-54 **EPI_10E**

Occupational Substances (Q. 2.0-2.13 removed 11/09/2005)

2.0. I am going to give you a list of substances. Did you work with any of them on a regular basis (e.g., at least once per week) in any job lasting one year or more?

		Yes	No	?	Beginning Year	Duration, Years	
1.	Ammonia..... EP2_1 55	1	0	9	<u>56 57 58 59</u>	<u>60 61</u>	EP2_1D
					EP2_1Y		
2.	Dry-cleaning fluids..... EP2_2 62	1	0	9	<u>63 64 65 66</u>	<u>67 68</u>	EP2_2D
					EP2_2Y		
3.	Dyes (for fabrics, etc.)... EP2_3 69	1	0	9	<u>70 71 72 73</u>	<u>74 75</u>	EP2_3D
					EP2_3Y		
4.	Plastic/epoxy/fiberglass resins EP2_4 76	1	0	9	<u>77 78 79 80</u>	<u>81 82</u>	EP2_4D
					EP2_4Y		

		Yes	No	?	Beginning Year	Duration, Years	
5. Herbicides/pesticides/fumigants.	<i>EP2_5</i> 83	1	0	9	<u>84 85 86 87</u>	<u>88 89</u>	<i>EP2_5D</i>
					<i>EP2_5Y</i>		
6. Printer's or other inks.....	<i>EP2_6</i> 90	1	0	9	<u>91 92 93 94</u>	<u>95 96</u>	<i>EP2_6D</i>
					<i>EP2_6Y</i>		
7. Paint, paint thinners, turpentine.	97	1	0	9	<u>98 99 100 101</u>	<u>102 103</u>	<i>EP2_7D</i>
	<i>EP2_7</i>				<i>EP2_7Y</i>		
8. Coal tar,soot,pitch,creosote,asphalt	104	1	0	9	<u>105 - 108</u>	<u>109 110</u>	<i>EP2_8D</i>
	<i>EP2_8</i>				<i>EP2_8Y</i>		
9. Oils and greases.....	<i>EP2_9</i> 111	1	0	9	<u>112-115</u>	<u>116 117</u>	<i>EP2_9D</i>
					<i>EP2_9Y</i>		
10. Gasoline/kerosene/jet fuel...	<i>EP2_10</i> 118	1	0	9	<u>119 - 122</u>	<u>123 124</u>	<i>EP2_10D</i>
					<i>EP2_10Y</i>		
11. Degreasers/organic solvents	<i>EP2_11</i> 125	1	0	9	<u>126 - 129</u>	<u>130 131</u>	<i>EP2_11D</i>
					<i>EP2_11Y</i>		
12. Glues/waxes/paint removers	<i>EP2_12</i> 132	1	0	9	<u>133 - 136</u>	<u>137 138</u>	<i>EP2_12D</i>
					<i>EP2_12Y</i>		
13. Anesthetic gases.....	<i>EP2_13</i> 139	1	0	9	<u>140 - 143</u>	<u>144 145</u>	<i>EP2_13D</i>
					<i>EP2_13Y</i>		
2.1. Did you work closely with any of these substances (manufacturing, production, welding or fabrication) in any job lasting one year or more?							
1. Rubber/synthetic rubber	<i>EP21_1</i> 146	1	0	9	<u>147- 150</u>	<u>151 152</u>	<i>EP21_1D</i>
					<i>EP21_1Y</i>		
2. Pharmacological preparations	<i>EP21_2</i> 153	1	0	9	<u>154-157</u>	<u>158 159</u>	<i>EP21_2D</i>
					<i>EP21_2Y</i>		
3. Glass.....	<i>EP21_3</i> 160	1	0	9	<u>161-164</u>	<u>165 166</u>	<i>EP21_3D</i>
					<i>EP21_3Y</i>		
4. Sewage treatment.....	<i>EP21_4</i> 167	1	0	9	<u>168-171</u>	<u>172 173</u>	<i>EP21_4D</i>
					<i>EP21_4Y</i>		
5. Fertilizer (commercial, like lawn fertilizer)	174	1	0	9	<u>175 - 178</u>	<u>179 180</u>	<i>EP21_5D</i>
	<i>EP21_5</i>				<i>EP21_5Y</i>		
6. Coal.....	<i>EP21_6</i> 181	1	0	9	<u>182-185</u>	<u>186 187</u>	<i>EP21_6D</i>
					<i>EP21_6Y</i>		
7. Aluminum.....	<i>EP21_7</i> 188	1	0	9	<u>189-192</u>	<u>193 194</u>	<i>EP21_7D</i>
					<i>EP21_7Y</i>		
8. Arsenic/lead.....	<i>EP21_8</i> 195	1	0	9	<u>196-199</u>	<u>200 201</u>	<i>EP21_8D</i>
					<i>EP21_8Y</i>		
9. Tin/chromium.....	<i>EP21_9</i> 202	1	0	9	<u>203 -206</u>	<u>207 208</u>	<i>EP21_9D</i>
					<i>EP21_9Y</i>		
10. Mercury.....	<i>EP21_10</i> 209	1	0	9	<u>210 - 213</u>	<u>214215</u>	<i>EP21_10D</i>
					<i>EP21_10Y</i>		
11. Iron/steel.....	<i>EP21_11</i> 216	1	0	9	<u>217 - 220</u>	<u>221222</u>	<i>EP21_11D</i>
					<i>EP21_11Y</i>		
12. Copper.....	<i>EP21_12</i> 223	1	0	9	<u>224 - 227</u>	<u>228229</u>	<i>EP21_12D</i>
					<i>EP21_12Y</i>		
13. Other (specify): _____	<i>EP21_13</i> 230	1	0	9	<u>231 - 234</u>	<u>235236</u>	<i>EP21_13D</i>
					<i>EP21_13Y</i>		

OFFICE USE

237 238 239
(CODE SUBSTANCE)

EP21_SUB

2.2. Next, I'm going to give you a list of chemicals and compounds. Have you worked with any of them on a routine basis (e.g. once a week or more)?

	Yes	No	?	Beginning Year	Duration, Years
1. Benzene, toluene or other aromatic hydrocarbons..... <i>EP22_1 10</i>	1	0	9	<u>11 12 13 14</u> <i>EP22_1Y</i>	<u>15 16</u> <i>EP22_1D</i>
2. Phenols or glycols..... <i>EP22_2 17</i>	1	0	9	<u>18 19 20 21</u> <i>EP22_2Y</i>	<u>22 23</u> <i>EP22_2D</i>
3. Alcohols..... <i>EP22_3 24</i>	1	0	9	<u>25 26 27 28</u> <i>EP22_3Y</i>	<u>29 30</u> <i>EP22_3D</i>
4. Acetone and other ketones <i>EP22_4 31</i>	1	0	9	<u>32 33 34 35</u> <i>EP22_4Y</i>	<u>36 37</u> <i>EP22_4D</i>
5. Ethers..... <i>EP22_5 38</i>	1	0	9	<u>39 40 41 42</u> <i>EP22_5Y</i>	<u>43 44</u> <i>EP22_5D</i>
6. Formaldehyde or other aldehydes <i>EP22_6 45</i>	1	0	9	<u>46 47 48 49</u> <i>EP22_6Y</i>	<u>50 51</u> <i>EP22_6D</i>
7. Nitrates, nitrites, or similar compounds <i>EP22_7 52</i>	1	0	9	<u>53 54 55 56</u> <i>EP22_7Y</i>	<u>57 58</u> <i>EP22_7D</i>
8. Trichlorethylene, perchloroethylene, etc. <i>EP22_8 59</i>	1	0	9	<u>60 61 62 63</u> <i>EP22_8Y</i>	<u>64 65</u> <i>EP22_8D</i>
9. Carbon tetrachloride, carbon disulfide <i>EP22_9 66</i>	1	0	9	<u>67 68 69 70</u> <i>EP22_9Y</i>	<u>71 72</u> <i>EP22_9D</i>
10. Styrene, hexane..... <i>EP22_10 73</i>	1	0	9	<u>74 75 76 77</u> <i>EP22_10Y</i>	<u>78 79</u> <i>EP22_10D</i>
11. Other chemicals (specify): <i>EP22_11 80</i>	1	0	9	<u>81 82 83 84</u> <i>EP22_11Y</i>	<u>85 86</u> <i>EP22_11D</i>

OFFICE USE
87 88 89
 (CODE SUBSTANCE)

EP22_SUB

2.3 On any job lasting one year or more, did you work where you would inhale an excessive amount of the following fibers or dusts while performing your job?

1. Wood or paper dust.. <i>EP23_1 90</i>	1	0	9	<u>91 92 93 94</u> <i>EP23_1Y</i>	<u>95 96</u> <i>EP23_1D</i>
2. Cotton, synthetic, or other fabric dusts... <i>EP23_2 97</i>	1	0	9	<u>98 - 101</u> <i>EP23_2Y</i>	<u>102 103</u> <i>EP23_2D</i>
3. Asbestos..... <i>EP23_3 104</i>	1	0	9	<u>105 - 108</u> <i>EP23_3Y</i>	<u>109 110</u> <i>EP23_3D</i>
4. Soil dust..... <i>EP23_4 111</i>	1	0	9	<u>112 - 115</u> <i>EP23_4Y</i>	<u>116 117</u> <i>EP23_4D</i>
5. Other (specify): _____ <i>EP23_5 118</i>	1	0	9	<u>119 - 122</u> <i>EP23_5Y</i>	<u>123 124</u> <i>EP23_5D</i>

OFFICE USE
125 126 127
 (CODE SUBSTANCE)

EP23_SUB

			Yes	No	?	Beginning Year
2.4A.	Where you aware of fumes or gases in your work space most of the time on any job?	EP24_A 128	1	0	9	<u>129 – 132</u> EP24_AY
2.4B.	If YES, did you work in an enclosed space (in a small room, inside an air-craft, etc.)?	EP24_B 133	1	0	9	<u>134 – 137</u> EP24_BY
2.5.	Now, I will ask you about the effects you may have experienced as a result of these job situations, chemicals or compounds. Did you experience any noticeable effects at all? (If No, skip to question 3)	EP25 1381		0	9	<u>139 – 142</u> EP25Y

2.6A. During the time you worked with any of the above substances, on any of the jobs you mentioned, did you experience any of the following problems with you motor abilities (such as movement or strength)?

1.	Convulsions.....	EP26A_1 143	1	0	9	<u>144 – 147</u> EP26A_1Y
2.	Coordination problems.....	EP26A_2 148	1	0	9	<u>149 – 152</u> EP26A_2Y
3.	Tremor or twitching.....	EP26A_3 153	1	0	9	<u>154 – 157</u> EP26A_3Y
4.	Weakness.....	EP26A_4 158	1	0	9	<u>159 – 162</u> EP26A_4Y
5.	Other (specify): _____	EP26A_5 163	1	0	9	<u>164 – 167</u> EP26A_5Y

OFFICE USE
171
168 169 170 . 172 173
(CODE PROBLEMS)

EP26ASUB

2.6B. During the time you worked with any of the above substances, did you have any of the following sensory or cognitive problems?

1.	Dizziness/problems with equilibrium	EP26B_1 174	1	0	9	<u>164 – 167</u> EP26B_1Y
		EP26B_2 179				
2.	Double vision or other focusing problems		1	0	9	<u>180 – 183</u> EP26B_2Y
3.	Numbness.....	EP26B_3 184	1	0	9	<u>185 – 188</u> EP26B_3Y
4.	Pain.....	EP26B_4 10	1	0	9	<u>11 12 13 14</u> EP26B_4Y
5.	Confusion or memory problems	EP26B_5 15	1	0	9	<u>16 17 18 19</u> EP26B_5Y
6.	Other (specify): _____	EP26B_6 20	1	0	9	<u>21 22 23 24</u> EP26B_6Y

OFFICE USE
28
25 26 27 . 29 30
(CODE PROBLEM)

EP26BSUB

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SUBJECT
4 5 6 7 8 9

2.7. Did you have any of the following mood or personality changes as the result of a substance or job situation?		Yes	No	?	Beginning Year	
1. Fatigue, apathy, depression....	EP27_1	31	1	0	9	<u>32</u> <u>33</u> <u>34</u> <u>35</u> EP27_1Y
2. Loss of appetite.....	EP37_2	36	1	0	9	<u>37</u> <u>38</u> <u>39</u> <u>40</u> EP27_2Y
3. Delirium or hallucinations....	EP27_3	41	1	0	9	<u>42</u> <u>43</u> <u>44</u> <u>45</u> EP27_3Y
4. Excitability/nervousness/restlessness	EP27_4	46	1	0	9	<u>47</u> <u>48</u> <u>49</u> <u>50</u> EP27_4Y
5. Sleep disturbances.....	EP27_5	51	1	0	9	<u>52</u> <u>53</u> <u>54</u> <u>55</u> EP27_5Y
6. Intoxication/lightheadedness	EP27_6	56	1	0	9	<u>57</u> <u>58</u> <u>59</u> <u>60</u> EP27_6Y
7. Stupor/loss of consciousness	EP27_7	61	1	0	9	<u>62</u> <u>63</u> <u>64</u> <u>65</u> EP27_7Y
8. Other (specify): _____	EP27_8	66	1	0	9	<u>67</u> <u>68</u> <u>69</u> <u>70</u> EP27_8Y

OFFICE USE
71 72 73 74 75 76
(CODE PROBLEM)

EP27_SUB

2.8 Did you experience any other medical problems (e.g., chronic cough, rash, etc. resulting from use of a substance/ chemical at work? Please specify.

OFFICE USE
77 78 79 80 81 82
(CODE PROBLEM)

EP28_SUB

2.9 Did you frequently get substances on your skin which you think may have been associated with any of the problems you mentioned? **EP29_A** **83** 1 0 9 84 85 86 87 **EP29_AY**

2.10 For any of the problems you mentioned, which substances or jobs do you think they were associated with?

1. _____ **EP210_1**
2. _____ **EP210_2**
3. _____ **EP210_3**

OFFICE USE (CODE SUBSTANCE/JOB)
1. 88 89 90
2. 91 92 93
3. 94 95 96

2.11 Did any of the above problems remain for six months or more after you stopped working with the problem substance or job? **EP211_A** **97** 1 0 9 98 99 100 101 **EP211_AY**

2.12 Were you ever forced to leave a job or request a transfer to another department because of the effects of the substances you worked with? **EP212_A** **1021** 0 9 103 104 105 106 **EP212_AY**

2.13 Which job did you have to leave? _____

OFFICE USE
107 108 109
(CODE OCCUPATION)

EP213_OC

Smoking History

			Yes	No	?	
3.0.	Have you smoked at least 100 cigarettes in your lifetime? (If NO, skip to question 4.)	EP30	110	1	0	9
3.1.	If YES, how old were you when you started smoking?	111 112	EP31			
3.2.	What was the average number of cigarettes you smoked per day for the entire time you smoked?	EP32_B	113 114 115	cigarettes or		
		EP32_B	116 117	packs (1 pack = 20 cigs)		
3.3.	Do you smoke cigarettes now?.....	EP33	118	1	0	9
3.4.	If NO, how old were you when you stopped smoking?	119 120	EP34			
3.5.	If YES, how many cigarettes a day do you smoke now?...	121 122 123	cigarettes or			EP35_A
		EP35_B	124 125	packs (1 pack = 20 cigs)		
4.0.	Have you ever smoked pipes or cigars?..... (If NO, skip to question 5)	EP40	126	1	0	9
4.1.	If YES, for how many years?.....	EP41	127 128			
4.2.	About how many pipes/cigars per week?.....	EP42_W	129 130 131			
	or per day?.....	EP42_D	132 133 134			

Alcohol Use (Q. 5.0-5.5 removed 01/14/2019)

5.0.	Was there a time in the past when you were a social, occasional or frequent user of alcohol?..... (If NO, skip to question 8)	EP50	135	1	0	9
5.1.	Have you had more than 5 drinks (beer, wine, liquor) in the past year?.....	EP51	136	1	0	9
5.2.	Has a doctor ever suggested that you cut down on your drinking?.....	EP52	137	1	0	9
5.3.	Have you ever had social, marital, or work related problems because of drinking?.....	EP53	138	1	0	9
5.4.	Have you ever had problems with aggressive behavior (e.g., fighting) while under the influence of alcohol?..	EP54	139	1	0	9
5.5.	Have you ever had two or more traffic violations associated with alcohol?.....	EP55	140	1	0	9

Health Habits (Q. 6.0-7.3 removed 11/09/2005)

Yes No ?

6.0 Have you been using antiperspirants/deodorants daily or almost daily?..... **EP60 141** 1 0 9
 (If NO, skip to question 7)

6.1 If YES, for how many years did you use these products?..... **EP61 142 143**

6.2 Please list the most frequently used brands of anti-perspirant in the space below. Indicate if the product is a deodorant or antiperspirant and if it is a roll-on, aerosol, etc.

1. _____ **EP62_1 144**

2. _____ **EP62_2 145**

3. _____ **EP62_3 146**

OFFICE USE		
1	0	9
1	0	9
1	0	9
(CODE CONTENT)		

7.0 Did you ever use antacids (i.e., Tums, Roloids, Maalox) daily or almost daily for at least one month?... **EP70 147** 1 0 9
 (If NO, skip to question 8)

7.1 If YES, please specify the most frequently used brands in the space below.

1. _____ **EP71_1 148**

2. _____ **EP71_2 149**

3. _____ **EP71_3 150**

OFFICE USE		
1	0	9
1	0	9
1	0	9
(CODE CONTENT)		

7.2 For how many months?..... **EP72_M 151 152 153**
 or years?..... **EP72_Y 154 155**

7.3 How old were you when this began?..... **EP73 156 157**

Accidents and Injuries

Yes No ?

8.0. Have you ever had an injury so severe that you lost consciousness? 1 0 9
 (If NO, skip to question 9.3) **EP80 158**

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
Other injury causing unconsciousness (specify): _____	5

EP81 159

8.2. When did it happen? (Year) **EP82** 160 161 162 163

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
More than one hour.....	7
Don't know.....	9

EP83 164

8.4. Did you see a doctor?..... **EP84 165** Yes No ?
1 0 9

8.5. If YES, please list:

Doctor: _____

City: _____

8.6. Were you admitted to a hospital at least one night? ... **EP86 166** 1 0 9

8.7. If YES, please list:

Hospital: _____

City: _____ **EP87**

OFFICE USE
<u>167 168 169</u>
(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?..... **EP88 170** 1 0 9

8.9. Have you had other injuries leading to unconsciousness? ... **EP89 171** 1 0 9
 (If NO, skip to question 9.3)

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
Other injury causing unconsciousness (specify): _____	5

EP810 **172**

8.11. When did it happen? (Year) **EP811** 173 174 175 176

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
More than one hour.....	7
Don't know.....	9

EP812 **177**

			<u>Yes</u>	<u>No</u>	<u>?</u>
8.13. Did you see a doctor?.....	EP813	178	1	0	9

8.14. If YES, please list:

Doctor: _____

City: _____

8.15. Where you admitted to a hospital at least one night?.....	EP815	179	1	0	9
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8.16. If Yes, please list:

Hospital: _____

EP816

City: _____

OFFICE USE 180 181 182 (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?.....	EP817	183	1	0	9
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8.18. Have you had other injuries leading to unconsciousness? (If NO, skip to question 9.3)	EP818	184	1	0	9
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Medical History (Q. 9.0-9.2 removed 11/09/2005)

			Yes	No	?	Year First Diagnosed	
9.0. Have you ever been diagnosed or had:							
1. Rheumatoid arthritis (not osteoarthritis or degenerative joint disease)	<i>EP90_1</i>	<i>197</i>	1	0	9	<u>198-201</u>	<i>EP90_1Y</i>
2. Systemic Lupus Erythematosus.....	<i>EP90_2</i>	<i>202</i>	1	0	9	<u>203-206</u>	<i>EP90_2Y</i>
3. Other autoimmune disorder (specify):	<i>EP90_3</i>	<i>207</i>	1	0	9	<u>208-211</u>	<i>EP90_3Y</i>

OFFICE USE
215
212 213 214 . 216 217
(CODE DISORDER)

EP90_DIS

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9.1. Have you ever had:							
1. Organ or bone marrow transplant...	<i>EP91_1</i>	<i>10</i>	1	0	9	<u>11-14</u>	<i>EP91_1Y</i>
2. Chemotherapy.....	<i>EP91_2</i>	<i>15</i>	1	0	9	<u>16-19</u>	<i>EP91_2Y</i>
3. Other procedure where your immune system was suppressed (specify):	<i>EP91_3</i>	<i>20</i>	1	0	9	<u>21-24</u>	<i>EP91_3Y</i>

OFFICE USE
27
25 26 . 28 29
(CODE PROCEDURE)

EP91_DIS

9.2. Have you ever had:							
1. Lymphoma.....	<i>EP92_1</i>	<i>30</i>	1	0	9	<u>31-34</u>	<i>EP92_1Y</i>
2. Leukemia.....	<i>EP92_2</i>	<i>35</i>	1	0	9	<u>36-39</u>	<i>EP92_2Y</i>
3. Pernicious or aplastic anemia (not iron Deficiency anemia).....	<i>EP92_3</i>	<i>40</i>	1	0	9	<u>41-44</u>	<i>EP92_3Y</i>
4. Other blood diseases/disorders	<i>EP92_4</i>	<i>45</i>	1	0	9	<u>46-49</u>	<i>EP92_4Y</i>

(specify): _____

OFFICE USE
53
50 51 52 . 54 55
(CODE DISEASE)

EP92_DIS

Medical History

Yes No ?

Q. 9.3-9.4 removed 10/21/2015

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 EP93 56

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>EP</u> CITY1 (13-27) State: <u>EP</u> ST1 28 89	_____	<u>EP</u> SUR_1 <u>59</u> <u>57 58 60 61</u>	<u>EP</u> AGE_1 <u>62 63</u>	1	2	64 9
2. <u>EPHOS_2</u>	<u>30 31 32</u>	City: <u>EP</u> CITY2 (33-47) State: <u>EP</u> ST2 48 49	_____	<u>EP</u> SUR_2 <u>67</u> <u>65 66 68 69</u>	<u>EP</u> AGE_2 <u>70 71</u>	1	2	72 9
3. <u>EPHOS_3</u>	<u>50 51 52</u>	City: <u>EP</u> CITY3 (53-67) State: <u>EP</u> ST3 68-69	_____	<u>EP</u> SUR_3 <u>75</u> <u>73 74 76 77</u>	<u>EP</u> AGE_3 <u>78 79</u>	1	2	80 9
4. <u>EPHOS_4</u>	<u>70 71 72</u>	City: <u>EP</u> CITY4 (73-87) State: <u>EP</u> ST4 88 89	_____	<u>EP</u> SUR_4 <u>83</u> <u>81 82 84 85</u>	<u>EP</u> AGE_4 <u>86 87</u>	1	2	88 9
5. <u>EPHOS_5</u>	<u>90 91 92</u>	City: <u>EP</u> CITY5 (93-107) State: <u>EP</u> ST5 108-109	_____	<u>EP</u> SUR_5 <u>91</u> <u>89 90 92 93</u>	<u>EP</u> AGE_5 <u>94 95</u>	1	2	96 9
6. <u>EPHOS_6</u>	<u>110 111 112</u>	City: <u>EP</u> CITY6 (113-127) State: <u>EP</u> ST6 128-129	_____	<u>EP</u> SUR_6 <u>99</u> <u>97 98 100 101</u>	<u>EP</u> AGE_6 <u>102 103</u>	1	2	104 9
7. <u>EPHOS_7</u>	<u>130 131 132</u>	City: <u>EP</u> CITY7 (133-147) State: <u>EP</u> ST7 148 149	_____	<u>EP</u> SUR_7 <u>107</u> <u>105 106 108 109</u>	<u>EP</u> AGE_7 <u>110 111</u>	1	2	112 9
8. <u>EPHOS_8</u>	<u>150 151 152</u>	City: <u>EP</u> CITY8 (153-167) State: <u>EP</u> ST8 168 169	_____	<u>EP</u> SUR_8 <u>115</u> <u>113 114 116 117</u>	<u>EP</u> AGE_8 <u>118 119</u>	1	2	120 9
9. <u>EPHOS_9</u>	<u>170 171 172</u>	City: <u>EP</u> CITY9 (173-187) State: <u>EP</u> ST9 188 189	_____	<u>EP</u> SUR_9 <u>123</u> <u>121 122 124 125</u>	<u>EP</u> AGE_9 <u>126 127</u>	1	2	128 9
10. <u>EPHOS_10</u>	<u>190 191 192</u>	City: <u>EP</u> CITY10 (193-207) State: <u>EP</u> ST10 208 209	_____	<u>EP</u> SUR_10 <u>131</u> <u>129 130 132 133</u>	<u>EP</u> AGE_10 <u>134 135</u>	1	2	136 9

9.5. Have you ever had a blood transfusion, that is, have you ever been given a unit of whole blood, plasma or other blood products?:..... Yes No ?
 1 0 9
(If NO, skip to question 10.0) **137 EP95**

9.6. If YES, approximately what year and at what hospital were the transfusions received? **(CODE YEAR ONLY)**

Q. 9.5 -9.7
 removed
 10/21/15

Hospital	City	State	Year
1. _____	_____	_____	<u>138 - 141</u>
2. _____	_____	_____	<u>142 - 145</u>
3. _____	_____	_____	<u>146 - 149</u>
4. _____	_____	_____	<u>150 - 153</u>
5. _____	_____	_____	<u>154 - 157</u>

EP96_1
EP96_2
EP96_3
EP96_4
EP96_5

9.7. If there were more than 5 occasions that transfusions were given, what were the total number given?..... 158 159 **EP97**

Mental Health History

10.0. Have you ever had episodes of depression (feeling sad, blue, hopeless, or down in the dumps) lasting longer than two weeks?..... 160 **EP100**
 1 0 9
(If NO, skip to question 10.11)

10.1. If YES, at what age did the episodes begin?..... 161 162 **EP101**

Q. 10.1,
 10.7-
 10.10
 removed
 11/09/05

10.2. Did these episodes limit your ability to work or perform daily tasks?....163. 1 0 9 **EP102**

10.3. Did you ever consult a physician, psychiatrist or psychologist to treat problems of depression?.....164. 1 0 9 **EP103**

10.4. Did you ever take medications for depression?.....165. 1 0 9 **EP104**

10.5. Were you ever hospitalized because of depression?.....166. 1 0 9 **EP105**

10.6. Did your depression begin after a significant loss (i.e., loss of spouse or child)?.....167. 1 0 9 **EP106**

10.7. Did you ever receive electroconvulsive therapy (ECT) or "shock treatment"?.....168. 1 0 9 **EP107**
(If NO, skip to question 10.11)

10.8. If YES, how many times?..... 169 170 **EP108**

10.9. Age at first treatment:..... 171 172 **EP109**

10.10. Age at last treatment:..... 173 174 **EP1010**

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10.11. Have you ever been treated for any other psychiatric disorders (e.g., schizophrenia, nervous breakdown)?.....10 1 0 9 **EP1011**
(If NO, skip to question 11.0)

10.12 If YES, please specify below **(CODE DISORDER ONLY)**

Q. 10.12
 removed
 04/14/08

Type of Disorder	Age of Onset	(Disorder Code)
1. _____ E1012_1A	<u>11 12</u>	<small>OFFICE USE</small> <u>13 14 15 16 17 18</u>
2. _____ E1012_2A	<u>19 20</u>	<u>21 22 23 24 25 26</u>
3. _____ E1012_3A	<u>27 28</u>	<u>29 30 31 32 33 34</u>

E1012_1D
E1012_2D
E1012_3D

(CODE DISORDER)

Family History

Yes No ?

11.0. To your knowledge, did any diseases, congenital defect or conditions seem to run in your family? That is, did they occur in two or more of your blood relatives?..... 35 1 0 9 **EP110**
(If NO, skip to question 11.2)

11.1. If YES, please list (mention only 2 relatives per disease and whether they are maternal/paternal): (CODE RELATIVE AND DISEASE)

Disease	Disease Code	Relative	Relative Code
1. EP111_1D	OFFICE USE 1. <u>36 37 38 . 40 41</u> 39	1. _____	OFFICE USE 1. <u>42 43</u> <u>44 45</u>
		_____	EP111R11 EP111R12
2. EP111_2D	2. <u>46 47 48 . 50 51</u> 49	2. _____	2. <u>52 53</u> <u>54 55</u>
		_____	EP111_21 EP111R22
3. EP111_3D	3. <u>56 57 58 . 60 61</u> 59	3. _____	3. <u>62 63</u> <u>64 65</u>
		_____	EP111R31 EP111R32
4. EP111_4D	4. <u>66 67 68 . 70 71</u> 69	4. _____	4. <u>72 73</u> <u>74 75</u>
		_____	EP111R41 EPR111R42

11.2. Approximately how old was your mother when you were born?
(circle one)

19 or less.....	1
20 - 29.....	2
30 - 34.....	3
35 - 39.....	4
40 or over.....	5
Don't know.....	9

76 **EP112**

11.3. Approximately how old was your father when you were born?
(circle one)

19 or less.....	1
20 - 29.....	2
30 - 34.....	3
35 - 39.....	4
40 or over.....	5
Don't know.....	9

77 **EP113**

12.0. Are you:

Right-handed.....	1
Left-handed.....	2
Ambidextrous.....	3
Don't know.....	9

78 **EP120**