

The ACT Project
Blood Pressure & Neurology
Group Health Research Institute
University of Washington
July 17, 2019

SUBJECT ACT No.: 4 5 6 7 8 9
CHARSUB Char ID: 10 11 12
Date: 13 14/ 15 16/ 17 18 **DATE_MO**
INT Interviewer No.: 19 20 21 **DATE_DAY,**
DATE_YR

BLOOD PRESSURE AND ANTHROPOMETRY									
SEATED BLOOD PRESSURE					ANTHROPOMETRY				
1. Cuff BP1 22	Pediatrics	Regular	Large Arm	Thigh	0	HW_METHOD 35 Measured	1	Stated	
Size	1	2	3	4					
2. First Standard manometer reading		Systolic BP2_SYS <u>23 24 25</u>		Diastolic BP2_DIAS <u>26 27 28</u>		1. Standing height BPA1 <u>36 37 38 40</u> cm 39			
						2. Weight BPA2 <u>41 42 43 45</u> kg 44			
3. Second Standard manometer reading		Systolic BP2_SYS <u>29 30 31</u>		Diastolic BP2_DIAS <u>32 33 34</u>		3. Hip circumference BPA3 <u>46 47 48 50</u> cm 49			
						4. Waist circumference BPA4 <u>51 52 53 55</u> cm 54			
						5. Head Circumference BPA5 <u>56 57 58 60</u> cm 59			
REACTION TIME									
1. Interviewer: If printout is attached, code as "0." If no reaction time printout is available, please code and specify reason: BPRT1 61					RT printout is attached				0
					Blindness				1
					Arthritis in both hands				2
					Only able to do with one hand				3
					Computer problem (not saved)				4
					other				5

- | Questions added | Date |
|---|------------|
| • Q. 1i. Added | 8/8/2011 |
| • Q.10 Added reason 6 | 8/8/2011 |
| • Q. 14 Added reason 6 | 8/8/2011 |
| • Q. 19.d Added reasons 7, 8, 9 | 8/8/2011 |
| • Q. 20.f Added reasons 5,6,7 | 8/8/2011 |
| • Added options to circle: "Measured" or "Stated" for Height and Weight | 10/21/2016 |
| • Q. 5, 6, 7 added back | 7/01/2019 |
| • Q. 2c, 3c, 4c, 5a, 6a, 7a | 7/01/2019 |

- | Questions removed | Date |
|--|------------|
| • Reaction Time (RT) (Form 80) | 12/21/2001 |
| • Q. 5 Head circumference | 12/21/2001 |
| • Q. 18 Removed | 12/21/2001 |
| • Q. 5, 6, 7 removed | 10/21/2016 |
| • Skip pattern changed for Q. #1 | 07/01/2019 |
| • Coding protocol changed for Q.# 5-7
If <10 secs, code as 0/NO;
If 10 secs, code as 1/YES | 07/01/2019 |

NEUROLOGICAL EXAMINATION

1. Measured walk, gait test: NE1 62	
Not Able.....	0
Able.....	1
Able but not assessed.....	2
Not assessed.....	8
If 0, skip to Q. #2. (old version skip to Q.# 4.)	
If 2 or 8, answer 1i , skip to Q.#2. (old version skip to 4.)	
1i. Space limit/environment..... 1	
Time restriction..... NE1i 63	2
Refused.....	3
Not assessed for safety reasons.....	4
Other: _____	5
a. Type of gait: NE1A 64	
Normal.....	0
Left hemiparetic.....	1
Right hemiparetic.....	2
Bilateral weakness.....	3
Shuffling.....	4
Other.....	5
b. Aids for first walk: NE1B 65	
Wheelchair (as walking aid)	1
Walker.....	2
Quad cane.....	3
Other cane.....	4
No aid.....	5
Other.....	6
c. Time for first walk (10 feet):	
(code 00 for not attempted) NE1C	<u>66 67</u>
(code 01 for tried but unable)	sec
d. Number of steps..... NE1D <u>68 69</u>	
e. Aids for second walk:	
Wheelchair (as walking aid)	NE1E 70 1
Walker.....	2
Quad cane.....	3
Other cane.....	4
No aid.....	5
Other.....	6
f. Time for second walk (10 feet):	
(code 00 for not attempted) NE1F	<u>71 72</u>
(code 01 for tried but unable)	secs
g. Number of steps..... NE1G... <u>73 74</u>	
h. Arm swing while walking NE1H 75	
Unremarkable.....	0
Reduced arm swing, left only.....	1
Reduced arm swing, right only.....	2
Reduced arm swing, both arms.....	3
Uncertain or not observable.....	4

REMINDER: For questions 2-7, ask participant "Do you think it's safe for you to do the following?"

2. Walking on toes:	No	Yes	Not assessed
a. Left weakness	0	1	8 NE2A 76
b. Right weakness	0	1	8 NE2B 77
c. Reason: _____			
c. If 1 or 8, write down the reason number: NE2C 78			
3. Walking on heels:	No	Yes	Not assessed
a. Left weakness	0	1	8 NE3A 79
b. Right weakness	0	1	8 NE3B 80
c. Reason: _____			
c. If 1 or 8, write down the reason number: 81 NE3C			
4. Station	No	Yes	Not assessed
a. Eyes closed	0	1	8 NE4A 82
b. Eyes open	0	1	8 NE4B 83
(only if unable to do with eyes closed)			
If unable to stand with either eyes open or closed, complete c.			
c. Reason: _____ 84 NE4C			
c. If both 0 or both 8, write down the reason #: _____			
5. Side by side stand (10 Seconds)	No	Yes	Not assessed
NE5S			NE5B
<u>85 86</u> seconds	0	1	8 87
a. If 0 or 8, write down the reason number: 88 NE5A			
6. Semi-tandem stand (10 Seconds)	No	Yes	Not assessed
NE6S			NE6B
<u>89 90</u> seconds	0	1	8 91
a. If 0 or 8, write down the reason number: 92 NE6A			
7. Full-tandem stand (10 Seconds)	No	Yes	Not assessed
NE7S			NE7B
<u>93 94</u> seconds	0	1	8 95
a. If 0 or 8, write down the reason number: 96 NE7A			

Reasons for 0, 1, or 8 for questions 2-7.

- 1 Space limit/environment
- 2 Safety reasons/balance
- 3 Chair bound
- 4 Refused
- 5 Time restriction
- 6 Pain/obesity/weakness
- 7 Other

8.	Have you had a recent worsening of pain or arthritis in your wrist, or do you have tendonitis?		
	No.....	NE8 97	0
	Yes.....		1
	Don't know.....		9
9.	Have you had surgery on your hands or arms during the last 3 months?		
	No.....	NE9 98	0
	Yes.....		1
	Don't know.....		9
10.	Dominant hand:	NE10 99	
	Left.....		1
	Right.....		2
	Unable/discontinued.....		3
	Refused.....		4
	Not performed for safety reasons.....		5
	Not performed due to time restrictions...		6
	Comment: _____		
11.	First try.....	NE11 100 101.103	
		kg 102	
12.	Second try.....	NE12 104 152 107	
		kg 106	
13.	Third try.....	NE13 108 109 111	
		kg 110	
14.	Repeat of opposite hand:	NE14 112	
	Left.....		1
	Right.....		2
	Unable/discontinued.....		3
	Refused.....		4
	Not performed for safety reasons.....		5
	Not performed due to time restrictions...		6
	Comment: _____		
15.	First try.....	NE15 113 114 116	
		kg 115	
16.	Second try.....	NE16 117 118 120	
		kg 119	
17.	Third try.....	NE17 121 122 124	
		kg 123	
18.	External shoulder rotation:	Left Side	Right Side
	Unable to do	0	0
	Performed fully	1	1
	Performed Partially	2	2
		NE18L	NE18R
		125	126

19.	Single chair stands:		
a.	Do you think it would be safe for you to try to stand up from a chair without using your arms?		
	No.....	NE19A 127	0
	Yes.....		1
	Don't know.....		9
b.	If NO, specify reason: _____		
c.	Number of attempts to rise (including rocking and weight shifting)	NE19C	128 129
d.	Rises:		
	Tried, but unable.....	NE19D 130	0
	Not attempted for safety reasons.....		1
	Not attempted (chair bound)		2
	Not attempted (no suitable chair)		3
	Not attempted (other reason)		4
	Rises using arms.....		5
	Rises without using arms.....		6
	Not attempted (refused).....		7
	Not attempted (time restriction)		8
	Not attempted (unable due to pain, obese, etc.)		9
20.	Repeated chair stands (seconds):		
a.	Do you think it would be safe for you to try to stand up from a chair without using your arms five times quickly?		
	No.....	NE20A 131	0
	Yes.....		1
	Don't know.....		9
b.	If NO, specify reason: _____		
c.	Number completed:	NE20C..	132
d.	Time if 5 stands done successfully.....	NE20D	133 134
			secs
e.	Chair height.....	NE20E	135 136 137
			cm
f.	If complete number is less than 5, specify reason:		
	Tried, but unable.....	NE20F 138	0
	Not attempted for safety reasons.....		1
	Not attempted (chair bound)		2
	Not attempted (no suitable chair)		3
	Not attempted (other reason)		4
	Not attempted (refused).....		5
	Not attempted (time restriction)		6
	Not attempted (unable due to pain, obese, etc.)		7