

<b>PARTICIPANT ID</b> [ ] [ ] [ ] [ ] Y1PPTID	<b>DATE</b> [ ] [ ] / [ ] [ ] / [ ] [ ] Y1DATE	<b>STAFF ID</b> [ ] [ ] [ ] Y1STAFID	<b>VISIT</b> BASELINE
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# HEART AND SOUL STUDY

## BASELINE INTERVIEW CHECKLIST FORM

<b>Y1ARRT</b> Time of arrival: [ ] [ ] : [ ] [ ] AM	<b>Y1DEPT</b> Time of departure: [ ] [ ] : [ ] [ ] PM
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Please mark when baseline visit is complete (i.e., when form is ready to be scanned and no information is pending). <input checked="" type="checkbox"/> Baseline visit completed <b>Y1STAT1</b>	<b>Comment (write in box below):</b>
	<b>Y1STAT2</b>

### COMPLIANCE WITH INSTRUCTIONS PRIOR TO STUDY APPOINTMENT:

Instruction		If NO,	Comments/Notes
Did you stop taking aspirin a week ago?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Y1INST1A</b>	Last aspirin: <b>Y1INST1B</b> [ ] [ ] / [ ] [ ] / [ ] [ ]	<b>Y1INST1C</b>
Did you fast after 8PM last night?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Y1INST2A</b>	Last meal: <b>Y1INST2B</b> [ ] [ ] / [ ] [ ] / [ ] [ ] Time of last meal: <b>Y1INST2C</b> [ ] [ ] : [ ] [ ] Hours Minutes <input type="radio"/> AM <input type="radio"/> PM <b>Y1INST2D</b>	<b>Y1INST2E</b>
Did you stop smoking after 4AM this morning?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Y1INST3A</b>	Last cigarette: <b>Y1INST3B</b> [ ] [ ] / [ ] [ ] / [ ] [ ] Time of last cigarette: <b>Y1INST3C</b> [ ] [ ] : [ ] [ ] Hours Minutes <input type="radio"/> AM <input type="radio"/> PM <b>Y1INST3D</b>	<b>Y1INST3E</b>
Did you drink 1-2 glasses of water this morning?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Y1INST4A</b>		<b>Y1INST4B</b>
Did you bring your medication bottles?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Y1INST5A</b>	Did you bring in a list of medications? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Y1INST5B</b>	<b>Y1INST5C</b>

Form/Procedure	Please mark with an X when completed	Comments/Notes	
Informed Consent Form Y1INFCOM	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1INFCOM	
Blood Draw Y1BLDDRW	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1BLDCOM	
Weight Y1WEIGHT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1WGTCOM	
Height Y1HEIGHT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1HGTCOM	
Waist to Hip Ratio Y1RATIO	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1RATCOM	
Medication Inventory Y1MEDINV	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1MEDCOM	
Psychiatric Interview Y1PSYINT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1PSYCOM	
Extra Psych Questions Y1XPSYCH	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1XPSCOM	
Questionnaire Y1QUEST	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1QUECOM	
Treadmill Y1TRDMIL	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1TRDCOM	
Echocardiogram Y1ECHO	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1ECHCOM	
EKG Y1EKG	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1EKGCOM	
6-Minute Walk Y1WALK	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1WLKCOM	
24-Hour Urine Y1URINE	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1URICOM	
24-Hour Holter Monitor Y1HOLTER	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient is in (if applicable): <input type="checkbox"/> Atrial Fibrillation/Flutter <input type="checkbox"/> Paced Rhythm Y1PACEM	Y1HOLCOM
24-Hour Sweat Patch Y1PATCH	<input type="checkbox"/> Yes <input type="checkbox"/> No	Y1PATCOM	

**INFORMED CONSENT FORM**

Y1INFCOT

Time completed:   :   AM

**BLOOD DRAW**

Time of first:   :   AM Y1BLDT1

Time of second:   :   AM Y1BLDT2

When did the blood flash into the tube?

- 1 within 15 seconds of cuff pressure Y1BLDC1A
- 2 within 16 to 30 seconds of cuff pressure
- 3 within 31 to 60 seconds of cuff pressure
- 4 > 60 seconds after cuff pressure

Did you need to use a heparin flush?

- 1 Yes  0 No Y1BLDC2

Did you need to use an additional venipuncture?

- 1 Yes, before platelet draw
- 2 Yes, after platelet draw Y1BLDC3A
- 0 No

Did you obtain blood after the 30 minute rest?

- 1 Yes  0 No Y1BLDC4

How difficult was the platelet blood draw?

- 1 not at all difficult (no problems at all) Y1BLDC5
- 2 a bit difficult (have to "fish around" for vein)
- 3 moderately difficult (two sticks)
- 4 very difficult (> 2 sticks)

**WEIGHT**

.  kg Y1WGHT1

Note: Record weight measurement to nearest 0.1 kg

.  lbs Y1WGHT2

Note: Record weight measurement to nearest 0.1 lbs

**STANDING HEIGHT**

.  cm Y1HGHT1

Note: Record height measurement to nearest 0.5 cm

.  inches Y1HGHT2

Note: Record height measurement to nearest 0.25 inch

**WAIST TO HIP RATIO**

Waist:     .  cm Y1WAIST

Hip:     .  cm Y1HIP

Note: Record waist/hip measurement to nearest 0.1 cm

**PSYCHIATRIC INTERVIEW**

Time started:   :   Y1PSYCT1

Time finished:   :   Y1PSYCT2

**6-MINUTE WALK**

**ELIGIBILITY ASSESSMENT**

1. Have you been experiencing unusual angina or chest pain recently?

Yes     No    →    Go to question 2.

**Y1WALK1**

Administer the 2-minute walk only.

2. Are you capable of walking for 6 minutes?

**Y1WALK2**

Yes     No    →    Administer the 2-minute walk only.

Administer the 6-minute walk.

Which walk was administered?

1 6-minute walk     2 2-minute walk

**Y1WALK3**

Was the walk administered while wearing the 24 hour holter?

1 Yes     0 No

**Y1WALK4**

Did the participant complete the 6- (or 2-) minute walk?

1 Yes     0 No    **Y1WALK5A**



(Note: Please choose one.)

- |  |   |
|--|---|
| <p><b>Y1WALK5B</b></p> <p><input type="checkbox"/> 0 Participant excluded based on eligibility criteria</p> <p><input type="checkbox"/> 1 During the test the participant reported chest pain</p> <p><input type="checkbox"/> 2 During the test the participant reported shortness of breath</p> <p><input type="checkbox"/> 3 During the test the participant reported feeling faint</p> <p><input type="checkbox"/> 4 During the test the participant reported knee pain</p> | <p><input type="checkbox"/> 5 During the test the participant reported hip pain</p> <p><input type="checkbox"/> 6 During the test the participant reported calf pain</p> <p><input type="checkbox"/> 7 During the test the participant reported back pain</p> <p><input type="checkbox"/> 8 Participant refused</p> <p><input type="checkbox"/> 9 Other</p> |
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**Y1WALK6**

15-second pulse immediately prior to test:    beats

**Y1WALK7**

15-second pulse immediately following test:    beats

**Y1WALK8**

Number of laps completed:    laps

Distance covered on final lap:    feet       inches

(Note: Record final lap to nearest inch)