	PARTICIPANT ID	DATE	STAFF ID	VISIT
				BASELINE
V1PPTID		Y1DATF	Y1STAFID	

HEART AND SOUL STUDY

BASELINE INTERVIEW CHECKLIST FORM

Y1ARRT			Y1DEPT		
Time of arrival:	AM	Ti	me of departure:	PM	
			Comment (write in box below	r):	
Please mark when baseline visits ready to be scanned and no 1 Baseline visit of	information is pending	g).	Y1STAT2		
COMPLIANCE WITH INS	STRUCTIONS PRIOR	TO STU	JDY APPOINTMENT:		
Instruction		If NO,		Comments/Notes	
Did you stop taking aspirin a week ago?	1 Yes 0 No Y11NST1A	Last as	spirin: Y1INST1B	Y1INST1C	
Did you fast after 8PM last night?	1 Yes 0 No Y1INST2A	Last m	eal: PM	Y1INST2E	
			Hours Minutes Y11N	ST2D	
Did you stop smoking after 4AM this morning?	1 Yes 0 No Y11NST3A		O 1 101	Y1INST3E	
			Hours Minutes Y11	NST3D	
Did you drink 1-2 glasses of water this morning?	1 Yes 0 No Y11NST4A			Y1INST4B	
Did you bring your medication bottles?	1 Yes 0 No — Y11NST5A	l '	u bring in a medications? 1 Yes 0 No /11NST5B	Y11NST5C	

PA	RTICIPANT I	D

HEART AND SOUL STUDY •

Form/Procedure	Please mark with an X when completed		Comments/Notes
Informed Consent Form Y11NFCON	1 Yes 0 No	Y11NFCOM	
Blood Draw Y1BLDDRW	1 Yes 0 No	Y1BLDCOM	
Weight Y1WEIGHT	1 Yes 0 No	Y1WGTCOM	
Height Y1HEIGHT	1 Yes 0 No	Y1HGTCOM	
Waist to Hip Ratio Y1RATIO	1 Yes 0 No	Y1RATCOM	
Medication Inventory Y1MEDIN	Yes O No	Y1MEDCOM	
Psychiatric Interview Y1PSYIN	T Yes O No	Y1PSYCOM	
Extra Psych Questions Y1XPSYC	1 Yes 0 No	Y1XPSCOM	
Questionnaire Y1QUEST	1 Yes O No	Y1QUECOM	
Treadmill Y1TRDMI	L1 Yes 0 No	Y1TRDCOM	
Echocardiogram Y1ECHO	1 Yes 0 No	Y1ECHCOM	
EKG Y1EKG	1 Yes 0 No	Y1EKGCOM	
6-Minute Walk Y1WALK	1 Yes O No	Y1WLKCOM	
24-Hour Urine Y1URINE	1 Yes 0 No	Y1URI COM	
24-Hour Holter Monitor Y1HOLTER	1 Yes O No	Patient is in (if applicable): 1 Atrial Fibrillation/Flutter 2 Paced Rhythm	Y1HOLCOM
24-Hour Sweat Patch Y1PATCH	1 Yes O No	Y1PATCOM	

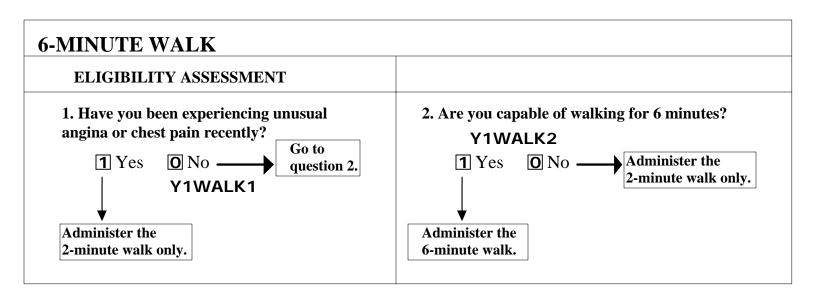
PARTICIPANT ID

HEART AND SOUL STUDY

INFORMED CONSENT FORM Time completed: Y1INFCOT AM			
BLOOD DRAW			
Y1BLDT1	Did you need to use an additional venipuncture?		
Time of first: AM	Yes, before platelet draw		
	2 Yes, after platelet draw Y1BLDC3A		
Time of second: AM Y1BLDT2	O No		
When did the blood flash into the tube?	Did you obtain blood after the 30 minute rest?		
1 within 15 seconds of cuff pressure Y1BLDC1A	1 Yes 0 No Y1BLDC4		
2 within 16 to 30 seconds of cuff pressure	TT 1'00' 14 41 1411 11 11 0		
3 within 31 to 60 seconds of cuff pressure	How difficult was the platelet blood draw?		
4 > 60 seconds after cuff pressure	1 not at all difficult (no problems at all) Y1BLDC5		
Did you need to use a heparin flush?	a bit difficult (have to "fish around" for vein)moderately difficult (two sticks)		
1 Yes 0 No Y1BLDC2	4 very difficult (> 2 sticks)		
TITES WIND FIBLICE	4 very difficult (> 2 sticks)		
WEIGHT Y1WGHT1 kg Note: Record weight measurement to nearest 0.1 kg Note: Record weight measurement to nearest 0.1 lbs			
STANDING HEIGHT Y1HGHT2			
WAIST TO HIP RATIO Waist: Y1WAIST cm Hip: Y1HIP cm Note: Record waist/hip measurement to nearest 0.1 cm			
PSYCHIATRIC INTERVIEW Time started: Y1PSYCT1 Time finished: Y1PSYCT2			

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HEART AND SOUL STUDY



Y1WALK6 15-second pulse immediately prior to test: beats	
Y1WALK7 15-second pulse immediately following test: beats	
Number of laps completed: Y1WALK8 laps	
Distance covered on final lap? 1 WALK9A feet Y1WALK9B inches (Note: Record final lap to nearest inch)	
e: Please choose one.) criteria During the test the participant reported hip pain	
hest pain hortness of breath eeling faint nnee pain During the test the participant reported calf pain puring the test the participant reported back pain participant refused Other	
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