DATA SET NAME: ADVEV

ACT Follow-up Adverse Events Questionnaire

ID ☐☐☐☐☐☐ NEWID Acrostic ☐☐☐☐☐☐

Date Completed ☐☐ ☐☐ ☐☐ (Mon Day Year) VISIT Visit Code ☐☐☐

PHONDATA = COLLECTED BY TELEPHONE

Form completed by: ☐☐ (staff code)

1. ***Were you hospitalized during the last 6 months?*** HOSP6MTH

1☐ Yes —
- Number of admissions ☐☐ HOSPADMIS
- Total number of nights stayed ☐☐☐ HOSNIGHT
- Reason(s) for hospitalization :

2☐ No

The following questions are about adverse experiences.

2. Have you experienced ***chest pain*** during the past 6 months? CP6MTH

1☐ Yes —

a) Did the chest pain affect your physical activity routine? CPACT

1☐ Yes —

i) Did you stop your routine? CPSTOP

1☐ Yes — For more than 1 week? CP1WK
1☐ Yes→ How many weeks? ☐☐☐ CPNUMWKS
2☐ No

2☐ No

ii) Did you shorten your routine? CPSHORT 1☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? CPDECINT 1☐ Yes 2☐ No

2☐ No

b) Did you see a physician for your chest pain? CPPHYSIC
1☐ Yes→ How many times? ☐☐ CPPHYSNO
2☐ No

c) Were you hospitalized for your chest pain? CPHOSP
1☐ Yes→ How many nights did you stay? ☐☐ CPNIGHTS
2☐ No

d) Did you have surgery because of your chest pain? CPSURG Yes 2☐ No

e) Did you miss any work because of your chest pain? CPWORK
1☐ Yes→ How many days? ☐☐☐ CPWKDAYS
2☐ No

2☐ No

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3. Have you experienced ***difficulty breathing*** during the last 6 months? DB6MONTH

1☐ Yes
2☐ No

a) Did this breathing problem affect your physical activity routine? DBACT

1☐ Yes
2☐ No

i) Did you stop your routine? DBSTOP

1☐ Yes
2☐ No

For more than 1 week? DB1WK
1☐ Yes→ How many weeks? DBNUMWKS
2☐ No

ii) Did you shorten your routine? DBSHORT 1☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? DBDECINT 1☐ Yes 2☐ No

b) Did you see a physician for your breathing problem? DBPHYSIC
1☐ Yes→ How many times? DBPHYSNO
2☐ No

c) Were you hospitalized for your breathing problem? DBHOSP
1☐ Yes→ How many nights did you stay? DBNIGHTS
2☐ No

d) Did you have surgery because of your breathing problem? DBSURG
1☐ Yes 2☐ No

e) Did you miss any work because of your breathing problem? DBWORK
1☐ Yes→ How many days? DBWKDAYS
2☐ No

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4. Have you experienced ***severe dizziness or loss of consciousness*** during the last 6 months? DC6MONTH

1☐ Yes

a) Did the fainting or dizziness affect your physical activity routine? DCACT

1☐ Yes

i) Did you stop your routine? DCSTOP

1☐ Yes

For more than 1 week? DC1WK

1☐ Yes→ How many weeks? DCNUMWKS

2☐ No

2☐ No

ii) Did you shorten your routine? DCSHORT 1☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? DCDECINT 1☐ Yes 2☐ No

2☐ No

b) Did you see a physician for your fainting or dizziness? DCPHYSIC

1☐ Yes→ How many times? DCPHYSNO

2☐ No

c) Were you hospitalized for your fainting or dizziness? DCHOSP

1☐ Yes→ How many nights did you stay? DBNIGHTS

2☐ No

d) Did you have surgery because of your fainting or dizziness? DCSURG

1☐ Yes 2☐ No

e) Did you miss any work because of your fainting or dizziness? DCWORK

1☐ Yes→ How many days? DCWKDAYS

2☐ No

2☐ No

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Please tell us whether or not you have experienced any of the following conditions in the past 6 months ***during or following exercise***.

5. Have you experienced ***leg or arm pain***? LA6MONTH

1☐ Yes
2☐ No

a) Did the leg or arm pain affect your physical activity routine? LAACT

1☐ Yes
2☐ No

i) Did you stop your routine? LASTOP

1☐ Yes
2☐ No

For more than 1 week? LA1WK
1☐ Yes→ How many weeks? LANUMWKS
2☐ No

ii) Did you shorten your routine? LASHORT 1☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? LADECINT 1☐ Yes 2☐ No

b) Did you see a physician for your pain? LAPHYSIC
1☐ Yes→ How many times? LAPHYSNO
2☐ No

c) Were you hospitalized for your pain? LAHOSP
1☐ Yes→ How many nights did you stay? LANIGHTS
2☐ No

d) Did you have surgery because of your pain? LASURG
1☐ Yes 2☐ No

e) Did you miss any work because of your pain? LAWORK
1☐ Yes→ How many days? LAWKDAYS
2☐ No

f) In which limbs did you have this pain (mark all that apply):
1☐ Right arm LARARM 1☐ Left arm LALARM
1☐ Right leg LARLEG 1☐ Left leg LALLEG

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6. Have you experienced ***swollen or sore joints***? SJ6MONTH

1☐ Yes
2☐ No

a) Did the swollen or sore joints affect your physical activity routine? SJACT

1☐ Yes
2☐ No

i) Did you stop your routine? SJSTOP

1☐ Yes
2☐ No

For more than 1 week? SJ1WK

1☐ Yes→ How many weeks? SJNUMWKS

2☐ No

ii) Did you shorten your routine? SJSHORT 1☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? SJDECINT 1☐ Yes 2☐ No

b) Did you see a physician for your joint problem? SJPHYSIC

1☐ Yes→ How many times? SJPHYSNO

2☐ No

c) Were you hospitalized for your joint problem? SJHOSP

1☐ Yes→ How many nights did you stay? SJNIGHTS

2☐ No

d) Did you have surgery because of your joint problem? SJSURG

1☐ Yes 2☐ No

e) Did you miss any work because of your joint problem? SJWORK

1☐ Yes→ How many days? SJWKDAYS

2☐ No

f) In which part(s) of your body did you have this joint problem (mark all that apply):

1☐ Right wrist SJRWRIST	1☐ Left wrist SJLWRIST
1☐ Right elbow SJRELBOW	1☐ Left elbow SJLELBOW
1☐ Right shoulder SJRSHLDR	1☐ Left shoulder SJLSHLDR
1☐ Right ankle SJRANKLE	1☐ Left ankle SJLANKLE
1☐ Right knee SJRKNEE	1☐ Left knee SJLKNEE
1☐ Right Hip SJRHIP	1☐ Left hip SJLHIP

1☐ Other SJOTHER ____________________
(Specify)

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7. Have you experienced ***a pulled or strained muscle, tendon, or ligament?*** ML6MONTH

1☐ Yes
2☐ No

a) Did the muscle/ligament strain affect your physical activity routine? ML ACT

1☐ Yes
2☐ No

i) Did you stop your routine? ML STOP

1☐ Yes
2☐ No

For more than 1 week? ML 1WK

1☐ Yes→ How many weeks? ☐☐☐ MLNUMWKS
2☐ No

ii) Did you shorten your routine? MLSHORT ☐ Yes 2☐ No

iii) Did you decrease the intensity of your routine? MLDECINT 1☐ Yes 2☐ No

b) Did you see a physician for your muscle/ligament strain? MLPHYSIC

1☐ Yes→ How many times? ☐☐ MLPHYSNO
2☐ No

c) Were you hospitalized for your muscle/ligament strain? MLHOSP

1☐ Yes→ How many nights did you stay? ☐☐ MLNIGHTS
2☐ No

d) Did you have surgery because of your muscle/ligament strain? MLSURG

1☐ Yes 2☐ No

e) Did you miss any work because of your muscle/ligament strain? MLWORK

1☐ Yes→ How many days? ☐☐☐ MLWKDAYS
2☐ No

f) In which part(s) of your body did you have this muscle/ligament strain (mark all that apply):

1☐ Right hand MLRHAND	1☐ Left hand MLLHAND
1☐ Right arm MLRARM	1☐ Left arm MLLARM
1☐ Right foot MLRFOOT	1☐ Left foot MLLFOOT
1☐ Right leg MLRLEG	1☐ Left leg MLLLEG
1☐ Abdomen MLABDOM	1☐ Neck MLNECK
1☐ Trunk or ribs MLRIBS	1☐ Chest MLCHEST
1☐ Lower back MLLOBACK	1☐ Upper back MLUPBACK

1☐ Other ____________________
MLOTHER (specify)

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8. Have you experienced ***any broken or fractured bones***? FB6MONTH

1☐ Yes — 2☐ No

a) Did the fracture affect your physical activity routine? FBACT

1☐ Yes — 2☐ No

i) Did you stop your routine? FBSTOP

1☐ Yes — 2☐ No

For more than 1 week? FB1WK

1☐ Yes→ How many weeks? ☐☐.☐ FBNUMWKS

2☐ No

ii) Did you shorten your routine? 1☐ Yes 2☐ No FBSHORT

iii) Did you decrease the intensity of your routine? 1☐ Yes 2☐ No FBDECINT

b) Did you see a physician for your fracture? FBPHYSIC

1☐ Yes→ How many times? ☐☐

2☐ No FBPHYSNO

c) Were you hospitalized for your fracture? FBHOSP

1☐ Yes→ How many nights did you stay? ☐☐

2☐ No FBNIGHTS

d) Did you have surgery because of your fracture? FBSURG

1☐ Yes 2☐ No

e) Did you miss any work because of your fracture? FBWORK

1☐ Yes→ How many days? ☐☐.☐

2☐ No FBWKDAYS

f) In which part(s) of your body did you have this fracture (mark all that apply):

1☐ Right hand FBRHAND
1☐ Left hand FBLHAND
1☐ Right arm FBRARM
1☐ Left arm FBLARM
1☐ Right foot FBRFOOT
1☐ Left foot FBLFOOT
1☐ Right leg FBRLEG
1☐ Left leg FBLLEG
1☐ Trunk or ribs FBRIBS
1☐ Back FBBACK
1☐ Head FBHEAD
1☐ Neck FBNECK
1☐ Other ________________

FBOTHER (specify)