

18 wk

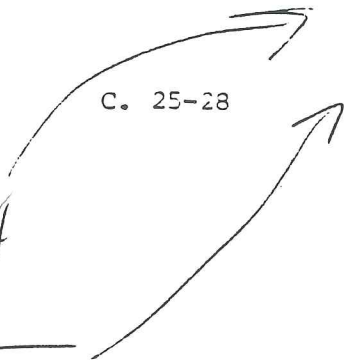
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Coding Handbook - Follow-Up Questionnaire

| <u>Q.#</u> | <u>Field Name</u> | <u>Card Column</u> | <u>Coding Instructions</u> |
|------------|---------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| - | ID Number | Card 1 C. 4-10 | 7 digit number preprinted on the back upper right corner. Check to make sure that there is a legible, complete ID on every questionnaire. |
| - | Date Received | C. 11-16 | 6 digit number stamped on upper right hand corner of questionnaire. If missing, enter 999999. |
| Q.1 | Date of Birth | C. 17-22 | Month = 2 digits (e.g. May = 05) Add leading zero: 7 = 07 Day = 2 digits Add leading zero Year = 2 digits Must be ≥ 07 and ≤ 42 |
| Q.2 | Willing to Continue | C. 23 | Either "yes" or "No" must be checked |
| | Reason for not continuing | C. 24 | 1 = Side Effects 2 = Medical Condition 3 = Exclusion Drug 4 = Compliance 9 = Blank |
| Q.3 | Miss any pills | C. 25-28 | Either "No" or "yes" must be checked If "yes," number of days should be filled in. Zero fill (e.g. 7 = 07). If blank, enter 99. If > 30, enter 30. If a range is given (e.g. 4-5) enter the larger number if they are consecutive. Use an average number if they are not consecutive (e.g. 6-8 = 07) If "yes," capsules, tablets, or both equally should be checked. If blank, enter a "9" to the right of the both equally box |

RNE - CODE IN 24
3 IN 79

RNW - CODE IN 24
2 IN 79



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|------------|--------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q.4 | New Medications | C. 29-53 | <p>Either "Yes" or "No" must be checked</p> <p>Refer to the Drug List codesheet for the 6 character code that corresponds to each drug</p> <p>Enter drug codes above or to the side of the drug name depending on available space</p> <p>No study participant should be taking an excluded drug. If telephone contact or special letter established that use of an excluded drug was <u>not</u> regular, change the response from YES to NO and don't enter the drug code</p> |
| Q.5 | Additional Aspirin | C. 54-66 | <p>Either "Yes" or "No" must be checked</p> <p>If "Yes," number of days should be a 2 digit response. Zero fill (e.g. 3 = 03). If blank, enter 99. If zero, enter 00.</p> <p>If "Yes," number of tablets should be a 3 digit response. Zero fill. If blank, enter 999.</p> <p>If "temporary condition" is left blank, enter a "9" to the right of the NO box</p> <p>Non-aspirin agent should be coded with six digit code from Drug List</p> |

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|------------|-------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q.6 | Symptoms | C. 67-75 | <p>If a response is not checked for a specific symptom, enter a "9" to the right of the "No" box</p> <p>If one or more "Other" symptom has been recorded, establish that it is distinct from the listed symptoms. If it is, make sure that the "Yes" box is checked. If not, check "No"</p> |
| Q.7 | Food Consumption | Card 2 C. 11-29 | <p>2+/day = 1 daily = 2 5-6/wk = 3 2-4/wk = 4 1/wk = 5 1-3/mth = 6 Rarely/Never = 7 Blank = 9</p> <p>Enter the appropriate code to the left of the number which preceds each food item.</p> <p>If 2 checks are made for one food item and an adjacent item is left blank apply the following rules:</p> <p>A. If the double codes are separated by an odd number of boxes, use the <u>middle</u> value for <u>both</u> the blank line as well as the line that is double coded.</p> <p>B. If the double codes are adjacent, use the value to the right of the middle for both lines <u>except</u> if that turns out to be Rarely/Never. Use 1-3 mo. instead of Rarely/ Never</p> <p>C. If the double codes are separated by an even number, use the value to the right of the middle for both lines</p> |

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|------------|-------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q.8 | Conditions | Card 2 C. 30-55 | <p>All randomized respondents must have a "No" response to conditions in the left-hand column. A "Yes" response to Cancer is permissible only if the Cancer site is identified as skin (including basal cell or squamous). Any other "Yes" response for someone who has been randomized should be explained by a notation on the form or accompanying phone log. When adequate evidence exists, change the response from "Yes" to "No." When in doubt, review the questionnaire with a study coordinator.</p> <p>If "Yes" to Cancer, refer to the Cancer Site codesheet. Enter the appropriate three digit code.</p> <p>If YES/NO responses to stroke and TIA have been left blank, assume the answers to be "No." Enter "no" responses in pencil.</p> <p>If "Yes," month and year should be entered. Month= 2 digits. May = 05. Add leading zero (e.g. 7 = 07). Year = 2 digits.</p> <p>If date attributed to condition is > 6 months ago, change the "Yes" answer to "No."</p> <p>If month and year are missing from an item in the left-hand column, file the form in the Missing Information box.</p> |

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|------------|-------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q.8 | Conditions | Card 2 C. 30-55 | <p>If Clinical or Lab evidence of Stroke or TIA is recorded, enter a "1" on the appropriate line. If no evidence exists, enter a "2." If "No" was checked for Stroke and TIA, leave these lines blank.</p> <p>If "Other" conditions were recorded, check to make sure that they are distinct from the listed conditions. If they are, make sure the "Yes" box is checked.</p> |
| Q.9 | Consent | Card 2 C. 56 | <p>If consent was granted, enter a "1" beneath the question number. If consent was not granted enter a "2"</p> |
| Q.10 | Contacts | Card 2 | <p>If any contact information has been recorded, enter a "1" beneath the question number. If no information was given, enter a "2."</p> |