

VARIABLES	WHICH FORM?											
	V-1	V-2	V-3	DIET	6-MO	YR 1	YR 2	YR 3	YR 4	YR 4.5	YR 5	Final 2018
CONSENT/DEMOGR./ANTHRO.												
Willingness to be in the study	X	consent	X									
Willingness to provide blood		X										
Willingness to do cog. interview		X										
Age in years	X											
Date of birth (mo/day/yr)		X	X	X	X	X	X	X	X	X	X	
Gender	X	X										
Race	X											
Ethnicity	X											
Education	X											
Household income			X									
Weight		X				X	X	X	X		X	X
Height		X										
Full social security number (SSN)		X	X									
SSN – last 4 digits only					X	X	X	X	X			
Phone numbers		X	X		X	X	X	X	X	X	X	X
E-mail address			X		X	X	X	X	X	X	X	X
Provide contact information			X			X	X	X	X		X	
DIET												
Dairy, eggs/meat, seafood, fruits & vegetables, beverages, and miscellaneous				X						X		
ALCOHOL CONSUMPTION												
Beer, wine, liquor – average use/year				X					X	X		
LIMITED IN DAILY ACTIVITY												
Climbing stairs, bending, kneeling, bathing, walking, lifting, moderate and vig activity				X				X	X		X	X
INDEPENDENT IN DAILY LIFE												
Feed, dress, bed, bath				X			X	X	X		X	X
FAMILY HISTORY												
Heart attack, diabetes, blood pressure, hip fracture, cancer				X								
DIETARY SUPPLEMENTS												
Vitamin D	X		X		X	X	X	X	X		X	
Fish oil (incl. krill, cod liver at YR 2)	X	X	X		X	X	X	X	X		X	

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Other supplmt. containing Omega-3					X							
Calcium		X	X		X	X	X	X	X		X	
Multivitamins				X						X		
Vitamin A							X					
Any other supplements (listed)				X						X		
MEDICATION USE												
Anti-coagulant/ blood thinner		X	X			X	X	X	X		X	
Aromatase inhibitor			X			X	X	X	X		X	
Aspirin (and days/month)			X			X	X	X	X		X	
Bone loss meds (listed)			X			X	X	X	X		X	
Calcitriol			X			X	X	X	X		X	X
Clopidogrel (Plavix)/antiplatelet med							X	X	X		X	
Corticosteroids			X			X	X	X	X		X	
Diabetes meds (listed)		X				X	X	X	X		X	
Estrogen						X	X	X	X		X	
Hypertension meds (listed)		X				X	X	X	X		X	
Lithium						X	X	X	X		X	
Non-statin cholesterol lowering			X			X	X	X	X		X	
NSAID											X	
Serotonin reuptake inhibitor			X			X	X	X	X		X	
Statins			X			X	X	X	X		X	
Tamoxifen			X			X	X	X	X		X	
Thyroid medications								X	X		X	
OTHER MEDS USE												
H2 antagonists											X	
Loop diuretics											X	
Proton pump inhibitors											X	
Thiazide diuretics												
DIAGNOSES / PROCEDURES												
Allergies to soy/allergies to FO		X	X									
Atrial fib. or other irreg. rhythm			X			X	X	X	X		X	X
Cancer (other than skin cancer)	X		X		X	X	X	X	X	X	X	X
Cancer – SKIN (type)	X		X		X	X	X	X	X		X	X
Carotid artery surgery			X			X	X	X	X		X	X
Carotid stenosis			X			X	X	X	X		X	X
Cataract			X									
Cataract surgery (extraction)			X			X	X	X	X		X	
Celiac disease						X						

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Chest Pain (angina) – hospitalized?			X			X	X	X	X		X	X
Cirrhosis / other severe liver dis.		X	X			X	X	X	X		X	
Colon or rectal polyps Polyp: repeat scope 5 years			X			X	X	X	X		X	X
Coronary angioplasty or stent	X		X		X	X	X	X	X	X	X	X
Coronary bypass surgery	X		X		X	X	X	X	X	X	X	X
Deep vein thrombosis			X			X	X	X	X		X	X
Diabetes		X	X			X	X	X	X		X	X
Fibr. breast disease – how confirmed?			X			X	X	X	X		X	X
Gallbladder disease												X
Gallbladder removal												X
Gastric bypass surgery			X			X	X	X	X		X	
Headaches – describe symptoms		X							X			
Headaches - recurring										X		X
Heart attack	X		X		X	X	X	X	X	X	X	X
Heart or congestive heart failure			X			X	X	X	X		X	X
Hypercalcemia		X	X		X	X	X	X	X		X	X
Hypertension		X				X	X	X	X		X	X
Intermittent claudication			X			X	X	X	X		X	X
Kidney failure or dialysis		X	X			X	X	X	X		X	
Kidney stones		X	X		X	X	X	X	X		X	X
Leg pain										X		
Macular degeneration		X				X	X	X	X		X	X
Multiple sclerosis			X			X	X	X	X		X	X
Parathyroid/thyroid conditions		X	X		X	X	X	X	X		X	
Parkinson’s disease			X			X	X	X	X		X	X
Peptic ulcer			X						X		X	
Periodontal disease			X			X	X	X	X		X	X
Peripheral artery surgery / stenting			X			X	X	X	X		X	X
Pneumonia – Dx / hospitalized?		X				X	X	X	X		X	X
Prostatic hyperplasia			X						X		X	
Prostatitis			X						X		X	
Pulmonary embolism			X			X	X	X	X		X	X
RLS – describe symptoms		X							X		X	
Sarcoid or Wegener’s		X	X			X	X	X	X		X	X
Stroke	X		X		X	X	X	X	X	X	X	X
Mini-stroke (TIA)		X	X		X	X	X	X	X	X	X	X
Tuberculosis		X	X			X	X	X	X		X	

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Uterine fibroids			X									
OTHER major illness		X				X	X	X	X		X	
POTENTIAL SIDE EFFECTS												
Stomach upset or pain			X		X	X	X	X	X		X	
Nausea			X		X	X	X	X	X		X	
Constipation			X		X	X	X	X	X		X	
Diarrhea			X		X	X	X	X	X		X	
Skin rash			X		X	X	X	X	X		X	
Colds or URI			X		X	X	X	X	X		X	
Flu-like symptoms			X		X	X	X	X	X		X	
Frequent nosebleeds			X		X	X	X	X	X		X	
Easy bruising			X		X	X	X	X	X		X	
Blood in urine			X		X	X	X	X	X		X	
GI bleeding			X		X	X	X	X	X		X	
Bad taste in mouth			X		X	X	X	X	X		X	
Increased burping					X	X	X	X	X		X	
PILL COMPLIANCE												
Past month – days missed			X									
“Typical” month – days missed					X	X	X	X	X		X	
Reason missed			X		X	X	X	X	X		X	
Are you currently taking?					X	X	X	X	X		X	
PHYSICAL ACTIVITY												
Time spent in weekly activities			X					X				
Flights of stairs climb daily			X					X				
Usual walking pace			X					X				
SMOKING HISTORY												
Smoked 100 cigarettes			X									
Currently smoking (avg. cigs/day)			X			X		X			X	
Avg cigs./day – currently & lifetime			X									
OTHER RISK FACTORS												
Skin color / reaction to sun exposure		X										
Lost 5 lbs. or more in past 2 years		X										
Specific blood pressure (SBP/DBP)		X										
Total cholesterol		X										
Menopausal history			X									
SCREENING												
Rectal exam			X				X		X		X	
Hemoccult or guaiac			X				X		X		X	

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Colonoscopy			X				X		X		X	
Sigmoidoscopy			X				X		X		X	
Barium enema x-ray			X				X		X		X	
Eye exam		X				X	X		X		X	
BP measured						X	X		X		X	
PSA test			X				X		X		X	
Mammogram			X			X	X		X		X	
Breast biopsy			X			X	X		X		X	
Fasting blood sugar									X		X	
ANCILLARY QUESTIONS												
DIABETIC KIDNEY DISEASE <ul style="list-style-type: none"> Dx of diabetes and treatment Had blood glucose test Dx of DKD 		X										
KNEE PAIN <ul style="list-style-type: none"> How often have pain Pain when walking and for how long Knee replacement surgery Have osteoarthritis 		X										
AUTOIMMUNE DISEASE <ul style="list-style-type: none"> Thyroid IBD PMR RA Psoriasis Other 		X				X	X	X	X		X	X
HYPERTENSION <ul style="list-style-type: none"> Have hypertension Taking hypertensive meds Current BP (SBP/DBP) 		X				X	X	Only meds: BP or other reason	Only meds: BP or other reason		Only meds: BP or other reason	
ANEMIA <ul style="list-style-type: none"> Dx of anemia Transfusion for anemia Evaluated by hematologist 		X				X	X	X	X			

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RESPIRATORY DISEASE <ul style="list-style-type: none"> Usually cough Usually bring up phlegm Chest wheezy Asthma Dx Any chronic lung diseases Recent Dx of pneumonia 		X				X	X	X	X		X (not all)	
FRACTURES <ul style="list-style-type: none"> Broken bones (which/when) 			X			X	X	X	X		X	X
MOOD <ul style="list-style-type: none"> Depression Dx Felt sad 2+ weeks Felt sad most days in 2 or more years Past 2 weeks have you had these feelings (listed) 			X			X	X	X	Dx only		X	Dx only
FALLS <ul style="list-style-type: none"> Number of falls Result - need to see a doctor Evaluated at hospital 				X		X	X	X	X		X	X
INFECTION <ul style="list-style-type: none"> Number of colds Have you had any of these infections (listed) or treated with antibiotics or flu vaccine 				X		X	X	X	# of colds only		# of colds only	
DRY EYE <ul style="list-style-type: none"> Eyes dry often Eyes irritated often Dx of dry eye 		X				X	X	X	X		X	
OTHER QUESTIONS												
Urinary incontinence							X					X
CHF hospitalization or emergency room						X	X	X	X		X	X
Number of pregnancies							X					
Gestational diabetes							X					
Preeclampsia/gestational hypertension							X					
In general, describe your health			X			X	X	X	X		X	X
Memory in past year									X		X	X
Change in hearing past year									X			X

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Current hearing									X			X
Ringing in ears									X			X
Marital status											X	
Where do you live											X	
With whom do you live											X	
Are you a caregiver											X	
Pain (before/during trial, current)												X
Change in bowel movements												X
Change in hair volume/shine												X
Change in nail health/growth												X
Change in skin health/smoothness												X
Placebo or active												X