Clinic Weight

Weight date and time: ___/___/____  ___:___ Staff initials: ___ ___ ___ ___

OR Not done → Specify reason (use codelist below): ___

Clinic weight (if the two measurements are more than 0.1 kg apart, measure weight a third time):

Weight 1: ___ ___ ___ ___ kg
Weight 2: ___ ___ ___ ___ kg
Weight 3: ___ ___ ___ ___ kg
Weight of gown: ___ ___ ___ ___ kg

Pregnancy Test

Complete only for females.

Does participant have reproductive potential?

☐ 0 No
☐ 1 Yes → If Yes: Date urine pregnancy test performed: ___/___/____

Results: ☐ 1 Negative
☐ 2 Positive

Outcomes Labs

Date and time sample collection started: ___/___/____  ___:___

Sample

If a sample is not obtained, indicate with a Not Done.

Sample Complete? If Not Done, Reason (Use codelist below)

Blood

☐ 0 No  ☐ 1 Yes

Vaccine Administration

NOTE: Before any vaccine is administered, review the vaccine questionnaire and protocol for participant eligibility.

Vaccine(s) given (check all that apply):

☐ Hepatitis A → Check one:

☐ 1 Havrix (GSK)
☐ 2 Vaqta (Merck)
☐ Other: _______________________

Dose (check one): ☐ 1 Adult  ☐ 2 Pediatric
Lot #: _______________________

☐ Tetanus/diphtheria → Check one:

☐ 1 Decovac (Sanofi-Pasteur)
☐ 98 Other: _______________________

Lot #: _______________________

☐ Pneumococcal vaccine → Check one:

☐ 1 Pneumovax (Merck)
☐ 98 Other: _______________________

Lot #: _______________________

Not Done Codelist: 1 Participant refused 2 Clinician unable to obtain 3 Insufficient time 4 Instrument failure 5 Not required
**Clinic Weight**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight date and time:</td>
<td><strong>/</strong>/____ /<strong><strong>:</strong></strong></td>
</tr>
<tr>
<td>OR Not done → Specify reason (use Codelist below):</td>
<td>___</td>
</tr>
<tr>
<td>Weight 1:</td>
<td>___ ___ ___ ___ kg</td>
</tr>
<tr>
<td>Weight 2:</td>
<td>___ ___ ___ ___ kg</td>
</tr>
<tr>
<td>Weight 3:</td>
<td>___ ___ ___ ___ kg</td>
</tr>
<tr>
<td>Weight of gown:</td>
<td>___ ___ ___ ___ kg</td>
</tr>
</tbody>
</table>

**Vital Signs**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment date and time:</td>
<td><strong>/</strong>/____ /<strong><strong>:</strong></strong></td>
</tr>
<tr>
<td>OR Not done → Specify reason (use Codelist below):</td>
<td>___</td>
</tr>
<tr>
<td>Natural waist measurement 1:</td>
<td>___ ___ ___ ___ cm</td>
</tr>
<tr>
<td>Natural waist measurement 2:</td>
<td>___ ___ ___ ___ cm</td>
</tr>
<tr>
<td>Natural waist measurement 3:</td>
<td>___ ___ ___ ___ cm</td>
</tr>
<tr>
<td>Umbilical point waist measurement 1:</td>
<td>___ ___ ___ ___ cm</td>
</tr>
<tr>
<td>Umbilical point waist measurement 2:</td>
<td>___ ___ ___ ___ cm</td>
</tr>
<tr>
<td>Umbilical point waist measurement 3:</td>
<td>___ ___ ___ ___ cm</td>
</tr>
<tr>
<td>Pulse:</td>
<td>___ ___ ___ bpm OR Not done → Specify reason (use Codelist below): ___</td>
</tr>
<tr>
<td>Temperature:</td>
<td>___ ___ ___ °C OR Not done → Specify reason (use Codelist below): ___</td>
</tr>
<tr>
<td>Respirations:</td>
<td>___ ___ per minute OR Not done → Specify reason (use Codelist below): ___</td>
</tr>
<tr>
<td>Blood pressure (check only one):</td>
<td>_______ Left arm _______ Right arm</td>
</tr>
<tr>
<td>Blood pressure 1:</td>
<td>___ ___ /___ ___ mm Hg OR Not done → Specify reason (use Codelist below):</td>
</tr>
<tr>
<td>Blood pressure 2:</td>
<td>___ ___ /___ ___ mm Hg</td>
</tr>
<tr>
<td>Blood pressure 3:</td>
<td>___ ___ /___ ___ mm Hg</td>
</tr>
</tbody>
</table>

**Not Done Codelist:** 1 Participant refused 2 Clinician unable to obtain 3 Insufficient time 4 Instrument failure 5 Not required
### Month 18 Submission

**CR Visit 1/Control Visit**

**Center Number:** ___

**Participant Number:** ___ ___ ___ ___

**Participant’s Initials:** ___ ___ ___

### 12-Lead ECG

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Findings</th>
<th>Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em>/____</td>
<td>00:00 to 23:59</td>
<td></td>
</tr>
</tbody>
</table>

**Is ECG** (check only one):

- [ ] 1 Normal
- [ ] 2 Abnormal, not clinically significant (specify): ____________
- [ ] 3 Abnormal, clinically significant (specify): ________________

**OR Not done → Specify reason**

(see codelist below): __________

### Safety Labs

| Date and time of last meal: ___/___/____ 00:00 to 23:59 |
| Date and time of sample collection: ___/___/____ 00:00 to 23:59 |

<table>
<thead>
<tr>
<th>Sample</th>
<th>Sample Complete?</th>
<th>If Not Done, Reason (Use codelist below)</th>
<th>Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td>____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td>____</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Outcomes Labs

| Date and time of last meal: ___/___/____ 00:00 to 23:59 |
| Date and time sample collection started: ___/___/____ 00:00 to 23:59 |

<table>
<thead>
<tr>
<th>Sample</th>
<th>Sample Complete?</th>
<th>If Not Done, Reason (Use codelist below)</th>
<th>Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td>____</td>
</tr>
</tbody>
</table>

If a sample is not obtained, indicate with a Not Done.

### Codelist

- [ ] 1 Participant refused
- [ ] 2 Clinician unable to obtain
- [ ] 3 Insufficient time
- [ ] 4 Instrument failure
- [ ] 5 Not required

---

**Send to DCRI Forms Management • 2400 Pratt St. • Room 0311 Terrace Level • Durham NC 27705**

**Calerie Phase 2_CRF_V8.0_18 FEB 2009**

**2009 DCRI — Confidential**

**CRF, page 213**
### Doubly Labeled Water (DLW)

1. **Date and time of DLW dosing**: 
   - **Month** / **Day** / **Year**
   - **Time**: **00:00** to **23:59**
   - **Staff initials**: ___ ___ ___

   OR Not done → Specify reason (use codelist below): ___

2. **DLW dose mixture ID and bottle number**: ___ ___ — ___ ___ ___ ___ — ___ ___ ___ — CA

3. **Exact weight of DLW mixture**: ___ ___ ___ grams

4. **Urine samples**:

<table>
<thead>
<tr>
<th>Collection</th>
<th>Sample</th>
<th>Date and Time Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre dosing (PD)</td>
<td>PDa</td>
<td>___ ___ / ___ ___ / ___ ___ ___</td>
</tr>
<tr>
<td></td>
<td>PDb</td>
<td>___ ___ / ___ ___ / ___ ___ ___</td>
</tr>
<tr>
<td>Day 0 (Visit 1)</td>
<td>D0a</td>
<td>___ ___ / ___ ___ / ___ ___ ___</td>
</tr>
<tr>
<td></td>
<td>D0b</td>
<td>___ ___ / ___ ___ / ___ ___ ___</td>
</tr>
<tr>
<td>Day 7 (Visit 2)</td>
<td>D7a</td>
<td>___ ___ / ___ ___ / ___ ___ ___</td>
</tr>
<tr>
<td></td>
<td>D7b</td>
<td>___ ___ / ___ ___ / ___ ___ ___</td>
</tr>
<tr>
<td>Day 14 (Visit 4)</td>
<td>D14a</td>
<td>___ ___ / ___ ___ / ___ ___ ___</td>
</tr>
<tr>
<td></td>
<td>D14b</td>
<td>___ ___ / ___ ___ / ___ ___ ___</td>
</tr>
</tbody>
</table>

5. **Affix CRF page label(s) corresponding to this urine sample set**:

- Affix Test Sample Label Here
- Affix Retest Sample Label Here

---

**Pregnancy Test**

Complete only for females.

Does participant have reproductive potential?

- [ ] No
- [x] Yes → If Yes: Date urine pregnancy test performed: ___ / ___ / ___

Results:

- [ ] Negative
- [x] Positive

**DXA Scan**

1. Has the participant taken a calcium supplement today?
   - [ ] No
   - [x] Yes → Proceed with scan and document in the Subject Scan Log to inform the QA Center.

2. Were any studies involving barium or radioisotopes performed within 4 weeks prior to the scheduled DXA exam?
   - [ ] No
   - [x] Yes

<table>
<thead>
<tr>
<th>DXA Scan</th>
<th>DXA Rescan OR [ ] 96 NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of scan: ___ / ___ / ___</td>
<td></td>
</tr>
<tr>
<td>Date of rescan: ___ / ___ / ___</td>
<td></td>
</tr>
</tbody>
</table>

**Area Scanned**
Check all that apply

- [ ] Whole body
- [ ] Forearm
- [ ] Spine
- [ ] Hip

**If Not Done, Reason**
(Use codelist below)

- [ ] Participant refused
- [ ] Clinician unable to obtain
- [ ] Insufficient time
- [ ] Instrument failure
- [ ] Not required

<table>
<thead>
<tr>
<th>Area Scanned Check all that apply</th>
<th>If Not Done, Reason (Use codelist below)</th>
<th>Area Scanned Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Whole body</td>
<td>[ ]</td>
<td>[ ] Whole body</td>
</tr>
<tr>
<td>[ ] Forearm</td>
<td>[ ]</td>
<td>[ ] Forearm</td>
</tr>
<tr>
<td>[ ] Spine</td>
<td>[ ]</td>
<td>[ ] Spine</td>
</tr>
<tr>
<td>[ ] Hip</td>
<td>[ ]</td>
<td>[ ] Hip</td>
</tr>
</tbody>
</table>

Not Done Codelist: 1 Participant refused 2 Clinician unable to obtain 3 Insufficient time 4 Instrument failure 5 Not required
**Clinic Weight**

<table>
<thead>
<tr>
<th>Weight date and time:</th>
<th><em><strong>/</strong></em>/____</th>
<th><em><strong>:</strong></em> 00:00 to 23:59</th>
<th>Staff initials:</th>
<th><em><strong>/</strong></em>/____</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR Not done → Specify reason (use Codelist below):</td>
<td>________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinic weight (if the first two measurements are more than 0.1 kg apart, measure weight a third time):**

- Weight 1: ___ ___ ___ ___ kg
- Weight 2: ___ ___ ___ ___ kg
- Weight 3: ___ ___ ___ ___ kg
- Weight of gown: ___ ___ ___ ___ kg

**Contraception**

<table>
<thead>
<tr>
<th>Contraception method (females only):</th>
<th>None OR Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>oral contraceptive → Specify:</td>
<td>Record on Concomitant Medications page</td>
</tr>
<tr>
<td>other → Specify (e.g., barrier, IUD):</td>
<td></td>
</tr>
</tbody>
</table>

**Not Done Codelist:**

1. Participant refused
2. Clinician unable to obtain
3. Insufficient time
4. Instrument failure
5. Not required
# Seven-Day Physical Activity Recall (PAR)

Today's date: ___ / ___ / ___  
Day (check only one):  
- Mon  
- Tues  
- Wed  
- Thurs  
- Fri  
- Sat  
- Sun  
OR Not done  
Specify reason [use codelist below]:  ___

1. Were you employed in the last seven days?  
   - No  
   - Yes  

2. If Yes: Which days (check all that apply)?  
   - Mon  
   - Tues  
   - Wed  
   - Thurs  
   - Fri  
   - Sat  
   - Sun  

3. Which days do you consider your weekend, or non-work, days?  
   - Mon  
   - Tues  
   - Wed  
   - Thurs  
   - Fri  
   - Sat  
   - Sun

---

<table>
<thead>
<tr>
<th>Day #</th>
<th>Day of Week</th>
<th>Date</th>
<th>Sleep Time</th>
<th>Work Time</th>
<th>Morning (in minutes)</th>
<th>Afternoon (in minutes)</th>
<th>Evening (in minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>(yesterday)</td>
<td>___ / ___ / ___ / ___ / ___ / ___ / ___</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>___ / ___ / ___ / ___ / ___ / ___ / ___</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>___ / ___ / ___ / ___ / ___ / ___ / ___</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>___ / ___ / ___ / ___ / ___ / ___ / ___</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>___ / ___ / ___ / ___ / ___ / ___ / ___</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>___ / ___ / ___ / ___ / ___ / ___ / ___</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>___ / ___ / ___ / ___ / ___ / ___ / ___</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
<td>00:00 to 23:59</td>
</tr>
</tbody>
</table>

---

Not Done Codelist:  
1 Participant refused  
2 Clinician unable to obtain  
3 Insufficient time  
4 Instrument failure  
5 Not required
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| Compared to your physical activity over the past three months, was last week’s physical activity more, less, or about the same? (check only one)? | □ 1 More  
□ 2 Less  
□ 3 About the same |
| Interviewer: Please answer questions below and note any comments on interview. |                  |
| Were there any problems with the Seven-Day PAR interview?               | □ 0 No  
□ 1 Yes |
| Do you think this was a valid Seven-Day PAR interview?                  | □ 0 No  
□ 1 Yes |
| Were there any activities reported by the participant that you don’t know how to classify? | □ 0 No  
□ 1 Yes |
### 6-Day Food Record

Complete below OR Not done → Specify reason (use Codelist below):

<table>
<thead>
<tr>
<th>Day of DLW</th>
<th>Date of Record</th>
<th>Record Quality (check only one)</th>
<th>Day of DLW</th>
<th>Date of Record</th>
<th>Record Quality (check only one)</th>
</tr>
</thead>
</table>
| 1          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing | 8          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |
| 2          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing | 9          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |
| 3          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing | 10         | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |
| 4          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing | 11         | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |
| 5          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing | 12         | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |
| 6          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing | 13         | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |

**Replacement Values**

<table>
<thead>
<tr>
<th>Day of DLW</th>
<th>Date of Record</th>
<th>Record Quality (check only one)</th>
</tr>
</thead>
</table>
| 1          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |
| 2          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |
| 3          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |
| 4          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |
| 5          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |
| 6          | ______/_______/_______ | □ 1 Reliable  
□ 2 Unreliable  
□ 3 Missing |

**Not Done Codelist:**

1. Participant refused  
2. Clinician unable to obtain  
3. Insufficient time  
4. Instrument failure  
5. Not required
BDI-II

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Check the box beside the statement you have picked. Be sure that you check only one statement for each group, including item 16 and item 18.

1 Sadness:
- □ 0 I do not feel sad
- □ 1 I feel sad much of the time
- □ 2 I am sad all of the time
- □ 3 I am so sad or unhappy that I can’t stand it

2 Pessimism:
- □ 0 I am not discouraged about my future
- □ 1 I feel more discouraged about my future than I used to be
- □ 2 I do not expect things to work out for me
- □ 3 I feel my future is hopeless and will only get worse

3 Past failure:
- □ 0 I do not feel like a failure
- □ 1 I have failed more than I should have
- □ 2 As I look back, I see a lot of failures
- □ 3 I feel I am a total failure as a person

4 Loss of pleasure:
- □ 0 I get as much pleasure as I ever did from the things I enjoy
- □ 1 I don’t enjoy things as much as I used to
- □ 2 I get very little pleasure from the things I used to enjoy
- □ 3 I can’t get any pleasure from the things I used to enjoy

5 Guilty feelings:
- □ 0 I don’t feel particularly guilty
- □ 1 I feel guilty over many things I have done or should have done
- □ 2 I feel quite guilty most of the time
- □ 3 I feel guilty all of the time

6 Punishment feelings:
- □ 0 I don’t feel I am being punished
- □ 1 I feel I may be punished
- □ 2 I expect to be punished
- □ 3 I feel I am being punished

7 Self-dislike:
- □ 0 I feel the same about myself as ever
- □ 1 I have lost confidence in myself
- □ 2 I am disappointed in myself
- □ 3 I dislike myself

Not Done Codelist: 1 Participant refused  2 Clinician unable to obtain  3 Insufficient time  4 Instrument failure  5 Not required
BDI-II (continued)

8 Self-criticalness:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>I don’t criticize or blame myself more than usual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>I am more critical of myself than I used to be</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>I criticize myself for all of my faults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>I blame myself for everything bad that happens</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Suicidal thoughts or wishes:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>I don’t have any thoughts of killing myself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>I have thoughts of killing myself but I would not carry them out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>I would like to kill myself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>I would kill myself if I had the chance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10 Crying:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>I don’t cry any more than I used to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>I cry more than I used to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>I cry over every little thing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>I feel like crying, but I can’t</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11 Agitation:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>I am no more wound up or restless than usual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>I feel more restless or wound up than usual</td>
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<tr>
<td>c</td>
<td>I am so restless or agitated that it’s hard to stay still</td>
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<tr>
<td>d</td>
<td>I am so restless or agitated that I have to keep moving or doing something</td>
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12 Loss of interest:

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<td>a</td>
<td>I have not lost interest in other people or activities</td>
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<tr>
<td>b</td>
<td>I am less interested in other people or things than before</td>
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<tr>
<td>c</td>
<td>I have lost most of my interest in other people or things</td>
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<td>d</td>
<td>It’s hard to get interested in anything</td>
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13 Indecisiveness:

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<td>a</td>
<td>I make decisions about as well as ever</td>
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<td>I find it more difficult to make decisions than usual</td>
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<td>c</td>
<td>I have much greater difficulty in making decisions than I used to</td>
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<tr>
<td>d</td>
<td>I have trouble making my decisions</td>
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14 Worthlessness:

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<tr>
<td>a</td>
<td>I do not feel I am worthless</td>
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<tr>
<td>b</td>
<td>I don’t consider myself as worthwhile and useful as I used to</td>
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<tr>
<td>c</td>
<td>I feel more worthless as compared to other people</td>
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<td>d</td>
<td>I feel utterly worthless</td>
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15 Loss of energy:

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<tbody>
<tr>
<td>a</td>
<td>I have as much energy as ever</td>
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<td>b</td>
<td>I have less energy than I used to have</td>
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<tr>
<td>c</td>
<td>I don’t have enough energy to do very much</td>
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<tr>
<td>d</td>
<td>I don’t have enough energy to do anything</td>
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</table>
16 Changes in sleeping pattern:  
☐ 0 I have not experienced any change in my sleeping pattern  
☐ 1 I sleep somewhat more than usual  
☐ 2 I sleep somewhat less than usual  
☐ 3 I sleep a lot more than usual  
☐ 4 I sleep a lot less than usual  
☐ 5 I sleep most of the day  
☐ 6 I wake up 1–2 hours early and can’t get back to sleep

17 Irritability:  
☐ 0 I am no more irritable than usual  
☐ 1 I am more irritable than usual  
☐ 2 I am much more irritable than usual  
☐ 3 I am irritable all of the time

18 Changes in appetite:  
☐ 0 I have not experienced any change in my appetite  
☐ 1 My appetite is somewhat less than usual  
☐ 2 My appetite is somewhat greater than usual  
☐ 3 My appetite is much less than before  
☐ 4 My appetite is much greater than usual  
☐ 5 I have no appetite at all  
☐ 6 I crave food all of the time

19 Concentration difficulty:  
☐ 0 I can concentrate as well as ever  
☐ 1 I can’t concentrate as well as usual  
☐ 2 It’s hard to keep my mind on anything for very long  
☐ 3 I find I can’t concentrate on anything

20 Tiredness or fatigue:  
☐ 0 I am no more tired or fatigued than usual  
☐ 1 I get more tired or fatigued more easily than usual  
☐ 2 I am too tired or fatigued to do a lot of the things I used to do  
☐ 3 I am too tired or fatigued to do most of the things I used to do

21 Loss of interest in sex:  
☐ 0 I have not noticed any recent change in my interest in sex  
☐ 1 I am less interested in sex than I used to be  
☐ 2 I am much less interested in sex now  
☐ 3 I have lost interest in sex completely
### Multiaxial Assessment of Eating Disorder Symptoms (MAEDS)

**Instructions:** Using the scale shown, please rate the following items on a scale from 1 to 7. Please answer as truthfully as possible.

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<tr>
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<th>Never</th>
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<th>Rarely</th>
<th>Sometimes</th>
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**Participant’s Initials:** ___ ___ ___ ___
### Multiaxial Assessment of Eating Disorder Symptoms (MAEDS) (continued)

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### Multiaxial Assessment of Eating Disorder Symptoms (MAEDS) (continued)

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**Participant’s Initials:** ___ ___ ___

**Center Number:** ___ ___

**Participant Number:** ___ ___ ___ ___

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CRF, page 225

Calorie Phase 2_CRF_V8.0_18 FEB 2009
## Inpatient Admission and Discharge

1. Inpatient admission date and time: ___ ___/___ ___/___ ___ ___ ___:___ ___
   - day/month/year 00:00 to 23:59

2. Inpatient discharge date and time: ___ ___/___ ___/___ ___ ___ ___:___ ___
   - day/month/year 00:00 to 23:59

## Clinic Weight

<table>
<thead>
<tr>
<th>Weight date and time: ___ <em><strong>/</strong></em> <em><strong>/</strong></em> ___ ___ <em><strong>:</strong></em> ___</th>
<th>Staff initials: first middle last</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR Not done → Specify reason (use codelist below): ___</td>
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</table>

Clinic weight (if the two measurements are more than 0.1 kg apart, measure weight a third time):

- **Weight 1:** ___ ___ ___ ___ kg
- **Weight 2:** ___ ___ ___ ___ kg
- **Weight 3:** ___ ___ ___ ___ kg
- **Weight of gown:** ___ ___ ___ ___ kg

## Metabolic Rate

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<th>Sample</th>
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<th>If Not Done, Reason (Use codelist below)</th>
<th>Staff Initials</th>
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<tr>
<td>Resting Metabolic Rate (RMR)—Visit 5</td>
<td>___ <em><strong>/</strong></em> <em><strong>/</strong></em> ___ ___ ___</td>
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<td>WASH U–001 (623-003)</td>
<td>PBRC–016 (623-005)</td>
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<td>PBRC–017 (623-001)</td>
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Not Done Codelist: 1 Participant refused 2 Clinician unable to obtain 3 Insufficient time 4 Instrument failure 5 Not required
# Seven-Day Physical Activity Recall (PAR)

**Today's date:** _____/_____/______  
**Day (check only one):**  
- [ ] Mon  
- [ ] Tues  
- [ ] Wed  
- [ ] Thurs  
- [ ] Fri  
- [ ] Sat  
- [ ] Sun  
**OR not done → Specify reason (use codelist below):**  

1. Were you employed in the last seven days?  
   - [ ] No → Skip to question 3  
   - [ ] Yes  

2. If Yes: Which days (check all that apply)?  
   - [ ] Mon  
   - [ ] Tues  
   - [ ] Wed  
   - [ ] Thurs  
   - [ ] Fri  
   - [ ] Sat  
   - [ ] Sun  

3. Which days do you consider your weekend, or non-work, days?  
   - [ ] Mon  
   - [ ] Tues  
   - [ ] Wed  
   - [ ] Thurs  
   - [ ] Fri  
   - [ ] Sat  
   - [ ] Sun  

### Not Done Codelist:
- 1 Participant refused  
- 2 Clinician unable to obtain  
- 3 Insufficient time  
- 4 Instrument failure  
- 5 Not required

### Interviewer initials:  
___ ___ ___  
first  middle  last

### Sleep Time

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<th>Day #</th>
<th>Day of Week</th>
<th>Date</th>
<th>In Bed</th>
<th>Up</th>
<th>Start</th>
<th>Stop</th>
<th>Work Time</th>
<th>Morning (in minutes)</th>
<th>Afternoon (in minutes)</th>
<th>Evening (in minutes)</th>
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**Not Done Codelist:** 1 Participant refused  2 Clinician unable to obtain  3 Insufficient time  4 Instrument failure  5 Not required
**Seven-Day Physical Activity Recall (PAR) (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</table>
| 4  Compared to your physical activity over the past three months, was last week’s physical activity more, less, or about the same (check only one)? | 1 More  
2 Less  
3 About the same |

**Interviewer:** Please answer questions below and note any comments on interview.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</table>
| 5  Were there any problems with the Seven-Day PAR interview?             | 0 No  
1 Yes |
| 6  Do you think this was a valid Seven-Day PAR interview?                | 0 No  
1 Yes |
| 7  Were there any activities reported by the participant that you don’t know how to classify? | 0 No  
1 Yes |
# Daily Home Weight Log

Were you issued a new scale? [ ] No  [ ] Yes → If Yes: Date first used: __/__/____  Serial no.: __________

Please complete this log in either blue or black ink.

<table>
<thead>
<tr>
<th>Day of week:</th>
<th>Date:</th>
<th>Time: 1 AM 2 PM</th>
<th>Weight: ___ ___ . ___ lb</th>
<th>Day of week:</th>
<th>Date:</th>
<th>Time: 1 AM 2 PM</th>
<th>Weight: ___ ___ . ___ lb</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>00:00 to 11:59</td>
<td>Check scale memory</td>
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Send Completed Logs to DCRI Only If Completed During DLW Periods