

Center Number: ____ Participant Number: _____ Participant's Initials:
first middle last

Clinic Weight

Weight date and time: / / :
day month year 00:00 to 23:59

Staff initials:
first middle last

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

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

Center Number: _____ Participant Number: _____ Participant's Initials: _____
first middle last

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 code list 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

Interviewer initials: _____
first middle last

Day #	Date	Sleep Time		Work Time		Morning (in minutes)			Afternoon (in minutes)			Evening (in minutes)		
		In Bed	Up	Start	Stop	Mod.	Hard	Very Hard	Mod.	Hard	Very Hard	Mod.	Hard	Very Hard
7 <small>(yesterday)</small>	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
6	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
5	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
4	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
3	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
2	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
1 <small>(1 week ago)</small>	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59

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

Center Number: ____ Participant Number: ____ Participant's Initials: first middle last ____

Seven-Day Physical Activity Recall (PAR) (continued)

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.

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

Center Number: ____ Participant Number: ____ Participant's Initials: first middle last ____

Handgrip Strength

Date and time of assessment: ____/____/____ 00:00 to 23:59
day month year

Staff initials: first middle last ____

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

1 Dynamometer handle position: _____

2 Dominant hand (check only one): ₁ Left ₂ Right ₃ Ambidextrous

3 Handgrip strength:

Handgrip Strength	Zero Meter Check	Right Hand	Zero Meter Check	Left Hand
Test 1—peak force	<input type="checkbox"/> ₀	_____ kg	<input type="checkbox"/> ₀	_____ kg
Test 2—peak force	<input type="checkbox"/> ₀	_____ kg	<input type="checkbox"/> ₀	_____ kg
Test 3—peak force	<input type="checkbox"/> ₀	_____ kg	<input type="checkbox"/> ₀	_____ kg

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

Center Number: _____ Participant Number: _____ Participant's Initials: _____
first middle last

Isometric/Isokinetic Knee Extension and Flexion

Date and time of assessment: _____ / _____ / _____ : _____
day month year 00:00 to 23:59

Staff initials: _____
first middle last

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

- 1** Recent injury or pain—right knee? ₀ No ₁ Yes
- 2** Recent injury or pain—left knee? ₀ No ₁ Yes
- 3** Specify machine used (PBRC only): ₀ Cybex ₁ Biolex

All values corrected for gravity effect torque		Right Leg	Left Leg	If Not Done, Specify Reason (Use codelist below)
3 60°/sec knee extension	peak torque	_____ N.m	_____ N.m	_____
	total work	_____ N.m	_____ N.m	
	average power	_____ watts	_____ watts	
4 60°/sec knee flexion	peak torque	_____ N.m	_____ N.m	_____
	total work	_____ N.m	_____ N.m	
	average power	_____ watts	_____ watts	
5 180°/sec knee extension	peak torque	_____ N.m	_____ N.m	_____
	total work	_____ N.m	_____ N.m	
	average power	_____ watts	_____ watts	
	work fatigue index	_____ %	_____ %	
6 180°/sec knee flexion	peak torque	_____ N.m	_____ N.m	_____
	total work	_____ N.m	_____ N.m	
	average power	_____ watts	_____ watts	
	work fatigue index	_____ %	_____ %	
7 Isometric knee extension: trial 1	peak torque	_____ N.m	_____ N.m	_____
	trial 2 peak torque	_____ N.m	_____ N.m	
	trial 3 peak torque	_____ N.m	_____ N.m	
8 Isometric knee flexion: trial 1	peak torque	_____ N.m	_____ N.m	_____
	trial 2 peak torque	_____ N.m	_____ N.m	
	trial 3 peak torque	_____ N.m	_____ N.m	

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Center Number: _____ Participant Number: _____ Participant's Initials: _____
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Doubly Labeled Water (DLW)

1 Date and time of DLW dosing: _____ / _____ / _____ : _____
day month year 00:00 to 23:59 Staff initials: _____
first middle last

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:

Collection	Sample	Date and Time Collected
Day 0 (Visit 4)	D0a	_____ / _____ / _____ : _____ <small>day month year 00:00 to 23:59</small>
	D0b	_____ / _____ / _____ : _____ <small>day month year 00:00 to 23:59</small>
Day 7 (Visit 5)	D7a	_____ / _____ / _____ : _____ <small>day month year 00:00 to 23:59</small>
	D7b	_____ / _____ / _____ : _____ <small>day month year 00:00 to 23:59</small>
Day 14 (Visit 7)	D14a	_____ / _____ / _____ : _____ <small>day month year 00:00 to 23:59</small>
	D14b	_____ / _____ / _____ : _____ <small>day month year 00:00 to 23:59</small>

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

Affix
Label
Here

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

Center Number: ____ Participant Number: _____ Participant's Initials:
first middle last

Clinic Weight

Weight date and time: ____/____/____ : ____
day month year 00:00 to 23:59

Staff initials:
first middle last

OR Not done → Specify reason (see 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

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Center Number: _____ Participant Number: _____ Participant's Initials: _____
first middle last

VO₂ Max

1 Date and time of test: ____/____/____ : ____
day month year 00:00 to 23:59 **Staff initials:** _____
first middle last

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

2 At what time was the participant's last meal/snack eaten? ____ : ____
00:00 to 23:59

3 Rest ECG: Rhythm (check only one): ₁ Sinus ₂ Atrial fibrillation ₉₈ Other
Ventricular conduction (check only one): ₁ Normal ₂ LBBB ₃ RBBB

4 Heart rate (HR) data: Resting heart rate: _____ bpm
Age-predicted heart rate: _____ bpm
Heart rate (max): _____ bpm

5 Reason(s) for termination of testing (check all that apply):

- Symptom limited (dyspnea, fatigue)
- Angina/ischemia → Complete all that apply: HR when true cardiac angina occurred: _____ bpm OR ₉₆ NA
HR when ischemic ECG changes occurred: _____ bpm OR ₉₆ NA
- Serious arrhythmias (VT or SVT)
- Changes in blood pressure
- Ventricular ischemia (schedule stress image study, complete ventricular episode report)
- Orthopedic/extremity complaints (pains/cramps)
- Other (specify): _____

6 Did frequent ventricular ectopy occur (e.g., ≥ 7 PVCs/min, bi/tri-geminy, NSVT [≥ 3 beats])?

- ₀ No
- ₁ Yes → If Yes: When did it occur (check all that apply)? During exercise During recovery

7 Peak VO₂: _____ mL/kg/min _____ L/min

8 Did the participant meet at least 2 of the 3 VO₂ max criteria (see box, right)?

- ₀ No
- ₁ Yes → If Yes: VO₂ max: _____ mL/kg/min _____ L/min

a Achieve a plateau in VO₂ (change ≤ 150 mL) between the final two stages
b RER ≥ 1.1
c HR max ± 5 bpm of age-predicted maximum

9 Exercise time: ____ : ____
minutes seconds

10 Blood pressure at VO₂ peak/VO₂ max: ____/____ mm Hg
systolic diastolic

11 Borg RPE score at VO₂ peak/VO₂ max: _____ (6-20)

12 Peak RER: _____

13 VE at VO₂ peak/VO₂ max: _____ L/min

14 VE/VO₂ at VO₂ peak/VO₂ max _____ L/min

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Center Number: _____ Participant Number: _____ Participant's Initials: _____
first middle last

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 code list 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)? Interviewer initials: _____
 Mon Tues Wed Thurs Fri Sat Sun
 Mon Tues Wed Thurs Fri Sat Sun

3 Which days do you consider your weekend, or non-work, days?

Day #	Date	Sleep Time		Work Time			Morning (in minutes)			Afternoon (in minutes)			Evening (in minutes)		
		In Bed	Up	Start	Stop	Mod.	Hard	Very Hard	Mod.	Hard	Very Hard	Mod.	Hard	Very Hard	
7 <small>(yester- day)</small>	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	
6	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	
5	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	
4	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	
3	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	
2	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	
1 <small>(1 week ago)</small>	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	

Not Done Code list: 1 Participant refused 2 Clinician unable to obtain 3 Insufficient time 4 Instrument failure 5 Not required

Center Number: ____ Participant Number: ____ Participant's Initials: first middle last ____

Seven-Day Physical Activity Recall (PAR) (continued)

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.

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

Center Number: ____ Participant Number: ____ Participant's Initials: first middle last ____

6-Day Food Record

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

Staff initials: first middle last ____

			Replacement Values		
Day of DLW	Date of Record	Record Quality (check only one)	Day of DLW	Date of Record	Record Quality (check only one)
1	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing	8	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing
2	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing	9	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing
3	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing	10	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing
4	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing	11	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing
5	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing	12	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing
6	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing	13	____/____/____ <small>day month year</small>	<input type="checkbox"/> ₁ Reliable <input type="checkbox"/> ₂ Unreliable <input type="checkbox"/> ₃ Missing

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Center Number: _____ Participant Number: _____ Participant's Initials:
first middle last

Delayed-type Hypersensitivity (DTH)

1 Was the DTH worksheet completed?

₀ No

₁ Yes → If Yes: Were any Exclusion criteria met? ₀ No → Proceed with test

₁ Yes → STOP. Do not administer test.

2 Date of injection: _____ / _____ / _____ OR Not done → Specify reason (use codelist below): _____ day month year

3 Injection by (initials): _____ first middle last

4 Arm injected: ₁ Right ₂ Left

5 DTH results:

Note: For each reaction, measure two diameters in millimeters (mm). The first diameter is called the maximum diameter because the induration may not be in the shape of a circle. If the induration is an oval shape, first measure the long diameter and then the diameter perpendicular to it. Do not measure erythema. Reaction is considered positive if the average diameter is equal to or greater than 5 mm.

A = Largest diameter

B = Second diameter perpendicular to A

Antigen	24 Hour (@ Visit 4)			48 Hour (@ Visit 5)		
	A (diameter)	B (diameter)	Read By:	A (diameter)	B (diameter)	Read By:
1 Normal saline	_____ mm	_____ mm	 <small>first middle last</small> (initials)	_____ mm	_____ mm	 <small>first middle last</small> (initials)
2 Tetanus toxoid (TT) (check only one): <input type="checkbox"/> ₁ Tetanus toxoid (Sanofi-Pasteur) <input type="checkbox"/> ₉₈ Other: _____ Lot #: _____	_____ mm	_____ mm		_____ mm	_____ mm	
3 Candida (check only one): <input type="checkbox"/> ₁ Candin (AllerMed) <input type="checkbox"/> ₉₈ Other: _____ Lot #: _____	_____ mm	_____ mm		_____ mm	_____ mm	
4 Trichophyton (check only one): <input type="checkbox"/> ₁ Trichophyton Allergic Extract (AllerMed) <input type="checkbox"/> ₉₈ Other: _____ Lot #: _____	_____ mm	_____ mm		_____ mm	_____ mm	

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Center Number: _____ Participant Number: _____ Participant's Initials: _____
first middle last

Clinic Weight

Weight date and time: _____ / _____ / _____ : _____
day month year 00:00 to 23:59

Staff initials: _____
first middle last

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

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

Vital Signs

Assessment date and time: _____ / _____ / _____ : _____
day month year 00:00 to 23:59

If waist measurement not done → Specify reason (use codelist below): _____

1 Natural waist measurement
 (if the first two measurements are more than 1.0 cm apart, measure natural waist circumference a third time):

Staff initials: _____
first middle last

Natural waist measurement 1: _____ . _____ cm

Natural waist measurement 2: _____ . _____ cm

Natural waist measurement 3: _____ . _____ cm

2 Umbilical point waist measurement (if the first two measurements are more than 1.0 cm apart, measure umbilical point waist circumference a third time):

Umbilical point waist measurement 1: _____ . _____ cm

Umbilical point waist measurement 2: _____ . _____ cm

Umbilical point waist measurement 3: _____ . _____ cm

3 Pulse: _____ bpm OR Not done → Specify reason (use codelist below): _____

Staff initials: _____
first middle last

4 Temperature: _____ . _____ °C OR Not done → Specify reason (use codelist below): _____

Staff initials: _____
first middle last

5 Respirations: _____ per minute OR Not done → Specify reason (use codelist below): _____

Staff initials: _____
first middle last

6 Blood pressure (check only one): ₁ Left arm ₂ Right arm

Staff initials: _____
first middle last

6a Blood pressure 1: _____ / _____ mm Hg Time: _____ : _____
systolic diastolic 00:00 to 23:59 OR Not done → Specify reason (use codelist below): _____

6b Blood pressure 2: _____ / _____ mm Hg Time: _____ : _____
systolic diastolic 00:00 to 23:59

6c Blood pressure 3: _____ / _____ mm Hg Time: _____ : _____
systolic diastolic 00:00 to 23:59

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

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Center Number: _____ Participant Number: _____ Participant's Initials: _____
first middle last

Pregnancy Test

Complete only for females.

Does participant have reproductive potential?

₀ No

₁ Yes → If Yes: Date urine pregnancy test performed: _____ / _____ / _____
day month year

Results: ₁ Negative

₂ Positive

Core Temperature

Staff Initials	Provide Date of Sample Collection/Procedure	Time of Sample Collection/Procedure	If Not Done, Reason <small>(Use codelist below)</small>
<small>first middle last</small>	Start Date: ____ / ____ / ____ <small>day month year</small>	Start Time ____ : ____ <small>00:00 to 23:59</small>	_____
	Stop Date: ____ / ____ / ____ <small>day month year</small>	Stop Time ____ : ____ <small>00:00 to 23:59</small>	

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

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

Center Number: _____ Participant Number: _____ Participant's Initials: _____
first middle last

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 code list 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

Interviewer initials: _____
first middle last

Day #	Day of Week	Date	Sleep Time		Work Time		Morning (in minutes)			Afternoon (in minutes)			Evening (in minutes)		
			In Bed	Up	Start	Stop	Mod.	Hard	Very Hard	Mod.	Hard	Very Hard	Mod.	Hard	Very Hard
7	(yester- day)	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
6		____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
5		____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
4		____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
3		____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
2		____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59
1	(1 week ago)	____/____/____ <small>day month year</small>	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59	00:00 to 23:59 00:00 to 23:59

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

Center Number: ____ Participant Number: ____ Participant's Initials: first middle last ____

Seven-Day Physical Activity Recall (PAR) (continued)

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.

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

Center Number: _____ Participant Number: _____ Participant's Initials: _____
first middle last

Outcomes Labs

Date and time of last meal: _____/_____/_____ :_____
day month year 00:00 to 23:59

Date and time sample collection started: _____/_____/_____ :_____
day month year 00:00 to 23:59

Sample	Sample Complete?	If Not Done, Reason (Use codelist below)	Staff Initials
Catecholamines	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes	_____	<small>first middle last</small>
Blood	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes	_____	<small>first middle last</small>
Oral glucose tolerance test (OGTT)	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes	_____	<small>first middle last</small>

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

Biopsy Labs

Sample	Date of Collection	If Not Done, Reason (Use codelist below)	Staff Initials
Muscle biopsy	_____/_____/_____ <small>day month year</small>	_____	<small>first middle last</small>
Fat biopsy	_____/_____/_____ <small>day month year</small>	_____	<small>first middle last</small>

24-hour Urine Collection

Total Volume Collected	Date of Sample Collection	Time of Sample Collection	If Not Done, Reason (Use codelist below)	Staff Initials
_____ mL	Start Date: ____/____/_____ <small>day month year</small> Stop Date: ____/____/_____ <small>day month year</small>	Start Time: ____:____ <small>00:00 to 23:59</small> Stop Time: ____:____ <small>00:00 to 23:59</small>	_____	<small>first middle last</small>

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

Center Number: _____ Participant Number: _____ Participant's Initials: _____
first middle last

Sex Hormone

If Not Done → Specify reason (use codelist below): _____

Contraception method (females only):

None OR Check all that apply:

Oral contraceptive → Specify: _____

Record on Concomitant Medications page

Other → Specify (e.g., barrier, IUD): _____

Day 1	Date	Time	If Not Done, Reason (use codelist)	Staff Initials
Day 1 of menses (females only)				
Date and time of last meal (males only)	____/____/____ <small>day month year</small>	____:____ <small>00:00 to 23:59</small>		
Hormone level blood draw 1 (males only)	____/____/____ <small>day month year</small>	____:____ <small>00:00 to 23:59</small>	_____	_____ <small>first middle last</small>
Hormone level blood draw 2 (females only) <i>Progesterone level</i>				
Day 2	Date	Time	If Not Done, Reason (use codelist)	Staff Initials
Date and time of last meal				
Hormone level blood draw 3 (females only) <i>Progesterone level</i>				

DXA Scan

1 Has the participant taken a calcium supplement today?

₀ No ₁ Yes → If 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?

₀ No ₁ Yes

DXA Scan		DXA Rescan OR <input type="checkbox"/> ₉₆ NA
Date of scan: ____/____/____ <small>day month year</small>		Date of rescan: ____/____/____ <small>day month year</small>
Area Scanned Check all that apply	If Not Done, Reason (Use codelist below)	Area Scanned Check all that apply
<input type="checkbox"/> Whole body	_____	<input type="checkbox"/> Whole body

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

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Center Number: ____ Participant Number: ____ Participant's Initials:
first middle last

Metabolic Rate			
Sample	Date of Collection	If Not Done, Reason <i>(Use codelist below)</i>	Staff Initials
Resting Metabolic Rate (RMR)—Visit 7	____ / ____ / ____ <small>day month year</small>	_____	____ <u> </u> <u> </u> <small>first middle last</small>
Cart ID	<input type="checkbox"/> Tufts-003 (623-002) <input type="checkbox"/> WASH U-001 (623-003) <input type="checkbox"/> PBRC-016 (623-005) <input type="checkbox"/> Tufts-006 (623-006) <input type="checkbox"/> WASH U-002 (623-004) <input type="checkbox"/> PBRC-017 (623-001)		
Sample	Date of Collection	If Not Done, Reason <i>(Use codelist below)</i>	Staff Initials
Resting Metabolic Rate (RMR)—Visit 8	____ / ____ / ____ <small>day month year</small>	_____	____ <u> </u> <u> </u> <small>first middle last</small>
Cart ID	<input type="checkbox"/> Tufts-003 (623-002) <input type="checkbox"/> WASH U-001 (623-003) <input type="checkbox"/> PBRC-016 (623-005) <input type="checkbox"/> Tufts-006 (623-006) <input type="checkbox"/> WASH U-002 (623-004) <input type="checkbox"/> PBRC-017 (623-001)		

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

Center Number: ____ Participant Number: ____ Participant's Initials: first middle last ____

Randomization

Date of randomization: ____ / ____ / ____
day month year

Treatment Group

To which treatment group was the participant assigned (check only one):

- ₁ CR—calorie restricted
₂ AL—ab libitum (control)

Intervention

Did participant start intervention?

- ₀ No → Complete the Study completion/Early Discontinuation of Study Evaluation
₁ Yes → If Yes: Date intervention started: ____ / ____ / ____
day month year

Staff Signature NOTE: Signature of staff that randomized participant

Signature: _____ Date: ____ / ____ / ____
day month year

