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HCHS/SOL General AFU Interview Questionnaire

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FORM CODE: GEE	Contact	<input type="text"/>	<input type="text"/>	SEQ #	<input type="text"/>	<input type="text"/>
								VERSION: 1, 3/24/2017	Occasion					

ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: See the detailed QxQ instructions for completion of the Annual Follow-up form.

INTRODUCTION

“Since we last spoke, please tell me if you have experienced any of the following symptoms by answering Yes or No”

A. VERIFICATION OF STROKE-FREE STATUS

1. Have you ever had sudden painless weakness on one side of your body?
No 0 Yes 1
2. Have you ever had sudden numbness or a dead feeling on one side of your body?
No 0 Yes 1
3. Have you ever had sudden painless loss of vision in one or both eyes?
No 0 Yes 1
4. Have you ever suddenly lost one half of your vision?
No 0 Yes 1
5. Have you ever suddenly lost the ability to understand what people were saying?
No 0 Yes 1
6. Have you ever suddenly lost the ability to express yourself verbally or in writing?
No 0 Yes 1

B. PHYSICAL ACTIVITY

“Next I would like to ask you about physical activity.”

7. Do you do any vigorous-intensity sports, fitness, or recreational (leisure) activities that cause large increases in breathing or heart rate such as running, soccer, football, or basketball for at least 10 minutes continuously?
No 0 Go to item 10 Yes 1
8. In a typical week, on how many days do you do vigorous-intensity sports, fitness, or recreational (leisure) activities? (number of days per week)

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9. How much time do you spend doing vigorous intensity sports, fitness, or recreational (leisure) activities on a typical day when you do vigorous intensity sports, fitness, or recreational (leisure) activities?

(number of hours, number of minutes)

9a. HR

9b. MIN

10. Do you do any moderate-intensity sports, fitness, or recreational (leisure) activities that cause small increases in breathing or heart rate such as brisk walking, cycling, swimming, volleyball or karate for at least 10 minutes continuously?

No 0 Go to item 13 Yes 1

11. In a typical week, on how many days do you do moderate-intensity sports, fitness, or recreational (leisure) activities? (number of days per week)

12. How much time do you spend doing moderate intensity sports, fitness, or recreational (leisure) activities on a typical day when you do moderate intensity sports, fitness, or recreational (leisure) activities?

(number of hours, number of minutes)

12a. HR

12b. MIN

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in a car, bus, train, reading, playing cards, watching television, movies or videos, but do not include time spent sleeping.

13. How much time do you usually spend sitting or reclining on a typical day?

(number of hours, number of minutes)

13a. HR

13b. MIN

C. CANNABIS USE

“And finally I’d like to ask you about marijuana use. Please remember that your answers to these questions are strictly confidential. Marijuana is also called weed, cannabis, or pot and can be smoked in joints, blunts, or pipes. It is sometimes cooked in food, used as an ointment, and can be taken in pill form for medicinal use in some states.”

14. Have you ever, even once, used marijuana?

No 0 **END QUESTIONNAIRE** Yes 1 Not Answered 9

15. How old were you the first time you used marijuana? AGE

16. Was your marijuana use recommended by a doctor or health care professional?

No 0 Yes 1 Not Answered 9

17. In the past year, how many months have you used marijuana at least once?

(Insert number of months; range 0-12) MONTHS

18. Have you ever used marijuana at least once a month for more than a year?

No 0 Yes 1 Not Answered 9

19. During the past 30 days, on how many days did you use marijuana?

(Insert number of days; range 0-30) DAYS

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20. During the times you used marijuana, in what form did you usually use it? (*check all that apply*)

- | | | | |
|-----------------------------------|-------------------------------|--------------------------------|---|
| a. Smoked it | No 0 <input type="checkbox"/> | Yes 1 <input type="checkbox"/> | Not Answered 9 <input type="checkbox"/> |
| b. Edible (in food or drink) | No 0 <input type="checkbox"/> | Yes 1 <input type="checkbox"/> | Not Answered 9 <input type="checkbox"/> |
| c. Pill (for example, Marinol) | No 0 <input type="checkbox"/> | Yes 1 <input type="checkbox"/> | Not Answered 9 <input type="checkbox"/> |
| d. Oil (for example, in vape pen) | No 0 <input type="checkbox"/> | Yes 1 <input type="checkbox"/> | Not Answered 9 <input type="checkbox"/> |
| e. Ointment, cream, or patch | No 0 <input type="checkbox"/> | Yes 1 <input type="checkbox"/> | Not Answered 9 <input type="checkbox"/> |