

Date Completed: ____ / ____ / ____ (MM/DD/YY)

To be completed by the **study participant**.

This questionnaire asks you about your medication and medical condition history. Please answer every question. Fill in only one answer per question unless instructed otherwise.

A. MEDICATION INFORMATION**1.** In the **past week**, did you take any medication(s) for your knee pain?0 No 1 Yes**1a.** If "Yes", are you taking...**I. Acetaminophen (Tylenol, Panadol)?**0 No 1 Yes**II. Non-steroidal anti-inflammatory drugs (NSAIDs)?**0 No 1 Yes →**1. Please check the one(s) you took:**

- 1 Aspirin (Bayer, Excedrin, Bufferin)
- 2 Ibuprofen (Advil, Motrin, Nuprin)
- 3 Naproxen (Aleve, Naprosyn, Vimovo)
- 4 Ketoprofen (Actron, Orudis)
- 5 Diclofenac (Voltaren)
- 6 Celecoxib (Celebrex)
- 7 Nabumetone (Relafen)
- 8 Oxaprozin (Daypro, Dayrun, Duraprox)
- 9 Etodolac (Lodine, Lodine XL)
- 10 Meloxicam (Mobic)
- 11 Other. Please specify:

III. Opioids?0 No 1 Yes →**1. Please check the one(s) you took:**

- 0 Oxycodone (OxyContin, Oxecta, Roxicodone)
- 1 Oxycodone/Acetaminophen (Percocet, Endocet, Roxicet)
- 2 Tramadol
- 3 Hydrocodone (Hysingla ER, Zohydro ER)
- 4 Hydrocodone/Acetaminophen (Lorcet, Lortab, Norco, Vicodin)
- 5 Codeine
- 6 Hydromorphone (Dilaudid, Exalgo)
- 7 Methadone (Dolophine, Methadose)
- 8 Meperidine (Demerol)
- 9 Fentanyl (Antiq, Duragesic, Fentora)
- 10 Other. Please specify:

2. Other than vitamins or supplements, are you currently taking other medications?

0 No 1 Yes

2a. If "Yes", please list the medications you took in the **past week**:

B. MEDICAL HISTORY	No	Yes
<p>3a. Have you ever been told by a medical professional that you have high blood pressure?</p> <p style="margin-left: 20px;">I. In the past week, have you taken medication to control your blood pressure?</p> <p style="margin-left: 40px;">If "Yes", please specify the medication(s):</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p>	<p>0 <input type="checkbox"/></p> <p>0 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p>
<p>3b. Have you ever been told by a medical professional that you had <i>congestive heart failure</i>?</p>	<p>0 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p>
<p>3c. Have you ever been told by a medical professional that you had a <i>heart attack</i>?</p>	<p>0 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p>
<p>3d. Have you ever undergone coronary artery bypass surgery (CABG)?</p>	<p>0 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p>
<p>3e. Have you ever had a procedure to unblock vessels in your heart, such as coronary stenting or an angioplasty?</p>	<p>0 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p>
<p>3f. Have you ever been told by a medical professional that you had a <i>stroke</i>?</p>	<p>0 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p>
<p>3g. Have you ever been told by a medical professional that you have <i>diabetes</i>?</p> <p style="margin-left: 20px;">I. In the past week, have you taken <i>insulin injections</i> to control your diabetes?</p> <p style="margin-left: 20px;">II. In the past week, have you taken <i>pills or other medications</i> to control your diabetes?</p> <p style="margin-left: 40px;">If "Yes" to a <i>diabetes treatment</i>, please specify the medication name(s) below:</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">_____</p>	<p>0 <input type="checkbox"/></p> <p>0 <input type="checkbox"/></p> <p>0 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p>

To be completed by the **research assistant**.

C. PARTICIPANT INFORMATION	
1. Age:	
a. Month of Birth (MM): _____	
b. Year of Birth (YYYY): _____	
2. Sex:	
0 <input type="checkbox"/> Female	
1 <input type="checkbox"/> Male	
3. Height:	
a. _____ ft.	
b. _____ in.	
4. Weight: _____ lbs.	
5. 30-Step Walk Length Results (in inches): <i>Use half-inch increments.</i>	
a. 1 st Walk: _____ in.	2 nd Walk: _____ in.