



# Respiratory Symptoms

Office Use Only--  
MrOS ID#

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Acrostic

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These questions are about respiratory or chest symptoms. Please answer Yes or No. If you are in doubt whether your answer is Yes or No, answer No.

① Do you usually have a cough? (Exclude clearing of throat.)

☒ Yes ☐ No *LFCOUGH*

a. Do you usually cough as much as 4 times a day, 4 or more days out of the week? ☒ Yes ☐ No *LFCOUGH4*

b. How many years have you had this cough?   years *LFCOUGH Y*

② Do you usually bring up phlegm from your chest?

☒ Yes ☐ No *LFPHLEM*

a. Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week? ☒ Yes ☐ No *LFPHLEM4*

b. How many years have you had this trouble with phlegm?   years *LFPHLEM Y*

③ Have you ever had wheezing or whistling in your chest?

☒ Yes ☐ No *LFCHWHZ*

About how old were you when you first had a wheezing or whistling in your chest??   years old *LFCHWHZA*  
☐ Don't Know *1 LFCHWHZD*

④ Have you ever had an attack of wheezing or whistling that made you feel short of breath?

☒ Yes ☐ No *LFWZATTK*

a. About how old were you when you had your first such attack?   years old *LFWZAGE*  
☒ Yes ☐ No *1 LFWZAGED*  
☐ Don't Know

b. Have you had two or more such attacks? ☒ Yes ☐ No *8 LFWZATK2*  
☐ Don't Know

c. Have you ever required medicine or treatment for such attacks? ☒ Yes ☐ No *8 LFWZMED*  
☐ Don't Know





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- 5 In the last 12 months, have you had wheezing or whistling in your chest at any time?

1 ☒ Yes 0 ☐ No *LFCHWHEZ*

In the last 12 months, does your chest ever sound wheezy or whistling...

- a. When you have a cold? 1 ☒ Yes 0 ☐ No *LFCHCOLD*  
 b. Occasionally apart from colds? 1 ☒ Yes 0 ☐ No *LFCHOCC*  
 c. More than once a week? 1 ☒ Yes 0 ☐ No *LFCH1WK*  
 d. Most days and nights? 1 ☒ Yes 0 ☐ No *LFCHMOST*

- 6 In the last 12 months, have you been awakened from sleep by coughing, apart from a cough associated with a cold or chest infection?

0 ☐ Yes 0 ☐ No *LFSLCOGH*

- 7 In the last 12 months, have you been awakened from sleep by shortness of breath or a feeling of tightness in your chest?

0 ☐ Yes 0 ☐ No *LFSLSHRT*

- 8 Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

0 ☐ Yes 0 ☐ No *LF SBWALK*

- a. Do you have to walk slower than people your age on level ground because of shortness of breath?  
 1 ☒ Yes 0 ☐ No 2 ☐ Does not apply *LF SB SLOW*  
 b. Do you ever have to stop for breath when walking at your own pace on level ground?  
 1 ☒ Yes 0 ☐ No 2 ☐ Does not apply *LF SB PACE*  
 c. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on level ground?  
 1 ☒ Yes 0 ☐ No 2 ☐ Does not apply *LF SB 100Y*  
 d. Are you too short of breath to leave the house or short of breath on dressing or undressing?  
 1 ☒ Yes 0 ☐ No 2 ☐ Does not apply *LF SB DRES*





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9 Have you ever had chronic bronchitis?

1 ☒ Yes

0 ☐ No

8 ☐ Don't know

LFCBRONG

LFCBDIAG

a. Was it diagnosed by a doctor or other health professional? 1 ☒ Yes 0 ☐ No

b. At about what age did it start?   years old

LFCBAGE

☐ Don't Know

1 LFCBAGED

c. Do you still have it? 1 ☒ Yes 0 ☐ No 8 ☐ Don't Know

LFCBHAVE

d. In the past 12 months, have you received medical treatment, taken medications or used an inhaler for chronic bronchitis? 1 ☒ Yes 0 ☐ No

LFCBMED

10 Have you ever had emphysema?

1 ☒ Yes

0 ☐ No

8 ☐ Don't know

LFEMPHYS

a. Was it diagnosed by a doctor or other health professional? 1 ☒ Yes 0 ☐ No

b. At about what age did it start?   years old

LFEMAGE

☐ Don't Know

1 LFEMAGED

c. Do you still have it? 1 ☒ Yes 0 ☐ No 8 ☐ Don't Know

LFEMHAVE

d. In the past 12 months, have you received medical treatment, taken medications or used an inhaler for emphysema? 1 ☒ Yes 0 ☐ No

LFEMMED

11 Have you ever had COPD (chronic obstructive pulmonary disease)?

1 ☒ Yes

0 ☐ No

8 ☐ Don't know

LFCPCOPD

a. Was it diagnosed by a doctor or other health professional? 1 ☒ Yes 0 ☐ No

b. At about what age did it start?   years old

LFCPAGE

☐ Don't Know

1 LFCPAGED

c. Do you still have it? 1 ☒ Yes 0 ☐ No 8 ☐ Don't Know

LFCPHAVE

d. In the past 12 months, have you received medical treatment, taken medications or used an inhaler for COPD? 1 ☒ Yes 0 ☐ No

LFCPMED

12 Have you ever had any other chest illnesses?

1 ☒ Yes

0 ☐ No

LFCHILL

Please specify: \_\_\_\_\_

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13 Have you ever had any chest operations?

1 ☐ Yes  
↓

0 ☐ No

**LFCCHOPER**

Please specify: \_\_\_\_\_

14 Have you ever had any chest injuries?

1 ☐ Yes  
↓

0 ☐ No

**LFCHINJR**

Please specify: \_\_\_\_\_

15 Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in your lifetime or less than 1 cigarette a day for one year at any time in your life.)

1 ☐ Yes  
↓

0 ☐ No

**LFSMOKE**

**TURSMOK2, TUPACKY2,  
TUPACKY3, TUSMYRS2**

a. How old were you when you first started regular cigarette smoking? **LFSMAGE**

years old

☐ Don't Know

**1 LFSMAGED**

b. Do you now smoke cigarettes (as of one month ago)?

1 ☐ Yes  
↓

**LFSMNOW**

0 ☐ No  
↓

1. How many cigarettes do you smoke per day now? **LFSMCIGD**

cigarettes per day

2. Did you ever quit smoking for 6 months or longer? **LFSM6QT1**

1 ☐ Yes 0 ☐ No

For how many years in total did you quit smoking?  **LFSMYRS1** years

3. On the average of the entire time you smoked, how many cigarettes did you smoke per day?  cigarettes per day

**LFSMCIG1**

1. How old were you when you completely stopped smoking? **LFSMSTOP**

years old

2. When you were a smoker, did you ever quit smoking for 6 months or longer before you completely stopped smoking?

1 ☐ Yes 0 ☐ No

**LFSM6QT2**

During the time that you were a smoker, for how many years in total did you quit smoking?  **LFSMYRS2** years

3. On the average of the entire time you smoked, how many cigarettes did you smoke per day?  cigarettes per day

**LFSMCIG2**

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# Lifestyle

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- ① Compared to other people your own age, how would you rate your overall health? **QLHEALTH** **QLCOMP**

1 ☐ Excellent for my age    2 ☐ Good for my age    3 ☐ Fair for my age    4 ☐ Poor for my age    5 ☐ Very poor for my age

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Yes, limited a lot    Yes, limited a little    No, not limited at all

- ② Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? **QLMODLIM**

1 ☐    2 ☐    3 ☐

- ③ Climbing several flights of stairs? **QLSEVLIM**

1 ☐    2 ☐    3 ☐

- ④ During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities because of your physical health?

a. Accomplished less than you would like **QLACCOM** 1 ☐ Yes 0 ☐ No

b. Were limited in the **kind** of work or other activities **QLKIND** 1 ☐ Yes 0 ☐ No

- ⑤ During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities because of any emotional problems (such as feeling depressed or anxious)?

a. Accomplished less than you would like **QLACCLV** 1 ☐ Yes 0 ☐ No

b. Didn't do work or other activities as **carefully** as usual **QLCARE** 1 ☐ Yes 0 ☐ No

- ⑥ During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? **QLPAIN**

0 ☐ Not at all    1 ☐ A little bit    2 ☐ Moderately    3 ☐ Quite a bit    4 ☐ Extremely

- ⑦ During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? **QLSOCIAL**

4 ☐ All of the time    3 ☐ Most of the time    2 ☐ Some of the time    1 ☐ A little of the time    0 ☐ None of the time

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# Lifestyle

QLPCS12  
QLMCS12Office Use Only--  
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- 8 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks . . .

a. Have you felt calm and peaceful? **QLCALM**

5○ All of the time   4○ Most of the time   3○ A good bit of the time   2○ Some of the time   1○ A little of the time   0○ None of the time

b. Did you have a lot of energy? **QLENERGY**

5○ All of the time   4○ Most of the time   3○ A good bit of the time   2○ Some of the time   1○ A little of the time   0○ None of the time

c. Have you felt downhearted and blue? **QLBLUE**

5○ All of the time   4○ Most of the time   3○ A good bit of the time   2○ Some of the time   1○ A little of the time   0○ None of the time

These questions ask you how you are feeling today. Please indicate which statement best describes your own health state today.

- 9 **Mobility:**

**QLEQMOB**

0○ I have no problems walking about  
1○ I have some problems walking about  
2○ I am confined to bed

- 10 **Self-care:**

**QLEQCARE**

0○ I have no problems with self-care  
1○ I have some problems washing or dressing myself  
2○ I am unable to wash or dress myself

- 11 **Usual activities**  
(e.g. work, study,  
housework, family or  
leisure activities)

**QLEQUSE**

0○ I have no problems with performing my usual activities  
1○ I have some problems with performing my usual activities  
2○ I am unable to perform my usual activities

- 12 **Pain/discomfort:**

**QLEQPAIN**

0○ I have no pain or discomfort  
1○ I have moderate pain or discomfort  
2○ I have extreme pain or discomfort

- 13 **Anxiety/depression:**

**QLEQANX**

0○ I am not anxious or depressed  
1○ I am moderately anxious or depressed  
2○ I am extremely anxious or depressed

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# Physical Activity

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The next few questions ask about your physical activity during the last 7 days. If the last 7 days have not been typical because of illness or bad weather, please estimate based on two or three weeks ago.

- ① Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV or doing handcrafts?

0 ☐ Never 1 ☐ Seldom (1-2 days) 2 ☐ Sometimes (3-4 days) 3 ☐ Often (5-7 days)

PASIT

Go to  
Question 2

What were these activities? \_\_\_\_\_

On average, how many hours per day did you engage in these sitting activities?

1 ☐ Less than 1 hour 2 ☐ Between 1 and 2 hours 3 ☐ 2-4 hours 4 ☐ More than 4 hours PASITT

- ② Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc.?

0 ☐ Never 1 ☐ Seldom (1-2 days) 2 ☐ Sometimes (3-4 days) 3 ☐ Often (5-7 days)

PAWALK

PAWALKW

Go to  
Question 3

What were these activities? \_\_\_\_\_

On average, how many hours per day did you spend walking? PAWALKT

1 ☐ Less than 1 hour 2 ☐ Between 1 and 2 hours 3 ☐ 2-4 hours 4 ☐ More than 4 hours

- ③ Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier, or other similar activities?

0 ☐ Never 1 ☐ Seldom (1-2 days) 2 ☐ Sometimes (3-4 days) 3 ☐ Often (5-7 days)

PALTE

PALTEW

Go to  
Question 4

What were these activities? \_\_\_\_\_

On average, how many hours per day did you engage in these light sport or recreational activities? PALTET

1 ☐ Less than 1 hour 2 ☐ Between 1 and 2 hours 3 ☐ 2-4 hours 4 ☐ More than 4 hours







# Physical Activity

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- 4 Over the past 7 days, how often did you engage in moderate sport and recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?

0 ☐ Never 1 ☐ Seldom (1-2 days) 2 ☐ Sometimes (3-4 days) 3 ☐ Often (5-7 days)

PAMOD

PAMODW

Go to  
Question 5

What were these activities? \_\_\_\_\_

On average, how many hours per day did you engage in these moderate sport or recreational activities?

PAMODT

1 ☐ Less than 1 hour 2 ☐ Between 1 and 2 hours 3 ☐ 2-4 hours 4 ☐ More than 4 hours

- 5 Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, aerobic exercise, skiing (downhill or cross country) or other similar activities?

0 ☐ Never 1 ☐ Seldom (1-2 days) 2 ☐ Sometimes (3-4 days) 3 ☐ Often (5-7 days)

PASTR

PASTRW

Go to  
Question 6

What were these activities? \_\_\_\_\_

On average, how many hours per day did you engage in these strenuous sport or recreational activities?

UTPASTRT

1 ☐ Less than 1 hour 2 ☐ Between 1 and 2 hours 3 ☐ 2-4 hours 4 ☐ More than 4 hours

- 6 Over the past 7 days, how often did you do any exercise specifically to increase muscle strength and endurance, such as lifting weights or pushups, etc.?

0 ☐ Never 1 ☐ Seldom (1-2 days) 2 ☐ Sometimes (3-4 days) 3 ☐ Often (5-7 days)

PAWGT

PAWGTTW

Go to  
Question 7

What were these activities? \_\_\_\_\_

On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?

PAWGTT

1 ☐ Less than 1 hour 2 ☐ Between 1 and 2 hours 3 ☐ 2-4 hours 4 ☐ More than 4 hours







# Physical Activity

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- 7 During the past 7 days, have you done any light housework, such as dusting or washing dishes?  
☒ Yes ☐ No **PALHW** **PALHWW**
- 8 During the past 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows or carrying wood?  
☒ Yes ☐ No **PAHHW** **PAHHWW**
- 9 During the past 7 days, did you engage in any of the following activities? (Please answer yes or no for each item.) **PAHOMEW**
- Home repairs, like painting, wallpapering, electrical work, etc.? ☒ Yes ☐ No **PAHOME**
- Lawn work or yard care, including snow or leaf removal, wood chopping, etc.? ☒ Yes ☐ No **PALAWN**
- Outdoor gardening? ☒ Yes ☐ No **PAGARDEN**
- Caring for another person, such as children, dependent spouse, or another adult? ☒ Yes ☐ No **PACAREW**
- 10 During the past 7 days did you work either for pay or as a volunteer?  
☒ Yes ☐ No **PAWK** **PAWKW**

- a. How many hours in the past week did you work for pay and/or as a volunteer? 

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**PAWKHR** hours
- b. Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work? **PAWKPA**
- 1 ☒ Mainly sitting with slight arm movements  
**Examples:** office worker, watchmaker, seated assembly line worker, bus driver, etc.
- 2 ☐ Sitting or standing with some walking  
**Examples:** cashier, general office worker, light tool and machinery worker
- 3 ☐ Walking, with some handling of materials generally weighing less than 50 pounds  
**Examples:** mailman, waiter/waitress, construction worker, heavy tool and machinery worker
- 4 ☐ Walking and heavy manual work often requiring handling material weighing more than 50 pounds  
**Examples:** lumberjack, stone mason, farm or general laborer.

**PASCORE**

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Version 1.0 07.08.2009  
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 MrOS Sleep Visit 2

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**PASELEIS**  
**PASEHOUS**  
**PASEOCC**





# Caffeine, Tobacco & Alcohol

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- ① Do you currently drink regular coffee? (Not decaffeinated) ☒ Yes ☐ No

↓ CFCCOF

How many cups of REGULAR coffee do you drink per day?

--	--

 cups

- ② Do you currently drink regular tea? (Not herbal or decaffeinated) ☒ Yes ☐ No

↓ CFCTEA

How many cups of REGULAR tea do you drink per day?

--	--

 cups

- ③ Do you currently drink sodas that contain caffeine, such as Pepsi, Coca-Cola, Dr. Pepper, and Mountain Dew? (Do NOT include Sprite or 7-up or other sodas without caffeine) ☒ Yes ☐ No

↓ CFCCOK

How many cans of CAFFEINATED soda do you drink per day?

--	--

 cans

- ④ Do you currently smoke a pipe or cigars regularly? ☒ Yes ☐ No

↓ TUPIEC

About how much do you smoke per week?

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 TUCPIAMT  
pipes or cigars per week

- ⑤ In the past 12 months, have you had at least 12 drinks of any kind of alcoholic beverage? ☒ Yes ☐ No ☐ I don't know

↓ TU12DRIN

On average, how many alcoholic drinks do you consume per week? TUDRINWK

- 1 ☐ Less than one drink per week  
2 ☐ 1-2 drinks per week  
3 ☐ 3-5 drinks per week  
4 ☐ 6-13 drinks per week  
5 ☐ 14 or more drinks per week

CFCAFF

TURSMOK1

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# Moods in the Last Week

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Choose the best answer for how you felt over the LAST WEEK.

1	Are you basically satisfied with your life? <i>DPSAT</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
2	Have you dropped many of your activities and interests? <i>DPDROP</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
3	Do you feel that your life is empty? <i>DPEMPT</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
4	Do you often get bored? <i>DPBORE</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
5	Are you in good spirits most of the time? <i>DPGOOD</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No
6	Are you afraid something bad is going to happen to you? <i>DPSBAD</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
7	Do you feel happy most of the time? <i>DPHAPY</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
8	Do you often feel helpless? <i>DPHPLS</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
9	Do you prefer to stay at home, rather than going out and doing new things? <i>DPHOME</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
10	Do you feel you have more problems with memory than most? <i>DPMEM</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
11	Do you think it is wonderful to be alive now? <i>DPWOND</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
12	Do you feel pretty worthless the way you are now? <i>DPWRTH</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
13	Do you feel full of energy? <i>DPENER</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
14	Do you feel that your situation is hopeless? <i>DPSIT</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
15	Do you think that most people are better off than you are? <i>DPMOST</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No

*DPGDSSC*  
*DPGDS15*  
*DPGDSYN*

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# Feelings

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Choose the best answer for how you have been feeling over the LAST MONTH.

1	Have you felt keyed up or on edge?	AXKEYED	<input checked="" type="radio"/> Yes	<input type="radio"/> No
2	Have you been worrying a lot?	AXWORRY	<input checked="" type="radio"/> Yes	<input type="radio"/> No
3	Have you been irritable?	AXIRTBL	<input checked="" type="radio"/> Yes	<input type="radio"/> No
4	Have you had difficulty relaxing?	AXRELAX	<input checked="" type="radio"/> Yes	<input type="radio"/> No
5	Have you been sleeping poorly?	AXPOORSP	<input checked="" type="radio"/> Yes	<input type="radio"/> No
6	Have you had headaches or neckaches?	AXNKACHE	<input checked="" type="radio"/> Yes	<input type="radio"/> No
7	Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhea or needing to pass water more often than usual?	AXTREMB	<input checked="" type="radio"/> Yes	<input type="radio"/> No
8	Have you been worried about your health?	AXWORHTL	<input checked="" type="radio"/> Yes	<input type="radio"/> No
9	Have you had difficulty falling asleep?	AXDIFSLP	<input checked="" type="radio"/> Yes	<input type="radio"/> No
10	Have you been lacking energy?	AXENRGY	<input checked="" type="radio"/> Yes	<input type="radio"/> No
11	Have you lost interest in things?	AXLOST	<input checked="" type="radio"/> Yes	<input type="radio"/> No
12	Have you lost confidence in yourself?	AXCONFID	<input checked="" type="radio"/> Yes	<input type="radio"/> No
13	Have you felt hopeless?	AXHOPELS	<input checked="" type="radio"/> Yes	<input type="radio"/> No
14	Have you had difficulty concentrating?	AXCONCNT	<input checked="" type="radio"/> Yes	<input type="radio"/> No
15	Have you lost weight (due to poor appetite)?	AXLOSTWT	<input checked="" type="radio"/> Yes	<input type="radio"/> No
16	Have you been waking early?	AXEARLY	<input checked="" type="radio"/> Yes	<input type="radio"/> No
17	Have you felt slowed up?	AXSLOWED	<input checked="" type="radio"/> Yes	<input type="radio"/> No
18	Have you tended to feel worse in the morning?	AXWORSE	<input checked="" type="radio"/> Yes	<input type="radio"/> No

AXANXSC  
AXANX50  
AXDEPSC  
AXDEP50

