Study Number : | | | | | | | | | serial

BRITISH REGIONAL HEART STUDY

20 YEAR FOLLOW-UP SURVEY

Thank you for attending this follow-up survey. It would be very helpful if you could complete this questionnaire, which will bring us up to date with your health and lifestyle.

Most questions can be answered simply by ticking the correct box ☑

All information will be treated as **strictly confidential**.

The Research Nurse will help you with any problems.

Thank you for your help.

Conditions affecting the heart or circulation

1.0 Have you **ever** been told by a doctor that you have or have had any of the following conditions ?

			Yes	No	If after 1996, please give year
(a)	Heart attack (coronary thrombosis or myocardial infarction)	q20q1_0a	☐	☐	19 q20q1_0a_y
(b)	Heart failure	q20q1_0b	☐	☐	19 q20q1_0b_y
(c)	Angina	q20q1_0c	☐	☐	19 q20q1_0c_y
(d)	Other heart trouble	q20q1_0d	☐	☐	19 q20q1_0d_y
(e)	High blood pressure	q20q1_0e	☐	☐	19 q20q1_0e_y
(f)	Aortic Aneurysm	q20q1_0f	☐	☐	19 q20q1_0f_y
(g)	Narrowing or hardening of the leg arteries (including claudication)	q20q1_0g	☐	☐	19 q20q1_0g_y
(h)	Deep Vein Thrombosis (clot in the deep leg vein)	q20q1_0h	☐	☐	19 q20q1_0h_y
(i)	Pulmonary Embolism (clot on the lung)	q20q1_0i	☐	☐	19 q20q1_0i_y

Treatment for heart trouble

2.0 Have you **ever** had any of the following **TREATMENTS** for chest pain or heart disease ?

			Yes	No	If **Yes,** please give year of treatment	
(a)	Angioplasty of coronary arteries ('balloon treatment')	q20q2_0a	☐	☐	q20q2_0a_y 19	q20q2_0a_y2 19
(b)	Coronary artery bypass graft (CABG) operation	q20q2_0b	☐	☐	q20q2_0b_y 19	q20q2_0b_y2 19

Stroke

			Yes	No	Year of first diagnosis
3.0	Have you **ever** been told by a doctor that you have had a stroke ?	q20q3_0	☐	☐	19 q20q3_0a_y
(a)	**If Yes,** did the symptoms last for more than 24 hours ?	q20q3_0a	☐	☐	

Cancer

Yes ☐ No ☐ q20q4_0

4.0 Have you **ever** been told by a doctor that you have or have had Cancer ?

If Yes, please give the following information:-

OFFICE USE

(a) Cancer Site q20q4_0a _____ ☐☐☐ Year first diagnosed 19__ q20q4_0a_y _____

Diabetes

Please answer all the questions

Yes ☐ No ☐ q20q5_0

5.0 Have any of your close 'blood' relatives (your parents, brothers or sisters) **ever** had diabetes ?

If Yes, please list any of these relatives who have had diabetes and if possible their age when they were first diagnosed:

OFFICE USE

(a) Mother _____ q20q5_a_y _____ ☐☐

(b) Father _____ q20q5_b_y _____ ☐☐

(c) Brothers _____ q20q5_c _____ q20q5_c_y _____ ☐ ☐☐

(d) Sisters _____ q20q5_d _____ q20q5_d_y _____ ☐ ☐☐

Yes ☐ No ☐ q20q5_1

5.1 Have you **ever** been told by a doctor that you have (or have had) diabetes?

(a) **If Yes,** in what year was your diabetes first diagnosed ? 19__ q20q5_1a _____

Chest pain

6.0 Do you ever have any pain or discomfort in your chest ? q20q6_0

Yes ☐

No ☐ ➔ If **No**, go to Question 7.0 on the next page

6.1 Do you know the cause of the pain ? Yes ☐ No ☐ q20q6_1

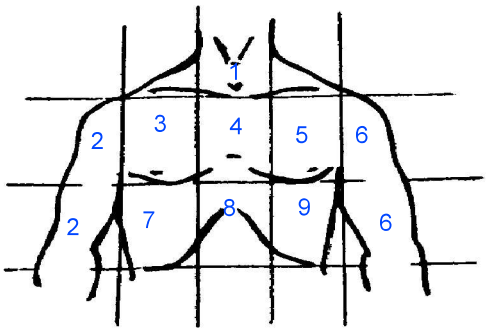
OFFICE USE

(a) **If Yes**, please state:

_____ q20q6_1a ☐

(b) Where do you get this pain or discomfort ?

Please mark **X** on the appropriate places



q20q6_1b_1
q20q6_1b_2
q20q6_1b_3

OFFICE USE

Codes 4 5 8 are given priority

☐☐☐

(c) When you walk at an ordinary pace on the level does this produce the chest pain ?

Yes	☐1	q20q6_1c
No	☐2	
Unable to walk on level	☐3	

(d) When you walk uphill or hurry does this produce the chest pain ?

Yes	☐1	q20q6_1d
No	☐2	
Unable to walk on level	☐3	

Chest pain continued

(e) When you get any pain or discomfort in your chest on walking, what do you do?

Yes	☐1
No	☐2
Continue at the same pace	☐3

q20q6_1e

(f) Does the pain or discomfort in your chest go away if you stand still? Yes ☐ No ☐ q20q6_1f

(g) How long does it take to go away ?

10 minutes or less	☐1
More than 10 minutes	☐2

q20q6_1g

(h) Overall is the chest pain

Becoming more frequent	☐1
Staying about the same	☐2
Becoming less frequent	☐3

q20q6_1h

Previous Chest Pain

	Yes	No	
7.0 Have you previously had chest pain, which has stopped because of an operation?	☐	☐	q20q7_0

(a) If **Yes,** please give details: _____ OFFICE USE q20q7_0a ☐

Severe chest pain

8.0 Have you **ever** had a **severe** pain across the front of your chest lasting for half an hour or more ?

Yes☐ No☐ ➔ If **No**, go to question 9.0 on the next page q20q8_0

(a) If **Yes**, what year did this happen ? 19_____ q20q8_0a

(b) Did you see a doctor because of this pain? Yes ☐ No ☐ q20q8_0b

(c) If **Yes**, what were you told was the cause _____ OFFICE USE q20q8_0c

Leg pain

9.0 Do you get pain or discomfort in your leg (or legs) when you walk? q20q9_0

Yes ☐1
No ☐2
Unable to walk ☐3 → If **No** or **Unable to walk**, go to question 10.0, on the next page

		Yes	No
9.1	Do you know the cause of the pain ? q20q9_1	☐	☐

OFFICE USE

(a) If **Yes,** please state: - q20q9_1a _____ ☐☐

		Yes	No
(b)	Does this pain ever begin when you are standing still or sitting ?	☐	☐ q20q9_1b

(c) Do you get the pain if you walk uphill or hurry?

Yes ☐1
No ☐2
Unable to walk ☐3 q20q9_1c

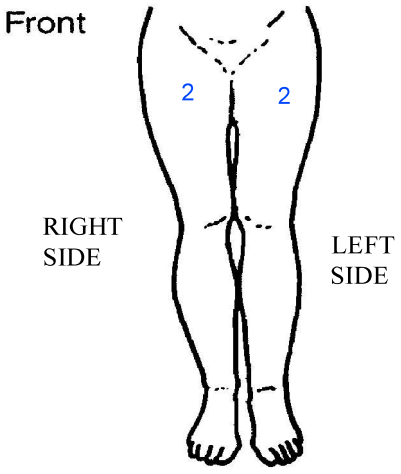
(d) Do you get the pain walking at an ordinary pace on the level?

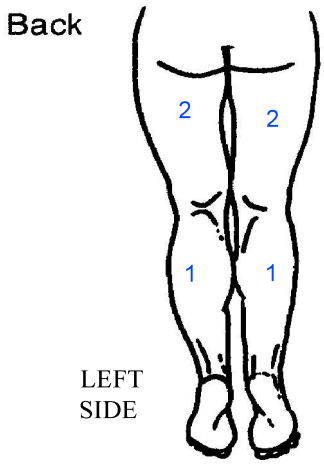
Yes ☐1
No ☐2
Unable to walk ☐3 q20q9_1d

(e) What happens to the pain if you stand still? q20q9_1e

Usually continues more than 10 minutes ☐1
Usually disappears in 10 minutes or less ☐2

(f) Please mark on the diagram below where you get the pain.





1- Calf Muscles (takes priority)
2- Thigh/Buttock
3- Pain in other site
4- No pain in that leg

OFFICE USE
L ☐
R ☐

q20q9_1f_l
q20q9_1f_r

Smoking

10.0 Have you **ever** smoked cigarettes regularly (at least 1 a day) ?

Yes ☐1 q20q10_0
No ☐2 ➔ If **No**, go to question 10.3 below

10.1 Do you smoke cigarettes at present?

Yes ☐1 q20q10_1
No ☐2

(a) **If Yes**, how many cigarettes do you smoke a day at present ? ☐☐ q20q10_1a_ci

(If hand-rolled, how much tobacco do you use a week ? ☐☐ oz / q20q10_1a_oz
☐☐☐ grams) q20q10_1a_gr

(b) **If No**, at what age did you give up ? ☐☐ years q20q10_1b

10.2 Have you changed your cigarette smoking habits over the last three years ?

No ☐1 q20q10_2
Yes, increased ☐2
Yes, decreased ☐3
Yes, given up ☐4

Pipe & Cigar Smoking

10.3 Have you **ever** regularly smoked a pipe ? Yes ☐ No ☐ q20q10_3

(a) **If Yes**, do you currently smoke a pipe ? Yes ☐ No ☐ q20q10_3a

(b) **If Yes,** how much tobacco do you smoke per week? ☐☐ oz / q20q10_3b_oz
☐☐☐ grams q20q10_3b_gr

10.4 Have you **ever** regularly smoked cigars ?

Yes ☐1
No ☐2 ➔ If **No**, go to question 10.5 below q20q10_4

(a) **If Yes**, do you currently smoke cigars ? Yes☐ No☐ q20q10_4a

(b) **If Yes,** how many cigars do you smoke per week ? ☐☐ q20q10_4b

Other exposure to Cigarette smoke

10.5 Does your wife / partner smoke cigarettes ?

Yes ☐1 ➔Number per day ☐☐ q20q10_5
Ex -Smoker ☐2 q20q10_5a
No ☐3
Does not apply ☐4

10.6 For about how many hours each day are you exposed to other people's cigarette smoke ?

(a) at home ☐☐ (hours) q20q10_6a

(b) outside the home ☐☐ (hours) q20q10_6b

(c) Tick here if rarely exposed to cigarette smoke ☐1 q20q10_6c

Alcohol

11.0 Would you describe your present alcohol intake as

Daily/most days	☐1	q20q11_0
Weekends only	☐2	
Occasionally (once or twice a month)	☐3	
Special occasions only	☐4	
None	☐5	

One drink is **HALF** a pint of beer /cider, a **SINGLE** whisky, gin, etc. or **ONE GLASS** of wine or sherry

11.1 How much do you usually drink on the days when you drink alcohol ? q20q11_1

More than 6 drinks	☐1
3-6 drinks	☐2
1-2 drinks	☐3
None	☐4

11.2 How many alcoholic drinks do you have during an average week ? ☐☐☐ q20q11_2

11.3 What type of drink do you usually take? q20q11_3

Beers, Lagers	☐1
Wines, Sherry	☐2
Spirits	☐3
Variety of Beers, Wines or Spirits	☐4
Low alcohol drinks	☐5

		Yes	No	If Yes, glasses per week	
(a) Do you drink	white wine ?	☐	☐	☐☐	q20q11_3a_w q20q11_3a_wx
	red wine ?	☐	☐	☐☐	q20q11_3a_r q20q11_3a_rx

11.4 Is the alcohol which you drink usually taken (tick whichever applies) :-

before meals	☐1	q20q11_4_1
with meals	☐1	q20q11_4_2
after meals	☐1	q20q11_4_3
separate from meals	☐1	q20q11_4_4

11.5 Have you changed your alcohol intake in the last three years?

No	☐1	
Yes, increased	☐2	q20q11_5
Yes, cut down	☐3	
Yes, given up	☐4	

11.6 If you have **CUT DOWN** or **GIVEN UP**
Was this due to (tick which ever apply):-

Personal choice	☐1	q20q11_6_1
Doctor's advice	☐1	q20q11_6_2
Illness or ill health	☐1	q20q11_6_3
Health precaution	☐1	q20q11_6_4
Being on medication	☐1	q20q11_6_5
Financial reasons	☐1	q20q11_6_6
Other	☐1	q20q11_6_7

Physical Activity

12.0 Do you make regular journeys every day or most days either walking or cycling ?

No	☐1	q20q12_0
Walk	☐2	
Cycle	☐3	
Both	☐4	

12.1 How long do you spend on all forms of walking in an average week ? ☐☐ hours q20q12_1

12.2 Which of the following best describes your usual walking pace

Slow	☐1	q20q12_2
Steady average	☐2	
Fairly brisk	☐3	
Fast (at least 4 mph)	☐4	

12.3 How long do you spend cycling in an average week ? ☐☐ hours q20q12_3

12.4 Compared with a man who spends four hours on most weekends on activities such as: walking, gardening, household chores, DIY projects, how physically active would you consider yourself?

Much more active	☐1	q20q12_4
More active	☐2	
Similar	☐3	
Less active	☐4	
Much less active	☐5	

12.5 Do you take active physical exercise such as running, swimming, dancing, golf, tennis, squash, jogging, bowls, cycling, hiking, etc.?

No	☐1	
Occasionally (less than once a month)	☐2	q20q12_5
Frequently (once a month or more)	☐3	

(a) If you ticked **frequently** please state type of activities :

OFFICE USE q20q12_5a ☐☐

_____

(b) How many years have you been engaged in these sort of physical activities ? ☐☐ q20q12_5b

(c) How many times a **month** (on average) do you take part in these activities (give overall total)?

In winter ☐☐ q20q12_5c_w In summer ☐☐ q20q12_5c_s

Your Health Overall

Please indicate which statements best describe your health **TODAY**
(Do not tick **more than one** box in each group)

13.0 General Health:- q20q13_0

- Excellent ☐1
- Good ☐2
- Fair ☐3
- Poor ☐4

13.1 Pain / Discomfort:- q20q13_1

- I have no pain or discomfort ☐1
- I have moderate pain or discomfort ☐2
- I have extreme pain or discomfort ☐3

13.2 Usual Activities (e.g. work, study, housework, family or leisure activities):- q20q13_2

- 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 ☐3

13.3 Self Care:- q20q13_3

- I have no problems with washing and dressing ☐1
- I have some problems with washing and dressing myself ☐2
- I am unable to wash or dress myself ☐3

13.4 Mobility:- q20q13_4

- I have no problems in walking about ☐1
- I have some problems in walking about ☐2
- I am confined to a chair / wheelchair ☐3

13.5 Anxiety /Depression:- q20q13_5

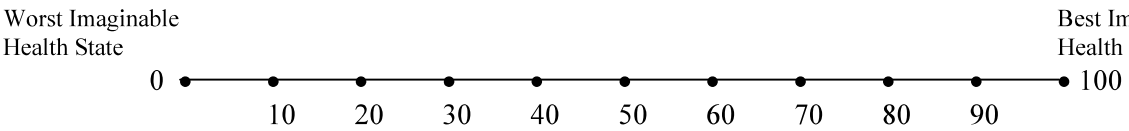
- I am not anxious or depressed ☐1
- I am moderately anxious and /or depressed ☐2
- I am extremely anxious and /or depressed ☐3

13.6 Your Memory:- compared to five years ago, is your memory q20q13_6

- improved ☐1
- the same ☐2
- almost as good ☐3
- worse ☐4
- much worse ☐5

13.7 Health Scale

We have drawn a health scale (rather like a thermometer) on which perfect health is 100 and very poor health is 0. Please put a cross (**X**) on the scale to reflect how good or bad your health is today. q20q13_7



OFFICE USE ☐☐☐

Disability

		Yes	No	
14.0	Do you have any long-standing illness, disability or infirmity ?	☐	☐	q20q14_0

('long-standing' means anything which has troubled you over a period of time or is likely to do so)

	If Yes,	Yes	No	
(a)	Does this illness or disability limit your activities in any way?	☐	☐	q20q14_0a
(b)	Do you receive a disability allowance ?	☐	☐	q20q14_0b

14.1 Do you currently have difficulty carrying out any of the following activities on your own as a result of a long term health problem?

		Yes	No	Date started	Cause of problem	OFFICE USE
(a)	Difficulty going up / down stairs	q20q14_1a ☐	☐	q20q14_1a_y 19____	q20q14_1a_c _____	
(b)	Difficulty bending down / straightening up	q20q14_1b ☐	☐	q20q14_1b_y 19____	q20q14_1b_c _____	
(c)	Falling or having great difficulty keeping balance	q20q14_1c ☐	☐	q20q14_1c_y 19____	q20q14_1c_c _____	
(d)	Difficulty walking for a quarter of a mile on the level	q20q14_1d ☐	☐	q20q14_1d_y 19____	q2014_1d_c _____	

14.2 Is your present state of health causing problems with any of the following ?

		Yes	No	Cause of problem	OFFICE USE
(a)	Job at work (paid employment)	q20q14_2a ☐	☐	q20q14_2a_c _____	
(b)	Household chores	q20q14_2b ☐	☐	q20q14_2b_c _____	
(c)	Social life	q20q14_2c ☐	☐	q20q14_2c_c _____	
(d)	Interests and hobbies	q20q14_2d ☐	☐	q20q14_2d_c _____	
(e)	Holidays and outings	q20q14_2e ☐	☐	q20q14_2e_c _____	
(f)	Family relationships	q20q14_2f ☐	☐	q20q14_2f_c _____	

Contact with relatives and friends

15.0 How often do you see or speak to :-

	Every week 1	Every month 2	Every few months 3	Every Year 4	Rarely or Never 5	Does not apply 6	
Your Children							q20q15_0_1
Brothers / Sisters							q20q15_0_2
Friends							q20q15_0_3
Neighbours							q20q15_0_4

15.1 Is the amount of contact you have with each of these:-

	Too little 1	About right 2	Too much 3	Does not apply 4	
Your Children					q20q15_1_1
Brothers / Sisters					q20q15_1_2
Friends					q20q15_1_3
Neighbours					q20q15_1_4

Present Circumstances

16.0 Are you at present :- Please give year

single ☐1
married ☐2 ➘ q20q16_0
widowed ☐3 ➔19 _____ q20q16_0_y
divorced or separated ☐4 ➚
other ☐5

16.1 Are you at present :-

living alone ☐1
living with a partner or spouse ☐2 q20q16_1
living with other family member(s) ☐3
living with other people ☐4

16.2 Your accommodation

Are you :- an owner occupier ☐1 q20q16_2
renting from the local authority ☐2
renting privately ☐3 OFFICE USE
other (please give details)_____ ☐4 ☐
q20q16_2x

Present Circumstances continued

		Yes	No	
16.3	Do you have a car available for your own use ?	☐	☐	q20q16_3
16.4	Do you have a pet ?	☐	☐	q20q16_4

(a) **If Yes**, what kind of pet do you own :- _____ q20q16_4a OFFICE USE ☐

16.5 **Heating**

Please tick the fuels you use to heat your home:-

			q20q16_5_2			
q20q16_5_1	Natural gas	☐1	Oil	☐1	Wood ☐1	q20q16_5_3
q20q16_5_4	Calor gas	☐1	Coal	☐1	q20q16_5_5	
q20q16_5_6	Electricity	☐1	Other	☐1	please specify _____	
			q20q16_5_7		q20q16_5_8	

OFFICE USE ☐

16.6 Does your home have:-

	Yes	No		
Central heating	☐1	☐2		q20q16_6_1
Open fires	☐1	☐2		q20q16_6_2
Double Glazing	☐1	☐2	In part ☐3	q20q16_6_3

16.7 Please tick the fuels you use for cooking:-

Natural gas	☐1	q20q16_7_1	
Electricity	☐1	q20q16_7_2	
Other	☐1	q20q16_7_3	q20q16_7_4

(Please specify) _____

OFFICE USE ☐

Work and Retirement

17.0 At present are you :-

retired	☐1	age at retirement	☐☐
employed, full time	☐2	q20q17_0	q20q17_0_y
employed, part time	☐3		
unemployed, seeking work	☐4		
unemployed, not seeking work	☐5		

(a) If you are **retired**, did you retire because of:-

normal retiring age	☐1	
early retirement, voluntary	☐2	q20q17_0a
early retirement, compulsory	☐3	
retirement, medical grounds	☐4	
other reasons	☐5	

17.1 Please give details of your current occupation **or** the last job you held before retiring: -

(a) What kind of work do you / did you do_____ OFFICE USE

(b) Type of business or industry_____ q20q17_1b ☐

(c) How many years have you done or did you do that kind of work ? ____ q20q17_1c ☐

Medications / treatments

18.0 Are you on any regular medication ?

Yes ☐ q20q18_0

No ☐ ➔ If **No**, go to question 18.3 on the next page

For Research Nurse use only		
Actual medications	☐1	q20q18_0rn
Prescription Card (repeat)	☐2	
Other list	☐3	
No formal documentation	☐4	

18.2 Which medications (including tablets, medicines, inhalers, sprays, injections) you are taking ? Please list medications below:

Medication	Dose	Frequency	Reason for taking	OFFICE USE BNF CODE	ICD CODE
q20q18_2_bnf12_1 q20q18_2_bnf34_1 q20q18_2_bnf5_1 q20q18_2_bnf6_1			q20q18_2_icd1		
q20q18_2_bnf12_2 q20q18_2_bnf34_2 q20q18_2_bnf5_2 q20q18_2_bnf6_2			q20q18_2_icd2		
q20q18_2_bnf12_3 q20q18_2_bnf34_3 q20q18_2_bnf5_2 q20q18_2_bnf6_2			q20q18_2_icd3		
q20q18_2_bnf12_4 q20q18_2_bnf34_4 q20q18_2_bnf5_4 q20q18_2_bnf6_4			q20q18_2_icd4		
q20q18_2_bnf12_5 q20q18_2_bnf34_5 q20q18_2_bnf5_5 q20q18_2_bnf6_5			q20q18_2_icd5		
q20q18_2_bnf12_6 q20q18_2_bnf34_6 q20q18_2_bnf5_6 q20q18_2_bnf6_6			q20q18_2_icd6		
q20q18_2_bnf12_7 q20q18_2_bnf34_7 q20q18_2_bnf5_7 q20q18_2_bnf6_7			q20q18_2_icd7		
q20q18_2_bnf12_8 q20q18_2_bnf34_8 q20q18_2_bnf5_8 q20q18_2_bnf6_8			q20q18_2_icd8		
q20q18_2_bnf12_9 q20q18_2_bnf34_9 q20q18_2_bnf5_9 q20q18_2_bnf6_9			q20q18_2_icd9		
q20q18_2_bnf12_10 q20q18_2_bnf34_10 q20q18_2_bnf5_10 q20q18_2_bnf6_10			q20q18_2_icd10		

Aspirin

Yes No

18.3 Do you take aspirin regularly ? q20q18_3 ☐ ☐ ➔ If **No,** go to question 18.3(b) below

(a) If Yes , year started 19 ☐☐ q20q18_3a_y

Dose ☐☐☐ mg q20q18_3a_mg

Frequency / week ☐ q20q18_3a_f

OFFICE USE

Reason for use _____ q20q18_3a_r ☐☐☐

On Prescription Yes ☐ No ☐ q20q18_3a_op

Yes No

18.3 (b) If **No**, have you taken aspirin regularly in the past ? ☐ ☐ q20q18_3b

If Yes , year started 19 ☐☐ q20q18_3b_y

year stopped 19 ☐☐ q20q18_3b_y2

OFFICE USE

Reason for taking _____ q20q18_3b_r ☐☐☐

On Prescription Yes ☐ No ☐ q20q18_3b_op

Warfarin

Yes No

18.4 Have you taken warfarin regularly at any time ? ☐ ☐ q20q18_4

If Yes , year started 19 ☐☐ q20q18_4_y

Duration in months ☐☐ q20q18_4_m

OFFICE USE

Reason for taking _____ q20q18_4_r ☐☐☐

GTN

18.5 Have you ever taken GTN tablets under the tongue (or spray) to relieve pain in the chest ?

Yes ☐ No ☐ q20q18_5

(a) **If Yes,** when was the last time you used them ? ☐☐☐ mths ago q20q18_5a

Vitamins & Minerals

18.6 Do you regularly take any vitamin or mineral tablets? Yes ☐ No ☐ q20q18_6

(a) **If Yes**, please give details :-

Name of vitamin / mineral □□	Daily Dose □□□	Year Started □□
q20q18_6a_1	q20q18_6a_2	19_____ q20q18_6a_3
q20q18_6a_4	q20q18_6a_5	19_____ q20q18_6a_6
q20q18_6a_7	q20q18_6a_8	19_____ q20q18_6a_9
q20q18_6a_10	q20q18_6a_11	19_____ q20q18_6a_12

Blood Cholesterol Test

19.0 Have you ever had your blood cholesterol measured ? Yes ☐ No ☐ q20q19_0

(a) **If Yes**, were you told that the result was
High ☐1
Normal ☐2
Low ☐3
Not told ☐4
q20q19_0a

(b) **If High**, have you been advised to take any particular action ? (please give details)

Diet ☐1 q20q19_0b_di
Drugs ☐1 q20q19_0b_dr

Eating and drinking

20.0 What time did you last have something to eat or drink other than water ?

☐☐ . ☐☐ hours (q20q20_0h q20q20_0m) If yesterday please tick ☐1 q20q20_0y

21.0 **Consent to follow up studies**

An important part of this study is to observe the future health of the people taking part. We are therefore seeking your permission to receive specific information related to heart disease and stroke, particularly from the records held by your general practitioner. All these details would be treated in **absolute confidence** by the Research Team.

Do you agree to us following your future health through your health records ?

☐$_1$ Agreed ☐$_2$ Not Agreed
q20q21_0_1

We will arrange to have your blood sample checked for cholesterol and other factors which are important for heart disease risk. The results of these tests will be sent back to your doctor in the next four to five weeks. If any of the results give cause for concern, you will be asked to make an appointment with your doctor.

Do you agree to us passing the test results to your doctor ?

☐$_1$ Agreed ☐$_2$ Not Agreed
q20q21_0_2

Part of your blood sample will be frozen and kept for special scientific studies of factors affecting heart disease risk, which may help us to understand how to prevent heart disease in the future. Among the factors we may need to study will be the way in which genetic factors affect heart disease risk.

Would you allow us to use your sample in this way ?

☐$_1$ Agreed ☐$_2$ Not Agreed
q20q21_0_3

I agree to allow the Research Team to continue to study my health in accordance with the criteria above. I understand that any details recorded will be treated in complete confidence.

Signed: q20sig _____

Date: q20date1 q20_date2 q20_date3 _____