

**VETERANS SPECIFIC ACTIVITY QUESTIONNAIRE, VSA
QUESTION BY QUESTION (QxQ), VERSION 1.0**

I. GENERAL INSTRUCTIONS

The Veterans Specific Activity Questionnaire is completed during the participant's Clinic Visit.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record that this is happening at the participant's E1 visit.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS III staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS III data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Item 1. Activities that cause fatigue. Select only one from the list provided. Select the first activity that the subject reports if s/he performed it for a period of time, it would typically cause fatigue, shortness of breath, chest discomfort, or otherwise cause you to want to stop. If subject reports not normally performing a particular activity, ask him/her to try to imagine what it would be like if s/he did.

Save and Close the form.