

Section M — MEDICAL DEVICE

Section M1 — MEDICAL DEVICE IMPLANT SCREENING

CHECK ITEM 1	Enter person number of respondent.	Respondent Person Number
<p>These next questions are about medical devices that are SURGICALLY implanted in the body to help the body function or treat an illness or injury.</p> <p>1a. Does anyone in the family NOW have an artificial joint, such as an artificial hip, knee or finger joint?</p> <p>b. Who is this?</p> <p>c. Anyone else?</p>		<p style="text-align: right;">3-4</p> <p style="text-align: right;">5</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK</p> <p>Record name and person number in table MDI. Mark "JOINT" box.</p> <p><input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No</p>
<p>2a. Does anyone in the family NOW have any implants, such as pins, screws, nails, wires, rods or plates that have been surgically inserted in the body?</p> <p>b. Who is this?</p> <p>c. Anyone else?</p>		<p style="text-align: right;">6</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK</p> <p>Record name and person number in table MDI. Mark "FIX" box.</p> <p><input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No</p>
<p>3a. Does anyone in the family NOW have an artificial heart valve?</p> <p>b. Who is this?</p> <p>c. Anyone else?</p>		<p style="text-align: right;">7</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK</p> <p>Record name and person number in table MDI. Mark "HV" box.</p> <p><input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No</p>
<p>4a. Sometimes the lenses of the eyes can be replaced with artificial ones called intraocular lenses, which are sewn into place during surgery. Does anyone in the family NOW have a lens implant? Do not include corneal transplants.</p> <p>b. Who is this?</p> <p>c. Anyone else?</p>		<p style="text-align: right;">8</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK</p> <p>Record name and person number in table MDI. Mark "IL" box.</p> <p><input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p>
<p>5a. Silicone Implants are used to reconstruct parts of the body, such as breasts, ears, a chin, or a nose. Does anyone in the family NOW have a silicone implant? Do not include silicone injections.</p> <p>b. Who is this?</p> <p>c. Anyone else?</p>		<p style="text-align: right;">9</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK</p> <p>Record name and person number in table MDI. Enter SILICONE IMPLANT in "Other" column.</p> <p><input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No</p>
<p>6a. Does anyone in the family NOW have a pacemaker?</p> <p>b. Who is this?</p> <p>c. Anyone else?</p>		<p style="text-align: right;">10</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK</p> <p>Record name and person number in table MDI. Mark "PACE" box.</p> <p><input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No</p>
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<p>7a. Ear vent tubes are often implanted in the eardrums of children and adults who get frequent ear infections. Does anyone in the family NOW have ear vent tubes?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK }</p>	11
<p>b. Who is this?</p>	<p>Record name and person number in table MDI. Enter EAR VENT TUBES in "Other" column.</p>	
<p>c. Anyone else?</p>	<p><input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No</p>	
<p>8a. Infusion pumps are implants that pump medication such as insulin or chemotherapy into the body. Does anyone in the family NOW have an infusion pump?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }</p>	12
<p>b. Who is this?</p>	<p>Record name and person number in table MDI. Enter INFUSION PUMP in "Other" column.</p>	
<p>c. Anyone else?</p>	<p><input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No</p>	
<p>9a. Does anyone in the family NOW have a shunt that drains fluid away from the brain or spinal column?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }</p>	13
<p>b. Who is this?</p>	<p>Record name and person number in table MDI. Enter SHUNT in "Other" column.</p>	
<p>c. Anyone else?</p>	<p><input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No</p>	
<p>10a. Does anyone in the family NOW have any other type of shunt or catheter implanted in the body?</p> <p><i>Read if necessary: A shunt is a man-made tube through which blood or body fluid is diverted from its natural path.</i></p> <p><i>Read if necessary: A catheter is a flexible tube implanted in the body to remove or put in fluid.</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (11) 9 <input type="checkbox"/> DK }</p>	14
<p>b. Who is this?</p>	<p>Record name and person number in table MDI. Enter SHUNT or CATHETER in "Other" column.</p>	
<p>c. Does anyone else have any other type of shunt or catheter implanted in the body?</p>	<p><input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No</p>	
<p>11a. Does anyone in the family NOW have any other kind of medical device that has been implanted in the body during SURGERY? Some examples are artificial arteries and veins, ligaments and dental implants.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (Check Item 2) 9 <input type="checkbox"/> DK }</p>	15
<p>b. Who is this?</p>	<p>Record name and person number in table MDI.</p>	
<p>c. What kind of implant does -- have?</p>	<p>Enter type of implant in "Other" column.</p>	
<p>d. Does anyone else in the family have any other kind of medical device implanted in the body?</p>	<p><input type="checkbox"/> Yes (Reask 11b-d) <input type="checkbox"/> No (Check Item 2)</p>	

CHECK ITEM 2	<p>Mark appropriate box.</p>	<p>1 <input type="checkbox"/> One or more MDI's (Table MDI) 2 <input type="checkbox"/> No MDI's (Next Supplement)</p>	16
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TABLE MDI

Complete the appropriate Medical Device Sections for each person and each device entered below.

Name (a)	Person number (b)	JOINT (pg. 6) (c)	FIX (pg. 12) (d)	HV (pg. 18) (e)	IL (pg. 24) (f)	PACE (pg. 30) (g)	OTHER (pg. 36) (h)
	3-4	5 1 <input type="checkbox"/>	6 2 <input type="checkbox"/>	7 3 <input type="checkbox"/>	8 4 <input type="checkbox"/>	9 5 <input type="checkbox"/>	10-11 1. _____ 12-13 2. _____ 14-15 3. _____
	16-17	18 1 <input type="checkbox"/>	19 2 <input type="checkbox"/>	20 3 <input type="checkbox"/>	21 4 <input type="checkbox"/>	22 5 <input type="checkbox"/>	23-24 1. _____ 25-26 2. _____ 27-28 3. _____
	29-30	31 1 <input type="checkbox"/>	32 2 <input type="checkbox"/>	33 3 <input type="checkbox"/>	34 4 <input type="checkbox"/>	35 5 <input type="checkbox"/>	36-37 1. _____ 38-39 2. _____ 40-41 3. _____
	42-43	44 1 <input type="checkbox"/>	45 2 <input type="checkbox"/>	46 3 <input type="checkbox"/>	47 4 <input type="checkbox"/>	48 5 <input type="checkbox"/>	49-50 1. _____ 51-52 2. _____ 53-54 3. _____
	56-56	57 1 <input type="checkbox"/>	58 2 <input type="checkbox"/>	59 3 <input type="checkbox"/>	60 4 <input type="checkbox"/>	61 5 <input type="checkbox"/>	62-63 1. _____ 64-65 2. _____ 66-67 3. _____
	68-69	70 1 <input type="checkbox"/>	71 2 <input type="checkbox"/>	72 3 <input type="checkbox"/>	73 4 <input type="checkbox"/>	74 5 <input type="checkbox"/>	75-76 1. _____ 77-78 2. _____ 79-80 3. _____
	81-82	83 1 <input type="checkbox"/>	84 2 <input type="checkbox"/>	85 3 <input type="checkbox"/>	86 4 <input type="checkbox"/>	87 5 <input type="checkbox"/>	88-89 1. _____ 90-91 2. _____ 92-93 3. _____
	94-95	96 1 <input type="checkbox"/>	97 2 <input type="checkbox"/>	98 3 <input type="checkbox"/>	99 4 <input type="checkbox"/>	100 5 <input type="checkbox"/>	101-102 1. _____ 103-104 2. _____ 105-106 3. _____

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