1 Would you say, in general, your health is: *hlth1* 

$\bigcirc$	Excellent
$\bigcirc$	Very Good
$\bigcirc$	Good
$\bigcirc$	Fair
$\bigcirc$	Poor
$\bigcirc$	Don't Know
$\bigcirc$	Refused

**2** During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury? (Do not include days in a hospital or nursing home. If you do not remember the exact number of days, please estimate as closely as possible.)

	Days <i>bed</i>	$\bigcirc$	Don't Know	C Refu	sed	beddays2		
An	Answer "0" if you haven't spent any days in bed in the last two weeks.							
3	Are you currently inv		-					
	Yes	$\bigcirc$	No O	Don't know	$\bigcirc$	Refused		
IF	YES, please name:		<u>stdname</u>					

**4** "I'm going to read to you a list of conditions. Please respond 'yes' or 'no' if you have **EVER** been told by a doctor that you had this condition."

Interviewer note: Read each condition on the list. If participant responds "NEVER or NO", mark "Never told" and continue onto next item on the list. If participant responds "YES", ask if first told less than 1 year ago or more than one year ago, and mark appropriately before moving on to next condition.

	Never told	First told during the past year	First told more than one year ago	Don't Know	Refused
A Myocardial Infarction or Heart					
Attack <i>mi</i>					
B Angina Pectoris or Chest Pain					
Due to Heart Disease angina					
C Heart Failure or Congestive Heart Failure <i>chf</i>					
D Intermittent Claudication or Pain					
in Legs from Blockage of the Arteries					
E Stroke or Cerebrovascular					
Accident <i>stroke</i> F Transient Ischemic Attack or TIA					
or Mini Stroke <i>tia</i>					
G High Blood Pressure <i>hbp</i>					
H Atrial Fibrillation <i>afib</i>					
I Deep Vein Thrombosis (or blood					
clots in legs) <i>dvt</i>					
J Rheumatic Fever or Heart Valve Problems <i>rf</i>					
K Asthma <i>asthma</i>					
L Chronic Bronchitis <b>bronch</b>					
M Emphysema <i>emphysem</i>					
P Diabetes <i>diabetes</i>			<u> </u>	<u> </u>	
		<b>\</b>	<b>\</b>	+	
OInsulin Other:	0	thdiab	ycemic Ager	nt	Years
How many		ave you had <b>liabyear</b>	Diabetes?		

	Never told	First told during the past year	First told more than one	Don't Know	Refused
Q Arthritis of the Back or Spine <i>arthback</i>		year	year ago		
R Arthritis of the Hip(s) <b>arthhip</b>					
S Arthritis of the Knee(s) <b>arthknee</b>					
T Osteoporosis osteo					
U Liver Disease, Cirrhosis, or Hepatitis	liver				
V Kidney (Renal) Disease or Failure	kidney				
W Parkinson's Disease <i>parkins</i>					
X Breast Cancer <i>breastca</i>					
Y Blood Cancer, Leukemia, or Lymphoma		bloodca			
Z Colon (Bowel) or Rectum Cancer		colonca			
A Lung Cancer <i>lungca</i>					
AB Malignant Melanoma <i>melanoma</i>					
AC Other Skin Cancer <i>skinca</i>					
AD Prostate Cancer <i>prostca</i>					
E Pancreatic Cancer <i>pancrca</i>					
AF Esophageal Cancer esophca					
AG Other Cancer otherca					
			er: <u>othca</u>		-
Have you had a flu shot in the past year? <i>flu</i>	ishot				
Have you had a flu shot in the past year? <i>flu</i>	<b>ishot</b> Don't Kr		) Refused		
	Don't Kr	now C	Refused		 st 5
Yes No Have you had a shot to prevent pneumonia,	Don't Kr	now	Refused		 st 5
Yes No Have you had a shot to prevent pneumonia, years? <i>pneumvax</i>	Don't Kr sometime Don't Kr	now	) Refused eumovax, ir	n the pas	
Yes No   Have you had a shot to prevent pneumonia, years? <i>pneumvax</i> Yes No Have you had cardiac catheterization or cordination or cordination.	Don't Kr sometime Don't Kr	now	) Refused eumovax, ir	n the pas	
Yes No   Have you had a shot to prevent pneumonia, years? <i>pneumvax</i> Yes No Have you had cardiac catheterization or cortime? <i>cardcath</i>	Don't Kr sometime Don't Kr onary and Don't Kr	now C es called pn now C giography si now C	) Refused eumovax, ir ) Refused ince we spo	n the pas	
Yes       No         Have you had a shot to prevent pneumonia, years?         Pres       No         Yes       No         Have you had cardiac catheterization or cortime?         Cardcath         Yes       No         If NO, DON'T KNOW, or	Don't Kr sometime Don't Kr onary and Don't Kr	now	) Refused eumovax, ir ) Refused ince we spo ) Refused Question 8.	n the pas	
Yes No   Have you had a shot to prevent pneumonia, years? pneumvax Yes No Have you had cardiac catheterization or contime? cardcath Yes No Yes No ••••••••••••••••••••••••••••••••••	Don't Kr sometime Don't Kr onary and Don't Kr or REFUS linic, hosp	now	) Refused eumovax, ir ) Refused ince we spo ) Refused Question 8.	n the pas	

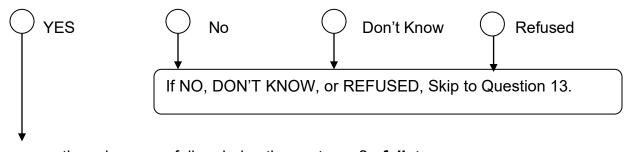
**8** Did you have a procedure in or out of the hospital to open up the arteries in either of your legs since we spoke with you last time? *artlegs* 

	◯ Yes	🔘 No	O Don't Know	Refused				
9	Did you have a pro we spoke with you la			p the arteries in your neck since				
	◯ Yes	🔘 No	O Don't Know	Refused				
10	<b>10</b> Did you have a procedure in or out of the hospital to open up the arteries in your heart such as angioplasty, PTCA, coronary artery bypass graft or CABG, since we spoke with you last time? <i>arthrt</i>							
	◯ Yes	🔘 No	O Don't Know	Refused				

**11** Have you been treated by a doctor for any of the following since we spoke with you last time?

	Yes	No	Don't Know	Refused
A Broken Hip (Fracture) <i>brokhip</i>				
B Broken Lower Leg (Fracture) <i>brokleg</i>				
C Broken Arm, Wrist, or Shoulder (Fracture)				
brokarm				
D Spine (Vertebral) Compression Fracture				
spinfrac				
E Other Injury <b>otherinj</b>				
Specify other injury: <b>othinjur</b>				

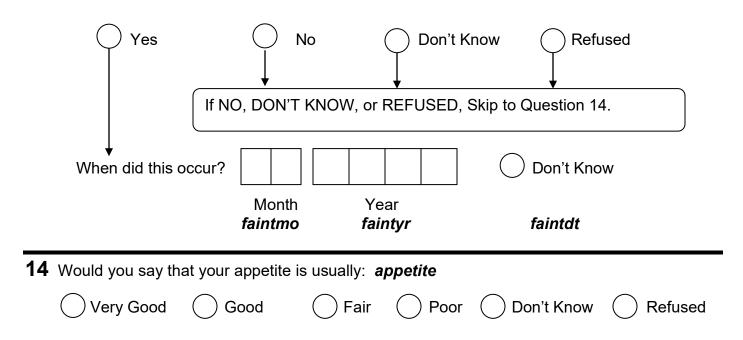
**12** During the past year, have you had a fall? (Fall is defined here as an event which results with a person coming to rest inadvertently on the ground or other lower level, e.g. onto a chair, stairs, etc.). *fall* 



A. How many times have you fallen during the past year? fallct

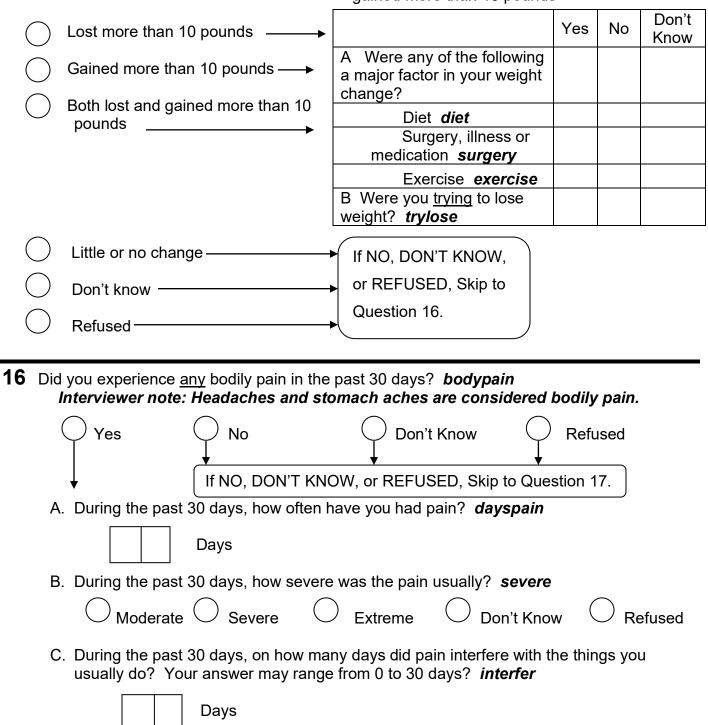
Times
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**13** During the past year, have you ever fainted, lost consciousness, or "blacked out"? *faint* 

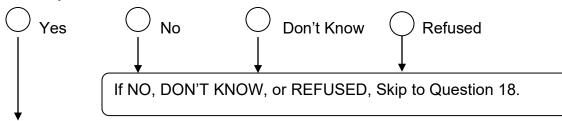


#### **15**During the past year, have you gained or lost more than 10 pounds? *weight10*

Please answer these questions if you lost or gained more than 10 pounds



**17** During the last year, have you had pain in any bones or joints for at least half of the days of a month? *bonepain* 

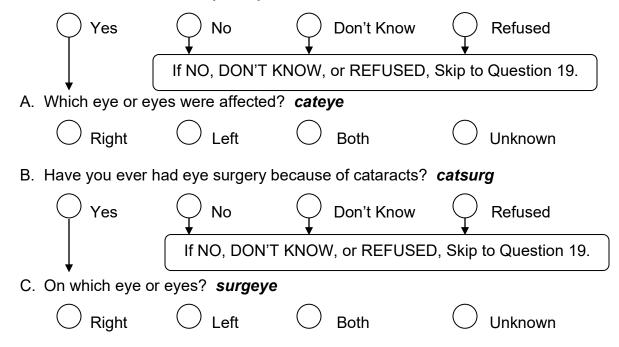


Please indicate where you had this pain (check all below):

	Yes	No	Don't Know
A Neck	neck		
B Shoulders	shoulder		
C Hands	hands		
D Wrists	wrists		
E Lower Back	lowback		
F Hips	hips		
G Knees	knees		
H Other area	other		

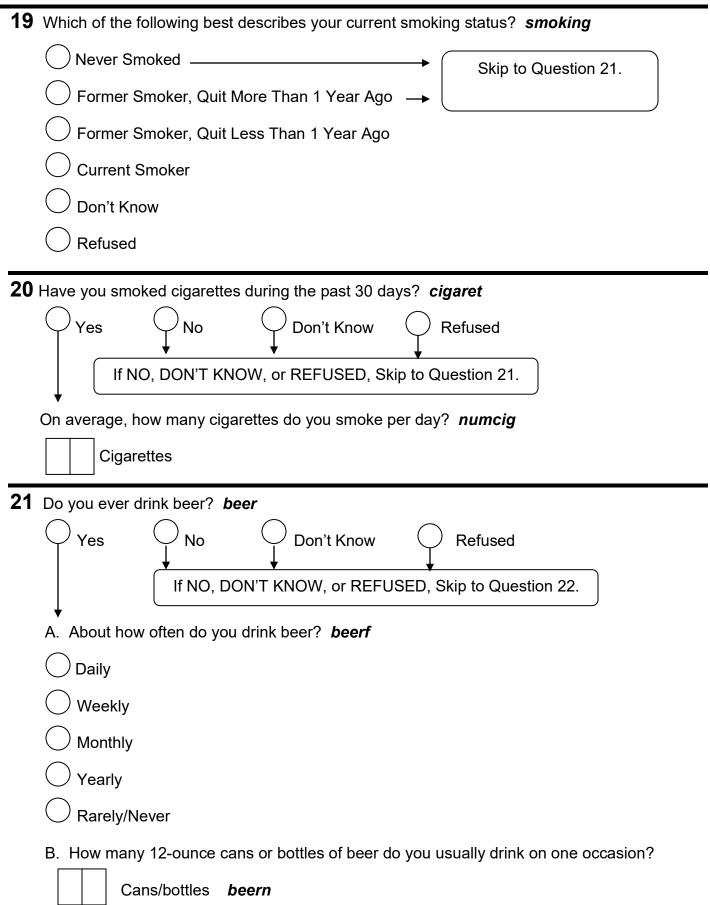
Specify other area: <u>othpain</u>

**18** Has a doctor ever told you that you have eye problems as a result of cataracts, or cloudiness of the lens, in one or both of your eyes? *cataract* 



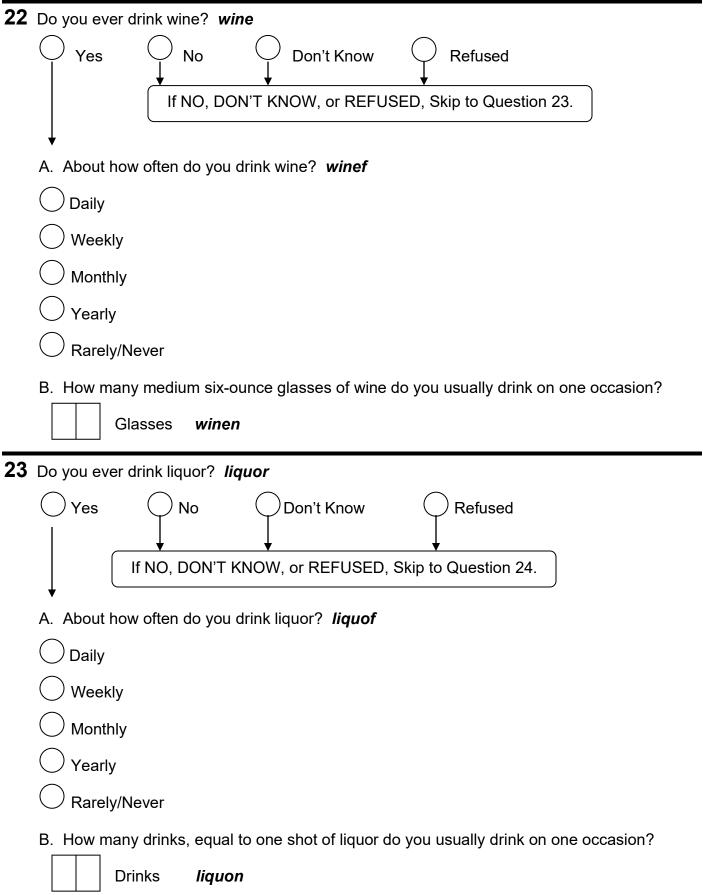
Med/Pers. Hist. and Sleep/Fat. Draft 2.6 Revision 10/5/05

# PERSONAL HISTORY



Med/Pers. Hist. and Sleep/Fat. Draft 2.6 Revision 10/5/05

### PERSONAL HISTORY



# PERSONAL HISTORY

<b>24</b> Have you ever driven a car? <b>everdrv</b>	
Yes No ( If NO, DON'T KNC	Don't Know Refused W, or REFUSED, Skip to Question 25.
A. Do you currently drive a car? <i>curdry</i>	/
A. How much difficulty do you have driving during the day because of your vision? <i>drivday</i> No difficulty A little difficulty Moderate difficulty A great deal of <i>drivnt</i> B. How much difficulty do you have driving at night because of your vision? No difficulty A little difficulty Moderate difficulty A great deal of difficulty	No Don't Know Refused     A. When did you stop driving?   Less than 6 months ago   whenstop   6-12 months ago   More than 12 months ago   B. Why did you stop driving?   Vision   whystop   Illness   Other Reason

	Sleep							
	<b>25</b> Are you usually sleepy in the daytime? (Do not include taking a regular daily nap as "feeling sleepy.") <i>sleepy</i>							
	$\bigcirc_{Yes}$	$\bigcirc$ No	O Don't Know O Refused					
26	Do you fee	el groggy and unr	efreshed for more than a half hour after waking up in the morning	g?				
	⊖ <sub>Yes</sub>	◯ <sub>No</sub>	O Don't Know Refused					
27	Has your s	pouse or roomm	ate complained about your loud snoring? <i>snoring</i>					
	⊖ <sub>Yes</sub>	$\bigcirc$ No	O Don't Know O Refused					
			while sleeping to have episodes where you stop breathing for a t loudly? <i>breath</i>					
	⊖ <sub>Yes</sub>	◯ <sub>No</sub>	O Don't Know O Refused					
29	Do you us	ually have trouble	e falling asleep? <i>fallsIp</i>					
	⊖ <sub>Yes</sub>	◯ <sub>No</sub>	O Don't Know O Refused					
30	Do you us	ually wake up se	veral times at night? <b>awake</b>					
	⊖ <sub>Yes</sub>	◯ <sub>No</sub>	O Don't Know O Refused					
31	Do you us	ually wake up far	too early? <i>wakeup</i>					
	⊖ <sub>Yes</sub>	◯ <sub>No</sub>	O Don't Know O Refused					
32	Do you tak	e sleeping pills o	r other medication to help you sleep? <i>pills</i>					
	⊖ <sub>Yes</sub>	◯ <sub>No</sub>	O Don't Know O Refused					
			how many hours do you spend sleeping during the day? f <b>0" if participant does not sleep during the day.</b> O Don't Know O Refused <b>sleepday</b>					
34	<b>34</b> During a usual week, how many times do you nap for 5 minutes or more? Interviewer note: Write in "0" if participant does not take any naps. timesnap Naps Don't Know Refused nap5							
35	In a usual	24-hour period, ł <i>nitehrs</i> Hours	ow many hours do you spend sleeping during the night?					

#### Fatigue **36** During the past month, how weak did you feel? Using this card, please choose the best category, where 0 is "not weak at all" and 10 is "very weak." Interviewer note: REQUIRED – Show Card 5.MHX.34. weaklvl Don't Know Refused howweak Weakness level **37** During the past month, how sleepy did you feel during the day? Using this card, please choose the best category, where 0 is "not sleepy at all" and 10 is "very sleepy." Interviewer note: REQUIRED – Show Card 6.MHX.35. sleeplvl Don't Know Refused howslpy Sleepy level **38** During the past month, how lively did you feel? Using this card, please choose the best category, where 0 is "not lively at all" and 10 is "very lively." Interviewer note: REQUIRED – Show Card 7.MHX.36. livelv Don't Know Refused howlivly Lively level **39** During the past month, how tired did you feel? Using this card, please choose the best category, where 0 is "not tired at all" and 10 is "very tired." Interviewer note: REQUIRED – Show Card 8.MHX.37. tiredlvl Don't Know Refused howtired Tired level **40** During the past month, how energetic did you feel? Using this card, please choose the best category, where 0 is "no energy" and 10 is "the most energy that you have ever had." Interviewer note: REQUIRED – Show Card 9.MHX.38. energy Don't Know Refused howenerg Energy level