
MEDICAL HISTORY

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

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know
- 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 *bed* Don't Know Refused *beddays2*

Answer "0" if you haven't spent any days in bed in the last two weeks.

3 Are you currently involved in any medical studies other than CHS? *medstd*

- Yes No Don't know Refused

IF YES, please name: _____ *stdname*

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.

MEDICAL HISTORY

	Never told	First told during the past year	First told more than one year ago	Don't Know	Refused
Q Arthritis of the Back or Spine arthback					
R Arthritis of the Hip(s) arthhip					
S Arthritis of the Knee(s) arthknee					
T Osteoporosis osteo					
U Liver Disease, Cirrhosis, or Hepatitis	liver				
V Kidney (Renal) Disease or Failure	kidney				
W Parkinson's Disease parkins					
X Breast Cancer breastca					
Y Blood Cancer, Leukemia, or Lymphoma		bloodca			
Z Colon (Bowel) or Rectum Cancer		colonca			
AA Lung Cancer lungca					
AB Malignant Melanoma melanoma					
AC Other Skin Cancer skinca					
AD Prostate Cancer prostca					
AE Pancreatic Cancer pancrca					
AF Esophageal Cancer esophca					
AG Other Cancer otherca					

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Specify Other Cancer: **othcancr**

5 Have you had a flu shot in the past year? **flushot**

Yes
 No
 Don't Know
 Refused

6 Have you had a shot to prevent pneumonia, sometimes called pneumovax, in the past 5 years? **pneumvax**

Yes
 No
 Don't Know
 Refused

7 Have you had cardiac catheterization or coronary angiography since we spoke with you last time? **cardcath**

Yes
 No
 Don't Know
 Refused

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If NO, DON'T KNOW, or REFUSED Skip to Question 8.

A. Where was this procedure done (doctor, clinic, hospital)? **cathloc**

Doctor
 Clinic
 Hospital

MEDICAL HISTORY

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
 Don't Know
 Refused

9 Did you have a procedure in or out of the hospital to open up the arteries in your neck since we spoke with you last time? **artneck**

Yes
 No
 Don't Know
 Refused

10 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? **arthrt**

Yes
 No
 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) brokhip				
B Broken Lower Leg (Fracture) brokleg				
C Broken Arm, Wrist, or Shoulder (Fracture) brokarm				
D Spine (Vertebral) Compression Fracture spinfrac				
E Other Injury otherinj				
Specify other injury: othinjur				

MEDICAL HISTORY

- 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**

YES

No Don't Know Refused

If NO, DON'T KNOW, or REFUSED, Skip to Question 13.

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

Times

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

Yes

No Don't Know Refused

If NO, DON'T KNOW, or REFUSED, Skip to Question 14.

When did this occur?

Month Year

faintmo **faintyr**

Don't Know

faintdt

- 14** Would you say that your appetite is usually: **appetite**

Very Good Good Fair Poor Don't Know Refused

MEDICAL HISTORY

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**

Yes
 No
 Don't Know
 Refused

If NO, DON'T KNOW, or REFUSED, Skip to Question 18.

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

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

Specify other area: _____ *othpain* _____

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**

Yes
 No
 Don't Know
 Refused

If NO, DON'T KNOW, or REFUSED, Skip to Question 19.

A. Which eye or eyes were affected? **cateye**

Right
 Left
 Both
 Unknown

B. Have you ever had eye surgery because of cataracts? **catsurg**

Yes
 No
 Don't Know
 Refused

If NO, DON'T KNOW, or REFUSED, Skip to Question 19.

C. On which eye or eyes? **surgeye**

Right
 Left
 Both
 Unknown

PERSONAL HISTORY

19 Which of the following best describes your current smoking status? *smoking*

- Never Smoked →
 - Former Smoker, Quit More Than 1 Year Ago →
 - Former Smoker, Quit Less Than 1 Year Ago
 - Current Smoker
 - Don't Know
 - Refused
- Skip to Question 21.

20 Have you smoked cigarettes during the past 30 days? *cigaret*

- Yes
 - No
 - Don't Know
 - Refused
- If NO, DON'T KNOW, or REFUSED, Skip to Question 21.

On average, how many cigarettes do you smoke per day? *numcig*

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 Cigarettes

21 Do you ever drink beer? *beer*

- Yes
 - No
 - Don't Know
 - Refused
- If NO, DON'T KNOW, or REFUSED, Skip to Question 22.

A. About how often do you drink beer? *beerf*

- Daily
- Weekly
- Monthly
- Yearly
- Rarely/Never

B. How many 12-ounce cans or bottles of beer do you usually drink on one occasion?

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 Cans/bottles *beern*

PERSONAL HISTORY

22 Do you ever drink wine? *wine*

Yes No Don't Know Refused

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If NO, DON'T KNOW, or REFUSED, Skip to Question 23.

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A. About how often do you drink wine? *winef*

- Daily
- Weekly
- Monthly
- Yearly
- Rarely/Never

B. How many medium six-ounce glasses of wine do you usually drink on one occasion?

Glasses *winen*

23 Do you ever drink liquor? *liquor*

Yes No Don't Know Refused

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If NO, DON'T KNOW, or REFUSED, Skip to Question 24.

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A. About how often do you drink liquor? *liquorf*

- Daily
- Weekly
- Monthly
- Yearly
- Rarely/Never

B. How many drinks, equal to one shot of liquor do you usually drink on one occasion?

Drinks *liquon*

PERSONAL HISTORY

24 Have you ever driven a car? *everdrv*

Yes No Don't Know Refused

If NO, DON'T KNOW, or REFUSED, Skip to Question 25.

A. Do you currently drive a car? *curdrv*

Yes No Don't Know Refused

A. How much difficulty do you have driving during the day because of your vision? *drivday*

- No difficulty A little difficulty
- Moderate difficulty A great deal of difficulty
- B. How much difficulty do you have driving at night because of your vision? *drivnt*
- No difficulty A little difficulty
- Moderate difficulty A great deal of difficulty

A. When did you stop driving?

- Less than 6 months ago
whensstop
- 6-12 months ago
- More than 12 months ago

B. Why did you stop driving?

- Vision *whystop*
- Illness
- Other Reason

Sleep

25 Are you usually sleepy in the daytime? (Do not include taking a regular daily nap as “feeling sleepy.”) **sleepy**

Yes No Don't Know Refused

26 Do you feel groggy and unrefreshed for more than a half hour after waking up in the morning? **groggy**

Yes No Don't Know Refused

27 Has your spouse or roommate complained about your loud snoring? **snoring**

Yes No Don't Know Refused

28 Has anyone observed you while sleeping to have episodes where you stop breathing for a while and then snore or snort loudly? **breath**

Yes No Don't Know Refused

29 Do you usually have trouble falling asleep? **fallsip**

Yes No Don't Know Refused

30 Do you usually wake up several times at night? **awake**

Yes No Don't Know Refused

31 Do you usually wake up far too early? **wakeup**

Yes No Don't Know Refused

32 Do you take sleeping pills or other medication to help you sleep? **pills**

Yes No Don't Know Refused

33 In a usual 24-hour period, how many hours do you spend sleeping during the day?
Interviewer note: Write in “0” if participant does not sleep during the day.

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dayhrs Don't Know Refused **sleepday**
Hours

34 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.

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timesnap Don't Know Refused **nap5**
Naps

35 In a usual 24-hour period, how many hours do you spend sleeping during the night?

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nitehrs Don't Know Refused **sleepnit**
Hours

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.

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weaklvl

Weakness level

Don't Know

Refused **howweak**

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.

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sleeplvl

Sleepy level

Don't Know

Refused **howslpy**

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.

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lively

Lively level

Don't Know

Refused **howlively**

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.

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tiredlvl

Tired level

Don't Know

Refused **howtired**

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.

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energy

Energy level

Don't Know

Refused **howenerg**