
MEDICAL HISTORY – PROXY VERSION

1 Would you say, in general, that (name of participant)'s health is: *hlth1*

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know
- Refused

2 During the past two weeks, how many days has (name of participant) 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 (name of participant) has not spent any days in bed in the last two weeks.

3 Is (name of participant) 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 (name of participant) has **EVER** been told by a doctor that he/she had this condition."

Interviewer note: Read each condition on the list. If proxy responds "NEVER or NO", mark "Never told" and continue onto next item on the list. If proxy 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- PROXY

	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					

↓ ↓ ↓ ↓

Specify Other Cancer: **othcancr**

5 Has (name of participant) had a flu shot in the past year? **flushot**

Yes
 No
 Don't Know
 Refused

6 Has (name of participant) had a shot to prevent pneumonia, sometimes called pneumovax, in the past 5 years? **pneumvax**

Yes
 No
 Don't Know
 Refused

7 Has (name of participant) had cardiac catheterization or coronary angiography since we spoke last time? **cardcath**

Yes
 No
 Don't Know
 Refused

↓ ↓ ↓
 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- PROXY

8 Did (name of participant) have a procedure in or out of the hospital to open up the arteries in either of his/her legs since we spoke last time? **artlegs**

Yes
 No
 Don't Know
 Refused

9 Did (name of participant) have a procedure in or out of the hospital to open up the arteries in his/her neck since we spoke last time? **artneck**

Yes
 No
 Don't Know
 Refused

10 Did (name of participant) have a procedure in or out of the hospital to open up the arteries in his/her heart such as angioplasty, PTCA, coronary artery bypass graft or CABG, since we spoke last time? **arthrt**

Yes
 No
 Don't Know
 Refused

11 Has (name of participant) been treated by a doctor for any of the following since we spoke 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- PROXY

- 12** During the past year, has (name of participant) 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 has (name of participant) fallen during the past year? **fallct**

Times

- 13** During the past year, has (name of participant) 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? Don't Know

Month **faintmo** Year **faintyr** **faintdt**

- 14** Would you say that (name of participant)'s appetite is usually: **appetite**

Very Good Good Fair Poor Don't Know Refused

MEDICAL HISTORY- PROXY

15 During the past year, has (name of participant) gained or lost more than 10 pounds?

Please answer these questions if (name of participant) has lost or gained more than 10 pounds

<p><input type="radio"/> weight10 Lost more than 10 pounds →</p> <p><input type="radio"/> Gained more than 10 pounds →</p> <p><input type="radio"/> Both lost and gained more than 10 pounds →</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">Don't Know</th> </tr> </thead> <tbody> <tr> <td>A Were any of the following a major factor in <u>(name of participant)</u>'s weight change?</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Diet diet</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Surgery, illness or medication surgery</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Exercise exercise</td> <td></td> <td></td> <td></td> </tr> <tr> <td>B Was <u>(name of participant)</u> trying to lose weight? trylose</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Don't Know	A Were any of the following a major factor in <u>(name of participant)</u> 's weight change?				Diet diet				Surgery, illness or medication surgery				Exercise exercise				B Was <u>(name of participant)</u> trying to lose weight? trylose			
	Yes	No	Don't Know																						
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<p><input type="radio"/> Little or no change →</p> <p><input type="radio"/> Don't know →</p> <p><input type="radio"/> Refused →</p>	<p>If NO, DON'T KNOW, or REFUSED, Skip to Question 16.</p>
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16 Did (name of participant) experience any bodily pain in the past 30 days? **bodypain**
Interviewer note: Headaches and stomach aches are considered bodily pain.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know	<input type="radio"/> Refused
↓	↓	↓	↓
If NO, DON'T KNOW, or REFUSED, Skip to Question 17.			

A. During the past 30 days, how often has (name of participant) had pain? **dayspain**

		Days
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B. During the past 30 days, how severe was the pain usually? **severe**

Moderate
 Severe
 Extreme
 Don't Know
 Refused

C. During the past 30 days, on how many days did pain interfere with the things that (name of participant) usually does? Your answer may range from 0 to 30 days?

		Days interfer
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MEDICAL HISTORY- PROXY

17 During the last year, has (name of participant) 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 (name of participant) 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 (name of participant) that that he/she has eye problems as a result of cataracts, or cloudiness of the lens, in one or both 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. Has (name of participant) 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 (name of participant)'s 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 Has (name of participant) 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 does (name of participant) smoke per day?

Cigarettes *numcig*

PERSONAL HISTORY

21 Does (name of participant) 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 does (name of participant) drink beer? **beerf**

- Daily
 Weekly
 Monthly
 Yearly
 Rarely/Never

B. How many 12-ounce cans or bottles of beer does (name of participant) usually drink on one occasion?

Cans/bottles **beern**

22 Does (name of participant) ever drink wine? **wine**

Yes No Don't Know Refused

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

A. About how often does (name of participant) drink wine? **winef**

- Daily
 Weekly
 Monthly
 Yearly
 Rarely/Never

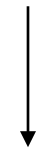
B. How many medium six-ounce glasses of wine does (name of participant) usually drink on one occasion? **winen**

Glasses

PERSONAL HISTORY

23 Does (name of participant) ever drink liquor? *liquor*

Yes No Don't Know Refused



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

A. About how often does (name of participant) drink liquor? *liquor*

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

B. How many drinks, equal to one shot of liquor does (name of participant) usually drink on one occasion?

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Drinks *liquor*

PERSONAL HISTORY

24 Has (name of participant) ever driven a car? **everdrv**

Yes No Don't Know Refused

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

A. Does (name of participant) currently drive a car? **curdrv**

Yes No Don't Know Refused

A. How much difficulty does (name of participant) have driving during the day because of vision? **drivday**

- No difficulty A little difficulty
 Moderate difficulty A great deal of Difficulty

B. How much difficulty does (name of participant) have driving at night because of vision? **drivnt**

- No difficulty A little difficulty
 Moderate difficulty A great deal of difficulty

A. When did (name of participant) stop driving? **whinstop**

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

B. Why did (name of participant) stop driving? **whystop**

- Vision
 Illness
 Other Reason

Sleep

25 Does (name of participant) take sleeping pills or other medication to help him/her sleep?

Yes No Don't Know Refused **pills**

26 In a usual 24-hour period, how many hours does (name of participant) spend sleeping during the day?

Interviewer note: Write in "0" if participant does not sleep during the day.

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

27 During a usual week, how many times does (name of participant) nap for 5 minutes or more?

Interviewer note: Write in "0" if participant does not take any naps.

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

28 In a usual 24-hour period, how many hours does (name of participant) spend sleeping during the night?

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