

## **BASELINE PERSONAL HISTORY**

### **1 Background and Rationale**

- 1.1 Weight History - In the United States, there is substantial progressive weight gain in both men and women from late adolescence into adulthood. However, the influence of long-term weight changes or weight at various stages of life on risk for subsequent cardiovascular diseases is less clear.
- 1.2 Smoking - Cigarette smoking is a major cause of preventable morbidity and premature mortality and is a principal independent risk factor for CHD and stroke. The magnitude of the health risks associated with cigarette smoking vary as a function of amount and duration of smoking, and are moderated to some degree following cessation. Thus, it is important to assess not only present smoking behavior, but history of smoking for both current smokers and nonsmokers.
- 1.3 Sleep - Sleeping seven to eight hours a night is associated with lower mortality rates from all causes as compared with sleeping fewer hours. Elderly persons appear to be especially prone to insomnia, although little data is available. Some of the causes of insomnia in the elderly include higher rates of anxiety, depression, and discomfort caused by changes in lifestyle and chronic disease, chronic pain, and other medical conditions. Aside from possible relationships between sleep patterns and disease, restful, regular sleep contributes importantly to quality of life.
- 1.4 Vision and Hearing - It is important to assess the vision and hearing of CHS participants for two reasons. Sudden changes in vision and hearing may reflect a recent event, such as a stroke. If a participant reports poor hearing and/or vision in this interview, this information will be "flagged" for additional review during the Exit Interview. Also, all of the examination activities require minimal ability to hear interviewers and other study staff, and to see the response cards that are used in several of the interviews.
- 1.5 Family Longevity - It is recognized that CHD and stroke have familial components. Information about the longevity of siblings will provide data that can be used in statistical analysis to take into account (adjust for) this familial component.
- 1.6 Women Gynecological History - It has been suggested that gynecological history (e.g. reproductive history, use of exogenous hormones) is related to a woman's risk of cardiovascular disease, and in particular, that the use of post-menopausal replacement estrogens may reduce the risk of CHD.

### **2 Definitions**

None

### 3 **Methods**

- 3.1 The Personal History Form is a self-administered questionnaire which is left with the CHS Participant at the end of the Home Visit. The participant is asked to complete the form and bring the completed questionnaire to the Clinic Visit.

When an interviewer perceives that the participant will not be able to complete the self-administered form, the form(s) should be administered by an interviewer in the home or in the clinic.

- 3.2 During the Clinic Visit a CHS Interviewer reviews the form to identify any questions which were not answered, were marked in an unclear fashion, or were skipped inappropriately. (Participant need not be present during the review.)

When inconsistencies or errors are noted the CHS Interviewer discusses these questions with the participant to determine the correct response(s).

- 3.3 If a participant fails to bring a completed questionnaire to the clinic Visit, another copy of the form will be given to the participant and time allocated for completion of the form.
- 3.4 When the participant is unable to complete the questionnaire, a CHS Interviewer will administer the questionnaire.
- 3.5 The following guidelines are provided to assist the interviewer and/or analyst regarding the interpretation on the codes.

#### Questions 1 to 3 - Weight

The weight history questions are designed to identify major shifts in the participant's weight over the past year as well as normal weight at various periods in participant's life.

- O    Q 1    -    In the last year, have you gained or lost more than 10 lbs?
- !        Code "1 - Yes, lost" when the participant reports weight loss of 10 pounds or more during the prior year.
- !        Code "2 - Yes, gained" when the participant reports weight gain of 10 pounds or more during the prior year.
- !        Code "3 - Yes, gained and lost" when the participant reports both a weight loss and a weight gain of 10 pounds or more during the prior year.
- !        Code "4 - No change" when the participant reports no weight change during the prior year.

- ! Code "9 - Don't know" when the participant does not know if s/he had a weight change during the prior year.
- O If Question 1 is coded "4 - No change" or "9 - Don't know", skip to Question 2.
- O If Question 1 is coded "1 - Yes, lost", "2 - Yes, gained" or "3 - Yes, gained and lost", ask questions 1a through 1c.
  - O Q 1a - Was a diet for the purpose of losing/gaining weight a major factor in your weight gain/loss?
  - O Q 1b - Was surgery, illness or medication a major factor in your weight gain/loss?
  - O Q 1c - Was exercise a major factor in your weight gain/loss?
  - O Valid codes for Questions 1a through 1c are:
    - ! Code "1 - Yes" when the item described was a major factor in the weight gain/loss.
    - ! Code "0 - No" when the item described was not a major factor in the weight gain/loss.
    - ! Code "9 - Don't know" when the participant does not know whether the issue was a major factor in the weight gain/loss.
- O Q 2 What was your usual weight at age 50?
  - ! Code the participant's usual weight in pounds, rounded to the nearest pound.
  - ! When an exact weight is unknown, code an estimate.
- O Q 3 In your early teens (11-14 years), were you heavier than average, about average or thinner than average?
  - ! Code "1 - Heavier than average" when the participant reports their average early teen weight was heavier (higher) than the average.
  - ! Code "2 - About average" when the participant reports their average early teen weight was about average.
  - ! Code "3 - Thinner than average" when the participant reports their average early teen weight was thinner (lower) than the average.

! Code "9 - Don't know" when the participant does not know their usual early teen weight.

### 3.6 Questions 4 to 9 - Smoking

O Q 4 Have you smoked more than 100 cigarettes or 5 packs of cigarettes in your lifetime?

O Q 5 Have you smoked cigarettes during the last 30 days?

! Code "1 - Yes" when the participant indicates the event did occur.

! Code "0 - No" when the participant indicates the event did not occur.

! Code "9 - Don't know" when the participant did not know.

O Q 6 How old were you when you first started to smoke cigarettes?

O Q 7 If you have stopped smoking cigarettes completely, how old were you when you stopped?

! Record the age when the participant discontinued smoking cigarettes.

! When the exact age is not known an estimate must be made.

O Q 8 On the average of the entire time you smoked, how many cigarettes did you smoke per day?

! Record the average number of cigarettes per day the participant regularly smoked.

! When an exact number is unknown, an estimate must be made.

O Q 9 Does anyone living with you smoke cigarettes regularly?

! Code "1 - Yes" when the participant or someone they live with is a smoker.

! Code "0 - No" when the participant is a non-smoker, and no one living in his/her home is a smoker.

! Code "9 - Don't know" when the participant does not know.

### 3.7 Questions 10 to 13 - Sleep

O Q 10 Are you usually sleepy in the daytime?

O Q 11 Do you feel groggy and unrefreshed for more than a half hour after

- waking up in the morning?
- O Q 12 Has your spouse or roommate complained about your loud snoring?
- O Q 13 Has anyone observed you while sleeping to have episodes where you stop breathing for awhile and then snore or snort loudly?
- O Q 14 Do you usually have trouble falling asleep?
- O Q 15 Do you usually wake up several times at night?
- O Q 16 Do you usually have trouble staying asleep including waking up far too early?

! Code "1 - Yes" when the participant indicates the event did occur.

! Code "0 - No" when the participant indicates the event did not occur.

! Code "9 - Don't know" when the participant did not know.

### 3.8 Questions 17 to 20 - Vision

- O Introductory script: The next few questions are about your vision and hearing.

Can you see well enough (with glasses if needed) to:

- O Q 17 Drive?
- O Q 18 Watch TV?
- O Q 19 Recognize someone across the room?
- O Q 20 Read the newspaper?

! Code "1 - Yes" when the participant reports that his/her vision is sufficient to allow them to accomplish the task.

! Code "0 - No" when the participant reports that his/her vision is insufficient to allow them to accomplish the task.

! Code "9 - Don't know" when the participant does not know.

### 3.9 Questions 21 to 23 - Hearing

- O Introductory script: Can you hear well enough (with hearing aid if needed) to:

- O Q 21 Use the telephone?
- O Q 22 Listen to a radio?
- O Q 23 Carry on a conversation?

! Code "1 - Yes" when the participant reports that his/her hearing is sufficient to allow them to accomplish the task.

! Code "0 - No" when the participant reports that his/her hearing is sufficient to allow them to accomplish the task.

! Code "9 - Don't know" when the participant does not know.

### 3.10 Questions 24 to 28 - Family Longevity

O Introductory script: The next questions are about your brothers and sisters.

Q 24 Please tell me the names of all your brothers, then all your sisters including those who have died or with whom you have lost touch.

! Record the name of each brother and sister.

! Record the gender:  
M - Male  
F - Female

O After all brothers and sisters are recorded, ask the following set of questions for each sibling.

Q 25 Please tell me the year of birth for (SIBLING'S NAME).

! Record the birth year using four digit year.

! If the exact year is unknown, an estimate must be made.

Q 26 Is (SIBLING'S NAME) still alive?

! If yes, code "1 - Yes"

! If no:

Q 26a Please tell me (SIBLING'S NAME) age at death.

! Record the age of death.

! If the exact age is unknown, an estimate must be made.

! Code "9 - Don't know" when the participant was unable to respond.

Q 27 Has (SIBLING'S NAME) ever had a heart attack?

! If no, code "N".

! If yes:

Q27a Please tell me the age at first heart attack for (SIBLING'S NAME).

! Record the age of death.

! If the exact age is unknown, an estimate must be made.

! Code "9 - Don't know" when the participant was unable to respond.

Q 28 Has (SIBLING'S NAME) ever had a stroke?

! If no, code "N".

! If yes:

Q28a Please tell me the age at first stroke for (SIBLING'S NAME).

! Record the age of death.

! If the exact age is unknown, an estimate must be made.

! Code "9 - Don't know" when the participant was unable to respond.

### 3.11 Questions 29 to 40 - Women Gynecological History

O Q 29 How many times have you been pregnant?

! Code the total number of pregnancies the participant has had.

NOTE: Total pregnancies include all live births, stillbirths, and miscarriages.

! Code "00" when the participant was never pregnant and skip to Question 30.

O Q 29a How many live births have you had?

! Code the total number of children the participant has had.

NOTE: Includes all live births; excludes stillbirths, miscarriages, adopted children.

O Q 30 How old were you at the time of your last natural menstrual period (menopause)?

- ! Code the participant's age when she had her last natural menstrual period.
- ! If the exact age is unknown, an estimate must be made.
- O Q 31 Have you ever had a hysterectomy, that is, surgery to remove your uterus or womb?
  - ! Code "1 - Yes" when the participant had a hysterectomy.
  - ! Code "0 - No" when the participant did not have a hysterectomy.
  - If "0 - No" skip to Q 33.
  - ! Code "9 - Don't know" when the participant does not know.
- O Q 31A If Q 31 yes: How old were you when you had this surgery?
  - ! Code the participant's age when she had her hysterectomy.
  - ! If the exact age is unknown, an estimate must be made.
- O Q 32 Have you ever had an ovary removed?
  - ! Code "1 - Yes" when the participant had an oophorectomy.
  - ! Code "0 - No" when the participant did not have an oophorectomy.
  - If "0 - No" skip to Q 36.
  - ! Code "9 - Don't know" when the participant does not know.
- O Q 32A How many ovaries were removed?
  - ! Code "1" when the participant had one ovary removed.
  - ! Code "2" when the participant had both ovaries removed.
  - ! Code "9" when the participant does not know how many ovaries were removed.
- O Q 32B At what age did you have this done?
  - ! Code the participant's age when she had her ovary(s) removed.
  - ! If the exact age is unknown, an estimate must be made.

- O Q 33 Have you ever taken Premarin for hot flashes or other symptoms of menopause?
  - ! Code "1 - Yes" when the participant reports use of Premarin for menopausal symptoms.
  - ! Code "0 - No" when the participant did not Premarin for menopausal symptoms.
  - ! Code "9 - Don't know" when the participant does not know.
- O Q 33A At what age did you start taking Premarin?
  - ! Code the participant's age when she started taking Premarin.
  - ! If the exact age is unknown, an estimate must be made.
- O Q 33B At what age did you stop taking Premarin?
  - ! Code the participant's age when she stopped taking Premarin.
  - ! If the exact age is unknown, an estimate must be made.
- O Q 34 Have you ever taken estrogens or female hormones other than Premarin for hot flashes or other symptoms of menopause?
  - ! Code "1 - Yes" when the participant reports use of supplementary hormones for menopausal symptoms.  
  
If yes, specify which hormones were taken.
  - ! Code "0 - No" when the participant did not use supplementary hormones for menopausal symptoms.
  - ! Code "9 - Don't know" when the participant does not know.