

Name:

ID #:

Affix Label Here

Cardiovascular Health Study

CMB # 0925-0334

Exp: 3/92

RECORD 39

MEDICAL HISTORY FORM

Second Follow-up Visit

Public reporting burden for this collection of information is estimated to average 20 minutes, including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden please send them to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201, Attention: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

- 1 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.

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

BED 139 DAYS

If you answered "0" please skip to Question 2, leaving the remainder of Question 1 blank.

- A. What illness or injury caused you to stay in bed? (Please check only one answer. If the reason isn't on this list, please check OTHER and write the reason why in the blank.)

☐

HEART ATTACK OR
HEART FAILURE

1

☐

CANCER

7

☐

DIABETES

2

☐

INJURY

8

☐

ARTHRITIS

3

☐

GENERAL FATIGUE OR
WEAKNESS, OLD AGE

9

☐

STROKE

4

☐

LUNG DISEASE, EMPHYSEMA
OR BRONCHITIS

10

☐

MENTAL ILLNESS

5

☐

OTHER, SPECIFY:

11

☐

COLD OR FLU

6

☐

DON'T KNOW

99

CAUSE 139

SPEC 139

The next set of questions have to do with diseases or procedures you may have had in the last six months. We are looking for changes in your health since we last contacted you.

- 2 Has a doctor told you that you had a new myocardial infarction or heart attack since we spoke with you on the phone about six months ago?

NEWMI39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 3, leaving the remainder of Question 2 blank.

- A. What was the doctor's name and address?

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

- B. Date of event or diagnosis:

mimo39 midA39 miYR39
_____/_____/_____
Month Day Year

- C. How many times altogether did you see a doctor for this condition over the last six months?

mimo39 times

- D. Were you in the hospital at least one night for this condition over the last six months?

MIHOSP39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 3, leaving the remainder of Question 2 blank.

- E. How many different times were you in the hospital for this condition?

miTime39 times

Name:

ID #:

Affix Label Here

- F. Please record the admission date of each hospitalization and the name and location of the hospital.

MI1MO39	MI1DA39	MI1YR39	Month	Day	Year	Hospital Name	City/State
MI2MO39	MI2DA39	MI2YR39	Month	Day	Year	Hospital Name	City/State
MI3MO39	MI3DA39	MI3YR39	Month	Day	Year	Hospital Name	City/State
MI4MO39	MI4DA39	MI4YR39	Month	Day	Year	Hospital Name	City/State

- G. How many days altogether were you hospitalized for this condition?

MI0DAY539days

- 3 Has a doctor told you that you had a new incident of angina pectoris or chest pain due to heart disease since we spoke with you on the phone about six months ago?

NEWANG39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 4, leaving the remainder of Question 3 blank.

- A. What was the doctor's name and address?

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

- B. Date of event or diagnosis:

ANGMO39/AUGDA39/ANGYR39
Month Day Year

- C. How many times altogether did you see a doctor for this condition over the last six months?

ANGMD39 times

- D. Were you in the hospital at least one night for this condition over the last six months?

ANHOSP39

☐

YES
1

☐

NO
0

☐

DON'T KNOW
9

If you answered NO or DON'T KNOW, please skip to Question 4, leaving the remainder of Question 3 blank.

- E. How many different times were you in the hospital for this condition?

ANTime39 times

- F. Please record the admission date of each hospitalization and the name and location of the hospital.

AN1MO39 / AN1DA39 / AN1YR39
Month Day Year

Hospital Name

City/State

AN2MO39 / AN2DA39 / AN2YR39
Month Day Year

Hospital Name

City/State

AN3MO39 / AN3DA39 / AN3YR39
Month Day Year

Hospital Name

City/State

AN4MO39 / AN4DA39 / AN4YR39
Month Day Year

Hospital Name

City/State

- G. How many days altogether were you hospitalized for this condition?

ANDAYS39 days

- 4 Has a doctor told you that you had a new incident of heart failure or congestive heart failure since we spoke with you on the phone about six months ago?

NEWCHF39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 5, leaving the remainder of Question 4 blank.

- A. What was the doctor's name and address?

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

- B. Date of event or diagnosis:

CHFMD39 / CHFDA39 / CHEYR39
Month Day Year

- C. How many times altogether did you see a doctor for this condition over the last six months?

CHFMD39 times

- D. Were you in the hospital at least one night for this condition over the last six months?

CHHOSP39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 5, leaving the remainder of Question 4 blank.

- E. How many different times were you in the hospital for this condition?

CHTIME39 times

F. Please record the admission date of each hospitalization and the name and location of the hospital.

CH1m039/CH1DA39/CH1YR39

Month Day Year Hospital Name City/State

CH2m039/CH2DA39/CH2YR39

Month Day Year Hospital Name City/State

CH3m039/CH3DA39/CH3YR39

Month Day Year Hospital Name City/State

CH4m039/CH4DA39/CH4YR39

Month Day Year Hospital Name City/State

G. How many days altogether were you hospitalized for this condition?

CHDAYS39days

5 Has a doctor told you that you had a new incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke to you on the phone about six months ago?

NEWCLD39

☐

YES

1

☐

NO

0

☐

DON'T KNOW

9

If you answered NO or DON'T KNOW, please skip to Question 6, leaving the remainder of Question 5 blank.

A. What was the doctor's name and address?

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

B. Date of event or diagnosis:

CLDm039/CLDDA39/CLDYR39
Month Day Year

- C. How many times altogether did you see a doctor for this condition over the last six months?

CLDMD39 times

- D. Were you in the hospital at least one night for this condition over the last six months?

CLHOSP39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 6, leaving the remainder of Question 5 blank.

- E. How many different times were you in the hospital for this condition?

CLTIME39 times

- F. Please record the admission date of each hospitalization and the name and location of the hospital.

<u>CL1MO39</u> Month	<u>CL1DA39</u> Day	<u>CL1YR39</u> Year	_____	_____
			Hospital Name	City/State
<u>CL2MO39</u> Month	<u>CL2DA39</u> Day	<u>CL2YR39</u> Year	_____	_____
			Hospital Name	City/State
<u>CL3MO39</u> Month	<u>CL3DA39</u> Day	<u>CL3YR39</u> Year	_____	_____
			Hospital Name	City/State
<u>CL4MO39</u> Month	<u>CL4DA39</u> Day	<u>CL4YR39</u> Year	_____	_____
			Hospital Name	City/State

- G. How many days altogether were you hospitalized for this condition?

CLDAYS39 days

- 6 Has a doctor told you that you had a new stroke or cerebrovascular accident since we spoke with you on the phone about six months ago?

NEWSTK39 ☐ YES ☐ NO ☐ DON'T KNOW
1 3 9

If you answered NO or DON'T KNOW, please skip to Question 7, leaving the remainder of Question 6 blank.

- A. What was the doctor's name and address?

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

- B. Date of event or diagnosis:

STKMO39 / STKDA39 / STKYR39
Month Day Year

- C. How many times altogether did you see a doctor for this condition over the last six months?

STKMO39 times

- D. Were you in the hospital at least one night for this condition over the last six months?

STHOSP39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 7, leaving the remainder of Question 6 blank.

- E. How many different times were you in the hospital for this condition?

STTime39 times

Name:
ID #:

Affix Label Here

- F. Please record the admission date of each hospitalization and the name and location of the hospital.

ST1MO39	ST1DA39	ST1YR39	_____	_____
Month	Day	Year	Hospital Name	City/State
ST2MO39	ST2DA39	ST2YR39	_____	_____
Month	Day	Year	Hospital Name	City/State
ST3MO39	ST3DA39	ST3YR39	_____	_____
Month	Day	Year	Hospital Name	City/State
ST4MO39	ST4DA39	ST4YR39	_____	_____
Month	Day	Year	Hospital Name	City/State

- G. How many days altogether were you hospitalized for this condition?

ST DAYS39 days

- 7 Has a doctor told you that you had a new transient ischemic attack or TIA or silent stroke since we spoke to you on the phone about six months ago?

NEWTIA39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 8, leaving the remainder of Question 7 blank.

- A. What was the doctor's name and address?

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

- B. Date of event or diagnosis:

Ti1MO39 Ti1DA39 Ti1YR39
Month Day Year

- C. How many times altogether did you see a doctor for this condition over the last six months?

TIAM039 times

- D. Were you in the hospital at least one night for this condition over the last six months?

TIHOSP39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 8, leaving the remainder of Question 7 blank.

- E. How many different times were you in the hospital for this condition?

TIIM539 times

- F. Please record the admission date of each hospitalization and the name and location of the hospital.

<u>TI1M039</u> Month	<u>TI1DA39</u> Day	<u>TI1YR39</u> Year	Hospital Name	City/State
<u>TI2M039</u> Month	<u>TI2DA39</u> Day	<u>TI2YR39</u> Year	Hospital Name	City/State
<u>TI3M039</u> Month	<u>TI3DA39</u> Day	<u>TI3YR39</u> Year	Hospital Name	City/State
<u>TI4M039</u> Month	<u>TI4DA39</u> Day	<u>TI4YR39</u> Year	Hospital Name	City/State

- G. How many days altogether were you hospitalized for this condition?

TIIDAYS39 days

Name:

ID #:

Affix Label Here

- 8 Have you stayed overnight as a patient in a hospital for any other reasons (not reported in Questions 2-7) since we spoke to you on the phone about six months ago?

ADMIT 39

☐

YES

1

☐

NO

0

If you answered NO, please skip to Question 9, leaving the remainder of Question 10 blank. If you answered YES, record the reason you were admitted, the name of the hospital and the month and year you were a patient for EACH time you stayed overnight in the hospital.

1. REASON FOR ADMISSION: RS HOS 139
HOSPITAL NAME: _____
CITY: _____ STATE: _____
DATE OF HOSPITALIZATION: MOHOS139 / DAHOS139 / YRHOS139
Month Day Year
2. REASON FOR ADMISSION: RS HOS 239
HOSPITAL NAME: _____
CITY: _____ STATE: _____
DATE OF HOSPITALIZATION: MOHOS239 / DAHOS239 / YRHOS239
Month Day Year
3. REASON FOR ADMISSION: RS HOS 339
HOSPITAL NAME: _____
CITY: _____ STATE: _____
DATE OF HOSPITALIZATION: MOHOS339 / DAHOS339 / YRHOS339
Month Day Year
4. REASON FOR ADMISSION: RS HOS 439
HOSPITAL NAME: _____
CITY: _____ STATE: _____
DATE OF HOSPITALIZATION: MOHOS439 / DAHOS439 / YRHOS439
Month Day Year
5. REASON FOR ADMISSION: RS HOS 539
HOSPITAL NAME: _____
CITY: _____ STATE: _____
DATE OF HOSPITALIZATION: MOHOS539 / DAHOS539 / YRHOS539
Month Day Year

- 9 Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke to you on the phone about six months ago?

NURSHm39 ☐ YES ☐ NO
1 0

If you answered NO, please skip to Question 10, leaving the remainder of Question 9 blank. If you answered YES, record the reason you were admitted, the name of the nursing home or rehabilitation center and the month and year you were a patient for EACH time you stayed overnight in the nursing home or rehabilitation center.

1. REASON FOR ADMISSION: RSNUR139
NAME OF PLACE: _____
CITY: _____ STATE: _____
DATE OF HOSPITALIZATION: MONUR139 / DANUR139 / YRNUR139
Month Day Year
2. REASON FOR ADMISSION: RSNUR239
NAME OF PLACE: _____
CITY: _____ STATE: _____
DATE OF HOSPITALIZATION: MONUR239 / DANUR239 / YRNUR239
Month Day Year
3. REASON FOR ADMISSION: RSNUR339
NAME OF PLACE: _____
CITY: _____ STATE: _____
DATE OF HOSPITALIZATION: MONUR339 / DANUR339 / YRNUR339
Month Day Year
4. REASON FOR ADMISSION: RSNUR439
NAME OF PLACE: _____
CITY: _____ STATE: _____
DATE OF HOSPITALIZATION: MONUR439 / DANUR439 / YRNUR439
Month Day Year
5. REASON FOR ADMISSION: RSNUR539
NAME OF PLACE: _____
CITY: _____ STATE: _____
DATE OF HOSPITALIZATION: MONUR539 / DANUR539 / YRNUR539
Month Day Year

- 10 Has a doctor told you that you have high blood pressure since we saw you last year?

BP39

☐

YES

1

☐

NO

0

☐

DON'T KNOW

9

- 11 Has a doctor told you that you had diabetes since we saw you last year?

DIABET39

☐

YES

1

☐

NO

0

☐

DON'T KNOW

9

- 12 Have you ever had any pain or discomfort in your chest?

CHSTPN39

☐

YES

1

☐

NO

0

If you answered NO, please skip to Question 13, leaving the remainder of Question 12 blank.

- A. Do you get it when you walk uphill or hurry?

HURRY39

☐

YES

1

☐

NO

0

☐NEVER HURRY OR
9 WALK UPHILL

If you answered NO or NEVER HURRY OR WALK UPHILL, please skip to Question 12H, leaving parts B through G of Question 12 blank.

- B. Do you get it when you walk at an ordinary pace on the level?

ORDPAC39

☐

YES

1

☐

NO

0

- C. What do you do if you get it while you are walking?

TOD039

☐STOP OR SLOW DOWN, OR CONTINUE AT SAME
1 PACE AFTER TAKING NITROGLYCERINE☐

CONTINUE AT SAME PACE

2

- D. If you stand still, what happens to it?

STDSTL39

☐RELIEVED IN 10 MINUTES
1 OR LESS☐TAKES LONGER THAN 10 MINUTES
2 TO BE RELIEVED☐

NOT RELIEVED

3

☐

DON'T KNOW

9

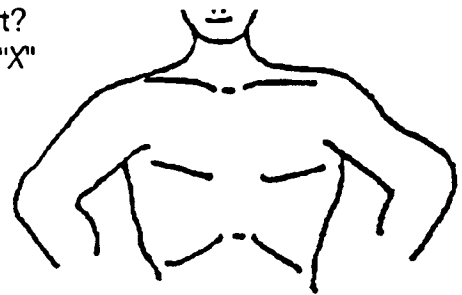
E. Where do you get this pain or discomfort?
 1 = STERNU39 Mark the place or places with an "X"
 2 = STERNL39 on the diagram :

3 = CHEST39
 4 = ARM39
 5 = OTHER39

For CHS Field Center Use Only:

Codes: 1 2 3 4 5 (1, 2, or 3 & 4)

Other, specify: SPECW



F. Have you had this pain in the past two weeks?

PASTWK39 ☐ YES ☐ NO
 1 0

If yes, how many times in the past two weeks have you had this pain?

PAINNO39 3 times

G. Has there been an increase in the frequency or severity in the past two weeks?

SEVER39 ☐ YES ☐ NO
 1 0

H. Have you seen a doctor about this pain?

PAIND39 ☐ YES ☐ NO
 1 0

I. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

CHTPN39 ☐ YES ☐ NO
 1 0

If you answered NO, please skip to Question 13, leaving the remainder of Question 12 blank.

J. Did you see a doctor because of this pain?

CHTDR39 ☐ YES ☐ NO
 1 0

K. If you saw a doctor, what did your doctor say it was?

CHTDRS39 ☐ ANGINA
 1
☐ HEART ATTACK
 2

☐ OTHER
 3

SPECIFY: SPECCP39

- 13 Have you had to sleep on 2 or more pillows to help you breathe since we saw you last year?

PILLOW39 ☐ YES ☐ NO
1 0

- 14 Have you been awakened at night by trouble breathing since we saw you last year?

AWAKEN39 ☐ YES ☐ NO
1 0

- 15 Have you had swelling of your feet or ankles since we saw you last year?

SWELL39 ☐ YES ☐ NO
1 0

If you answered NO, please skip to Question 16, leaving the remainder of Question 15 blank.

- A. Did it tend to come on during the day and go down overnight?

CMDAY39 ☐ YES ☐ NO
1 0

- 16 Do you get pain in either leg while walking?

LEGWLK39 ☐ YES ☐ NO
1 0

If you answered NO, please skip to Question 17, leaving the remainder of Question 16 blank.

- A. Does this pain ever begin when you are standing still or sitting?

SIT39 ☐ YES ☐ NO
1 0

- B. Do you get this pain in your calf or calves?

CALF39 ☐ YES ☐ NO
1 0

- C. Do you get it when you walk uphill or hurry?

WLKHR39 ☐ YES ☐ NO ☐ NEVER HURRY OR
1 0 9 WALK UPHILL

D. Do you get it when you walk at an ordinary pace on the level?

LEGPC39 ☐ YES ☐ NO
1 0

E. Does this pain ever disappear while you are walking?

LGDIS39 ☐ YES ☐ NO
1 0

F. What do you do if you get it while you are walking?

LEGDO39 ☐ STOP OR SLOW DOWN
1
☐ CONTINUE AT SAME PACE
2

G. What happens to it if you stand still?

LEGSTD39 ☐ RELIEVED IN 10 MINUTES
1 OR LESS
☐ TAKES LONGER THAN 10 MINUTES
2 TO BE RELIEVED
☐ NOT RELIEVED
3
☐ DON'T KNOW
9

H. How far can you walk before getting this pain?

FARWLK39 ☐ LESS THAN ONE BLOCK
1

(if more than one block):

_____ number of blocks

17 Do you get short of breath...

A. While resting in a chair?

BRTCHR39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

B. When walking on level ground?

BRTLVL39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

C. When walking quickly or uphill?

BRTQIK39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

D. With light physical activity, such as walking down a flight of stairs, dressing or showering without stopping, cleaning windows, stripping and making the bed, mopping floors, hanging washed clothes, pushing a power lawn mower, bowling, or playing golf (walk and carry clubs)?

BRTLTL39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

E. With moderate physical activity, such as carrying anything up a flight of stairs without stopping, dancing a foxtrot, gardening, raking, weeding, having sexual intercourse, or walking 4 miles an hour over level ground?

BRTMOD39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

F. With strenuous physical activity, such as doing outdoor work (shoveling snow, spading soil), playing squash or handball, jogging or walking 5 miles an hour, or carrying objects that weigh at least 80 pounds?

BRTSTR39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

18 Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

BRTSHT39 ☐ YES ☐ NO
1 0

If you answered NO, please skip to the end of the form, leaving the remainder of Question 18 blank.

A. Do you have to walk slower than people of your age on the level because of breathlessness?

BRTWLK39 ☐ YES ☐ NO
1 0

B. Do you ever have to stop for breath when walking at your own pace on the level?

BRTSTP39 ☐ YES ☐ NO
1 0

C. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?

BRTHRD39 ☐ YES ☐ NO
1 0

D. Are you ever too breathless to leave the house, or do you become breathless when dressing or undressing?

BRTDRS39 ☐ YES ☐ NO
1 0

Thank you for your participation in the Cardiovascular Health Study.

Be sure to bring this form, the Personal History Form and your medications with you when you come for your examination.

For CHS Field Center Use Only:

☐ Self-administered ☐ Interviewer-administered

Interviewer
or Reviewer: _____

Date: _____
MO DA YR

Name:
ID #:

Affix Label Here

Cardiovascular Health Study

RECORD 39

OMB # 0925-0334
Exp: 3/92

PERSONAL HISTORY FORM
Second Follow-up Visit

Public reporting burden for this collection of information is estimated to average 10 minutes, including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden please send them to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201, Attention: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

1 Have you smoked cigarettes during the last 30 days?

SmK3039 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 2, leaving the remainder of Question 1 blank.

A. On average, how many cigarettes do you usually smoke per day?

NUMCIG39 CIGARETTES

2 If you previously smoked cigarettes, have you stopped smoking during the last year?

☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

SmKQIT39

3 Does anyone living with you smoke cigarettes regularly?

☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

SmKLIV39

- 4 Have you ever lived for at least one year in the same household with someone (including a parent or spouse) who smoked cigarettes regularly?

☐

YES
1

☐

NO
0

☐

DON'T KNOW
9

SMK139

If you answered NO or DON'T KNOW, please skip to Question 5, leaving the remainder of Question 4 blank.

- A. For how many years in total have you lived with someone who smoked cigarettes regularly?

SMK439 YEARS

- B. During what time periods in your life were you living with a regular smoker?

As a child/teenager

CHILD39

☐

YES
1

☐

NO
0

☐

DON'T KNOW
9

Between the ages of 20 to 50

ADULT39

☐

YES
1

☐

NO
0

☐

DON'T KNOW
9

After age 50

OLDER39

☐

YES
1

☐

NO
0

☐

DON'T KNOW
9

- 5 Do you ever use snuff or smokeless tobacco?

☐

YES
1

☐

NO
0

☐

DON'T KNOW
9

SNUFF39

- 6 Do you ever drink beer?

BEER39

☐

YES
1

☐

NO
0

☐

DON'T KNOW
9

If you answered NO or DON'T KNOW, please skip to Question 7, leaving the remainder of Question 6 blank.

- A. About how often do you drink beer?

☐

DAILY
1

☐

YEARLY
4

BEERF39

☐

WEEKLY
2

☐

RARELY/NEVER
9

☐

MONTHLY
3

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

BEERN39 CANS OR BOTTLES

Name:
ID #:

Affix Label Here

7 Do you ever drink wine?

WINE39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 8, leaving the remainder of Question 7 blank.

A. About how often do you drink wine?

WINEF39 ☐ DAILY ☐ YEARLY
1 4
☐ WEEKLY ☐ RARELY/NEVER
2 9
☐ MONTHLY
3

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

WINE39 _____ SERVINGS

8 Do you ever drink liquor?

LIQUOR39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 9, leaving the remainder of Question 8 blank.

A. About how often do you drink liquor?

LIQUOF39 ☐ DAILY ☐ YEARLY
1 4
☐ WEEKLY ☐ RARELY/NEVER
2 9
☐ MONTHLY
3

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

LIQUON39 _____ SERVINGS

- 9 During the past two weeks, have you taken a multiple vitamin or other vitamin supplements?

VITAM39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 14, leaving Questions 10-13 blank.

- 10 Did you take a multiple vitamin?

MULTI39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 11, leaving the remainder of Question 10 blank.

- A. On about how many days during the last two weeks did you take this vitamin?

M DAYS39 DAYS

- 11 Did you take Vitamin A or beta-carotene (other than Vitamin A or beta-carotene contained in a multiple vitamin)?

VITA39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 12, leaving the remainder of Question 11 blank.

- A. On about how many days during the last two weeks did you take this vitamin?

A DAYS39 DAYS

- 12 Did you take Vitamin C (other than Vitamin C contained in a multiple vitamin)?

VITC39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 13, leaving the remainder of Question 12 blank.

- A. On about how many days during the last two weeks did you take this vitamin?

C DAYS39 DAYS

- 13 Did you take Vitamin E (other than Vitamin E contained in a multiple vitamin)?

VITE39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 14, leaving the remainder of Question 13 blank.

- A. On about how many days during the last two weeks did you take this vitamin?

E DAYS39 DAYS

Name:
ID #:

Affix Label Here

- 14 Think about the walking you do outside your home. During the last week, about how many city blocks or miles did you walk?

BLOCK 39

BLOCKS

☐

OR

MILES

☐

- 15 When you walk outside your home, what is your usual pace?

PACE 39

☐

NO WALKING AT ALL

0

☐

CASUAL STROLLING (0 TO 2 MILES PER HOUR)

1

☐

AVERAGE OR NORMAL (2 TO 3 MILES PER HOUR)

2

☐

FAIRLY BRISKLY (3 TO 4 MILES PER HOUR)

3

☐

BRISK OR STRIDING (GREATER THAN 4 MPH)

4

☐

DON'T KNOW

9

- 16 Think about how often you use stairs. Include stairs inside and outside your home, and stairs at other places. In the last week, about how many flights of stairs did you climb up?

STAIR 39 FLIGHTS OF STAIRS

- 17 How would you describe your level of physical activity since we saw you last year?

LEVEL 39

☐

A LOT LESS ACTIVE

1

☐

A LITTLE LESS ACTIVE

2

☐

ABOUT AS ACTIVE

3

☐

A LITTLE MORE ACTIVE

4

☐

A LOT MORE ACTIVE

5

☐

DON'T KNOW

9

- 18 In a usual 24-hour period, how many hours do you spend seated or lying down? Include time spent sleeping.

LIE 39 HOURS

- 19 Are you usually sleepy in the daytime? (Do not include taking a regular daily nap as "feeling sleepy.")

SLEEPY 39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

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

GROGGY 39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

- 21 Has your spouse or roommate complained about your loud snoring?

SNORE 39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

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

APNEA 39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

- 23 Do you usually have trouble falling asleep?

INSOMN 39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

- 24 Do you usually wake up several times at night?

WAKE 39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

- 25 Do you usually wake up far too early?

EARLY 39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

- 26 Can you see well enough (with glasses if needed) to drive?

DRIVE 39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

- 27 Can you see well enough (with glasses if needed) to watch TV?

TV 38 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

28 Can you see well enough (with glasses if needed) to recognize someone across the room?

RECOGN39 ☐ YES ₁ ☐ NO ₀ ☐ DON'T KNOW ₉

29 Can you see well enough (with glasses if needed) to read the newspaper?

READ39 ☐ YES ₁ ☐ NO ₀ ☐ DON'T KNOW ₉

30 Can you hear well enough (with a hearing aid if necessary) to use the telephone?

TELE39 ☐ YES ₁ ☐ NO ₀ ☐ DON'T KNOW ₉

31 Can you hear well enough (with a hearing aid if necessary) to listen to a radio?

RADIO39 ☐ YES ₁ ☐ NO ₀ ☐ DON'T KNOW ₉

32 Can you hear well enough (with a hearing aid if necessary) to carry on a conversation in a crowded room?

CONVER39 ☐ YES ₁ ☐ NO ₀ ☐ DON'T KNOW ₉

33 Is your natural mother still living?

MOTHER39 ☐ YES ₁ ☐ NO ₀ ☐ DON'T KNOW ₉

If YES, how old is she?

MAGE39 YEARS OLD

If NO, how old was she when she died?

MDIE39 YEARS OLD

34 Is your natural father still living?

FATHER39 ☐ YES ₁ ☐ NO ₀ ☐ DON'T KNOW ₉

If YES, how old is he?

FAGE39 YEARS OLD

If NO, how old was he when he died?

FDIE39 YEARS OLD

The remainder of this form is to be completed by WOMEN ONLY. Men, thank you for your participation in the Cardiovascular Health Study. Be sure to bring this packet with you when you come for your examination.

WOMEN ONLY: Women sometimes take female hormones after menopause. They may be taken for a variety of reasons, including hot flashes or other symptoms of menopause and sometimes for the prevention of bone loss in women. These hormones are usually estrogens such as Premarin (conjugated estrogens), Estrace (estradiol) or Ogen (estrace). Sometimes women take progestins such as Provera (medoxyprogesterone) or Norlutate (norethindrone). We are interested in whether you are currently using or did use these hormones for any reason.

- 35 Are you currently taking estrogens such as Premarin, Estrace, Ogen or any other estrogen?

ESTROC39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 36, leaving the remainder of Question 35 blank.

- A. How many days per month do you take estrogen?

EC DAY39 DAYS

- B. For how long have you been taking estrogen?

____ YEARS EC MO39 MONTHS

- C. Why are you taking estrogen?

ECHOTF39	TO PREVENT HOT FLASHES	<input type="checkbox"/> YES 1	<input type="checkbox"/> NO 0	<input type="checkbox"/> DON'T KNOW 9
EC SX39	TO PREVENT OTHER POSTMENOPAUSAL SYMPTOMS	<input type="checkbox"/> YES 1	<input type="checkbox"/> NO 0	<input type="checkbox"/> DON'T KNOW 9
ECOSTE39	TO PREVENT OSTEOPOROSIS OR BONE LOSS	<input type="checkbox"/> YES 1	<input type="checkbox"/> NO 0	<input type="checkbox"/> DON'T KNOW 9
ECCHD39	TO PREVENT HEART DISEASE	<input type="checkbox"/> YES 1	<input type="checkbox"/> NO 0	<input type="checkbox"/> DON'T KNOW 9
ECOTH39	FOR OTHER REASONS	<input type="checkbox"/> YES 1	<input type="checkbox"/> NO 0	<input type="checkbox"/> DON'T KNOW 9

If OTHER REASONS, please specify: ECOSP39

If you are currently taking estrogens, please skip to Question 37, leaving Question 36 blank.

36 If you are NOT currently taking estrogens such as Premarin, Estrace, Ogen or any other estrogen, have you taken estrogen in the past?

ESTROP39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 37, leaving the remainder of Question 36 blank.

A. How many days per month did you take estrogen?

EP DAY39 DAYS

B. When did you stop? (State year OR age when stopped)

19 EYR39- OR EAGE39 YEARS OLD

C. For how long did you take estrogen?

EPm039
____ YEARS ____ MONTHS

D. Why did you take estrogen?

EPHOTF39 TO PREVENT HOT FLASHES ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

EPSX39 TO PREVENT OTHER POSTMENOPAUSAL SYMPTOMS ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

EPOSTE39 TO PREVENT OSTEOPOROSIS OR BONE LOSS ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

EPCHD39 TO PREVENT HEART DISEASE ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

EPOTH39 FOR OTHER REASONS ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If OTHER REASONS, please specify: EPOBPC39

37 Are you currently taking progestins such as Provera or Norlutate?

PROGC39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to Question 38, leaving the remainder of Question 37 blank.

A. How many days per month do you take progestin?

PCDAY39 DAYS

B. For how long have you been taking progestin?

PCMO39
____ YEARS ____ MONTHS

If you are currently taking progestins, please skip to the end of the form.

38 If you are NOT currently taking progestins such as Provera or Norlutate, have you taken progestin in the past?

PROGP39 ☐ YES ☐ NO ☐ DON'T KNOW
1 0 9

If you answered NO or DON'T KNOW, please skip to the end of the form.

A. How many days per month did you take progestin?

PPDAY39 DAYS

B. When did you stop? (State year OR age when stopped)

19 PYR39 OR PAGE39 YEARS OLD

C. For how long did you take progestin?

PPMO39
____ YEARS ____ MONTHS

Thank you again for your participation in the Cardiovascular Health Study.

Be sure to bring this form, the Medical History Form and your medications with you when you come for your examination.

For CHS Field Center Use Only:

Interviewer: INTID39 Date: INTDAT39
MO DA YR