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: SPEC 139
- [ ] COLD OR FLU 6
- [ ] DON'T KNOW 99
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

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?
   mimd39 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.
   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
F. Please record the admission date of each hospitalization and the name and location of the hospital.

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>Hospital Name</th>
<th>City/State</th>
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<tbody>
<tr>
<td>1/28/39</td>
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<td>3/19/39</td>
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<td>4/14/39</td>
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G. How many days altogether were you hospitalized for this condition?

<table>
<thead>
<tr>
<th>Days</th>
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<tbody>
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<td>28</td>
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</table>

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?

<table>
<thead>
<tr>
<th>NEWANG39</th>
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<tbody>
<tr>
<td>YES 1</td>
</tr>
<tr>
<td>NO 0</td>
</tr>
<tr>
<td>DON'T KNOW 9</td>
</tr>
</tbody>
</table>

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:

<table>
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<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
<tr>
<td>3/9/39</td>
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</tbody>
</table>
C. How many times altogether did you see a doctor for this condition over the last six months?

\text{AN}\text{IM}39\text{times}

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

\text{ANHOSP}\text{YES} \quad \text{NO} \quad \text{DON'T KNOW}

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?

\text{ANTI}\text{ME39times}

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

\text{ANJ}\text{M}\text{/ANJ}\text{U39}

Month Day Year Hospital Name City/State

\text{ANJ}\text{M}\text{D}\text{A39/ANJ}\text{U39}

Month Day Year Hospital Name City/State

\text{ANJ}\text{M}\text{D}\text{A39/ANJ}\text{U39}

Month Day Year Hospital Name City/State

\text{ANJ4}\text{M}\text{D}\text{A39/ANJ}\text{U439}

Month Day Year Hospital Name City/State

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

\text{ANDAV}\text{E39days}
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

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/CHBYR39
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?

CHHOSPP39 [ ] YES [ ] NO [ ] DON'T KNOW

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.

CH#M039/CH#0A39
Month Day Year Hospital Name City/State

CH#M039/CH#0A39
Month Day Year Hospital Name City/State

CH#M039/CH#0A39
Month Day Year Hospital Name City/State

CH#M039/CH#0A39
Month Day Year Hospital Name City/State

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

CH#DAYS39 days

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 □ NO □ DON'T KNOW

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:

CLD#M039/CLD#0A39
Month Day Year
C. How many times altogether did you see a doctor for this condition over the last six months?

\[ \text{CLDMO}_9 \text{ times} \]

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

\[ \text{CLHOSP}_9 \begin{array}{ccc} \boxed{1} & \boxed{0} & \boxed{9} \end{array} \]

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?

\[ \text{CLTIME}_9 \text{ times} \]

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

\[ \begin{array}{ccc}
\text{CLMO}_9 & / & \text{CLDAYS}_9 \\
\text{Month} & \text{Day} & \text{Year} & \text{Hospital Name} & \text{City/State} \\
\text{CLMO}_9 & / & \text{CLDAYS}_9 \\
\text{Month} & \text{Day} & \text{Year} & \text{Hospital Name} & \text{City/State} \\
\text{CLMO}_9 & / & \text{CLDAYS}_9 \\
\text{Month} & \text{Day} & \text{Year} & \text{Hospital Name} & \text{City/State} \\
\end{array} \]

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

\[ \text{CLDAYS}_9 \text{ days} \]
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?

NEWSTK.39 [ ] YES [ ] NO [ ] DON'T KNOW

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:
   STKMD.39/STK.DA.39/STK.YR.39
   Month  Day  Year

C. How many times altogether did you see a doctor for this condition over the last six months?
   STKMD.39 times

D. Were you in the hospital at least one night for this condition over the last six months?
   STHOSP.39 [ ] YES [ ] NO [ ] DON'T KNOW

   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?
   STTIME.39 times
F. Please record the admission date of each hospitalization and the name and location of the hospital.

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>Hospital Name</th>
<th>City/State</th>
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<tbody>
<tr>
<td>ST1mo39</td>
<td>ST1DA39</td>
<td>ST1yr39</td>
<td></td>
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<tr>
<td>ST2mo39</td>
<td>ST2DA39</td>
<td>ST2yr39</td>
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<td>ST3mo39</td>
<td>ST3DA39</td>
<td>ST3yr39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST4mo39</td>
<td>ST4DA39</td>
<td>ST4yr39</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

STDAY39 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

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:

TIAmo39/TIA DA39

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

[ ] times

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

[ ] YES [ ] NO [ ] DON'T KNOW

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?

[ ] times

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

[ ] / [ ] / [ ]

Month Day Year Hospital Name City/State

[ ] / [ ] / [ ]

Month Day Year Hospital Name City/State

[ ] / [ ] / [ ]

Month Day Year Hospital Name City/State

[ ] / [ ] / [ ]

Month Day Year Hospital Name City/State

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

[ ] days
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?

[ ] YES  [ ] NO

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: ___HOSPITAL NAME: ________________________
   CITY: ________________________ STATE: ________________________
   DATE OF HOSPITALIZATION: __________/
   __________/
   __________ Month Day Year

2. REASON FOR ADMISSION: ___HOSPITAL NAME: ________________________
   CITY: ________________________ STATE: ________________________
   DATE OF HOSPITALIZATION: __________/
   __________/
   __________ Month Day Year

3. REASON FOR ADMISSION: ___HOSPITAL NAME: ________________________
   CITY: ________________________ STATE: ________________________
   DATE OF HOSPITALIZATION: __________/
   __________/
   __________ Month Day Year

4. REASON FOR ADMISSION: ___HOSPITAL NAME: ________________________
   CITY: ________________________ STATE: ________________________
   DATE OF HOSPITALIZATION: __________/
   __________/
   __________ Month Day Year

5. REASON FOR ADMISSION: ___HOSPITAL NAME: ________________________
   CITY: ________________________ STATE: ________________________
   DATE OF HOSPITALIZATION: __________/
   __________/
   __________ Month Day Year
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?

YES ☐ NO ☐

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: ________________

2. REASON FOR ADMISSION: RSNUR239
   NAME OF PLACE: ________________________________
   CITY: ___________________________ STATE: ________________
   DATE OF HOSPITALIZATION: ________________

3. REASON FOR ADMISSION: RSNUR339
   NAME OF PLACE: ________________________________
   CITY: ___________________________ STATE: ________________
   DATE OF HOSPITALIZATION: ________________

4. REASON FOR ADMISSION: RSNUR439
   NAME OF PLACE: ________________________________
   CITY: ___________________________ STATE: ________________
   DATE OF HOSPITALIZATION: ________________

5. REASON FOR ADMISSION: RSNUR539
   NAME OF PLACE: ________________________________
   CITY: ___________________________ STATE: ________________
   DATE OF HOSPITALIZATION: ________________
10 Has a doctor told you that you have high blood pressure since we saw you last year?

BP39 YES ☐ NO ☐ DON'T KNOW ☐

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

DIABET39 YES ☐ NO ☐ DON'T KNOW ☐

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

CHESTPN39 YES ☐ NO ☐

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 ☐ NO ☐ NEVER HURRY OR 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 ☐ NO ☐

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

TODO39 STOP OR SLOW DOWN, OR CONTINUE AT SAME PACE AFTER TAKING NITROGLYCERINE ☐ CONTINUE AT SAME PACE ☐

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

STDDS39 RELIEVED IN 10 MINUTES OR LESS ☐ TAKES LONGER THAN 10 MINUTES TO BE RELIEVED ☐ NOT RELIEVED ☐ DON'T KNOW ☐
E. Where do you get this pain or discomfort?

1 = STERNUM
2 = STERNUM
3 = CHEST
4 = ARMS
5 = OTHER

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?

PASTWK

YES  NO

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

PAINNO

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

SEVERE

YES  NO

H. Have you seen a doctor about this pain?

PAIND

YES  NO

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

CHTPN

YES  NO

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?

CHTDR

YES  NO

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

   ANGINA

   HEART ATTACK

   OTHER

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

PILLOW39 [ ] YES [ ] NO

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

AWAKEN39 [ ] YES [ ] NO

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

SWELL39 [ ] YES [ ] NO

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

16 Do you get pain in either leg while walking?

LEGWALK39 [ ] YES [ ] NO

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

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

CALF39 [ ] YES [ ] NO

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

WLKHRU39 [ ] YES [ ] NO [ ] NEVER HURRY OR 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?

LGD1539 ☐ YES ☐ NO

1

0

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

☐ STOP OR SLOW DOWN

1

LEGDO39 ☐ CONTINUE AT SAME PACE

2

G. What happens to it if you stand still?

☐ RELIEVED IN 10 MINUTES OR LESS

1

TAKES LONGER THAN 10 MINUTES TO BE RELIEVED

2

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?
   
   [ ] YES  [ ] NO  [ ] DON'T KNOW

B. When walking on level ground?
   
   [ ] YES  [ ] NO  [ ] DON'T KNOW

C. When walking quickly or uphill?
   
   [ ] YES  [ ] NO  [ ] DON'T KNOW

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)?
   
   [ ] YES  [ ] NO  [ ] DON'T KNOW

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?
   
   [ ] YES  [ ] NO  [ ] DON'T KNOW

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?
   
   [ ] YES  [ ] NO  [ ] DON'T KNOW
Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

**BRTSHT89** □ YES □ NO

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?

**BRTWLK89** □ YES □ NO

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

**BRTSTP89** □ YES □ NO

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

**BRTHRD89** □ YES □ NO

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

**BRTDRS89** □ YES □ NO

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.
1. Have you smoked cigarettes during the last 30 days?

   Yes □ 1  No □ 0  Don't Know □ 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?

   Numc639 Cigarettes

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

   Yes □ 1  No □ 0  Don't Know □ 9

   Smkquit39

3. Does anyone living with you smoke cigarettes regularly?

   Yes □ 1  No □ 0  Don't Know □ 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  ☐ NO  ☐ DON'T KNOW

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?

☐ YES  ☐ NO  ☐ DON'T KNOW

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

As a child/teenager

☐ YES  ☐ NO  ☐ DON'T KNOW

Between the ages of 20 to 50

☐ YES  ☐ NO  ☐ DON'T KNOW

After age 50

☐ YES  ☐ NO  ☐ DON'T KNOW

5 Do you ever use snuff or smokeless tobacco?

☐ YES  ☐ NO  ☐ DON'T KNOW

6 Do you ever drink beer?

☐ YES  ☐ NO  ☐ DON'T KNOW

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 ☐ YEARLY

☐ WEEKLY ☐ RARELY/NEVER

☐ MONTHLY

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

☐ CAN OR BOTTLES
7  Do you ever drink wine?

**WINE39**

☐ YES  ☐ NO  ☐ DON'T KNOW

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?

☐ DAILY  ☐ YEARLY

**WINEF39**

☐ WEEKLY  ☐ RARELY/NEVER

☐ MONTHLY

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

**WINEQ39** SERVINGS

8  Do you ever drink liquor?

**LIQUOR39**

☐ YES  ☐ NO  ☐ DON'T KNOW

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?

☐ DAILY  ☐ YEARLY

**LIQUOF39**

☐ WEEKLY  ☐ RARELY/NEVER

☐ MONTHLY

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?

\[ \text{VITAM}39 \]

\[ \square \text{YES} \quad \square \text{NO} \quad \square \text{DON'T KNOW} \]

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?

\[ \text{MULTI39} \]

\[ \square \text{YES} \quad \square \text{NO} \quad \square \text{DON'T KNOW} \]

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?

\[ \text{M\_DAYS39} \]

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

\[ \text{VITA39} \]

\[ \square \text{YES} \quad \square \text{NO} \quad \square \text{DON'T KNOW} \]

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?

\[ \text{A\_DAYS39} \]

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

\[ \text{VITC39} \]

\[ \square \text{YES} \quad \square \text{NO} \quad \square \text{DON'T KNOW} \]

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?

\[ \text{C\_DAYS39} \]

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

\[ \text{VITE39} \]

\[ \square \text{YES} \quad \square \text{NO} \quad \square \text{DON'T KNOW} \]

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?

\[ \text{E\_DAYS39} \]
14 Think about the walking you do outside your home. During the last week, about how many city blocks or miles did you walk?

**BLOCKS** □

**MILES** □

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

□ NO WALKING AT ALL

□ CASUAL STROLLING (0 TO 2 MILES PER HOUR)

□ AVERAGE OR NORMAL (2 TO 3 MILES PER HOUR)

□ FAIRLY BRISKLY (3 TO 4 MILES PER HOUR)

□ BRISK OR STRIDING (GREATER THAN 4 MPH)

□ DON’T KNOW

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?

**STAIRS***

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

□ A LOT LESS ACTIVE

□ A LITTLE LESS ACTIVE

□ ABOUT AS ACTIVE

□ A LITTLE MORE ACTIVE

□ A LOT MORE ACTIVE

□ DON’T KNOW
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.")

**SLEEPY39** YES 1 NO 0 DON'T KNOW 9

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

**GROGGY39** YES 1 NO 0 DON'T KNOW 9

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

**SNORE39** YES 1 NO 0 DON'T KNOW 9

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

**APNEA39** YES 1 NO 0 DON'T KNOW 9

23 Do you usually have trouble falling asleep?

**INSOMN39** YES 1 NO 0 DON'T KNOW 9

24 Do you usually wake up several times at night?

**WAKE39** YES 1 NO 0 DON'T KNOW 9

25 Do you usually wake up far too early?

**EARLY39** YES 1 NO 0 DON'T KNOW 9

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

**DRIVE39** YES 1 NO 0 DON'T KNOW 9

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

**TV39** YES 1 NO 0 DON'T KNOW 9
28 Can you see well enough (with glasses if needed) to recognize someone across the room?

RECOGN39 □ YES □ NO □ DON'T KNOW

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

READ39 □ YES □ NO □ DON'T KNOW

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

TELE39 □ YES □ NO □ DON'T KNOW

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

RADIO39 □ YES □ NO □ DON'T KNOW

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

CONVER39 □ YES □ NO □ DON'T KNOW

33 Is your natural mother still living?

MOTHER39 □ YES □ NO □ DON'T KNOW

If YES, how old is she?

MAGE39 YEARS OLD

If NO, how old was she when she died?

MIDL39 YEARS OLD

34 Is your natural father still living?

FATHER39 □ YES □ NO □ DON'T KNOW

If YES, how old is he?

FAGE39 YEARS OLD

If NO, how old was he when he died?

FDL39 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?

\[
\begin{array}{ccc}
\text{YES} & \text{NO} & \text{DON'T KNOW} \\
1 & 0 & 9
\end{array}
\]

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?

ECHDAY39 DAYS

B. For how long have you been taking estrogen?

\[
\begin{array}{c}
\text{YEARS} \\
\text{MONTHS}
\end{array}
\]

C. Why are you taking estrogen?

\[
\begin{array}{ccc}
\text{YES} & \text{NO} & \text{DON'T KNOW} \\
1 & 0 & 9
\end{array}
\]

ECHOTF39 TO PREVENT HOT FLASHES

ECSTX39 TO PREVENT OTHER POSTMENOPAUSAL SYMPTOMS

ECOSTE39 TO PREVENT OSTEOPOROSIS OR BONE LOSS

ECHOD39 TO PREVENT HEART DISEASE

ECOTH39 FOR OTHER REASONS

If OTHER REASONS, please specify: ECO8PC39

If you are currently taking estrogens, please skip to Question 37, leaving Question 36 blank.
If you are NOT currently taking estrogens such as Premarin, Estrace, Ogen or any other estrogen, have you taken estrogen in the past?

ESTRO39 □ YES □ NO □ DON'T KNOW

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 BYR39 - OR ___ ___ YEARS OLD

C. For how long did you take estrogen?

EPm039

___ ___ YEARS ___ ___ MONTHS

D. Why did you take estrogen?

EPHTF39

TO PREVENT HOT FLASHES □ YES □ NO □ DON'T KNOW

1

EPSX39

TO PREVENT OTHER POSTMENOPAUSAL SYMPTOMS □ YES □ NO □ DON'T KNOW

1

EPOSTE39

TO PREVENT OSTEOPOROSIS OR BONE LOSS □ YES □ NO □ DON'T KNOW

1

EPCHD39

TO PREVENT HEART DISEASE □ YES □ NO □ DON'T KNOW

1

EPTH39

FOR OTHER REASONS □ YES □ NO □ DON'T KNOW

1

If OTHER REASONS, please specify: EPOSPC89

April 19, 1991, Form 08
Are you currently taking progestins such as Provera or Norlutate?

PROGC39  YES  NO  DON'T KNOW

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?

PPDAY39 DAYS

B. For how long have you been taking progestin?

PCCMO39

____ ___ YEARS  ____ ___ MONTHS

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

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

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: INTDATE39

April 19, 1991, Form 08