Cardiovascular Health Study

YEAR 11
MEDICAL HISTORY FORM

OMB #0925-0334 Exp: 7/99

Name
ID#:

1 Would you say, in general, your health is: HLTH1S9

☐ 1 EXCELLENT ☐ 3 GOOD ☐ 5 POOR

☐ 2 VERY GOOD ☐ 4 FAIR

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.) BED59

____ ____ **DAYS**

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? MEDST059

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

IF YES, please name: NAMST059

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

Continue to page 2

4 Has a doctor told you that you had a <u>new</u> myocardial infarction or heart attack since we spoke with you on the phone about six months ago? NEWMI59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 5 on page 3.**

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

Name _____

Address _____

City _____ State _____ Zip _____

B. Date of event or diagnosis: MIMO59 / MIDA59 / MIYR59
Month Day Year

C. How many times altogether did you see a doctor for this condition **since we last spoke to you?**

MIMO59 TIMES

D. Were you in the hospital at least one night for this condition since we last spoke to you?

MIHOSP59 ☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 5 on page 3.**

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

MITIME59 TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (Use another sheet of paper to list additional admissions.)

Date MIHMO59 / MIHDA59 / MIHYR59
Month Day Year

Name _____

Address _____

City _____ State _____ Zip _____

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

MIDAYS59 DAYS

5 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?

NEWANG59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 6 on page 4.**

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

Name _____

Address _____

City _____ State _____ Zip _____

B. Date of event or diagnosis: ANGMO59 / ANGDA59 / ANGYR59
Month Day Year

C. How many times altogether did you see a doctor for this condition **since we last spoke to you?**

ANGMD59 TIMES

D. Were you in the hospital at least one night for this condition **since we last spoke to you?**

ANGHOSP59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 6 on page 4.**

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

ANTIME59 TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (List additional admissions on an extra sheet of paper.)

Date: ANHMO59 / ANHDA59 / ANHYR59
Month Day Year

Name _____

Address _____

City _____ State _____ Zip _____

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

ANDAYS59 DAYS

6 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?

NEWCHF59

☐ 1 YES

☐ 0 NO

☐ 9 DON'T KNOW

→ **If NO or DON'T KNOW, Skip to Question 7 on page 5.**

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

Name _____

Address _____

City _____ State _____ Zip _____

B. Date of event or diagnosis: CHFMO59 / CHFDA59 / CHFYR59
Month Day Year

C. How many times altogether did you see a doctor for this condition **since we last spoke to you?**

CHFMO59 ____ TIMES

D. Were you in the hospital at least one night for this condition since we last spoke to you?

CHHOSP59

☐ 1 YES

☐ 0 NO

☐ 9 DON'T KNOW

→ **If NO or DON'T KNOW, Skip to Question 7 on page 5.**

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

CHTIME59 ____ TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (Use another sheet of paper to list additional admissions.)

Date: CHHMO59 / CHHDA59 / CHHYR59
Month Day Year

Name _____

Address _____

City _____ State _____ Zip _____

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

CHDAYS59 ____ DAYS

7 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? NEWCLO59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 8 on page 6.**

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

Name _____

Address _____

City _____ State _____ Zip _____

B. Date of event or diagnosis: CLDMO59 / CLDDA59 / CLDYR59 ____
Month Day Year

C. How many times altogether did you see a doctor for this condition **since we last spoke to you?**

CLDMO59 ____ TIMES

D. Were you in the hospital at least one night for this condition **since we last spoke to you?**

CLHOSP59 ☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 8 on page 6.**

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

CLTIME59 ____ TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (List additional admissions on an extra sheet of paper.)

Date CLHMO59 / CLHDA59 / CLHYR59 ____
Month Day Year

Name _____

Address _____

City _____ State _____ Zip _____

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

CLDAYS59 ____ DAYS

8 Has a doctor told you that you had a new stroke or cerebrovascular accident since we spoke to you on the phone about six months ago? NEWSTK59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 9 on page 7.**

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

Name _____

Address _____

City _____ State _____ Zip _____

B. Date of event or diagnosis: STKMO59 / STKDA59 / STKYR59 ___
Month Day Year

C. How many times altogether did you see a doctor for this condition **since we last spoke to you?**

STKMO59 ___ TIMES

D. Were you in the hospital at least one night for this condition since we last spoke to you?

STHOSP59

☐ 1 YES ☐ 0 NO → **If NO or DON'T KNOW, Skip to Question 9 on page 7.**

☐ 9 DON'T KNOW

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

STTIME59 ___ TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (Use another sheet of paper to list additional admissions.)

Date: STHMO59 / STHDA59 / STHYR59 ___
Month Day Year

Name _____

Address _____

City _____ State _____ Zip _____

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

STDAYS59 ___ DAYS

9 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? NEWTIA59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 10 on page 8.**

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

Name _____

Address _____

City _____ State _____ Zip _____

B. Date of event or diagnosis: TIAMO59 / TIADA59 / TIAYR59 ___
Month Day Year

C. How many times altogether did you see a doctor for this condition **since we last spoke to you?**

TIAMD59 ___ TIMES

D. Were you in the hospital at least one night for this condition **since we last spoke to you?**

TIHOSP59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 10 on page 8.**

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

TITIME59 ___ TIMES

F. Please record the admission date of each hospitalization and the name and location of the hospital. (List additional admissions on an extra sheet of paper.)

Date: TIHMO59 / TIHDA59 / TIHYR59 ___
Month Day Year

Name _____

Address _____

City _____ State _____ Zip _____

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

TIDAYS59 ___ DAYS

10 Have you stayed overnight as a patient in a hospital for <u>any other reasons</u> not reported in Questions 4 through 9 since we spoke to you on the phone about six months ago? HOSPTL59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 11.**

Please 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 a hospital. (Use another sheet of paper to list additional admissions.)

(1) Reason for admission RSHOS159

Hospital name _____

Address _____ City/ State _____

Date of hospitalization: MOHOS159 / DAHOS159 / YRHOS159 Length of stay: STHOS159 days
(Month) (Day) (Year)

(2) Reason for admission RSHOS259

Hospital name _____

Address _____ City/ State _____

Date of hospitalization: MOHOS259 / DAHOS259 / YRHOS259 Length of stay: STHOS259 days
Month Day Year

11 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? NURSHM59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 12 on page 9**

Please 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 a nursing home or rehabilitation center. (Use another sheet of paper to list additional admissions.)

(1) Reason for admission RSNURS59

Nursing home name _____

City _____ State _____

Date of admission: MONURS59 / DANURS59 / YRNURS59 Length of stay: STNURS59 days
Month Day Year

(2) Are you currently staying in a nursing home or rehabilitation center? CURNUR59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

12 Have you received any home health care in the past six months? HMHLTH59

☐ 1 YES ☐ 0 NO → **If NO or DON'T KNOW, Skip to Question 13.**

☐ 9 DON'T KNOW

A What type of care did you receive through home health care? (Check all that apply.)

Physical Therapy PT59	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
Occupational Therapy OT59	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
Nursing Care NURCAR59	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
Other Type of Care OTHCAR59	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW

If Other, please specify: CARSPC59

13 Have you had a flu shot since we saw you last year? FLUSH59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

14 Have you had a shot to prevent pneumonia, sometimes called pneumovax, since we saw you last year? PNEUSH59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

15 Did a doctor prescribe nitroglycerin for you since we saw you last year? NITRO59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

If YES, specify reason: NITSPC59

16 Have you had pneumonia since we saw you last year? PNEU59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

17 Have you had an attack of bronchitis since we saw you last year? BRONCH59

☐ 1 YES ☐ 0 NO → **If NO or DON'T KNOW, Skip to Question 18.**

☐ 9 DON'T KNOW

Was this confirmed by a doctor? BRNOR59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

18 Has a doctor ever told you that you had any of the following conditions or diseases; and if so, when were you FIRST told that you had the condition?

For each condition or disease listed below, please check the appropriate box as follows:

√ If a doctor has never told you that you had the condition, please mark "Never told."

√ If a doctor first told you DURING THE PAST YEAR that you had the condition, please mark "First told during the past year."

√ If a doctor first told you MORE THAN ONE YEAR AGO that you had the condition, please mark "First told more than one year ago."

		NEVER TOLD	FIRST TOLD DURING THE PAST YEAR	FIRST TOLD MORE THAN ONE YEAR AGO
HIBP59	A High blood pressure	☐ 0	☐ 1	☐ 2
ASTHMA59	B Asthma	☐ 0	☐ 1	☐ 2
AFIB59	C Atrial Fibrillation	☐ 0	☐ 1	☐ 2
THROMB59	D Deep vein thrombosis (or blood clots in legs)	☐ 0	☐ 1	☐ 2
RHFEV59	E Rheumatic fever or heart valve problems	☐ 0	☐ 1	☐ 2
EMPHYS59	F Emphysema	☐ 0	☐ 1	☐ 2
DIABET59	G Diabetes	☐ 0	☐ 1	☐ 2

What month and year were you first told you had diabetes? DIABMO59 ___ / DIABYR59 ____

Month Year

19a. Have you ever had any of the following problems?

		Yes	No	Don't know
FOOTUL59	A Foot ulcers / sores on feet	☐ 1	☐ 0	☐ 9
HIBSUG59	B High blood sugar	☐ 1	☐ 0	☐ 9
LOBSUG59	C Low blood sugar	☐ 1	☐ 0	☐ 9
FAINT259	D Fainting or passing out	☐ 1	☐ 0	☐ 9
EYEPRB59	E Eye problems	☐ 1	☐ 0	☐ 9

19b. Has a doctor told you that you had other heart or circulatory problems since we saw you last year? OTHHRT59

☐ 1 Yes ☐ 0 No ☐ 9 Don't Know

If YES, specify reason: OTHHSP59

20 Are you currently taking medication prescribed by a doctor for any of the following conditions?

		Yes	No	Don't know
MEDBP59	A High blood pressure	☐ 1	☐ 0	☐ 9
MEDAFB59	B Atrial Fibrillation	☐ 1	☐ 0	☐ 9
MEDBCL59	C Deep vein thrombosis (or blood clots in your legs)	☐ 1	☐ 0	☐ 9
MEDDIA59	D Diabetes	☐ 1	☐ 0	☐ 9

a. How are you treated for diabetes? DIABTR59

☐ 1 INSULIN ☐ 2 ORAL HYPOGLYCEMIC AGENT

☐ 3 OTHER: DIABSP59 _____

21 Have you had coronary angiography or heart catheterization as an outpatient procedure since we last saw you? ANGI059

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, skip to Question 22.**

a. Date of Procedure: ANGIMO59 ___ / ANGIDA59 ___ / ANGIYR59 ___ ___ ___ ___

Month Day Year

b. Where was this procedure done? (doctor, clinic, hospital)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

22 Did you have a procedure in or out of the hospital to open up the arteries in either of your legs since we last saw you? OPNART59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, skip to Question 23.**

a. Date of Procedure: OPENMO59 ___ / OPENDA59 ___ / OPENYR59 ___ ___ ___ ___

Month Day Year

b. Where was this procedure done? (doctor, clinic, hospital)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

23 Have you been told by a doctor that you currently have any of the following?

		Yes	No	Don't know
ARTHND59	A. Arthritis of the Hands	☐ 1	☐ 0	☐ 9
ARTSHD59	B. Arthritis of the Shoulder	☐ 1	☐ 0	☐ 9
ARTHIP59	C. Arthritis of Hips or Knees	☐ 1	☐ 0	☐ 9
OSTEOP59	D. Osteoporosis	☐ 1	☐ 0	☐ 9
LIVDIS59	E. Liver Disease, Cirrhosis, or Hepatitis	☐ 1	☐ 0	☐ 9
KIDDIS59	F. Kidney (Renal) Disease or Failure	☐ 1	☐ 0	☐ 9

24 During the last year have you had pain in any bones or joints for at least half the days of a month? PNBONE59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, skip to Question 25.**

↓

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

	Yes	No	Don't know
A. Hands PNHAND59	☐ 1	☐ 0	☐ 9
B. Feet PNFEET59	☐ 1	☐ 0	☐ 9
C. Knees PNKNEE59	☐ 1	☐ 0	☐ 9
D. Hips PNHIPS59	☐ 1	☐ 0	☐ 9
E. Neck PNNECK59	☐ 1	☐ 0	☐ 9
F. Back PNBACK59	☐ 1	☐ 0	☐ 9
G. Shoulders PHSHLD59	☐ 1	☐ 0	☐ 9
H. Other area PNOTHR59	☐ 1	☐ 0	☐ 9

Specify other area: PNOSPC59

25 Have you been told by a doctor that you currently have cancer? CANCER59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, skip to Question 26.**

↓

If YES, please answer questions at the top of next page

(Question 25 continued)

If you answered YES, please specify the kind of cancer(s). Check all below.

		Yes	No	Don't know
CANBRS59	A. Breast cancer	☐ 1	☐ 0	☐ 9
CANBLO59	B. Blood cancer, leukemia or lymphoma	☐ 1	☐ 0	☐ 9
CANCOL59	C. Colon (bowel) or Rectum cancer	☐ 1	☐ 0	☐ 9
CANLNG59	D. Lung cancer	☐ 1	☐ 0	☐ 9
CANMML59	E. Malignant melanoma	☐ 1	☐ 0	☐ 9
CANOSK59	F. Other skin cancer	☐ 1	☐ 0	☐ 9
CANPRO59	G. Prostate cancer	☐ 1	☐ 0	☐ 9
CANPAN59	H. Pancreatic cancer	☐ 1	☐ 0	☐ 9
CANESO59	I. Esophageal cancer	☐ 1	☐ 0	☐ 9
CANOTH59	J. Other cancer	☐ 1	☐ 0	☐ 9

Specify other cancer: CANOSP59

26 Have you been treated by a doctor for any of the following since we last saw you?

		Yes	No	Don't know
BRKHIP59	A. Broken hip (fracture)	☐ 1	☐ 0	☐ 9
BRKLEG59	B. Broken lower leg (fracture)	☐ 1	☐ 0	☐ 9
BRKARM59	C. Broken arm, wrist, or shoulder (fracture)	☐ 1	☐ 0	☐ 9
BRKSPN59	D. Spine (vertebral) compression fracture	☐ 1	☐ 0	☐ 9
OTHINJ59	E. Other injury	☐ 1	☐ 0	☐ 9

Specify other injury: SPCINJ59

ARTTRT59	F. Did you have arthritis that was treated with medication?	☐ 1	☐ 0	☐ 9

27 Have you had a cold, the flu, a dental infection, or other infections in the last two weeks? INFTWO59

YES—IN PAST WEEK	YES—7 TO 14 DAYS AGO	NO	DON'T KNOW
☐ 1	☐ 2	☐ 0	☐ 9

28 Have you had any of the following symptoms in the past two weeks?

		YES—IN PAST WEEK	YES—7 TO 14 DAYS AGO	NO	DON'T KNOW
ER59	A. Fever or chills	☐ 1	☐ 2	☐ 0	☐ 9
THR59	B. Sore throat	☐ 1	☐ 2	☐ 0	☐ 9
CH59	C. Cough	☐ 1	☐ 2	☐ 0	☐ 9
COUS59	D. Sputum or mucous	☐ 1	☐ 2	☐ 0	☐ 9
SST59	E. Runny nose or congestion	☐ 1	☐ 2	☐ 0	☐ 9
URIN59	F. Pain on urination	☐ 1	☐ 2	☐ 0	☐ 9
RIN59	G. Cloudy or discolored urine	☐ 1	☐ 2	☐ 0	☐ 9
INF59	H. Tests showing a urine infection	☐ 1	☐ 2	☐ 0	☐ 9
REA59	I. Diarrhea	☐ 1	☐ 2	☐ 0	☐ 9
INF59	J. Other Infection	☐ 1	☐ 2	☐ 0	☐ 9

If OTHER, specify: OTHSPC59

29 During the past year, have you had spells of dizziness, loss of balance, or sensation of spinning? DIZZY59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

30 During the past year, have you had a fall? (Do not include falls during skiing, skating, or other activities that may affect balance.) FALL59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

If NO or DON'T KNOW, Skip to Question 31.

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

TIMFAL59 TIMES

31 A. During the past year, have you injured your head? INJHD59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

B. During the past year, have you injured your neck? INJNCK59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

C. During the past year, have you ever fainted, lost consciousness, or "blacked out"? FAINT59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, skip to Question 32.**

↓

When did this occur? PNTMO59 ___ / PNTYR59 ___ ___ ___ ___

Month Year

32 Would you say that your appetite is usually: APPET59

☐ 4 VERY GOOD ☐ 3 GOOD ☐ 2 FAIR ☐ 1 POOR

33 During the past year, have you gained or lost more than 10 pounds? WEIGHT59

☐ 1 LOST MORE THAN 10 POUNDS

☐ 2 GAINED MORE THAN 10 POUNDS

☐ 3 BOTH LOST AND GAINED MORE THAN 10 POUNDS

☐ 4 LITTLE OR NO CHANGE → **If LITTLE or NO CHANGE or DON'T KNOW, Skip to Question 34.**

☐ 9 DON'T KNOW

Please answer these questions if you lost or gained more than 10 pounds.

A. Were any of the following a major factor in your weight change?

DIET59	Diet	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
ILL59	Surgery, illness or medication	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
EXER59	Exercise	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW

B. Were you <u>trying</u> to lose weight? ☐ 1 YES ☐ 0 NO

TRYTEN59

34 Have you had to sleep on two or more pillows to help you breathe at any time during the past 12 months? PILLOW59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

35 How often, if ever, have you awakened suddenly with a feeling of gasping, choking or shortness of breath? GSPCHK59

Never	☐ 0	At least once weekly, but pattern may not be regular	☐ 3
Rarely — only once or twice ever	☐ 1	Several (3 - 5) nights a week	☐ 4
Sometimes — a few nights a month under special circumstances	☐ 2	Every night or almost nightly	☐ 5
		Don't know	☐ 9

36 During the last 30 days, did you start taking any medicine(s)? STMED59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 37.**

What is (are) the name(s) of the medicine(s)? STNAM59

37 During the last 30 days, did you stop taking any medicine(s)? STPMED59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 38.**

What is (are) the name(s) of the medicine(s)? STPNAM59

38 During the last thirty days, did you change the dosage of any medicine(s)? CHDSE59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 39.**

What is (are) the name(s) of the medicine(s)? DOSNM159, DOSNM259, DOSNM359
(Use another sheet of paper to list additional medicines.)

Did the dosage: ☐ 1 INCREASE ☐ 2 DECREASE ☐ 3 DON'T KNOW
DOSE159, DOSE259, DOSE359

39 During the last two weeks, did you take any aspirin or aspirin-containing medicines such as Bufferin, Anacin, or Ascriptin? ASPR59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 40.**

What was the reason you took aspirin?

	1 YES	0 NO	9 DON'T KNOW
headache	☐	☐	☐ ASPHD59
arthritis	☐	☐	☐ ASPART59
cardiovascular protection	☐	☐	☐ ASPCPP59
other body aches/pains (specify:_____)	☐	☐	☐ ASPOTH59

On about how many days did you take it during the last 2 weeks? DAYASP59 ___ ___ days

40 Have you smoked cigarettes during the past 30 days? SMK3059

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 41.**

On average, how many cigarettes do you smoke per day? NUMCIG59 ___ ___ cigarettes

41 Have you smoked a pipe or cigar during the past 30 days? PIPE59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

42 Which of the following best describes your current smoking status? SMOKE59

☐ 1 NEVER SMOKED
☐ 2 FORMER SMOKER, QUIT MORE THAN 1 YEAR AGO
☐ 4 CURRENT SMOKER
☐ 3 FORMER SMOKER, QUIT LESS THAN 1 YEAR AGO
☐ 9 DON'T KNOW

43 Do you ever use snuff or smokeless tobacco? SNUFF59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

44 Do you ever drink beer? BEER59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If No or Don't Know, Skip to Question 45.**

A About how often do you drink beer? BEERF59

☐ 1 DAILY ☐ 2 WEEKLY ☐ 3 MONTHLY

☐ 4 YEARLY ☐ 0 RARELY/NEVER

B How many 12-ounce cans or bottles of beer do you usually drink on one occasion? BEERN59 ___ cans/bottles

45 Do you ever drink wine? WINE59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If No or Don't Know, Skip to Question 46.**

A About how often do you drink wine? WINEF59

☐ 1 DAILY ☐ 2 WEEKLY ☐ 3 MONTHLY

☐ 4 YEARLY ☐ 0 RARELY/NEVER

B How many medium six-ounce glasses of wine do you usually drink on one occasion? WINEN59 ___ glasses

46 Do you ever drink liquor? LIQUOR59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If No or Don't Know, Skip to Question 47.**

A About how often do you drink liquor? LIQUOF59

☐ 1 DAILY ☐ 2 WEEKLY ☐ 3 MONTHLY

☐ 4 YEARLY ☐ 0 RARELY/NEVER

B How many drinks, equal to one shot of liquor, do you usually drink on one occasion? LIQUON59 ___ drinks

47 **Can you see well enough to drive (with or without) glasses?** DRIVE59

☐ 1 YES ☐ 0 NO ☐ 2 DON'T DRIVE ☐ 9 DON'T KNOW

48 **Can you see well enough to watch TV (with or without) glasses?** TV59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

49 **Can you see well enough to recognize someone across the room (with or without) glasses?** RECOGN59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

50 **Can you see well enough to read the newspaper (with or without) glasses?** READ59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

51 **Can you hear well enough to use the telephone (with or without) a hearing aid?** TELE59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

52 **Can you hear well enough to listen to a radio (with or without) a hearing aid?** RADIO59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

53 **Can you hear well enough to carry on a conversation in a crowded room (with or without) a hearing aid?** CONVER59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

54 **Think about the walking you do outside your home. During the last week, about how many city blocks or miles did you walk?** BLOCK59

___ (BLOCK59) ☐ 1 BLOCKS **OR** ☐ 2 MILES BLMILE59

55 **When you walk outside your home, what is your usual pace?** PACE59

☐ 1 No walking at all
☐ 2 Casual strolling (greater than 0 to 2 mph)
☐ 3 Average or normal (greater than 2 to 3 mph)
☐ 4 Fairly brisk (greater than 3 to 4 mph)
☐ 5 Brisk or striding (greater than 4 mph)
☐ 9 Unknown

56 **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? (Ten steps = one flight of stairs.)**

FLIGHT59___ FLIGHTS OF STAIRS

57 How would you describe your level of activity since we saw you last year? ACTLEV59

- ☐ 1 A lot less active
- ☐ 2 A little less active
- ☐ 3 About as active
- ☐ 4 A little more active
- ☐ 5 A lot more active
- ☐ 9 Unknown

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

SLDAY59 ___ HOURS

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

SLNITE59 ___ HOURS

60 In a usual 24-hour period, how many hours do you spend seated or lying down during the day (excluding time sleeping)?

Include all day-time resting or lying down AND all time spent watching TV while seated, eating, reading, or any other time sitting down.

SEAT59 ___ HOURS

61 During the past two weeks, have you taken a multiple vitamin or any other vitamin supplement? MLTVIT59

- ☐ 1 YES → (continue)
- ☐ 0 NO → **If No or Don't Know, Skip to Question 62**
- ☐ 9 DON'T KNOW → **If No or Don't Know, Skip to Question 62**

*Indicate **which vitamins** you took and the **number of days** you took the vitamin **during the past two weeks**.*

		1 YES	Days Taken	0 NO	9 DON'T KNOW
MULTI59	Multiple vitamin	☐	MDAYS59	☐	☐
VITA59	Vitamin A or beta-carotene	☐	ADAYS59	☐	☐
VITC59	Vitamin C	☐	CDAYS59	☐	☐
VITE59	Vitamin E	☐	EDAYS59	☐	☐

62 Do you have any of the following types of health insurance in addition to Medicare to help pay for your medical bills? ADDINS59

- ☐ 0 NONE
- ☐ 1 PRIVATE INSURANCE
- ☐ 2 MEDICAL ASSISTANCE OR MEDICAID
- ☐ 3 OTHER (SPECIFY): INSSPC59
- ☐ 9 DON'T KNOW

63 What is your current occupational status? OCCUP59

- ☐ 1 EMPLOYED AT A JOB FOR PAY, EITHER FULL- OR PART-TIME
- ☐ 2 HOMEMAKING, NOT WORKING OUTSIDE THE HOME
- ☐ 3 HOMEMAKING AND VOLUNTEERING
- ☐ 4 EMPLOYED, BUT TEMPORARILY AWAY FROM MY REGULAR JOB
- ☐ 5 RETIRED FROM MY USUAL OCCUPATION AND NOT WORKING
- ☐ 6 RETIRED FROM MY USUAL OCCUPATION BUT WORKING FOR PAY
- ☐ 7 RETIRED FROM MY USUAL OCCUPATION BUT VOLUNTEERING
- ☐ 8 UNEMPLOYED AND LOOKING FOR WORK
- ☐ 9 UNEMPLOYED AND NOT LOOKING FOR WORK
- ☐ 10 OTHER (SPECIFY:) OCCSPC59

A If you work or volunteer, how many hours per month do you do this?

HRSWRK59 HOURS PER MONTH

64 Do you often have shaking or tremor that you can't control? TRMOFT59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

65 Do other people often tell you that you have a tremor? TRMTEL59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

66 Has a doctor diagnosed you as having a familial tremor or a benign essential tremor? TRMDGN59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

67 Do you often have shaking or tremor in your hands or arms that you can't control? TRMHND59

☐ 1 YES, right arm ☐ 2 YES, left arm ☐ 3 YES, both arms

☐ 0 NO ☐ 9 DON'T KNOW

68 Does your head often shake uncontrollably? TRMHED59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

69 Do you often have an uncontrollable tremor anywhere else in your body (legs, voice, mouth, chin, chest)?

TRMNWH59	A. Nowhere else	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
TRMRLG59	B. Right leg	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
TRMLLG59	C. Left leg	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
TRMVOC59	D. Voice	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
TRMMTH59	E. Mouth or chin	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
TRMCHT59	F. Chest or stomach	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
TRMOTH59	G. Other	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW

70 Does your voice almost always tremble when you talk? TRMBTK59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

71 Does your hand usually tremble when you hold a pen or write your name? TRMBWR59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

72 Do you have a problem because your hand shakes when you drink or pour from a cup or a glass? TRMBPR59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

73 Do you have a problem because your hand shakes when you hold a fork, spoon or knife? TRMBFK59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

74 Does shaking or tremor make you spill when drinking from a cup or eating soup with a spoon? TRMBCP59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

75 Do your hands tremble uncontrollably when you button your shirt? (This is not the same as having difficulty buttoning.) TRMBBT59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

76 To what extent does each of the following statements describe you?

		A lot	Some	A little	Not at all
PASSKN59	A. I try to pass along the knowledge I have gained through my experiences.	☐ 1	☐ 2	☐ 3	☐ 0
NTNEED59	B. I do not feel that other people need me.	☐ 1	☐ 2	☐ 3	☐ 0
TEACHR59	C. I think I would like the work of a teacher.	☐ 1	☐ 2	☐ 3	☐ 0
MADDIF59	D. I feel as though I have made a difference to many people.	☐ 1	☐ 2	☐ 3	☐ 0
NTVOLN59	E. I do not volunteer to work for a charity.	☐ 1	☐ 2	☐ 3	☐ 0
I ACT59	F. I have made and created things that have had an impact on other people.	☐ 1	☐ 2	☐ 3	☐ 0
CREATV59	G. I try to be creative in most things that I do.	☐ 1	☐ 2	☐ 3	☐ 0
REMEMB59	H. I think that I will be remembered for a long time after I die.	☐ 1	☐ 2	☐ 3	☐ 0
SOCNOT59	I. I believe that society cannot be responsible for providing food and shelter for all homeless people.	☐ 1	☐ 2	☐ 3	☐ 0
UNIQUE59	J. Others would say that I have made unique contributions to society.	☐ 1	☐ 2	☐ 3	☐ 0
SKILLS59	K. I have important skills that I try to teach others.	☐ 1	☐ 2	☐ 3	☐ 0
NTSURV59	L. I feel that I have done nothing that will survive after I die.	☐ 1	☐ 2	☐ 3	☐ 0
NTPOS59	M. In general, my actions do not have a positive effect on others.	☐ 1	☐ 2	☐ 3	☐ 0
NWORTH59	N. I feel as though I have done nothing of worth to contribute to others.	☐ 1	☐ 2	☐ 3	☐ 0
COMMIT59	O. I have made many commitments to many different kinds of people, groups and activities in my life.	☐ 1	☐ 2	☐ 3	☐ 0
PROCTV59	P. Other people say I am a very productive person.	☐ 1	☐ 2	☐ 3	☐ 0
IMPNBH59	Q. I have a responsibility to improve the neighborhood in which I live.	☐ 1	☐ 2	☐ 3	☐ 0
ADVICE59	R. People come to me for advice.	☐ 1	☐ 2	☐ 3	☐ 0
LVTREX59	S. I feel as though my contributions will exist after I die.	☐ 1	☐ 2	☐ 3	☐ 0

77 Have you ever had any pain or discomfort in your chest? CHSTPN59

☐ 1 YES ☐ 0 NO → **If NO, Skip to Question 78.**

A Do you feel the pain when you walk uphill or hurry?

HURRY59

☐ 1 YES ☐ 0 NO → **If NO, Skip to Question 77-I.**

☐ 9 NEVER WALK UPHILL OR HURRY

B Do you feel the pain when you walk at an ordinary pace on the level?

ORDPAC59

☐ 1 YES ☐ 0 NO

C What do you do if you feel it while you are walking?

TOOO59

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

☐ 2 CONTINUE AT SAME PACE

D If you stand still, what happens to the pain?

STDSTL59

☐ 1 RELIEVED IN 10 MINUTES OR LESS

☐ 2 TAKES LONGER THAN 10 MINUTES TO BE RELIEVED

☐ 3 NOT RELIEVED

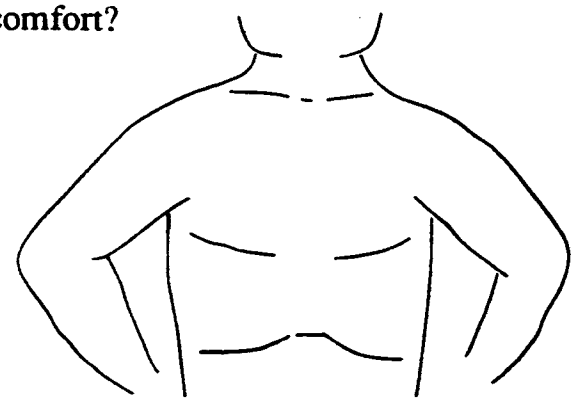
☐ 9 DON'T KNOW

E Where do you get this pain or discomfort?

STERNW59
STERNL59
CHEST59
ARM59
OTHER59

Mark the place or places with an "X" on the body diagram at right.

RECORDED CHECK USE ONLY:
CODES: 1 2 3 4 5 (1 2 OR 3 & 4)
OTHER SPECIFY: SPEC59



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

PASTWK59

☐ 1 YES ☐ 0 NO

↓

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

PAINNO59 ___ TIMES

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

SEVER59

☐ 1 YES ☐ 0 NO

H Have you seen a doctor about this pain?

PAINDR59

☐ 1 YES ☐ 0 NO

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

CHTPN59

☐ 1 YES ☐ 0 NO → **If NO, Skip to Question 78.**

↓

J Did you see a doctor because of this pain?

CHTDR59

☐ 1 YES ☐ 0 NO → **If NO, Skip to Question 78.**

↓

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

CHTDRS59

☐ 1 Angina

☐ 2 Heart attack

☐ 3 Other, specify: CHSPEC59 _____

78 Have you had swelling of your feet or ankles since we saw you last year? SWELL59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 79.**

A Did it tend to come on during the day and go down overnight?
CMDAY59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

79 Do you get pain in either leg when walking? LEGWLK59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 80.**

A Do you feel this pain in your calf or calves?
CALF59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

B Does this pain ever begin when you are standing still or sitting?
SIT59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

C Do you feel it when you walk uphill or hurry?
WLKHRY59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

D Do you feel it when you walk at an ordinary pace on the level?
LEGPC59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

E Does this pain ever disappear while you are walking?
LGDIS59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

F What do you do if you feel it while you are walking?
LEGDO59

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

G What happens to the pain if you stand still?

LEGSTO59

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

80 Has a doctor ever told you that you have Parkinson's disease? PARKIN059

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 81.**

A Are you currently being treated for Parkinson's Disease?

PARKTR59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

B At what age were you first told that you had Parkinson's disease?

PARKAG59 ____ years

81 Do you have trouble rising from a chair? RISIN059

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

82 Is your handwriting smaller than it once was? HANDWR59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

83 Do people tell you that your voice is softer than it once was? VOICE59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

84 Is your balance poor? BALANC59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

85 Do your feet suddenly seem to freeze in doorways? FTFRZ59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

86 Do people tell you that your face seems less expressive than it once did? LESSEX59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

87 Do your arms or legs shake? SHAKE59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

88 Have you ever taken L-dopa or Sinemet? LDOPA59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

89 Can you take care of yourself, that is, eating, dressing, bathing or using the toilet? SLFCAR59

☐ 1 YES ☐ 0 NO

90 Can you walk indoors, such as around your home? INDOOR59

☐ 1 YES ☐ 0 NO

91 Can you walk a block or two on level ground? LEVEL59

☐ 1 YES ☐ 0 NO

92 Can you climb a flight of stairs or walk up a hill? CLIMB59

☐ 1 YES ☐ 0 NO

93 Can you run a short distance? RUN59

☐ 1 YES ☐ 0 NO

94 Can you do light work around the house like dusting or washing dishes? LHWORK59

☐ 1 YES ☐ 0 NO

95 Can you do moderate work around the house like vacuuming, sweeping floors or carrying in groceries? MHWORK59

☐ 1 YES ☐ 0 NO

96 Can you do heavy work around the house like scrubbing floors, or lifting or moving heavy furniture? HHWORK59

☐ 1 YES ☐ 0 NO

97 Can you do yardwork like raking leaves, weeding or pushing a power mower? YDWORK59

☐ 1 YES ☐ 0 NO

98 Can you have sexual relations? SEXREL59

☐ 1 YES ☐ 0 NO

99 Can you participate in moderate recreational activities like golf, bowling, doubles tennis, dancing, or throwing a baseball or football? MODREC59

☐ 1 YES ☐ 0 NO

100 Can you participate in strenous sports like swimming, singles tennis, football, basketball or skiing? STRENU59

☐ 1 YES ☐ 0 NO

101 Have you experienced any of these symptoms in the last year?

		YES	NO
COLDFT59	frequently cold feet?	☐ 1	☐ 0
HRLOSS59	loss of hair on the lower legs?	☐ 1	☐ 0
HEAL59	difficulty with wounds healing?	☐ 1	☐ 0
FTPAIN59	foot pain with walking?	☐ 1	☐ 0

The next set of questions are for women only.
Men may skip to the end of the questionnaire.

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

102 Are you currently taking estrogens such as Premarin, Estrace, Ogen, Prempro, or any other estrogen? ESTROC59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW → **If NO or DON'T KNOW, Skip to Question 103**

A How many days per month do you take estrogen?

ECDAY59 ___ DAYS

B Why are you taking estrogen?

ECHOTF59	To prevent hot flashes	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
ECSX59	To prevent other post-menopausal symptoms	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
ECOSTE59	To prevent osteoporosis or bone loss	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
ECCHD59	To prevent heart disease	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW
ECOTH59	For other reasons	☐ 1 YES	☐ 0 NO	☐ 9 DON'T KNOW

Please specify: ECOSPC59

103 Are you currently taking progestins such as Provera, Norlutate, or Prempro? PROGC59

☐ 1 YES ☐ 0 NO ☐ 9 DON'T KNOW

A How many days per month do you take progestin? PCDAY59 **DAYS**

Thank you for volunteering time out of your busy day to participate in the CARDIOVASCULAR HEALTH STUDY. We appreciate all that you have contributed to the study and are grateful for your commitment and enthusiasm. Again, thank you for your generosity. You are much appreciated.

For CHS Field Center Use Only:

Completed by: ADMIN59 ☐ 0 Self-Administered ☐ 1 Interviewer Administered

DATAL59 ☐ 1 Participant ☐ 2 Proxy

Interviewer or Reviewer: INTID59 **Date:** INTDAT59 (Month Day Year)