

Multi-Ethnic Study of Atherosclerosis
Exam 2



Medical History

Interviewer Administered

Participant Id#: Idno

Acrostic: acrostic

Date: /
 Month Day Year

The following are some questions about your medical history. **Questions refer to things that happened since your last MESA visit on _____.** Please answer to the best of your knowledge.

1 How would you say your health currently compares with other persons of your age?

- 1 Better
- 2 Same **hlthage2**
- 3 Worse

Has a doctor told you that you have developed any of the following since your last MESA visit on [the above date]:

	Yes	No	Don't Know	
2 Emphysema?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9	EMPHYS2
3 Asthma?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9	ASTHMA2
4 Arthritis?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9	ARTHRIT2
5 Rheumatic heart disease or heart valve problems?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9	rheuhv1
6 Liver disease?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9	liverd2
IF YES → Which type?				
a. Cirrhosis	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9	CIRRH2
b. Hepatitis	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9	HEPAT2
YES → Which type? Select all that apply				
<input type="radio"/> Hep A				
<input type="radio"/> Hep B				
<input type="radio"/> Hep C				
<input type="radio"/> Hep D				
<input type="radio"/> Hep E				
<input type="radio"/> Other				
<input type="radio"/> Don't Know				
heptpa2 heptpb2 heptpc2 heptpd2 heptpe2 heptpo2 heptpu2				
7 Kidney disease?	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9	KDNYDIS2

8 When walking on level ground, do you get more breathless than people your own age? **levwalk2**

Yes	No	Don't Know
<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9

9 When walking up hills or stairs, do you get more breathless than people your own age? **hilwalk2**

<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
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10 Do you ever have to stop walking because of breathlessness? **stpwalk2**

<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
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11 Do you ever get pain in either leg or buttock while walking? **LEGPAIN2**

Yes	No
<input type="radio"/> 1	<input type="radio"/> 0

↓
Go to #12

If Yes:

a. Does this pain ever begin when you are standing still or sitting? **LPREST2**

<input type="radio"/> 1	<input type="radio"/> 0
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b. In what part of your leg or buttock do you feel it? **LPCALF2**

<input type="radio"/> Pain includes calf/calves
<input type="radio"/> Pain does not include calf/calves

c. Do you get it if you walk uphill or hurry? **LPUPHL2**

Yes	No
<input type="radio"/> 1	<input type="radio"/> 0

d. Do you get it if you walk at an ordinary pace on the level? **LPNORM2**

<input type="radio"/> 1	<input type="radio"/> 0
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e. Does the pain ever disappear while you are walking? **LPDIS2**

<input type="radio"/> 1	<input type="radio"/> 0
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f. What do you do if you get it when you are walking? **LPSTOP2**

1 <input type="radio"/> Stop or slow down
2 <input type="radio"/> Continue on

g. What happens to the pain if you stand still? **LPSTND2**

1 <input type="radio"/> Relieved
2 <input type="radio"/> Not relieved

If Relieved → How soon?

1 10 minutes or less 0 More than 10 minutes **LPRELV2**

h. Is this pain predominantly in the right side, left side, or in both legs? **LPLOC2**

<input type="radio"/> 1 Right Side	<input type="radio"/> 2 Left Side	<input type="radio"/> 3 Both legs
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12 Since your last MESA clinic visit, have you had swelling of your feet or ankles? (FOR WOMEN: other than during pregnancy?)

Yes	No	Don't Know
<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
SWLLFT2		

If Yes → Did it tend to come on during the day and go down overnight?

<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
SWLLDAY2		

13 Since your last MESA clinic visit, have you had to sleep on two or more pillows to help you breathe?

<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
SLPPLLW2		

14 In the past two weeks, have you had any of the following:

	Yes	No	Don't Know
a. Fever	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9 FEVER2
b. Cold, flu, or sore throat	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9 COLDFLU2
c. Urinary infection	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9 URININF2
d. Seasonal allergy	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9 ALLRGY2
e. Bronchitis	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9 BRONCH2
f. Sinus infection or sinusitis	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9 SINUINF2
g. Pneumonia	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9 PNEUMO2
h. Gums bleeding while brushing or flossing	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9 BLDGUMS2
i. Tooth infection	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9 TTHINF2
j. Flare-up of gout	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9 GOUT2
k. Flare-up of arthritis	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9 ARTH2WK2

15 Approximately how many times have you been treated with antibiotics in the last 12 months? (If you don't remember the exact number, please give us your best estimate.)

AB1YNUM2 times 0 Don't know
NOAB2

Comment:

16 Are you taking aspirin on a regular basis?

Yes	No	Don't Know
<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
aspirin2		

If Yes → How many days a week?
ASPDAYS2

Reproductive History

WOMEN ONLY -- MEN are finished with this questionnaire.

17 Have you taken birth control pills since your last MESA clinic visit?

Yes No Don't Know
 1 0 9
BCPILLS2

If Yes → Please estimate the total number of months that you took birth control pills since your last MESA clinic visit (keeping in mind you may have started and stopped several times)

BPILLYR2

Hystchk2

Check here if participant reported hysterectomy before baseline exam and skip to question 19

18 Have you had a hysterectomy (surgery to remove your uterus/womb)?

Yes No Don't Know
 1 0 9

If Yes:

HYSTRCT2

a. At what age?
HYSTAGE2

ovarchk2

Check here if participant reported removal of both ovaries before baseline exam and skip to question 20

19 Have you had surgery to remove your ovaries?

Yes No Don't Know
 1 0 9

If Yes:

OVAREM2

a. At what age?
OVAAGE2

b. How many ovaries were removed?
 1 2
OVAREMN2

menochk2

Check here if participant went through menopause before baseline exam and skip to question 21

20 Have you had a menstrual period in the past 12 months?

Yes No Don't Know
 1 0 9 **MENPER2**

If Yes → How many periods have you had in the last 12 months?

PRDSNUM2

21 Since your last MESA visit, have you taken hormone replacement therapy?

HRMREP2

0 No → Questionnaire Completed

1 Yes → a. Are you currently using hormone replacement therapy?

1 Yes → At what age did you begin?

HRMRAGE2

HRMREPC2

0 No → At what ages did you take hormones?

Age started

Age stopped

HRMQAGE2

HRMSAGE2

b. Which type of therapy were you on?

1 Estrogen alone (like Premarin or Estratab)

2 Estrogen with progestin (like Provera)

3 Other types of hormone replacement therapy

Specify:

HRTOTH2

For MESA Field Center Use Only:

Interviewer

Reviewer ID:

Data Entry

MHXIID2

MHXRID2

MHXDID2