# Multi-Ethnic Study of Atherosclerosis Exam 2 Medical History

**Medical History** 

**Interviewer Administered** 

	Participant Id#: Idno	
	Acrostic: acrostic	
Date:	mhxdt2 / Year	

The following are some questions about your medical	history. Questions refer to things that
,	Please answer to the best of your
knowledge.	

- 1 How would you say your health currently compares with other persons of your age?
  - 1 O Better
  - 2 O Same hlthage2
  - <sub>3</sub> O Worse

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

		Ye	s I	No Do	n't Know	
2	Emphysema?	O 1		0	9	EMPHYS2
3	Asthma?	O 1		0	O 9	ASTHMA2
4	Arthritis?	O 1		0	O 9	ARTHRIT2
5	Rheumatic heart disease or heart valve problems?	O 1		0	O 9	rheuhv1
6	Liver disease?	0		0	O 9	liverd2
	IF YES → Which type?  a. Cirrhosis  b. Hepatitis	O 1 O		0 0	O 9 O 9	CIRRH2 HEPAT2
	YES → Which typ	pe? Sele	ct all that a	pply	9	FICE A 12
	○ Hep A ( heptpa2 h	•	○ Hep C heptpc2		•	Other ○ Don't Know heptpo2 heptpu2
7	Kidney disease?	Y (	es	No Do	on't Know	KDNYDIS2

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E	Exam 2 Medical History Page 2				
8	When walking on level ground, do you ge	t more breathless	Yes	No	Don't Know
	than people your own age?	levwalk2	O 1	0	9
9	When walking up hills or stairs, do yo breathless than people your own age	_	O 1	0	O 9
10	Do you ever have to stop walking bed breathlessness?	cause of stpwalk2	O 1	0	O 9
11	Do you ever get pain in either leg or	buttock while walking		res	No :
	If Yes:			 	↓ Go to #12
	a. Does this pain ever begin when you	are standing still or sittin	g?	O 1	C LPREST2
	b. In what part of your leg or buttock do	you feel it? O	Pain inclu Pain doe		
	c. Do you get it if you walk uphill or hur	ry?		Yes O 1	No SLPUPHL2
	d. Do you get it if you walk at an ordina	ry pace on the level?		O 1	OLPNORM2
	e. Does the pain ever disappear while y	ou are walking?		O 1	glpdis2
	f. What do you do if you get it when yo	u are walking?  LPSTOP2	○ Stop o	or slow do nue on	wn
	g. What happens to the pain if you star	d still?	Reliev	ed lieved	
	If Relieved → How soon?				
	<ul><li>10 minutes or less</li></ul>	More than 10 m	inutes <b>L</b> l	PRELV	2
	h. Is this pain predominantly in the righ	side, left side, or in be	oth legs?		
	○ Right Side	O Left Side O 3	Both legs	LPLO	C2

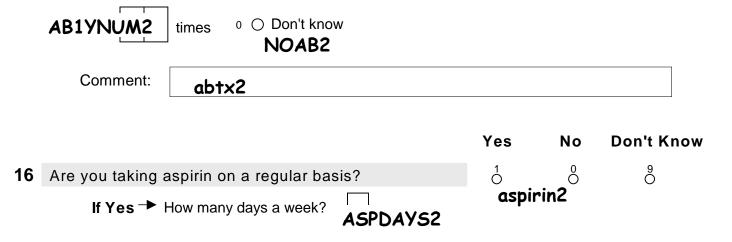
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12	Since your la	ast MESA clinic visit, have you had	Yes	No	Don't Know
-	-	our feet or ankles? (FOR WOMEN: other	5WLL	FT2	9
	If Yes →	Did it tend to come on during the day and go down overnight?	SWLL	DAY2	9
13		last MESA clinic visit, have you had to vo or more pillows to help you breathe?		0   W/2	9

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

		Yes	No	Don't Know
a.	Fever	\$	ô	္စီ FEVER2
b.	Cold, flu, or sore throat	Ó	Ŏ	್ತೆ COLDFLU2
c.	Urinary infection	Ò	Ŏ	្ទី URININF2
d.	Seasonal allergy	0	Ö	្ទី ALLRGY2
e.	Bronchitis	Ý	8	g BRONCH2
f.	Sinus infection or sinusitis	Ŷ	ò	§ SINUINF2
g.	Pneumonia	Ö	ŏ	° PNEUMO2
h.	Gums bleeding while brushing	1	0	9
•••	or flossing	0	0	OBLDGUMS2
	<b>G</b>	1	0	9
i.	Tooth infection	0	0	OTTHINF2
j.	Flare-up of gout	3	8	<b>് <i>G</i>OUT2</b>
k.	Flare-up of arthritis	3	8	<b>് ARTH2WK2</b>
	•	1	0	9

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.)



# Reproductive History

WOMEN ONLY -- MEN are finished with this questionnaire.

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



Don't Know 9 0

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)

# Hystchk2

Check here 1 if participant reported hysterectomy before baseline exam and skip to question 19

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



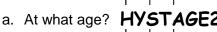


HYSTRCT2

OVAREM2



If Yes:



### ovarchk2

Check here 1 if participant reported removal of both ovaries before baseline exam and skip to question 20

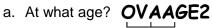
19 Have you had surgery to remove your ovaries?







If Yes:



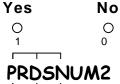
b. How many ovaries were removed?

OVAREMN2

### menochk2

Check here 1 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?



**Don't Know** 

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

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

HRMREP2

OONO Puestionnaire Completed

a. Are you currently using hormone replacement therapy?

HRMREPC2

ONO PAt what age did you begin?

HRMREPC2

ONO PAt what ages did you take hormones?

Age started Age stopped

HRMQAGE2

HRMSAGE2

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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	Revie	ewer ID:	Data Entry	
	MHXIID2	MHXRID2	WHXDID2	

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