

**Multi-Ethnic Study of Atherosclerosis**

**Exam 2**



**Personal History**

**Self-Administered**

**Participant Id#: Idno**

**Acrostic: Acrostic**

**Date:**

ph	xd	t	2	/				
Month	Day	Year						

This form is intended to collect information about your background and lifestyle which may impact your risk of cardiovascular disease. Please complete all items except those which you are specifically instructed to skip. If you are unsure about the answer to a specific question, please estimate the answer to the best of your ability. If you have a question about a particular item, please write a small "x" in the margin of the form, making sure not to write it near any of the response bubbles, and then ask a staff member for clarification of those items after you have completed the rest of the form.

**1 a.** Has your employment status changed since your MESA clinic visit on [Exam 1 visit date]?

1  **No** → Skip to #6

0  **Yes** **EmpStat2**



**b.** Choose one of the following which best describes your current occupation:

1  Homemaker, not working outside the home

**curjob2**

2  Employed (or self-employed) full time

3  Employed (or self-employed) part time

4  Employed, but on leave for health reasons

5  Employed but temporarily away from my job (other than health reasons)

6  Unemployed or laid off 6 months or less

7  Unemployed or laid off more than 6 months

8  Retired from my usual occupation and not working

9  Retired from my usual occupation but working for pay

10  Retired from my usual occupation but volunteering

→ Did you previously work outside the home?

0  No → Skip to #6

1  Yes → Go to #2

**homemkr2**

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*In questions #2-5, please refer to your current or most recent occupation.*

- 2** For whom do/did you work? (name of company, business, organization or other employer) If you are not working now, please respond regarding your main occupation before you stopped working.

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- 3** What type of business or industry is/was this? (e.g. hospital, newspaper publishing, mail order house, auto repair shop, bank, etc.)

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- 4** What kind of work do/did you do or what was your job title? (e.g. registered nurse, personnel manager, auto mechanic, accountant, grinder operator, etc.)

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- 5** What are/were your most important activities or duties? (e.g. patient care, directing hiring policies, repairing automobiles, reviewing financial records, operating grinding mill, etc.)

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The following questions have to do with family finances. We know from other research that financial strain is common and very important to consider in understanding people's health. The following questions will be used to help give us a picture of the various financial situations experienced by persons participating in the MESA study. Any information you provide is strictly confidential and will be used for research purposes only.

- 6** Below is a list of income groups. Please mark which group best represents your total combined family income for the past 12 months. This includes the total income before taxes earned in the past year by all family members living with you. Please include money from jobs, net income from business, farm or rent, pensions, dividends, welfare, social security payments and any other money received by you or any other family member living with you.

- |   |  |
|---|--|
| 1 <input type="radio"/> Less than \$5,000   | 8 <input type="radio"/> \$30,000 - \$34,999  |
| 2 <input type="radio"/> \$5,000 - \$7,999   | 9 <input type="radio"/> \$35,000 - \$39,999  |
| 3 <input type="radio"/> \$8,000 - \$11,999  | 10 <input type="radio"/> \$40,000 - \$49,999 |
| 4 <input type="radio"/> \$12,000 - \$15,999 | 11 <input type="radio"/> \$50,000 - \$74,999 |
| 5 <input type="radio"/> \$16,000 - \$19,999 | 12 <input type="radio"/> \$75,000 - \$99,999 |
| 6 <input type="radio"/> \$20,000 - \$24,999 | 13 <input type="radio"/> \$100,000 or more   |
| 7 <input type="radio"/> \$25,000 - \$29,999 |  |

7 a Including yourself, how many people are supported by the income listed in the previous question?

numhhld2

7 b Including yourself, how many of these are...  
(Enter 00 if no one in that age category is supported by the given income)

1. Children under 18?  nhhlde2

2. Adults 65 and over?  nhhlde2

8 This question is about the house or apartment where you live. Do you:

- 1  Rent
- 2  Pay a mortgage
- 3  Own free and clear
- 4  Have other living arrangements

homety2

9 Do you or your family have investments such as stocks, bonds, mutual funds, retirement investments, or other investments? 1  Yes 0  No invest2

10 Do you or your family own any land, business property, apartments, or houses other than the one in which you now live? 1  Yes, own ownland2 2  Currently buying 0  No

11 Do you or your family own a car? 1  Yes, 1 car owncar2 2  Yes, more than 1 car 0  No

Things about a person's childhood may be important to his or her health as an adult. Please think about the two most important adults in your home when you were a child (between the time you were born and about age 5). These may be your parents or other caregivers in your home. Please tell us the highest educational level each of these adults completed. If you do not know exactly, please mark the closest answer.

12 Mother / Caregiver:

- 1  No schooling momschl2
- 2  Some schooling but did not complete high school
- 3  High school degree
- 4  Some college, but no college degree
- 5  College degree
- 6  Graduate or professional school (masters, Doctorate, MD, JD, DDS, etc.)

13 Father / Caregiver:

- 1  No schooling **dadschl2**
- 2  Some schooling but did not complete high school
- 3  High school degree
- 4  Some college, but no college degree
- 5  College degree
- 6  Graduate or professional school (masters, Doctorate, MD, JD, DDS, etc.)

14 Where do you usually go for medical care?

**medcare2**

- 1  Doctor's office or clinic
- 2  Hospital emergency room
- 3  Other:

15 To help pay for your medical care, do you now have: (check all that apply) **hinsur\_choices2**

- HIPRV2**  HMO or other private insurance such as Blue Cross, Aetna, 1199 Fund, etc.
- HIMDCR2**  Medicare
- HIMDCD2**  Medicaid
- HIMIL2**  Military or Veteran's Administration sponsored
- HINONE2**  None
- HIOTH2**  Other:

The following questions are about your use of tobacco and alcohol. They will help us better understand the role of smoking and alcohol use in the risk of cardiovascular disease.

16 Which of the following best describes your current smoking status?

**smkstat2**

- 0  Never smoked → Skip to #19
- 1  Former smoker, quit more than 1 year ago
- 2  Former smoker, quit less than 1 year ago
- 3  Current smoker
- 4  Don't know

17 Have you smoked cigarettes during the last 30 days?

**cursmk2**

- 1  Yes
- 0  No → Skip to #19

18 On average, about how many cigarettes a day do you smoke?

→ Skip to #20

**cigsday2**

19 **CURRENT NON-SMOKERS ONLY:** During the past year about how many hours per week were you in close contact with people when they were smoking? (e.g. in your home, in a car, at work or other close quarters)

shndsmk2

20 Since your last MESA visit, have you used any other tobacco products? (e.g. cigars, pipes, snuff, chewing tobacco)

othtob2 <sup>1</sup> Yes  
<sup>0</sup> No → Skip to #29

21 Have you smoked cigars during the last 30 days?

cgrcur2 <sup>1</sup> Yes  
<sup>0</sup> No → Skip to #23

22 On average, about how many cigars a day do you smoke?  
(Enter 00 if less than 1 per day)

cgrday2

23 Have you smoked a pipe during the last 30 days?

pipcur2 <sup>1</sup> Yes  
<sup>0</sup> No → Skip to #25

24 On average, about how many pipefuls a day do you smoke?  
(Enter 00 if less than 1 per day)

pipday2

25 Have you used chewing tobacco, such as Redman, Levi Garret or Beechnut, during the last 30 days?

chew2 <sup>1</sup> Yes  
<sup>0</sup> No → Skip to #27

26 On average, about how many times a day do/did you use chewing tobacco?  
(Enter 00 if less than 1 per day)

chwday2

27 Have you used snuff, such as Skoal, Skoal Bandits, or Copenhagen, during the last 30 days?

snuff2 <sup>1</sup> Yes  
<sup>0</sup> No → Skip to #29

28 On average, about how many times a day do/did you use snuff?  
(Enter 00 if less than 1 per day)

snfday2

29 Do you presently drink alcoholic beverages?

- curalc2** <sup>1</sup>  Yes  
<sup>0</sup>  No *You are finished with this questionnaire*

30 How many glasses of red wine do you usually have per week (if less than 1 per week enter "00")? (1 serving = 3.5oz glass, 1 bottle = 750 ml = 8 glasses)

**rwinewk2**

31 How many glasses of white wine do you usually have per week (if less than 1 per week enter "00")? (1 serving = 3.5oz glass, 1 bottle = 750 ml = 8 glasses)

**wwinewk2**

32 How many cans, bottles, or glasses of beer do you usually have per week (if less than 1 per week enter "00")? (1 serving = 12 oz glass, 1 bottle = 355 ml = 1 glass)

**beerwk2**

33 How many drinks of liquor or mixed drinks do you usually have per week (if less than 1 per week enter "00")? (1 serving = 1.5oz or 1 shot)

**liqwk2**

34 In the past month what is the largest number of drinks you had in one day?

**highalc2**

For MESA Field Center Use Only:

Form completed  Home **phxloch2**  Clinic **phxlocc2**

Completed by:  Self-Administered  Interviewer-Administer **phxadm2**

Interviewer ID:  <sup>1</sup> Reviewer ID:  <sup>2</sup> Data Entry ID:

**phxiid2**

**phxrid2**

**phxdid2**