

Multi-Ethnic Study of Atherosclerosis

Exam 3



Medical History

Interviewer Administered

Participant Id#:

Acrostic:

mhxd3

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?

- Better
- Same
- Worse

hlthage3

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

2 Emphysema? **EMPHYS3** Yes No Don't Know

3 Asthma? **ASTHMA3**

4 Arthritis? **ARTHRIT3**

5 Rheumatic heart disease or heart valve problems? **rheuhv3**

6 Liver disease? **liverd3**

IF YES → Which type?

a. Cirrhosis **CIRRH3**

b. Hepatitis **HEPAT3**

YES → Which type? Select all that apply

- heptpa3** **heptpc3** **heptpe3** **heptpu3**
 Hep A Hep B Hep C Hep D Hep E Other Don't Know
heptpb3 **heptpd3** **heptpo3**

7 Kidney disease? **KDNYDIS3** Yes No Don't Know

- 8 When walking on level ground, do you get more breathless than people your own age? **levwalk3** Yes No Don't Know
- 9 When walking up hills or stairs, do you get more breathless than people your own age? **hilwalk3** Yes No Don't Know
- 10 Do you ever have to stop walking because of breathlessness? **stpwalk3** Yes No Don't Know

11 Do you ever get pain in either leg or buttock while walking?

Yes

No

LEGPAIN3



Go to #12

If Yes:

a. Does this pain ever begin when you are standing still or sitting? **LPREST3** Yes No

b. In what part of your leg or buttock do you feel it? **LPCALF3** Pain includes calf/calves Pain does not include calf/calves

c. Do you get it if you walk uphill or hurry? **LPUPHL3** Yes No

d. Do you get it if you walk at an ordinary pace on the level? **LPNORM3** Yes No

e. Does the pain ever disappear while you are walking? **LPDIS3** Yes No

f. What do you do if you get it when you are walking? **LPSTOP3** Stop or slow down Continue on

g. What happens to the pain if you stand still? **LPSTND3** Relieved Not relieved

If Relieved → How soon?

LPRELV3 10 minutes or less More than 10 minutes

h. Is this pain predominantly in the right side, left side, or in both legs? **LPLOC3** Right Side Left Side Both legs

- 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
- SWLLFT3**
-
- If Yes** → Did it tend to come on during the day and go down overnight?
- SWLLDAY3**
- 13 Since your last MESA clinic visit, have you had to sleep on two or more pillows to help you breathe?
- SLPPLLW3**

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

- | | Yes | No | Don't Know |
|---|-----------------------|-----------------------|-----------------------|
| a. Fever FEVER3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Cold, flu, or sore throat COLDFLU | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Urinary infection URININF3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Seasonal allergy ALLRGY3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Bronchitis BRONCH3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Sinus infection or sinusitis SINUINF3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Pneumonia PNEUMO3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Gums bleeding while brushing or flossing BLDGUMS3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Tooth infection TTHINF3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Flare-up of gout GOUT3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Flare-up of arthritis ARTH2WK3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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.)

AB1YNUM3 times Don't know **NOAB3**

Comment: **ABt x3**

- Yes No Don't Know
- 16 Are you taking aspirin on a regular basis? **aspirin3**
- If Yes** → How many days a week? **ASPDAYS3**

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** **BCPILLS3**

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)

BPILLYR3

Hystchk3

Check here if participant has previously reported hysterectomy and skip to question 19

18 Have you had a hysterectomy (surgery to remove your uterus/womb)? **Yes** **No** **Don't Know** **HYSTRCT3**

If Yes:

a. At what age? **HYSTAGE3**

ovarchk

Check here if participant has previously reported removal of both ovaries and skip to question 20

19 Have you had surgery to remove your ovaries? **Yes** **No** **Don't Know** **OVAREM3**

If Yes:

a. At what age? **OVAAGE3**

b. How many ovaries were removed? 1 2 **OVAREMN3**

menochk3

Check here if participant previously reported going through menopause and skip to question 21

20 Have you had a menstrual period in the past 12 months? **Yes** **No** **Don't Know** **MENPER3**

If Yes → How many periods have you had in the last 12 months? **PRDSNUM3**

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

HRMREP3 No → Questionnaire Completed

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

HRMRAGE3

HRMREPC3

Yes → At what age did you begin?

No → At what ages did you take hormones?

HRMSAGE3

Age started

Age stopped

HRMQAGE3

b. Which type of therapy were you on?

HRMTYP3

- Estrogen alone (like Premarin or Estratab)
- Estrogen with progestin (like Provera)
- Other types of hormone replacement therapy

Specify:

HRTOTH3

For MESA Field Center Use Only:

MHXIID3

MHXRID3

MHXDID3

Interviewer

Reviewer ID

Data Entry