

Multi-Ethnic Study of Atherosclerosis
Exam 5



Medical History
Interviewer Administered

Participant Id#:

Acrostic:

Tech ID#:

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

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

Yes **No** **Don't Know**

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

4 Do you ever have to stop walking because of breathlessness?



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

Yes

No



Go to Q6

If Yes:

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

b. In what part of your leg or buttock do you feel it?

Pain includes calf/calves

Pain does not include calf/calves

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

Yes

No

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

e. Does the pain ever disappear while you are walking?

f. What do you do if you get it when you are walking?

Stop or slow down

Continue on

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

Relieved

Not relieved



How soon?

10 minutes or less

More than 10 minutes

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

Right Side

Left Side

Both legs

6 Are you taking aspirin on a regular basis?

Yes

No

Don't Know

If Yes → a. How many days a week?



7 Do you usually have a cough on most days for 3 or more months during the year?

- Yes** → For how many years have you had this cough? years
 No

8 Do you usually bring up phlegm from your chest on most days for 3 or more months during the year?

- Yes** → For how many years have you brought up years
 No phlegm from your chest like this?

9 In the last 12 months, have you had wheezing or whistling in your chest?

- Yes**
 No → **Skip to Q10**

a. In the last 12 months, how often have you had this wheezing or whistling? (*Read the options*)

- most days or nights a few days or nights a **month**
 a few days or nights a **week** a few days or nights a **year**

b. In the last 12 months, have you had an attack of wheezing or whistling in the chest that has made you feel short of breath?

- Yes**
 No

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

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

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
11 Diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Yes → a. Are you currently taking medicine for your diabetes?

- Yes →
- No
- Unsure

What kind of medicine are you taking for your diabetes?

- Pills Insulin and Pills
- Insulin

	Yes	No	Don't Know
12 Emphysema or Chronic Obstructive Pulmonary Disease (COPD)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't Know
13 Asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Yes → a. For some people, asthma symptoms completely go away as they grow older. Later in life, however, asthma may recur. At approximately what ages did you experience each of the following events?

Age developed first asthma symptoms	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> years	<input type="radio"/> As a child (age not known)	<input type="radio"/> Don't Know
Age doctor first diagnosed asthma	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> years	<input type="radio"/> Never diagnosed by a doctor	<input type="radio"/> Don't Know
Age at start of 10 year (or more) period without asthma symptoms	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> years	<input type="radio"/> Not applicable (symptoms never went away for 10 or more years)	<input type="radio"/> Don't Know
Age at first recurrence of asthma symptoms	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> years	<input type="radio"/> Not applicable	<input type="radio"/> Don't Know

	Yes	No	Don't Know
14 Liver problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Yes → a. Did you have liver failure?

- Yes No

	Yes	No	Don't Know
15 Kidney disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Yes → a. Did you have kidney failure, require dialysis or transplantation?

- Yes No

16 Has your doctor or health care provider ever told you that you had a kidney stone? Yes No Don't Know

If Yes → a. How old were you during your first stone episode? Age

b. How many kidney stones have you had in the past?

- None 2 - 5
 1 More than 5

17 Have any first degree relatives (i.e. mother, father, siblings, children) ever had a kidney stone? Yes No Don't Know

Reproductive History (WOMEN ONLY -- MEN are finished with this questionnaire.)

If post-menopausal, skip to question 21

If participant has previously reported removal of both ovaries -- skip to question 19

18 Have you had surgery to remove your ovaries? Yes No Don't Know

If Yes → a. At what age?

b. How many ovaries were removed?

- 1 2 → *If both ovaries removed, Skip to question 21*

If participant has previously reported hysterectomy -- skip to question 20

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

If Yes → a. At what age? *Skip to question 21*

If participant previously reported going through menopause - skip to question 21

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

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

↓
Skip to question 21



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

No → Questionnaire Completed

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

Yes → At what age did you begin?

No → At what ages did you take hormones?

Age started

Age stopped

b. Which type of therapy were you on?

Estrogen alone (like Premarin or Estratab)

Estrogen with progestin (like Provera)

Other types of hormone replacement therapy

Specify:

