Exam 6
Medical History
Interviewer Administered

Participant ID #: ☐☐☐☐☐☐☐ Acrostic: ☐☐☐☐☐☐☐☐

Technician ID: ☐☐☐☐ Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

The following are some questions about your medical history. Please answer to the best of your knowledge.

1. In general, would you say your health is:

○ Excellent ○ Very good ○ Good ○ Fair ○ Poor

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

○ Better ○ Same ○ Worse

The following two questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
3. MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	○	○	○
4. Climbing SEVERAL flights of stairs	○	○	○

During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular activities AS A RESULT OF YOUR PHYSICAL HEALTH?

	Yes	No
5. ACCOMPLISHED LESS than you would like	○	○
6. Were limited in the KIND of work or other activities	○	○

During the PAST 4 WEEKS, were you limited in the kind of work you do or other regular activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

	Yes	No
7. ACCOMPLISHED LESS than you would like	○	○
8. Didn't do work or other activities as CAREFULLY as usual	○	○

	Not at all	A little bit	Moderately	Quite a bit	Extremely
9. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)?	○	○	○	○	○

The next three questions are about how you feel and how things have been DURING THE PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS -

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
10. Have you felt calm and peaceful?	○	○	○	○	○	○
11. Did you have a lot of energy?	○	○	○	○	○	○
12. Have you felt downhearted and blue?	○	○	○	○	○	○
13. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)?	○	○	○	○	○	○

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14. Are you unable to walk due to a condition other than shortness of breath?

○ Yes ○ No

↓

What is the nature of the condition? ☐

(skip to question 19)

	Yes	No	Don't know
15. Do you get short of breath when hurrying on level ground or walking up a slight hill?	○	○	○
16. Do you walk slower than people of the same age on level ground because of breathlessness or have to stop for breath when walking at your own pace on level ground?	○	○	○
17. Do you stop for breath after walking about 100 yards or after a few minutes on level ground?	○	○	○
18. Are you too breathless to leave the house or breathless when dressing?	○	○	○
19. Are you taking aspirin on a regular basis?	○	○	○

If Yes → a. How many days a week? ☐

20. 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

21. 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 phlegm from your chest like this? ☐☐ years
- ○ No

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

- ○ Yes
- ○ No → Skip to Q23

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 **week**
- ○ a few days or nights a **month**
- ○ 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

Has a doctor ever told you that you have any of the following conditions?
Note: Skip any of 23-30 if previously reported

	Yes	No	Don't know
23. Diabetes?	○	○	○

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
- ○ Insulin and pills
- ○ Other injections

Has a doctor ever told you that you have any of the following conditions?
Note: Skip any of 23-30 if previously reported

	Yes	No	Don't know
24. High blood pressure?	○	○	○
25. High cholesterol?	○	○	○
26. Emphysema or Chronic Obstructive Pulmonary Disease (COPD)?	○	○	○
27. Asthma?	○	○	○

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	☐☐ years	○ As a child (age not known)	○ Don't know
Age doctor first diagnosed asthma	☐☐ years	○ Never diagnosed by a doctor	○ Don't know
Age at start of 10 year (or more) period without asthma symptoms	☐☐ years	○ Not applicable (symptoms never went away for 10 or more years)	○ Don't know
Age at first recurrence of asthma symptoms	☐☐ years	○ Not applicable	○ Don't know

	Yes	No	Don't know
28. Atrial Fibrillation?	○	○	○
29. Kidney disease?	○	○	○

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

○ Yes ○ No

Has a doctor ever told you that you have any of the following conditions?
Note: Skip any of 23-30 if previously reported

	Yes	No	Don't know
30. Has your doctor or health care provider ever told you that you had a kidney stone?	○	○	○

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 ○ 1 ○ 2-5 ○ More than 5

If No ⟶ go to Question 32

	Yes	No	Don't know
31. Did you pass a kidney stone since your last MESA visit?	○	○	○

If Yes ⟶ a. How many kidney stones did you pass?

○ 1 ○ 2 - 5 ○ More than 5

	Yes	No	Don't know
32. Have any first degree relatives (i.e. mother, father, siblings, children) ever had a kidney stone?	○	○	○
33. Has a dentist every told you that you had periodontitis, or that you had bone loss around your teeth?	○	○	○
34. Has a dentist every told you that you had gum disease?	○	○	○

35. *For participants with history of pacemaker or implanted cardioverter defibrillator based on prior event investigation (skip if answered at FU18):*

a. Based on your prior MESA interviews, I see that you have had a [pacemaker or other device type from investigation] implanted on Month/Day/Year [CC inserts date of insertion based on event investigation]. Is that right? Do you still have an implanted device?

○ Yes ○ No ○ Don't know

For participants without history of device:
b. Do you have an implanted cardiac pacemaker or an implanted cardioverter-defibrillator (ICD)?

○ Yes ○ No ○ Don't know

(Q35 continued)

If yes to a or b:
c. Is it a cardiac pacemaker or a cardioverter-defibrillator?

○ cardiac pacemaker ○ cardioverter-defibrillator

d. What doctor do you see for regular evaluation of that device?

Name: _____ City, state: _____

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

36. Between the ages of 16 and 40, about how long was your average menstrual cycle (time from first day of one period to the first day of the next period)?

○ Less than 25 days
○ 25-43 days
○ 35-60 days
○ More than 60 days
○ Totally variable

	Yes	No	Don't know
37. Have you ever had hot flashes or night sweats related to menopause?	○	○	○

If Yes →

a. At what age did the hot flashes or night sweats start? ☐☐ ○ Don't know

b. At what age did the hot flashes or night sweats end? ☐☐ ○ Still ongoing ○ Don't know

c. Were the symptoms:

○ Mild (symptom did not interfere with usual activities)
○ Moderate (symptom interfered somewhat with usual activities)
○ Severe (symptom was so bothersome that usual activities could not be performed)

38. At what age did you go through menopause (change of life)? ☐☐ (skip if previously reported)

39. Did you go through menopause naturally, or as a result of surgery (hysterectomy or removal of both ovaries)?

○ Naturally
○ As a result of surgery
○ Don't know

If participant has previously reported removal of both ovaries -- skip to question 40c

40. Have you had surgery to remove your ovaries? Yes ○ No ○ → **Go to Q41** Don't know ○ → **Go to Q41**

a. At what age? ☐☐ ○ Don't know

b. How many ovaries were removed?

○ 1 ○ 2

c. What was the reason for removing your ovaries? (Select all that apply)

- ☐ Ovarian cyst
- ☐ Ovarian cancer
- ☐ Non-cancerous tumor
- ☐ Family history of ovarian cancer or breast cancer
- ☐ Removed at the time of a hysterectomy
- ☐ Removed at the time of a tubal ligation to prevent pregnancy
- ☐ Endometriosis
- ☐ Don't know
- ☐ Other, please specify: ____

d. Were you still having menstrual periods at the time of the surgery? Yes ○ No ○ Don't know ○

If No → How long before surgery did your periods stop? ☐☐ ○ months ○ years ○ Don't know

If participant has previously reported hysterectomy -- skip to question 41b

41. Have you had a hysterectomy (surgery to remove your uterus/womb)? Yes ○ No ○ → **Go to Q42** Don't know ○ → **Go to Q42**

a. At what age? ☐☐ ○ Don't know

b. What was the reason for removing your uterus? (Select all that apply)

- ☐ Fibroids
- ☐ Endometrial (uterine) cancer
- ☐ Heavy bleeding
- ☐ Pregnancy/delivery complication
- ☐ Cervical cancer
- ☐ Prolapse
- ☐ Endometriosis
- ☐ Family history of ovarian cancer or endometrial cancer
- ☐ Don't know
- ☐ Other, please specify: ____

c. Were you still having menstrual periods at the time of the surgery? Yes ○ No ○ Don't know ○

If No → How long before surgery did your periods stop? ☐☐ ○ months ○ years ○ Don't know

42. Have you ever used birth control pills?

- ○ Yes → At what age did you stop taking birth control pills? ☐☐ ○ Don't know
- ○ No

43. 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? ☐☐ ○ Don't know
  - ○ No → At what ages did you take hormones?

    Age started ☐☐ ○ Don't know

    Age stopped ☐☐ ○ Don't know

b. Which type of therapy were you on?

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

  Specify: ☐
- ○ Don't know