



*Personal History*

Id#: IDNO

Acrostic: ACROSTIC

Date:

 / 

Month

Day

Year

PHXDT1

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 What is your gender?  Male  Female PHXSEX1

2 Where were you born?

- BTH1  One of the 50 US states (please specify state) STBTH1
- Puerto Rico
- Another country (please specify country) CTRYBTH1

If born in Puerto Rico or in a another country:

How many years have you lived in the United States?     

YRSUS1

3 Where were your parents and grandparents born?

- |   |   |
|---|---|
| <p>Mother</p> <p><b>MBTH1</b></p> <p><input type="radio"/> One of the 50 US states <u>MSTBTH1</u></p> <p><input type="radio"/> Puerto Rico</p> <p><input type="radio"/> Another country <u>MCNTRY1</u></p>  | <p>Father</p> <p><b>FBTH1</b></p> <p><input type="radio"/> One of the 50 US states <u>FSTBTH1</u></p> <p><input type="radio"/> Puerto Rico</p> <p><input type="radio"/> Another country <u>FCNTRY1</u></p>  |
| <p>Maternal grandmother</p> <p><b>MMBTH1</b></p> <p><input type="radio"/> One of the 50 US states</p> <p><input type="radio"/> Puerto Rico</p> <p><input type="radio"/> Another country <u>MMCNTRY1</u></p> | <p>Maternal grandfather</p> <p><b>MFBTH1</b></p> <p><input type="radio"/> One of the 50 US states</p> <p><input type="radio"/> Puerto Rico</p> <p><input type="radio"/> Another country <u>MFCNTRY1</u></p> |
| <p>Paternal grandmother</p> <p><b>PMBTH1</b></p> <p><input type="radio"/> One of the 50 US states</p> <p><input type="radio"/> Puerto Rico</p> <p><input type="radio"/> Another country <u>PMCNTRY1</u></p> | <p>Paternal grandfather</p> <p><b>PFBTH1</b></p> <p><input type="radio"/> One of the 50 US states</p> <p><input type="radio"/> Puerto Rico</p> <p><input type="radio"/> Another country <u>PFCNTRY1</u></p> |

# Personal History - 2

4 What language is generally spoken in your home? (check all that apply) **LANGHM1**

- LNGEN61** English     **LNGSP1** Spanish     **LNGCAN1** Cantonese     **LNGMAN1** Mandarin

Other:   
**LNGOTH1**

5 What is your marital status? **MARITAL1**

- Married/Living as married/Living with partner     Separated  
 Widowed     Never married  
 Divorced     Prefer not to answer

6 What is the highest degree or level of school you have completed?  
If currently enrolled, mark the highest grade completed or highest degree received.

- No schooling     Some college but no degree    **EDUC1**  
 Grades 1-8     Technical school certificate  
 Grades 9-11     Associate degree (Junior College, e.g. AA, AS)  
 Completed high school (12th grade) or GED     Bachelor's degree (e.g. BA, AB, BS)  
 Graduate or professional school (Master's, Doctorate, MD, JD, DDS, etc.)

We are asking for your Social Security Number because data from this study will be linked with data supplied by the National Center for Health Statistics. It will be kept confidential according to the Privacy Act of 1974, and will be used only for research purposes. Providing this information to MESA is extremely important for the purposes of the study, but is entirely voluntary on your part.

7 a What is your Social Security Number?

 - **SSN1** 

7 b Sometimes dependents or spouses can apply for Medicare benefits using the Social Security Number of another family member. Did you ever get Medicare benefits using a Social Security Number other than your own?

- No  
 Yes → Could you please tell me the Social Security Number you used to apply for Medicare Benefits?

**OTHSSN1**

 - **SPCOSSN1**

# Personal History - 3

8 Please choose one of the following which best describes your current occupation:

**CURJOB1**

- 1  Homemaker, not working outside the home → Did you previously work outside the home?  No → Skip to #13  
 Yes
- 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

**HOMEMKR1**

9 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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10 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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11 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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12 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.

# Personal History - 4

**13** Below is a list of income groups. Please tell me 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.

## INCOME1

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

**14 a** Including yourself, how many people are supported by the income listed above

**NUMHLD1**

**14 b** How many of these are...

(Enter 00 if no one in that age category is supported by the given income)

1. Children under 18?  **NHHLDC1**

2. Adults 65 and over?  **NHHLDE1**

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

- 1  Rent **HOMETYP1**  
2  Pay a mortgage  
3  Own free and clear  
4  Have other living arrangements

**16** Where do you usually go for medical care?

- 1  Doctor's office or clinic **MEDCARE1**  
2  Hospital emergency room  
3  Other:  **MEDCTXT1**

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

- HIPRV1**     HMO or other private insurance such as Blue Cross, Aetna, 1199 Fund, etc.  
**HIMDCR1**     Medicare  
**HIMDCD1**     Medicaid  
**HIMIL1**     Military or Veteran's Administration sponsored  
**HINONE1**     None  
**HIOTH1**     Other:  **HINSTXT1**

# Personal History - 5

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.

18 Have you smoked at least 100 cigarettes in your lifetime?  Yes  
 No → Skip to #23  
**EVSMK1**

19 How old were you when you first started smoking cigarettes? **AGESMK1**

20 Have you smoked cigarettes during the last 30 days?  Yes → Skip to #22  
 No  
**CURSMK1**

21 **FOR FORMER SMOKERS:**  
How old were you when you quit smoking cigarettes? **AGEQUIT1**

22 On average, about how many cigarettes a day do/did you smoke? **CIGSDAY1**

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23 Have you ever used any other tobacco products? (E.g. cigars, pipes, snuff, chewing tobacco)  Yes  
 No → Skip to #44  
**OTHTOBI** *Current cigarette smokers Skip to #45*

24 Have you smoked more than 20 cigars in your lifetime?  Yes  
 No → Skip to #29  
**CIGAR1**

25 How old were you when you first started smoking cigars? **CGRAGE1**

26 Have you smoked cigars during the last 30 days?  Yes → Skip to #28  
 No  
**CGRCUR1**

27 How old were you when you quit smoking cigars? **CGRAGEQ1**

28 On average, about how many cigars a day do/did you smoke? **CGRDAY1**

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29 Have you smoked at least 20 pipefuls of tobacco in your lifetime?  Yes  
 No → Skip to #34  
**PIPE1**

30 How old were you when you first smoked a pipe? **PIPAGE1**

# Personal History - 6

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

**PIPCUR1**

1  Yes → Skip to #33

0  No

32 **FOR FORMER SMOKERS:**

How old were you when you quit smoking a pipe?

**PIPAGEQ1**

33 On average, about how many pipefuls a day do/did you smoke?

**PIPDAY1**

34 Have you used chewing tobacco, such as Redman, Levi Garret or Beechnut, at least 20 times?

**CHEW1**

1  Yes

0  No → Skip to #39

35 How old were you when you first used chewing tobacco?

**CHWAGE1**

36 Have you used chewing tobacco during the last 30 days?

**CHWCUR1**

1  Yes → Skip to #38

0  No

37 How old were you when you quit using chewing tobacco?

**CHWAGEQ1**

38 On average, about how many times a day do/did you use chewing tobacco?

**CHWDAY1**

39 Have you used snuff, such as Skoal, Skoal Bandits or Copenhagen, at least 20 times?

**SNUFF1**

1  Yes

0  No → Skip to #44

40 How old were you when you first used snuff?

**SNFAGE1**

41 Have you used snuff during the last 30 days?

**SNFCUR1**

1  Yes → Skip to #43

0  No

42 How old were you when you quit using snuff?

**SNFAGEQ1**

43 On average, about how many times a day do/did you use snuff?

**SNFDAY1**

44 **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)

**SHND SMK1**

# Personal History - 7

45 Have you ever consumed alcoholic beverages?

- 1  Yes  
0  No → *You have completed this form*

ALCOHOL1

46 How old were you when you first started drinking alcoholic beverages?

ALCAGE1

47 Do you presently drink alcoholic beverages?

CURALC1

- 1  Yes → *Skip to #51*  
0  No

48 For how many years did you drink alcoholic beverages?  
(Do not count times when you did not drink alcohol)

YRSALCP1

49 In the past, which types of alcoholic beverages did you ordinarily drink?  
(Mark all that apply)

- WINE1**       Wine  
**BEER1**       Beer  
**HARDLIQ1**    Drinks made with hard liquor (e.g. whiskey, rum, vodka, etc.)  
**OTHALC1**     Other:

OTALCTX1

50 What was the usual number of drinks you had per week before you stopped drinking alcoholic beverages?

(One drink means 1 beer or 1 glass of wine or 1 shot of liquor or 1 mixed drink. Record 0 if less than one drink per week)

ALCWKP1

51 IF YOU CURRENTLY DRINK ALCOHOL:

For how many years have you been drinking alcoholic beverages?  
(Do not count times you did not drink alcohol)

YRSALCC1

52 What is the usual number of drinks you have per week?

(One drink means 1 beer or 1 glass of wine or 1 shot of liquor or 1 mixed drink. Record 0 if less than one drink per week)

ALCWKC1

53 During the past 24 hours how many drinks have you had?

ALC24HR1

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

HIGHALC1

For MESA Field Center Use Only:

Form completed in:     Home     Clinic

PHXLOCH1  
PHXLOCC1

Completed by:    1  Self-Administered    2  Interviewer-Administered

PHXADM1

Job Code:                      **JOBCODE1**

Interviewer or Reviewer ID:                      **PHXTID1**

Data Entry ID:                      **PHXDID1**