



MESA Exam 7

Medical History

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.

Has a doctor ever told you that you have any of the following conditions?

- | | Yes | No | Don't know |
|---|-----------------------|-----------------------|-----------------------|
| 1. Kidney failure requiring dialysis or transplantation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Diabetes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Hypertension (high blood pressure)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Hypercholesterolemia (high cholesterol)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. B12 deficiency? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Atrial Fibrillation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Emphysema or Chronic Obstructive Pulmonary Disease (COPD)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Asthma? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Dyslexia? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Parkinson's disease (PD)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If Yes →

a. In what year was PD diagnosed?

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 11. Post traumatic stress disorder (PTSD) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Bipolar disorder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Schizophrenia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Depression | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If Yes →

14a. Was depression diagnosed within the past 2 years?

- Yes, diagnosed within the past 2 years
- No, diagnosed more than 2 years ago



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Has a doctor ever told you that you have any of the following conditions?

	Yes	No	Don't know
15. Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Obsessive-compulsive disorder (OCD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Any other psychiatric disorders not mentioned?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Yes →

17a. What was the psychiatric disorder diagnosis?

17b. Was it diagnosed within the past 2 years?

- Yes, diagnosed within the past 2 years
- No, diagnosed more than 2 years ago

	Yes	No	Don't know
18. Traumatic brain injury (TBI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Yes →

18a. Have you had a TBI with brief loss of consciousness, less than 5 minutes?

- No
- Single
- Repeated / multiple
- Don't know

18b. Have you had TBI with extended loss of consciousness, 5 or more minutes?

- No
- Single
- Repeated / multiple
- Don't know

18c. Have you had TBI without loss of consciousness, which might result from military detonations or sports injuries?

- No
- Single
- Repeated / multiple
- Don't know

18d. In what year was your most recent TBI?

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	Yes	No	Don't know
19. Are you taking aspirin on a regular basis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Yes →

19a. How many days a week? days



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Interviewer Administered

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

- Yes
- No

For how many years have you had this cough? years

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

- Yes
- No

For how many years have you brought up phlegm from your chest like this? years

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

- Yes
- No

22a. 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**

22b. 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

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

Yes No Don't know



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24. Do you get short of breath when hurrying on level ground or walking up a slight hill?

25. 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?

26. Do you stop for breath after walking about 100 yards or after a few minutes on level ground?

27. Are you too breathless to leave the house or breathless when dressing?



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28. In the past 12 months, have you had a period when you had breathing problems that got so bad that they interfered with your usual daily activities or caused you to miss work?

- Yes →
- No
- Don't know

28a. How many such episodes have you had in the past 12 months?

Don't know

28b. For how many of these episodes did you need to see a doctor or other healthcare provider in the past 12 months?

Don't know

28c. For how many of these episodes were you hospitalized overnight in the past 12 months?

Don't know

28d. All together, for how many total days were you hospitalized overnight for breathing problems in the past 12 months?

Don't know

29. Questionnaire completed by:

- Participant
- Proxy