



Exam 7 Personal History

Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month Day Year

This form collects 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, ask a staff member for clarification.

1. At your last MESA exam, you described your current occupation as [current occupation]. Has your employment status changed?

- No
- Yes →

1a. Choose one of the following which best describes your current occupation:

- Homemaker, not working outside the home
- Employed (or self-employed) full time
- Employed (or self-employed) part time
- Employed, but on leave for health reasons
- Employed but temporarily away from my job (other than health reasons)
- Unemployed or laid off 6 months or less
- Unemployed or laid off more than 6 months
- Retired from my usual occupation and not working
- Retired from my usual occupation but working for pay

2. What is the highest degree or level of school you have completed?

- No schooling
- Grades 1-8
- Grades 9-11
- Completed high school (12th grade) or GED → GED
- Some college but no degree → How many years? _____
- Technical school certificate
- Associate degree (AA/AS)
- Bachelor's degree (BA, AB, BS)
- Graduate degree →
- Some graduate school but no degree

<input type="checkbox"/> Master's	<input type="checkbox"/> MD	<input type="checkbox"/> DDS
<input type="checkbox"/> Doctorate	<input type="checkbox"/> JD	

How many years? _____



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

- English
- Spanish
- Cantonese
- Mandarin
- Other: _____

4. What is your current marital status?

- Married
- Never married (or marriage was annulled)
- Widowed
- Living as married / domestic partner
- Divorced
- Don't know
- Separated

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.

5. Below is a list of income groups. Please choose 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.

- Less than \$5,000
- \$20,000 - \$24,999
- \$50,000 - \$74,999
- \$5,000 - \$7,999
- \$25,000 - \$29,999
- \$75,000 - \$99,999
- \$8,000 - \$11,999
- \$30,000 - \$34,999
- \$100,000 - \$124,999
- \$12,000 - \$15,999
- \$35,000 - \$39,999
- \$125,000 - \$149,999
- \$16,000 - \$19,999
- \$40,000 - \$49,999
- \$150,000 or more

5a. Including yourself, how many people are supported by the income listed in the previous question?

5b. Including yourself, how many of these are...

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

Children under 18? _____

Adults 65 and older? _____



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6. Where do you usually go for medical care?

- Doctor's office or clinic
- Hospital emergency room
- Urgent care center
- Other: _____

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

- Private insurance such as Blue Cross, Aetna, etc.
- HMO such as Kaiser, UCare, Medica, etc.
- Medicare
- Medicaid
- Military or Veteran's Administration sponsored
- None
- Other: _____

8. This question is about the house or apartment that you live in. Do you:

- Rent
- Pay mortgage
- Own free & clear
- Have other living arrangements

9. Do you or your family have investments such as stocks, bonds, mutual funds, retirement investments, or other investments?

- Yes
- No
- Don't know

10. Do you or your family own any land/business/property/apartments/houses other than the one in which you now live?

- Yes
- Currently buying
- No

11. Do you or your family own a car?

- Yes, one car
- Yes, more than one car
- No



12. What is your current living situation?

- Live alone
- Live with one other person who is a spouse or partner
- Live with one other person who is a relative or friend or roommate
- Live with a caregiver who is not my spouse/partner/relative/friend
- Live with a group in a private residence
- Live in a group home (assisted living, nursing home, convent)
- Don't know

13. What type of residence do you live in?

- An apartment/condo or house
- A retirement community or independent group home
- Assisted living / adult family home / boarding home
- Skilled nursing facility / nursing home / hospital / hospice
- Don't know

14. The next questions are about what you often do on your own and what you need help from others to accomplish.

Do you need help with:

	Yes	No	Unwilling to answer
a. Paying bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Remembering appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

- Excellent Very good Good Fair Poor
-

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 |
|---|-----------------------|--------------------------|---------------------------|
| 16. MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Climbing SEVERAL flights of stairs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-

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 |
|--|-----------------------|-----------------------|
| 18. ACCOMPLISHED LESS than you would like | <input type="radio"/> | <input type="radio"/> |
| 19. Were limited in the KIND of work or other activities | <input type="radio"/> | <input type="radio"/> |
-

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 |
|--|-----------------------|-----------------------|
| 20. ACCOMPLISHED LESS than you would like | <input type="radio"/> | <input type="radio"/> |
| 21. Didn't do work or other activities as CAREFULLY as usual | <input type="radio"/> | <input type="radio"/> |
-

- | | Not at
all | A little
bit | Moderately | Quite
a bit | Extremely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 22. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-



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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
23. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. 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.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The next set of questions ask about alcohol, tobacco, and drug use.

27. Have you consumed any alcoholic beverages in the last three months?

- Yes
- No → **Skip to Question 33**

28. During the past three months, how often did you have at least one drink of any alcoholic beverage?

- Less than once a month
- About once a month
- About once a week
- A few times a week
- Daily or almost daily
- Don't know



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29. How many glasses of red wine do you usually have per week?

If less than 1 per week enter "00". (1 serving = 3.5 oz glass, 1 bottle = 750 ml = 8 glasses)

30. How many glasses of white wine do you usually have per week?

If less than 1 per week enter "00". (1 serving = 3.5 oz glass, 1 bottle = 750 ml = 8 glasses)

31. How many cans, bottles, or glasses of beer do you usually have per week?

If less than 1 per week enter "00". (1 serving = 12 oz glass, 1 bottle = 355 ml = 1 glass)

32. How many drinks of liquor or mixed drinks do you usually have per week?

If less than 1 per week enter "00". (1 serving = 1.5 oz or 1 shot)

33. Has alcohol use EVER impaired your ability to work, drive, or interact in social situations?

- Yes
- No
- Don't know
- Unwilling to answer

33a. In the past year, has alcohol use impaired your ability to work, drive, or interact in social situations?

- Yes
- No
- Don't know
- Unwilling to answer

34. Has the use of drugs or other substances EVER impaired your ability to work, drive, or interact in social situations?

- Yes
- No
- Don't know
- Unwilling to answer

34a. Can you specify the drug or substance used? _____

34b. In the past year, has the use of drugs or other substances impaired your ability to work, drive, or interact in social situations?

- Yes
- No
- Don't know
- Unwilling to answer



35. Which of the following best describes your current smoking status?

- Never smoked ———→ **Skip to Question 40**
- Former smoker, quit more than 1 year ago
- Former smoker, quit less than 1 year ago
- Current smoker
- Don't know

36. Have you smoked in the last 30 days?

- Yes
- No
- Don't know

37. For how many years did you smoke / have you smoked?

_____ years

If former smoker:

38. On average, how many cigarettes did you smoke per day?

_____ cigarettes

If current smoker:

39. On average, how many cigarettes do you smoke per day?

_____ cigarettes

40. Did your mother smoke cigarettes when she was pregnant with you before you were born?

- Yes
- No
- Don't know

41. *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)

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42. Questionnaire completed by:

- Participant
- Proxy