

## YEAR 3 PERSONAL HISTORY

### 1 **Background and Rationale**

- 1.1 Weight History - In the United States, there is substantial progressive weight gain in both men and women from late adolescence into adulthood. However, the influence of long-term weight changes or weight at various stages of life on risk for subsequent cardiovascular diseases is less clear.
- 1.2 Smoking - Cigarette smoking is a major cause of preventable morbidity and premature mortality and is a principal independent risk factor for CHD and stroke. The magnitude of the health risks associated with cigarette smoking vary as a function of amount and duration of smoking, and are moderated to some degree following cessation. Thus, it is important to assess not only present smoking behavior, but history of smoking for both current smokers and nonsmokers.
- 1.3 Vision and Hearing - It is important to assess the vision and hearing of CHS participants for two reasons. Sudden changes in vision and hearing may reflect a recent event, such as a stroke. If a participant reports poor hearing and/or vision in this interview, this information will be "flagged" for additional review during the Exit Interview. Also, all of the examination activities require minimal ability to hear interviewers and other study staff, and to see the response cards that are used in several of the interviews.
- 1.4 Women Gynecological History - It has been suggested that gynecological history (e.g. reproductive history, use of exogenous hormones) is related to a woman's risk of cardiovascular disease, and in particular, that the use of post-menopausal replacement estrogens may reduce the risk of CHD.

### 2 **Definitions**

None

### 3 **Methods**

#### 3.1 Home Questionnaire Packet

Both the Medical History and Personal History forms are to be mailed to the participant after contact has been made and the Surveillance Visit has been scheduled. Instructions for completing the forms have been standardized and an individual sheet has been prepared which includes the telephone number that the participant should call if help is needed. If the Field Center elects not to send these two forms out to the participant, (e.g. there is concern about the percent of illiteracy in the population), the instruction form is not needed.

The Personal History Form is primarily designed as a self-administered questionnaire. When an interviewer perceives that the participant will not be able to complete the self-administered form, the form(s) should be administered by an interviewer in the home or in the clinic.

- 3.2 A CHS Interviewer reviews the form to identify any questions which were not answered, were marked in an unclear fashion, or were skipped inappropriately. (Participant need not be present during the review, but could be interviewed later to clarify any ambiguities.)

When inconsistencies or errors are noted the CHS Interviewer discusses these questions with the participant to determine the correct response(s).

- 3.3 The following guidelines are provided to assist the interviewer and/or analyst regarding the interpretation on the codes.

#### Question 1 - Weight

The weight history questions are designed to identify major shifts in the participant's weight over the past year.

- Question 1 - In the last year, have you gained or lost more than 10 lbs?
  - Code "1 - Lost More than 10 Pounds" when the participant reports weight loss of 10 pounds or more during the prior year.
  - Code "2 - Gained More than 10 Pounds" when the participant reports weight gain of 10 pounds or more during the prior year.
  - Code "3 - Both Gained and Lost More than 10 Pounds" when the participant reports both a weight loss and a weight gain of 10 pounds or more during the prior year.
  - Code "4 - No change" when the participant reports no weight change during the prior year.
  - Code "9 - Don't know" when the participant does not know if s/he had a weight change during the prior year.

If Question 1 is coded "4 - No change" or "9 - Don't know", skip to Question 2.

- If Question 1 is coded "1 - Lost More than 10 Pounds", "2 - Gained More than 10 Pounds" or "3 - Both Lost and Gained More than 10 Pounds", ask questions 1A through 1C.

- Question 1A - Was a diet for the purpose of losing or gaining weight a major factor in your weight change?
- Question 1B - Was surgery, illness or medication a major factor in your weight change?
- Question 1C - Was exercise a major factor in your weight change?
- Valid codes for Questions 1A through 1C are:
  - Code "1 - Yes" when the item described was a major factor in the weight gain/loss.
  - Code "0 - No" when the item described was not a major factor in the weight gain/loss.
  - Code "9 - Don't know" when the participant does not know whether the issue was a major factor in the weight gain/loss.

#### 3.4 Questions 2 to 4 - Nutrition Questions

- Question 2 - During the last year, how would you compare your TOTAL average intake of food to your intake of food when we saw you last year?
  - Response categories are:
    - 1 - Eat a lot more
    - 2 - Eat a little more
    - 3 - Eat about the same
    - 4 - Eat a little less
    - 5 - Eat a lot less
  - Check the appropriate response category.
  - If response is "1 - Eat a lot more" or "2 - Eat a little more" continue through Question 2A. If response is "4 - Eat a little less" or "5 - Eat a lot less" skip to Question 2B. If response is "3 - Eat about the same" skip to Question 3.
- Question 2A - If you answered EAT A LOT MORE or EAT A LITTLE MORE, the main reason why is:
  - Response categories are:
    - 1 - A doctor recommended that I eat more

- 2 - I am taking medicine that increases my appetite
- 3 - My physician activity has increased
- 4 - I am more able to shop or prepare food than before
- 5 - A medical or dental problem has improved
- 6 - My appetite has increased for other reasons

- If response is "6 - My appetite has increased for other reasons", please specify reason.

■ Question 2B - If you answered EAT A LOT LESS or EAT A LITTLE LESS, the main reason why is:

- Response categories are:

- 1 - A doctor recommended that I eat less
- 2 - I am taking medicine that decreases my appetite
- 3 - My physician activity has decreased
- 4 - I am less able to shop or prepare food than before
- 5 - A medical or dental problem interferes with eating
- 6 - My appetite has decreased for other reasons

- If response is "6 - My appetite has decreased for other reasons", please specify reason.

■ Question 3 - Are you following a special diet?

- Code "1 - Yes" if the participant reports that they are currently following a special diet, whether physician or self-imposed.
- Code "0 - No" if the participant is not following a special diet.
- Code "9 - Don't Know" when the participant does not know.
- If response is "0 - No" or "9 - Don't Know", skip to Question 4.

■ Question 3A - What is the purpose of the diet?

- For each of the following sub-items, code "1 - Yes", "2 - No" or "9 - Don't Know".
  - To Lose Weight
  - To Gain Weight
  - For Diabetes
  - For Kidney Failure

- For Ulcers
- For Diverticulitis
- For Allergies
- For Heart Trouble
- For High Blood Pressure
- For Other Reasons

- If response is "1 - Yes" for sub-item "For other reasons", specify reason(s).

■ Question 3B - What kind of diet is it?

- For each of the following sub-items, code "1 - Yes", "2 - No" or "9 - Don't Know".

- Low Calorie
- High Calorie
- Low Protein
- High Protein
- Low Fat
- High Fat
- Low Carbohydrate
- High Carbohydrate
- Low Sugar
- Low Cholesterol
- Low Fiber
- High Fiber
- Bland Diet
- Other Diet

- If response is "1 - Yes" for sub-item "Other Diet", specify type of diet.

■ Question 3C - About how long have you been following this diet?

- Enter number of years and/or months in appropriate spaces.

■ Question 3D - Was this diet recommended by your physician?

- Code "1 - Yes" if the diet was recommended or prescribed by participant's physician.
- Code "0 - No" if the diet was not recommended by participant's physician or was self-prescribed.
- Code "9 - Don't Know" if it is unknown.

- Question 4 - Have you gone off a special diet since we saw you last year?
  - Code "1 - Yes" if the participant reports that they have gone off a diet since last year.
  - Code "0 - No" if the participant has not gone off of a diet.
  - Code "9 - Don't Know" when the participant does not know.
  - If response is "0 - No" or "9 - Don't Know", skip to Question 5.
  
- Question 4A - What was the purpose of the diet?
  - For each of the following sub-items, code "1 - Yes", "2 - No" or "9 - Don't Know".
    - To Lose Weight
    - To Gain Weight
    - For Diabetes
    - For Kidney Failure
    - For Ulcers
    - For Diverticulitis
    - For Allergies
    - For Heart Trouble
    - For High Blood Pressure
    - For Other Reasons
  - If response if "1 - Yes" for sub-item "For other reasons", specify reason(s).
  
- Question 4B - What kind of diet was it?
  - For each of the following sub-items, code "1 - Yes", "2 - No" or "9 - Don't Know".
    - Low Calorie
    - High Calorie
    - Low Protein
    - High Protein
    - Low Fat
    - High Fat
    - Low Carbohydrate
    - High Carbohydrate
    - Low Sugar
    - Low Cholesterol
    - Low Fiber

- High Fiber
- Bland Diet
- Other Diet

- If response is "1 - Yes" for sub-item "Other Diet", specify type of diet.

■ Question 4C - About how long had you been following this diet?

- Enter number of years and/or months in appropriate spaces.

■ Question 4D - Was this diet recommended by your physician?

- Code "1 - Yes" if the diet was recommended or prescribed by participant's physician.
- Code "0 - No" if the diet was not recommended by participant's physician or was self-prescribed.
- Code "9 - Don't Know" if it is unknown.

3.5 Questions 5 to 8 - Smoking

■ Question 5 - Have you smoked more than 100 cigarettes or 5 packs of cigarettes in your lifetime?

- Code "1 - Yes" when the participant indicates s/he has smoked more than 100 cigarettes or 5 packs of cigarettes in his/her lifetime.
- Code "0 - No" when the participant indicates s/he has not smoked more than 100 cigarettes or 5 packs of cigarettes in his/her lifetime.
- Code "9 - Don't know" when the participant did not know.
- If response is "0 - No" or "9 - Don't Know", skip to Question 7.

■ Question 6 - Have you smoked cigarettes during the last 30 days?

- Code "1 - Yes" when the participant indicates the event did occur.
- Code "0 - No" when the participant indicates the event did not occur.
- Code "9 - Don't know" when the participant did not know.

■ Question 7 - Does anyone living with you smoke cigarettes regularly?

- Code "1 - Yes" when the participant or someone they live with is a smoker.
- Code "0 - No" when the participant is a non-smoker, and no one living in his/her home is a smoker.
- Code "9 - Don't know" when the participant does not know.
- Question 8 - Have you ever lived for at least one year in the same household with someone (including a parent or spouse) who smoked regularly?
  - Code "1 - Yes" when the participant indicates the event did occur.
  - Code "0 - No" when the participant indicates the event did not occur.
  - Code "9 - Don't know" when the participant did not know.
  - If "0-No" or "9-Don't Know" skip to Question 9.
- Question 8A - For how many years in total have you lived with someone who smoked cigarettes regularly?
  - Record the response to the nearest whole year.
- Question 8B - For how many years was that person a heavy smoker, that is, smoked more than 1 pack of cigarettes a day?
  - Record the response to the nearest whole year.

### 3.6 Questions 9 to 12 - Vision

- Question 9 - Can you see well enough (with glasses if needed) to drive?
- Question 10 - Can you see well enough (with glasses if needed) to watch TV?
- Question 11 - Can you see well enough (with glasses if needed) to recognize someone across the room?
- Question 12 - Can you see well enough (with glasses if needed) to read the newspaper
  - Code "1 - Yes" when the participant reports that his/her vision is sufficient to allow them to accomplish the task.
  - Code "0 - No" when the participant reports that his/her vision is not



sufficient to allow them to accomplish the task.

- Code "9 - Don't know" when the participant does not know.

### 3.7 Questions 13 to 15 - Hearing

- Question 13 - Can you hear well enough (with hearing aid if needed) to use the telephone?
- Question 14 - Can you hear well enough (with hearing aid if needed) to listen to a radio?
- Question 15 - Can you hear well enough (with hearing aid if needed) to carry on a conversation

- Code "1 - Yes" when the participant reports that his/her hearing is sufficient to allow them to accomplish the task.
- Code "0 - No" when the participant reports that his/her hearing is not sufficient to allow them to accomplish the task.
- Code "9 - Don't know" when the participant does not know.

### 3.8 Questions 16 to 18 - Physical Activity

- Question 16 - Think about the walking you do outside your home. During the last week, about how many city blocks or miles did you walk?

- 12 city blocks = 1 mile. When a participant reports his/her walking in miles, multiply the number of miles reported x 12 blocks/mile. This calculation is to be done by the Field Center.
- Record the number of blocks walked during the past week.

Note: The total number of blocks walked, including out and back or round-trip should be used when reporting this item.

- Question 17 - When you walk outside your home, what is your usual pace?

- Hand card 9-S to participant.
- Response categories are:
  - 1 - No walking at all
  - 2 - Casual strolling (greater than 0-2.0 mph)

- 3 - Average or normal (greater than 2.0 to 3.0 mph)
- 4 - Fairly briskly (greater than 3.0 to 4.0 mph)
- 5 - Brisk or striding (greater than 4 mph)
- 9 - Don't know

- Check the appropriate response category.
- Code "9 - Don't know" when the participant does not know.

■ Question 18 - How you would describe your level of physical activity since we saw you last year?

- Hand card 10-S to the participant.
- Response categories are:
  - 1 - A lot less active
  - 2 - A little less active
  - 3 - About as active
  - 4 - A little more active
  - 5 - A lot more active
- Check the appropriate response category.
- At this point, all male participants have completed the questionnaire. Female participants should continue with Questions 19 and 20.

3.9 Questions 19 to 20 - Women Hormone Therapy History

■ Question 19 - Are you currently taking Premarin for hot flashes or other symptoms of menopause?

- Code "1 - Yes" when the participant reports use of Premarin for menopausal symptoms.
- Code "0 - No" when the participant is not taking Premarin for menopausal symptoms.
- Code "9 - Don't know" when the participant does not know.

■ Question 20 - Are you currently taking estrogens or female hormones other than Premarin for hot flashes or other symptoms of menopause?

- Code "1 - Yes" when the participant reports use of supplementary hormones for menopausal symptoms.

If yes, specify which hormones were taken.

- Code "0 - No" when the participant is not using supplementary hormones for menopausal symptoms.
- Code "9 - Don't know" when the participant does not know.

### 3.10 "For CHS Field Center Use Only" box

- If the form was self-administered, the CHS staff member who reviews the form will complete these items.
  - Mark the box coded "0 - Self-administered".
  - The reviewer will code his/her ID in the blanks for "Interviewer or Reviewer".
  - Fill in the date the form was reviewed.
- If the form was interviewer-administered, the interviewer will complete these items.
  - Mark the box coded "1 - Interviewer-administered".
  - The interviewer will code his/her ID in the blanks for "Interviewer or Reviewer".
  - Fill in the date the interview occurred.