

YEAR 4 MEDICAL HISTORY

1 **Background and Purpose**

See Baseline Medical History in Manual of Operations.

2 **Definitions and Alerts**

- Angina alerts using the Rose Questionnaire are being eliminated in the Surveillance visit.
- Pain of possible infarction is defined as being present in participants who answer as follows:
Question 21h = yes

NOTE: When the answer to Question 21i "Did you see a doctor because of this pain?" is negative, especially in the presence of a positive Rose Questionnaire, the participant should be seen by the clinic physician at that visit for subsequent disposition.

- Congestive heart failure is suggested when:
Question 22 = yes, and
Question 23 = yes, and
Question 24 = yes, and
Question 24a = yes.

Confirmatory evidence is obtained from participant's reported history as outlined in the protocol for CHS events.

- Claudication is defined as positive in participants who answer as follows:
Question 25 = yes, and
Question 25a = no, and
Question 25b = yes, and
Question 25c or 25d = yes, and
Question 25e = no, and
Question 25f = stop or slow down, and
Question 25g = relieved within 10 minutes.

2.1 Alerts

At the end of the clinic visit, positive responses of potential medical significance are summarized on the CHS Exit Summary form by a computer algorithm. Positive

symptoms and/or signs which should trigger medical follow-up or referral are verified during the Exit Summary Interview.

2.2 Definitions

- Physician A licensed medical doctor (MD) or osteopath (DO).
- The London School of Hygiene Questionnaire (The Rose Questionnaire) is administered according to the standardized instructions and interviewer training recommended by Rose and Blackburn.
- The word "never" is interpreted literally and does not include responses such as "almost never" or "rarely".

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 Second Follow-Up 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 and the forms are administered during the visit, (e.g. there is concern about the percent of illiteracy in the population), the instruction form is not needed.

The Medical 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.

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.)

The responses to Question 21e must be coded using the information on Interviewer Card 19-S.

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 - During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury? Do not include days in a hospital or nursing home.

- Record the number of bed-days in the space provided on the form. Valid codes are 00 to 14.

- Use leading zeros; for example:

1 = 01

2 = 02

. . .

9 = 09

- This item excludes bed-days which occurred during a hospitalization or nursing home stay.

- When "00" skip to Question 2.

3.4 Question 1A - What illness or injury caused you to stay in bed?

- Put an "x" in the box next to the response given by the interviewee.

- When the interviewee's response cannot be categorized using the selections, put an "x" in the box next to "Other, specify", and record the illness/condition in the space provided on the form.

- When the interviewee indicates more than one illness was responsible for bed days, put an "x" in the box next to "Other, specify", and when available, record the number (from inside the code box) of each illness/ condition in the space provided on the form.

3.5 Questions 2 to 7 refer to diseases or illnesses that the participant may have had since last contacted by CHS. In most cases this will be the Eighteen Month Telephone Interview completed approximately six months ago. If the participant did not complete the telephone interview, these questions refer to the First Follow-Up Clinic Visit held about a year ago. Previous conditions reported earlier should not be counted here.

- Questions 2 to 7 - Has a doctor told you that you had...since we spoke to you on the phone about six months ago?

- Read each condition and wait for a response before continuing to the next condition.

- Question 2 - A new myocardial infarction or heart attack

- Question 3 - A new incident of angina pectoris or chest pain
 - Question 4 - A new incident of heart failure or congestive heart failure
 - Question 5 - A new incident of intermittent claudication or pain in your legs from a blockage of the arteries
 - Question 6 - A new stroke or cerebrovascular accident
 - Question 7 - A new transient ischemic attack or TIA or silent stroke
- Record the participant's responses.
- Code "1 - Yes" when the participant indicates s/he has had a new diagnosis of the condition.
 - Code "0 - No" when the participant indicates s/he has did not have a new diagnosis of the condition.
 - Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
 - If the participant answered "0 - No" or "9 - Don't Know" to any question, continue on the next one.
- Question A: What was the doctor's name and address?
- When condition is coded "1 - Yes", record the doctor's name and address.
- Question B: Date of the event or diagnosis:
- Record the date the condition occurred. Please estimate if the exact date is not known.
 - When the participant is unable to supply the complete information, record all which is available, (but urge them to help you with an estimate if at all possible).
 - If the event involves a hospitalization, the date is the admission date into the hospital. If the event is non-hospitalized, the date is the date of the diagnosis by the physician (e.g. office visit).
- Question C: How many times altogether did you see a doctor for this condition over the last six months?
- Count the number of physician office or outpatient visits made FOR THIS DIAGNOSIS or problem only. Record in the space provided.
- Question D: Were you in the hospital at least one night for this condition over the

last six months?

- Code '1 - Yes' if the participant responds yes and continue to subquestion E.
 - Code '2 - No' if the participant responds no and skip to the next question.
- Question E: How many different times were you in the hospital for this condition?
- Record the number of different hospitalizations FOR THIS DIAGNOSIS OR CONDITION ONLY.
 - This number should reflect the number of admissions for this condition IN THE LAST SIX MONTHS (or since the 18-Month Telephone Call) ONLY.
- Question F: Please record the admission date of each hospitalization and the name and location of the hospital.
- Record the admission dates for each hospitalization for this condition. If the exact date is not known, please ask the participant to estimate the approximate date. An estimate is better than missing information. If the participant will not provide a day, please fill in the month and year given and fill in '99' in the area for each 'day'.
 - Record the name and city/state of the hospital into which the participant was admitted for each admission.
- Question G: How many days altogether were you hospitalized for this condition?
- Record sum of all days hospitalized for this condition.
- Question 8 - Have you stayed overnight as a patient in a hospital for any other reasons (not reported in Questions 2-7) since we spoke to you on the phone about six months ago?
- This question will collect data on non-cardiovascular hospitalizations. If there are no additional hospitalizations, skip to Question 9.
 - For each non-cardiovascular hospitalization, record:
 - reason for admission
 - hospital name and location (city/state)
 - date of hospitalization (i.e. admission)

- There is space to record information for up to five hospitalizations on the form itself. If there have been more than five stays, record the additional information on a separate piece of information and attach to the questionnaire.
- Question 9 - Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke to you on the phone about six months ago?
 - If there were no stays at a nursing home, long-term care facility or rehabilitation center, skip to Question 10.
 - For each nursing home/rehab center stay, record:
 - reason for admission
 - facility name and location (city/state)
 - date of admission
 - There is space to record information for up to five stays on the form itself. If there have been more than five admissions, record the additional information on a separate piece of information and attach to the questionnaire.

3.6 Question 10 - Has a doctor told you that you have high blood pressure since we saw you last year?

- Code "1 - Yes" when the participant indicates s/he has had a diagnosis of the high blood pressure in the last year.
- Code "0 - No" when the participant indicates s/he did not have a diagnosis of high blood pressure in the last year.
- Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.

3.7 Question 11 - Has a doctor told you that you had diabetes since we saw you last year?

- Code "1 - Yes" when the participant indicates s/he has had a diagnosis of diabetes in the last year.
- Code "0 - No" when the participant indicates s/he did not have a diagnosis of diabetes in the last year.
- Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.

3.8 Question 12 -- Rose Questionnaire for Angina and Possible Myocardial Infarction

■ Question 12 - Have you ever had any pain or discomfort in your chest?

- In this exam, the original wording of the Rose Questionnaire has been used. It will collect any episodes of pain - not just that which occurred in the past year.
- Code "1 - Yes" when the participant reported having had the symptom, no matter how infrequent, or how seemingly unrelated to the heart.
- Code "0 - No" when the participant has not had the symptoms.
- If "0 - No", skip to Question 13.

■ Question 12A - Do you get it when you walk uphill or hurry?

- Code "1 - Yes" only when the participant reported that the symptom occurred while walking uphill or hurrying.
- Code "0 - No" when the symptom did not occur walking uphill or hurrying.

This includes responses which indicate the symptom occurred during other activities, but not while walking uphill or hurrying.

- Code "9 - Never hurries or walks uphill" when the participant states they never hurry or walk uphill.
- If "0 - No" or "9 - Never hurries or walks uphill" skip to Question 12H.

■ Question 12B - Do you get it when you walk at an ordinary pace on the level?

- Code "1 - Yes" when the participant reported that the symptom occurred walking at a normal pace on level ground.
- Code "0 - No" when the symptom did not occur walking at a normal pace on level ground.

This includes responses which indicate the symptom occurred during other activities, but not while walking at a normal pace on the level.

■ Question 12C - What do you do if you get it while you are walking?

This is an open ended question with "stop" and "slow down" being positive

responses.

- Code "1 - Stop or slow down" when the participant states that s/he stops or slows down in response to the pain.

NOTE: Record "stop or slow down" when participant "continues at same pace" after taking nitroglycerin. This includes responses such as "I suck on my pill and keep on going."

- Code "2 - Continue at the same pace" when the participant indicates that they continue on as before the pain occurred without taking any other action. See Note above.

■ Question 12D - If you stand still, what happens to it?

- Code "1 - Relieved in 10 Minutes" when the pain/discomfort goes away within 10 minutes when the participant stops walking.
- Code "2 - Takes Longer than 10 Minutes to be Relieved" when the pain/discomfort takes longer than 10 minutes to be relieved when the participant stops walking.
- Code "3 - Not relieved" when the pain/discomfort does not go away when the participant stops walking.
- Code "9 - Don't Know" when the participant does not know.

■ Question 12E - Where do you get this pain or discomfort?

This item is coded using the following information which is also contained on Interviewer Card 19-S. (CHECK YES FOR ALL THAT APPLY)

- Imagine a suit vest with buttons down the front. Pain involving the sternum is pain touching the button line or midline on the chest of the participant. Pain involving the upper/middle sternum is midline pain above where you would estimate the nipple line to be. Pain involving the lower sternum is midline pain below the nipple line.

Pain in the left anterior chest is any pain above the rib margin on the left side of the front of the vest. That is, the area bounded by the seam joining the front and back of the vest on top of the shoulder, the open sleeve of the vest, the seam joining the front and back of the vest under the armpit, the lower border of the rib cage, the button line to the neck, and a line along the collar bone joining the button line to the seam on top of the shoulder.

Pain in the left arm is pain anywhere below the left open sleeve of the vest.

Interviewer should make the appropriate coding determinations based on participants response.

- Sternum (upper or middle)
 - Sternum (lower)
 - Left anterior chest
 - Left arm
 - Other, specify
- Code "1 - Yes" when the participant had pain/discomfort in the region/area.
 - Code "0 - No" when the participant did not have pain/discomfort in the region/area.
- Question 12F - Have you had this pain in the past two weeks?
- Code "1 - Yes" when the participant reported having had the symptom in the past two weeks. Then ask: "How many times in the past two weeks have you had this pain?"
 - Record the number of times in which the participant has had this pain in the past two weeks.
 - Code "0 - No" when the participant did not have the symptom in the past two weeks. Then skip to Question 12H.
- Question 12G - Has there been an increase in the frequency or severity in the past two weeks?
- Code "1 - Yes" when there has been an increase in the frequency or severity of the pain in the last two weeks.
 - Code "0 - No" when there has not been an increase in the frequency or severity in the past two weeks.
- Question 12H - Have you seen a doctor about this pain?
- Code "1 - Yes" when the participant reported having seen a doctor about the pain.
 - Code "0 - No" when the participant did not see a doctor about the pain.

- Question 12I - Have you had a severe pain across the front of your chest lasting for half an hour or more?
 - Code "1 - Yes" when the participant reported having had the symptom, no matter how infrequent, how long ago, or how seemingly unrelated to the heart.
 - Code "0 - No" when the participant did not have the symptom.
 - If "0 - No", skip to Question 13.

- Question 12J - Did you see a doctor because of this pain?
 - Code "1 - Yes" when the participant saw a physician because of the chest pain.
 - Code "0 - No" when the participant did not see a physician because of the chest pain.
 - If "0 - No", skip to Question 13.

- Question 12K - If you saw a doctor, what did your doctor say it was?
 - Code "1 - Angina" when the participant said the diagnosis was angina.
 - Code "2 - Heart attack" when the participant said the diagnosis was a heart attack.
 - Code "3 - Other" when the participant said the diagnosis was something other than angina or heart attack. Specify the diagnosis in the space provided on the screen.

3.9

Question 13 to 15 - Questionnaire for Congestive Heart Failure

- Question 13 - Have you had to sleep on 2 or more pillows to help you breathe since we saw you last year?
 - Code "1 - Yes" when the participant reported having had the symptom, no matter how infrequent, how long ago, or how seemingly unrelated to the heart.
 - Code "0 - No" when the participant did not have the symptom.

- Question 14 - Have you been awakened at night by trouble breathing since we saw

you last year?

- Code "1 - Yes" when the participant had the symptom.
 - Code "0 - No" when the participant did not have the symptom.
- Question 15 - Have you had swelling of your feet or ankles since we saw you last year?
- Code "1 - Yes" when the participant had the symptom.
 - Code "0 - No" when the participant did not have the symptom.
- NOTE: Minor swelling of feet in hot weather only should not be considered a positive response.
- If "0 - No", skip to Question 16.
- Question 15A - Did it tend to come on during the day and go down overnight?
- Code "1 - Yes" when the participant had the symptom.
 - Code "0 - No" when the participant did not have the symptom.
- NOTE: Minor swelling of feet in hot weather only should not be considered a positive response.
- 3.10 Question 16 - Rose Questionnaire for Intermittent Claudication
- Question 16 - Do you get pain in either leg while walking?
- This question has been changed back to the original wording on the Rose Questionnaire.
 - Code "1 - Yes" when the participant reported ever having had the symptom, no matter how infrequent, how long ago, or how seemingly unrelated to claudication.
 - Code "0 - No" when the participant never had the symptom.
 - If "0 - No", skip to Question 17.
- Question 16A - Does this pain ever begin when you are standing still or sitting?
- Code "1 - Yes" when the symptom occurred while standing still or sitting.

- Code "0 - No" when the symptom did not occur while standing still or sitting.

■ Question 16B - Do you get this pain in your calf or calves?

- Code "1 - Yes" when the participant indicates the pain includes the calf of one or both legs. This includes responses such as: "the back of my leg(s)" pointing to the back of the leg(s).
- Code "0 - No" when the participant indicates the pain occurs somewhere other than the calf/calves of the leg(s).

■ Question 16C - Do you get it if you walk uphill or hurry?

- Code "1 - Yes" only when the participant reported that the symptom occurred while walking uphill or hurrying.
- Code "0 - No" when the symptom did not occur walking uphill or hurrying.

This includes responses which indicate the symptom occurred during other activities, but not while walking uphill or hurrying.

- Code "9 - Never hurries or walks uphill" when the participant states they never hurry or walk uphill.

■ Question 16D - Do you get it if you walk at an ordinary pace on the level?

- Code "1 - Yes" when the participant reported that the symptom occurred walking at a normal pace on level ground.
- Code "0 - No" when the symptom did not occur walking at a normal pace on level ground.

This includes responses which indicate the symptom occurred during other activities, but not while walking at a normal pace on the level.

■ Question 16E - Does this pain ever disappear while you are walking?

- Code "1 - Yes" when the pain sometimes goes away while participant is walking.
- Code "0 - No" when the pain never goes away while participant is walking.

■ Question 16F - What do you do if you get it when you are walking?

This is an open ended question with "stop" and "slow down" being positive responses.

- Code "1 - Stop or slow down" when the participant states that s/he stops or slows down in response to the pain.

NOTE: Record "stop or slow down" when participant "continues at same pace" after taking nitroglycerin. This includes responses such as "I suck on my pill and keep on going."

- Code "2 - Continue at the same pace" when the participant indicates that they continue on as before the pain occurred without taking any other action. See Note above.

■ Question 16G - What happens to it if you stand still?

- Code "1 - Relieved in 10 Minutes" when the pain/discomfort goes away within 10 minutes when the participant stops walking.
- Code "2 - Takes Longer than 10 Minutes to be Relieved" when the pain/discomfort takes longer than 10 minutes to be relieved when the participant stops walking.
- Code "3 - Not relieved" when the pain/discomfort does not go away when the participant stops walking.
- Code "9 - Don't Know" when the participant does not know.

■ Question 16H - How far can you walk before getting this pain?

- Record the distance which the participant can walk before getting this pain.
- Code "1" - if less than one block.
- Record the number of blocks if one or more.

3.11 Questions 17 and 18 - Respiratory Symptoms

■ Question 17 - Do you get short of breath...

- Record the answer for each of the specific situations:

- A. While resting in a chair?
 - B. While walking on level ground?
 - C. When walking quickly or uphill?
 - D. With light physical activity such as walking down a flight of stairs, dressing or showering without stopping, cleaning windows, stripping and making the bed, mopping floors, hanging washed clothes, pushing a power lawn mower, bowling, or playing golf (walk and carry club)?
 - E. With moderate physical activity such as carrying anything up a flight of stairs without stopping, dancing a foxtrot, gardening, raking, weeding, having sexual intercourse, or walking 4 miles an hour over level ground?
 - F. With strenuous physical activity such as doing outdoor work (shoveling snow, spading soil), playing squash or handball, jogging or walking 5 miles an hour, or carrying objects that weigh at least 80 pounds?
- Code "1 - Yes" when the participant had shortness of breath as described.
 - Code "0 - No" when the participant did not have shortness of breath as described.
- Question 18 - Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?
- Code "1 - Yes" when the participant had shortness of breath as described.
 - Code "0 - No" when the participant did not have shortness of breath as described.
 - If "0 - No", skip to the end of the questionnaire. Be sure to thank him/her for completion of this form.
- Question 18A - Have you had to walk slower than people of your age on the level because of breathlessness since we saw you last year?
- Code "1 - Yes" when the participant had breathlessness as described.
 - Code "0 - No" when the participant did not have breathlessness as described.
- Question 18B - Have you had to stop for breath when walking at your own pace on the level since we saw you last year?
- Code "1 - Yes" when the participant stopped for breath as described.

- Code "0 - No" when the participant never stopped for breath as described.
- Question 18C - Have you had to stop for breath after walking about 100 yards (or after a few minutes) on the level since we saw you last year?
 - Code "1 - Yes" when the participant stopped for breath as described.
 - Code "0 - No" when the participant never stopped for breath as described.
- Question 18D - Have you been too breathless to leave the house or breathless on dressing or undressing since we saw you last year?
 - Code "1 - Yes" when the participant had breathlessness as described.
 - Code "0 - No" when the participant had breathlessness as described.
 - Be sure to thank the participant for completing this form.

3.12 "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.

YEAR 4 PERSONAL HISTORY

4 Background and Rationale

See Year 3 Personal History in Manual of Operations.

5 Definitions

None

6 Methods

6.1 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 Second Follow-Up 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.

6.2 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).

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

6.4 Questions 1 to 5 - Smoking

■ Question 1 - 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.
 - If "0 - No" or "9 - Don't Know" skip to Question 2.
- Question 1A - On average, how many cigarettes do you usually smoke?
- Record the average number of cigarettes per day smoked by the participant.
 - If the participant states that it varies from day to day, ask them to please think about a typical day and estimate the number.
 - If the participant provides the number of packs per day smoked, convert to number of cigarettes (20 cigarettes = 1 pack).
- Question 2 - If you previously smoked cigarettes, have you stopped smoking during the last year?
- This question should only be coded "1 - Yes" if the following conditions hold:
 - the participant was previously a smoker AND
 - the participant quit smoking during the past year AND
 - the participant is currently no longer smoking.
 - Code "0 - No" for any of the following conditions:
 - the participant has never smoked; OR
 - the participant previously smoked but quit more than a year ago; OR
 - the participant quit during the past year but is currently smoking again.
 - This question will clarified for the next version of this form.
- Question 3 - 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 4 - 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 5

■ Question 4A - For how many years in total have you lived with someone who smoked cigarettes regularly?

- Record the response to the nearest whole year.

■ Question 4B - During what time periods in your life were you living with a regular smoker?

- Code a response for each of the following time periods:
 - As a child/teenager (up to age 19)
 - Between the ages of 20 to 50
 - After age 50
- Code "1 - Yes" when the participant indicates the event did occur during the time period stated.
- Code "0 - No" when the participant indicates the event did not occur during the time period stated.
- Code "9 - Don't know" when the participant did not know.

■ Question 5 - Do you ever use snuff or smokeless tobacco?

- This question refers to current use on a regular or irregular basis.
- 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.

6.5 Questions 6 to 8 - Use of Alcohol

■ Questions 6, 7 and 8 - Do you drink (beer/wine/liquor)?

- Code "1 - Yes" when the participant indicates that they do drink (beer/wine/liquor).
 - Code "0 - No" when the participant indicates they never drink (beer/wine/liquor).
 - If yes, ask the appropriate follow-up questions.
- Questions 6A, 7A, and 8A - About how often do you drink (beer/wine/liquor)?
- Record the frequency indicated by the participant.
- Questions 6B, 7B and 8B - How many (size of serving) do you usually drink on one occasion?
- Record the number of servings usually consumed.
- 6.6 Questions 9 to 13 - Vitamins
- Question 9 - During the past two weeks, have you taken a multiple vitamin or other vitamin supplements?
- This question refers to over-the-counter or prescription vitamins taken orally or by injection. Those administered as a cream are not included.
 - Code "1 - Yes" if the participant indicates he/she has taken a vitamin supplement in the past two weeks.
 - Code "0 - No" if the participant indicates he/she has not taken a vitamin supplement in the past two weeks.
 - Code "9 - Don't Know" if the participant doesn't know.
 - If "0 - No" or "9 - Don't Know" skip to Question 14.
- Question 10 - Did you take a multiple vitamin?
- This refers to standard pills containing a variety of vitamins and sometimes minerals (often including vitamins A, C and E which are subsequently asked about individually).
 - Code "1 - Yes" if the participant indicates he/she has taken a multiple vitamin in the past two weeks.
 - Code "0 - No" if the participant indicates he/she has not taken a multiple

vitamin in the past two weeks.

- Code "9 - Don't Know" if the participant doesn't know.
 - If "0 - No" or "9 - Don't Know" skip to Question 11.
- Question 10A - On about how many days during the last two weeks did you take this vitamin?
- Record the number of days on which a multiple vitamin was taken. Valid answers are 01 to 14 (daily).
 - Record '99' if unknown.
- Questions 11 to 13 - Did you take Vitamin (X) other than Vitamin (X) contained in a multiple vitamin?
- This question is asked for each of the following vitamins taken as a supplement separately from a multiple vitamin:
 - Vitamin A or beta-carotene
 - Vitamin C
 - Vitamin E
 - Code "1 - Yes" if the participant indicates he/she has taken the vitamin in the past two weeks.
 - Code "0 - No" if the participant indicates he/she has not taken the vitamin in the past two weeks.
 - Code "9 - Don't Know" if the participant doesn't know.
 - For each question, if "0 - No" or "9 - Don't Know" skip to the next question and leave subquestion A blank.
- Questions 11A to 13A - On about how many days during the last two weeks did you take this vitamin?
- For each of the vitamins supplements which the participant indicated he/she had taken, record the number of days on which the specific supplement was taken. Valid answers are 01 to 14 (daily).
 - Record '99' if unknown.

Questions 14 to 17 - Physical Activity

- Question 14 - 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 15 - 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 16 - Think about how often you use stairs. Include stairs inside and outside your home, and stairs at other places. In the last week, about how many flights of stairs did you climb up?

- Record the number of flights of stairs walked up during the past week. Remember this is "up" only, walking back down does not constitute a second flight.
- If the participant never climbs stairs, code "000".

- Question 17 - 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.
- Question 18 - In a usual 24-hour period, how many hours do you spend seated or lying down? Include time spent sleeping.
- Be sure that participant understands that this includes sleeping hours as well as resting periods.
 - Record the number of hours spent lying down.

6.8 Questions 19 to 27 - Sleep

- Q 19 Are you usually sleepy in the daytime?
 - Q 20 Do you feel groggy and unrefreshed for more than a half hour after waking up in the morning?
 - Q 21 Has your spouse or roommate complained about your loud snoring?
 - Q 22 Has anyone observed you while sleeping to have episodes where you stop breathing for awhile and then snore or snort loudly?
 - Q 23 Do you usually have trouble falling asleep?
 - Q 24 Do you usually wake up several times at night?
 - Q 25 Do you usually wake up far too early?
- 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.

6.9 Questions 26 to 29 - Vision

- Question 26 - Can you see well enough (with glasses if needed) to drive?
- Question 27 - Can you see well enough (with glasses if needed) to watch TV?
- Question 28 - Can you see well enough (with glasses if needed) to recognize

someone across the room?

- Question 29 - 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.

6.10 Questions 30 to 32 - Hearing

- Question 30 - Can you hear well enough (with hearing aid if needed) to use the telephone?
- Question 31 - Can you hear well enough (with hearing aid if needed) to listen to a radio?
- Question 32 - Can you hear well enough (with hearing aid if needed) to carry on a conversation in a crowded room?
 - 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.

6.11 Questions 33 and 34 - Parental Longevity

- Questions 33 and 34 - Is your natural (mother/father) still living?
 - This question refers to birth parents only.
 - Code "1 - Yes" when the participant reports that his/her (mother/father) is still alive.
 - Code "0 - No" when the participant reports that his/her (mother/father) is still alive.
 - Code "9 - Don't know" when the participant does not know (was adopted,

did not live with natural parents, etc.).

■ IF YES, how old is (he/she)?

- Record the age of the participant's natural (mother/father).
- Code '999' if unknown (data entry for this variable allows three digits).

■ IF NO, how old was (he/she) when (he/she) died?

- Record the age of death of the participant's natural (mother/father).
- Code '999' if unknown (data entry for this variable allows three digits).
- At this point, all male participants have completed the questionnaire. Be sure to thank him for completing the form. Female participants should continue with Questions 35 to 38.

6.12 Questions 35 to 38 - Women Hormone Therapy History

■ Introduction: Women sometimes take female hormones after menopause. They may be taken for a variety of reasons, including hot flashes or other symptoms of menopause and sometimes for the prevention of bone loss in women. These hormones are usually estrogens such as Premarin (conjugated estrogens), Estrace (estradiol) or Ogeden (estrace). Sometimes women take progestins such as Provera (medoxyprogesterone) or Norlutate (norethindrone). We are interested in whether you are currently using or did use these hormones for any reason.

■ Question 35 - Are you currently taking estrogens such as Premarin, Estrace or any other estrogen?

- Code "1 - Yes" when the participant reports use of the hormones.
- Code "0 - No" when the participant is not taking these hormones..
- Code "9 - Don't know" when the participant does not know.
- If "0 - No" or "9 -Don't Know" skip to Question 36.

■ Question 35A - How many days per month do you take estrogen?

- Record the number of days per month. Record "31" if she says "every day".

■ Question 35B - For how long have you been taking estrogen?

- Record the length of time in years and months.
 - Question 35C - Why are you taking estrogen?
 - Please answer for each of the symptoms below '1-Yes', '0-No' or '9-Don't Know':
 - to prevent hot flashes
 - to prevent other postmenopausal symptoms
 - to prevent osteoporosis or bone loss
 - to prevent heart disease
 - for other reasons
 - Specify the reason if "other reasons" are indicated.
 - Code "1 - Yes" when the participant reports previous use of estrogen.
 - Code "0 - No" when the participant has never taken estrogen.
 - Code "9 - Don't know" when the participant does not know.
 - All females currently taking estrogens are to skip to question 37.
- Question 36 - If you are NOT currently taking estrogens such as Premarin, Estrace or any other estrogen, have you taken estrogen in the past?
- Code "1 - Yes" when the participant reports previous use of estrogen.
 - Code "0 - No" when the participant has never taken estrogen.
 - Code "9 - Don't know" when the participant does not know.
 - If "0 - No" or "9 -Don't Know" skip to Question 37.
- Question 36A - How many days per month did you take estrogen?
- Record the number of days per month. Record "31" if she says "every day".
- Question 36B - When did you stop?
- Record either the participant's age or the year in which she stopped taking estrogens.
- Question 36C - For how long did you take estrogen?

- Record the length of time in years and months.
- Question 36D - Why did you take estrogen?
 - Please answer for each of the symptoms below '1-Yes', '0-No' or '9-Don't Know':
 - to prevent hot flashes
 - to prevent other postmenopausal symptoms
 - to prevent osteoporosis or bone loss
 - to prevent heart disease
 - for other reasons
 - Specify the reason if "other reasons" are indicated.
- Question 37 - Are you currently taking progestins such as Provera or Norlutate?
 - Code "1 - Yes" when the participant reports use of progestins.
 - Code "0 - No" when the participant is not taking progestins.
 - Code "9 - Don't know" when the participant does not know.
 - If "0 - No" or "9 - Don't Know" skip to Question 38.
- Question 37A - How many days per month do you take progestin?
 - Record the number of days per month. Record "31" if she says "every day".
- Question 37B - For how long have you been taking progestin?
 - Record the length of time in years and months.
 - All females currently taking progestin may skip to the end of the form.
- Question 38 - If you are NOT currently taking progestins such as Provera or Norlutate, have you taken progestin in the past?
 - Code "1 - Yes" when the participant reports previous use of progestins.
 - Code "0 - No" when the participant has never taken progestins.
 - Code "9 - Don't know" when the participant does not know.

- If "0 - No" or "9 - Don't Know" skip to end of form.
- Question 38A - How many days per month did you take progestin?
 - Record the number of days per month. Record "31" if she says "every day".
- Question 38B - When did you stop?
 - Record either the participant's age or the year in which she stopped taking progestins.
- Question 38C - For how long did you take progestin?
 - Record the length of time in years and months.
- Be sure to thank the participant for completing the form and participating in CHS.

6.13 "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.