

## YEAR 6 MEDICAL AND PERSONAL HISTORY

### 1 Background and Purpose

See Baseline Medical History and Year 3 Personal History in Manual of Operations.

### 2 Definitions and Alerts

- Pain of possible infarction is defined as being present in participants who answer as follows:

Question 25 = yes

NOTE: When the answer to Question 25H, "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.

- Claudication is defined as positive in participants who answer as follows:

Question 27 = yes, and  
Question 27a = no, and  
Question 27b = yes, and  
Question 27c or 27d = yes, and  
Question 27e = no, and  
Question 27f = stop or slow down, and  
Question 27g = 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. Positive symptoms and/or signs which should trigger medical follow-up or referral are verified during the Exit Summary Interview. (Questions from the Medical History Form that constitute an alert are reviewed and written onto the Check-off Sheet if an alert is indicated.

#### 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**

The Medical History and Personal History forms are combined into one Medical History form for the Fourth Follow-Up visit. The form is to be mailed to the participant after contact has been made and the Fourth Follow-Up Visit has been scheduled. Instructions for completing the form have been standardized and an individual sheet has been prepared which includes the name of a contact person and the telephone number that the participant should call if help is needed. If the Field Center elects not to send this form to the participant and the form is 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 should be administered by an interviewer.

- 3.2 A CHS Interviewer reviews the form to identify any questions that 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 25e 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.

- When two spaces are provided for a number, use a leading "0" if only one space is needed (for example, "02" for two).
- If participant responds "yes" to any question that begins, "Have you been told by a doctor...", confirm that it was a doctor who gave the participant the information.
- Question 1 - Would you say, in general, your health is:

Response choices are:

- 1-Excellent
- 2-Very good
- 3-Good

- 4-Fair
- 5-Poor

- Question 2 - How would you say your health compares to other persons your age?

Response choices are:

- 1-Better than others your age
- 2-About the same as others your age
- 3-Worse than others your age
- 4-Don't know

- Question 3 - 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. If you do not remember the exact number of days, please estimate as closely as possible.) Answer "0" if you haven't spent any days in bed in the last two weeks.

Response choices are 00 to 14.

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Script: "The next set of questions have to do with diseases or procedures you may have had in the past six months. We are looking for changes in your health since we last contacted you."

- Questions 4 to 9 - 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 4 - A new myocardial infarction or heart attack
- Question 5 - A new incident of angina pectoris or chest pain
- Question 6 - A new incident of heart failure or congestive heart failure
- Question 7 - A new incident of intermittent claudication or pain in your legs from a blockage of the arteries
- Question 8 - A new stroke or cerebrovascular accident
- Question 9 - A new transient ischemic attack or TIA or silent stroke

If the participant answers "no" or "don't know" to any question, skip the remainder of that question and continue with the next one.

- Part A: What was the doctor's name and address?

For any condition checked "yes", record the doctor's name and address.

- Part B: Date of the event or diagnosis:

Ask the participant to estimate if the exact date is not known. If the participant is unable to supply complete information, record all available but urge him/her 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).

- Part C: How many times altogether did you see a doctor for this condition since we last spoke to you?

Count the number of physician office or outpatient visits made FOR THIS DIAGNOSIS or problem only. Record in the space provided.

- Part D: Were you in the hospital at least one night for this condition since we last spoke to you?

If participant responds "no," skip to the next question. If the participant responds "yes," continue to subquestion E.

- Part 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 ONLY.

- Part F: Please record the admission date of each hospitalization and the name and location of the hospital.

If the exact date is not know, ask the participant to estimate the approximate date. An estimate is better than missing information. If the participant will not provide a day, 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.

- Part G: How many days altogether were you hospitalized for this condition?

Record sum of all days hospitalized for this condition.

- Question 10 - Have you stayed overnight as a patient in a hospital for any other reasons not reported in Questions 4 through 9 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 11.

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 two hospitalizations on the form itself. If there have been more than two stays, record the additional information on a separate piece of paper and attach to the questionnaire.

If the participant reports having been hospitalized, send the data from Questions 4 through 10 to the site Events Coordinator for investigation and implementation of event procedures.

- Question 11 - 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 "no," skip to Question 12. If "yes," complete the following:

- Part A - 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 one stay on the form itself. If there has been more than one admission, record the additional information on a separate piece of paper and attach to the questionnaire.

- Part B - Are you currently staying in a nursing home?

Response choices are "yes," "no" and "don't know".

- Question 12 - Where do you usually go for your medical care?

Do not read response choices. Wait for participant's response, and mark the choice that most closely matches that response. Response choices are:

- Doctor's office
- Clinic at hospital

- Clinic outside hospital
- Clinic at city (county) health department
- Emergency room
- Doctor makes visits to your home
- Don't know

If the participant gives more than one answer, ask which location s/he most often goes to for medical care. If s/he answers "at a clinic," ask where the clinic is located. Check "clinic outside hospital" if the participant states that s/he goes to a private clinic.

- Question 13 - When you want to see a doctor, do you usually:

Read response choices:

- Make an appointment
- Walk in any time
- Don't know

- Question 14 - Do you usually see the same doctor every time you visit?

Response choices are "yes," "no" or "don't know".

- Question 15 - If you develop a new symptom or illness and need an appointment, how soon are you usually able to be seen?

Response choices are:

- Same day
- 1-3 days
- 4-7 days
- 1-2 weeks
- 3-4 weeks
- More than 4 weeks
- Don't know

If the participant gives a vague or general answer such as "It varies" or "A long time", ask him/her how long s/he USUALLY waits for an appointment. Encourage the participant to provide a specific answer.

- Question 16 - Do you have a doctor (or doctor's assistant) you can talk to by phone for medical problems?

Response choices are "yes," "no" or "don't know."

- Question 17 - How much did each of the following affect your ability to see a doctor in the past year?

For each situation listed, the response choices are:

- Not at all
- Very little
- Moderate amount
- Very much
- A whole lot
- Don't know

Read the response choices. Then read each of the situations, repeating the response choices if necessary. If the participant gives a response not listed, such as "Quite a bit", ask, "Would you say that's "very much" or "a whole lot"? Allow the participant to respond using his/her own definition of the response terms.

The situations are:

- Not having a regular doctor
- Taking care of others (for example, caring for a spouse or grandchildren)
- Difficulty finding transportation
- Doctor/clinic/hospital bills
- Work responsibilities
- Fearful for safety on streets
- Fear that doctor will perform tests I don't really need
- Fear that doctor will discover a serious illness
- Doctor is not responsive to my concerns

- Question 18 - Do you have any of the following types of health insurance in addition to Medicare to help pay for your medical bills?

Check ONLY ONE of the response choices given. The choices are:

- None
- Private insurance
- Medical assistance or Medicaid
- Other (Specify on line provided)
- Don't know

Private insurance refers to any policy of a private insurance company that will provide Medicare supplemental coverage. This includes both individual policies (paid for by the participant) and group policies (which may be paid for by the participant's employer or former employer). Check this option if the participant has one or more private insurance policies.

Medical Assistance or Medicaid is public assistance. If the participant is covered by a private insurance policy, s/he will NOT be covered by Medicaid or Medical Assistance.

Other includes other government programs such as Labor & Industries (for work-related injuries) or CHAMPUS (coverage for military dependents).

In rare instances, a participant may be covered by more than one type of insurance (for example, private and L&I). If so, check "other" and enter BOTH types on the "specify" line.

- Question 19 - Have you had pneumonia since we saw you last year?

Response choices are "yes," "no" or "don't know".

- Question 13 - Have you had an attack of bronchitis since we saw you last year?

Response choices are "yes," "no" or "don't know". If "no," skip to Question 14.

- If "yes," ask: Was it confirmed by a doctor?

- Question 21 - Has a doctor ever told you that you had any of the following conditions or diseases; and if so, when were you FIRST told that you had the condition?

Read each condition listed. If the participant responds "yes" to any of the conditions, ask when s/he was FIRST told that s/he had that condition. Response choices for each condition listed are:

- 1-Never told
- 2-First told during the past year
- 3-First told more than one year ago

Conditions listed are:

- High blood pressure
- Diabetes
- Atrial Fibrillation
- Deep vein thrombosis (or blood clots in your legs)
- Rheumatic fever or heart valve problems

- Question 22 - Has a doctor told you that you had other heart/circulatory problems since we saw you last year?

Response choices are "yes," "no" or "don't know". If "yes," specify.

- Question 16 - Are you currently taking medication prescribed by a doctor for any of the following conditions?

Read the conditions listed. Response choices are "yes," "no" or "don't know".  
Conditions are:

- High blood pressure
- Diabetes
- Atrial fibrillation
- Deep vein thrombosis (or blood clots in your legs)

- Question 24 - Have you had coronary angiography or heart catheterization as an outpatient procedure since we saw you last year?

If "no", skip to Question 25. If "yes", ask: Where was this procedure done?  
Record the name and address of the doctor, clinic or hospital.

#### Rose Questionnaire for Angina and Possible Myocardial Infarction

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.

- Question 25 - Have you ever had any pain or discomfort in your chest?

Record "yes" if the participant reported having had chest pain, no matter how infrequent or how seemingly unrelated to the heart.

Record "no" if the participant has not had chest pain. Skip the remainder of Question 25 and go directly to Question 26.

- Part A - Do you feel the pain when you walk uphill or hurry?

Record "no" if participant states that the symptom occurred during other activities, but not while walking uphill or hurrying.

Note that response choices include "Never hurries or walks uphill."

If "no" or "never hurries or walks uphill," skip to Part I.

- Part B - Do you feel the pain when you walk at an ordinary pace on the level?

Record "no" if participant states that the pain occurred during other activities, but not while walking at a normal pace on the level.

- Part C - What do you do if you feel it while you are walking?

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

- Part D - If you stand still, what happens to the pain?

- Part E - Where do you get this pain or discomfort?

Allow participant to point to area on diagram.

- Part F - Have you had this pain in the past two weeks?

If "yes," ask: "How many times in the past two weeks have you had this pain?" If "no," skip to Part H.

- Part G - Has there been an increase in the frequency or severity in the past two weeks?

- Part H - Have you seen a doctor about this pain?

- Part I - Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

Record "no" when the participant did not have the pain, and skip to Question 26.

Record "yes" when the participant reported having had the pain, no matter how infrequent, how long ago, or how seemingly unrelated to the heart. Continue with Parts J and K.

- Part J - Did you see a doctor because of this pain?

If "no," skip to Question 26.

- Part K - If you saw a doctor, what did your doctor say it was?

If "other," specify in space provided.

- Question 26 - Have you had swelling of your feet or ankles since we saw you last year?

NOTE: Minor swelling of feet in hot weather only should not be considered a

positive response. If response is "no," skip to Question 27. If "yes," ask:

- Part A - Did it tend to come on during the day and go down overnight?

#### Rose Questionnaire for Intermittent Claudication

- Question 27 - Do you get pain in either leg when walking?

If "no," skip to Question 24. Record "yes" if participant reports ever having had pain in either leg, no matter how infrequent, how long ago, or how seemingly unrelated to claudication. If "yes," record participant's response for each of the following:

- Part A - Does this pain ever begin when you are standing still or sitting?
- Part B - Do you feel this pain in your calf or calves?
- Part C - Do you feel it when you walk uphill or hurry?
- Part D - Do you feel it when you walk at an ordinary pace on the level?
- Part E - Does this pain ever disappear while you are walking?
- Part F - What do you do if you feel it while you are walking?

Response choices are:

- 1-Stop or slow down
- 2-Continue at same pace

- Part G - What happens to the pain if you stand still?

Ask this part of the question even if response to Part F is "continue at same pace." Response choices are:

- 1-Relieved in 10 minutes or less
- 2-Takes longer than 10 minutes to be relieved
- 3-Not relieved
- 9-Don't know

- Question 28 - Have you been told by a doctor that you currently have any of the following?

Read the symptoms listed and record participant's response for each:

- A. Arthritis of hands

- B. Arthritis of shoulder
- C. Arthritis of hips or knees
- D. Osteoporosis
- E. Liver disease, cirrhosis or hepatitis
- F. Kidney (renal) disease or failure

- Question 29 - During the last year, have you had pain in any bones or joints for at least half the days of a month?

If "no," skip to Question 30. If "yes," record response for each of the following:

- A. Hands
- B. Feet
- C. Knees
- D. Hips
- E. Neck
- F. Back
- G. Shoulders
- H. Other (If "yes," specify location of pain.)

- Question 30 - Have you been told by a doctor that you currently have cancer?

If "no," skip to Question 31. If "yes," read the following and record response for each ("yes," "no" or "don't know"):

- A. Breast cancer
- B. Blood cancer, leukemia or lymphoma
- C. Colon (bowel) or rectum cancer
- D. Lung cancer
- E. Malignant melanoma
- F. Other skin cancer
- G. Prostate cancer
- H. Pancreatic cancer
- I. Esophageal cancer
- J. Other cancer (If "yes," specify type of cancer.)

- Question 31 - Have you been treated by a doctor for any of the following since we saw you last year?

Read the conditions listed and record participant's response for each:

- A. Broken hip (fracture)
- B. Broken lower leg (fracture)
- C. Broken arm, wrist or shoulder (fracture)

- D. Spine (vertebral) compression fracture
- E. Other injury (If "yes," specify type of injury.)
- F. Did you have arthritis that was treated with medication?

- Question 32A - Does your chest ever sound wheezy or whistling when you have a cold?

Question 32B - Does your chest ever sound wheezy or whistling apart from colds?

Question 32C - Does your chest ever sound wheezy or whistling most days or nights?

If the participant answers "no" to ALL THREE of the above questions, skip to Question 33. If s/he answers "yes" to ANY of parts A, B, or C, ask:

Question 32D - For how many years has this been present?

Record response.

Question 32E - Have you ever had an attack of wheezing that made you feel short of breath?

If participant answers "no," skip to Question 33. If "yes," ask:

How old were you when you had your first such attack? (Record response in spaces provided.)

Have you had 2 or more such episodes? (Record "yes" or "no.")

Have you ever required medication or treatment for these attacks? (Record "yes" or "no.")

- Question 33A - Have you had a cold, the flu, a dental infection or other infections in the last two weeks?

If "no" or "don't know," skip to Question 34. If "yes," ask:

Question 33B - Have you had a cold, the flu, a dental infection or other infections in the last week?

- Question 34 - Have you had any of the following symptoms in the last two weeks?

Read the symptoms listed. If the response is "yes," ask: Was this in the last week or 7 to 14 days ago? Response choices are: "Yes-in last week;" "Yes-7 to 14 days ago;" "no;" or "don't know."

Symptoms are:

- Fever or chills
- Sore throat
- Cough
- Sputum or mucous
- Runny nose or congestion
- Pain on urination
- Cloudy or discolored urine
- Tests showing a urine infection
- Other infection (If other, specify)

If the participant answers "no" to ALL of the above symptoms, skip to Question 36. If s/he answers "yes" to ANY of the above symptoms, go to Question 35.

■ Question 35 - Do you have seasonal allergies?

If "no" or "don't know," skip to Question 36. If "yes," ask:

Were the symptoms you answered YES to in Question 34 due to seasonal allergies?

You may read the symptoms marked "yes" in Question 34 if needed.

■ Question 36 - Do you have a chronic lung or sinus condition?

Record "yes," "no" or "don't know."

■ Question 37 - During the last year, have you had any sudden spells of dizziness, loss of balance, or sensation of spinning?

Record "yes," "no" or "don't know."

■ Question 38 - During the last year, have you had a fall? (Do not include falls during skiing, skating or other activities that may affect balance.)

If "no," skip to Question 39. If "yes," ask:

- Part A - How many times have you fallen during the last year?

Record participant's answer. If s/he does not know for sure, record his/her best guess.

■ Question 39A - During the last year, have you injured your head?

Question 39B - During the last year, have you injured your neck?

For both parts of Question 39, record "yes," "no" or "don't know."

- Question 40 - During the last year, have you gained or lost more than 10 pounds?

Response choices are:

- 1-Lost more than 10 pounds
- 2-Gained more than 10 pounds
- 3-Both lost and gained more than 10 pounds
- 4-Little or no change
- 9-Don't know

If the answer is "little or no change" or "don't know," skip to Question 41. If the answer is "lost more than 10 pounds," "gained more than 10 pounds," or "both lost and gained more than 10 pounds," ask: Were any of the following a major factor in your weight change? Then read the following list:

- Diet
- Surgery, illness or medication
- Exercise

For each of the factors listed, record "yes," "no" or "don't know."

- Question 41 - How would you compare your TOTAL average daily intake of food this year to your intake when we saw you last year?

Response choices 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

If "Eat about the same," skip to Question 42. If "Eat a lot less" or "Eat a little less," skip to Part B. If "Eat a lot more" or "Eat a little more," record participant's response to the following:

- Part A - If you answered "Eat a lot more" or "Eat a little more," the main reason is (read choices):

- 1-A doctor recommended that I eat more
- 2-I am taking medicine that increases my appetite

- 3-My physical activity has increased
- 4-I am more able to shop or prepare food than before
- 5-A medical or dental problem has been resolved
- 6-My appetite has increased for other reasons (If "other reasons," specify.)

Skip to Question 42.

- Part B - If you answered "Eat a lot less" or "Eat a little less," the main reason is (read choices):

- 1-A doctor recommended that I eat less
- 2-I am taking medicine that decreases my appetite
- 3-My physical 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 "other reasons," specify.)

- Question 42 - Think about the walking you do outside your home. During the last week, about how many city blocks or miles did you walk?

Record participant's response. If participant does not know for sure, record his/her best guess.

- Question 43 - When you walk outside your home, what is your usual pace?

Read choices, then mark the choice that the participant states best describes his/her walking pace. If participant says s/he doesn't know how fast s/he walks, ask for his/her best guess. Choices are:

- No walking at all
- Casual strolling (up to 2 miles per hour)
- Average or normal (between 2 and 3 miles per hour)
- Fairly brisk (between 3 and 4 miles per hour)
- Brisk or striding (faster than 4 miles per hour)
- Unknown

- Question 44 - 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 walk up? (Ten steps is equal to one flight of stairs.)

Be certain the participant only counts the stairs walked UP, not also those walked DOWN. If the participant routinely walks a certain number of steps at a time, such as three, use the formula above (ten steps equals one flight) to calculate the total

number of flights walked up in one week.

- Question 45 - How would you describe your level of activity since we saw you last year?

Read the response choices to the participant, and mark the one that s/he believes best describes his/her level of activity. Choices are:

- A lot less active
- A little less active
- About as active
- A little more active
- A lot more active
- Unknown

- Question 46 - In a usual 24 hour period, how many hours do you spend seated or lying down? Include all time spent sleeping, resting, and lying down, and also include all time spent watching TV, eating, reading, and any other time sitting down.

Record participant's best estimate. Be sure participant is including time spent sleeping.

- Question 47 - During the past two weeks, have you taken a multiple vitamin or any other vitamin supplements?

NOTE: This question refers to over-the-counter or prescription vitamins taken orally or by injection. Those administered as a cream are not included.

If "no" or "don't know," skip to Question 48. If "yes," read the following list of vitamin supplements and record response to each. If response is "yes," record number of days taken.

- Multiple vitamin
- Vitamin A or beta-carotene
- Vitamin C
- Vitamin E

- Question 48 - During the last two weeks, did you take any aspirin or aspirin-containing medicines such as Bufferin, Anacin, or Ascriptin?

If "no" or "don't know," skip to Question 49.

If "yes," ask: On about how many days during the last two weeks did you take this

medicine?

Record response. If the answer is "every day," write 14. If the answer is more than 14, be sure the participant understands that you are asking only about the last two weeks.

- Question 49 - During the last two weeks, did you take any cod-liver oil or other fish-oil supplements?

If the answer is "no" or "don't know," skip to Question 50. If the answer is "yes," ask: On about how many days during the last two weeks did you take these supplements?

Record response as for Question 48.

- Question 50 - Are you taking any of the following medications one or more times a week?

Read the list of medications and record "yes," "no" or "don't know" for each. Medications are:

- Antihistamines; for example, cold pills or allergy pills
- Sleeping pills
- Laxatives
- Calcium supplements

- Question 51 - Have you had a flu shot since we saw you last year?

Record "yes," "no" or "don't know."

- Question 52 - Have you had a shot to prevent pneumonia, sometimes called pneumovax, since we saw you last year?

Record "yes," "no" or "don't know."

- Question 53 - Did a doctor prescribe nitroglycerin for you since we saw you last year?

Record "yes," "no" or "don't know."

- Question 54 - Can you see well enough to drive, with or without glasses?

Note that "don't drive" is included in response choices.

- Question 55 - Can you see well enough to watch TV, with or without glasses?

- Question 56 - Can you see well enough to recognize someone across the room, with or without glasses?
- Question 57 - Can you see well enough to read the newspaper, with or without glasses?
- Question 58 - Can you hear well enough to use the telephone, with or without a hearing aid?
- Question 59 - Can you hear well enough to listen to a radio, with or without a hearing aid?
- Question 60 - Can you hear well enough to carry on a conversation in a crowded room, with or without a hearing aid?
- Question 61 - During the last year, how often have you accidentally lost control of your urine (wet yourself)?

Read the response choices and mark the one the participant selects. The choices are:

- Often
- Occasionally
- Never
- Don't know

If the participant gives an answer not listed, such as "once in a while," ask: Would you say that's "often" or "occasionally"?

If "never" or "don't know," skip to Question 62. If "often" or "occasionally," ask parts A and B:

Part A - How often would you say this happened?

Read the response choices and mark the one the participant selects. The choices are:

- Daily
- At least once a week
- Less often than once a week

If the participant gives an answer not listed, such as "once in a while," ask: Would you say that's daily, at least once a week, or less often than once a week?

\_\_\_\_\_ Part B - When you feel the urge to urinate, how long can you usually wait?

Read the response choices and mark the one the participant selects. The choices are:

- Five minutes or more
- Less than five minutes but more than a few seconds
- A few seconds
- Urinate without warning

- Question 62 - During the last year, have you awakened to urinate more than three nights per week?

Record "yes," "no" or "don't know."

- Question 63 - Have you smoked cigarettes during the last 30 days?

If "no" or "don't know," skip to Question 64. If "yes," ask: On average, how many cigarettes do you usually smoke per day?

- Question 64 - Which of the following best describes your current smoking status?

Read the response choices:

- 1-Never smoked
- 2-Former smoker, quit more than 1 year ago
- 3-Former smoker, quit less than 1 year ago
- 4-Current smoker
- 9-Don't know

- Question 65 - Does anyone living with you smoke cigarettes regularly? (This includes any other member of your household.)

- Question 66 - Do you ever use snuff or smokeless tobacco?

- Question 67 - Do you ever drink beer?

If "no" or "don't know," skip to Question 68. If "yes," record responses to the following:

- Part A - About how often do you drink beer?

Response choices are:

- 1-Daily
- 2-Weekly
- 3-Monthly

4-Yearly  
0-Rarely/never

- Part B - How many 12-ounce cans or bottles of beer do you usually drink on one occasion?

■ Question 68 - Do you ever drink wine?

If "no" or "don't know," skip to Question 69. If "yes," record responses to the following:

- Part A - About how often do you drink wine?

Response choices are:

1-Daily  
2-Weekly  
3-Monthly  
4-Yearly  
9-Rarely/never

- Part B - How many medium, six-ounce glasses of wine do you usually drink on one occasion?

■ Question 69 - Do you ever drink liquor?

If "no" or "don't know," skip to Question 70. If "yes," record responses to the following:

- Part A - About how often do you drink liquor?

Response choices are:

1-Daily  
2-Weekly  
3-Monthly  
4-Yearly  
5-Rarely/never

- Part B - How many drinks, equal to one shot of liquor, do you usually drink on one occasion?

■ Question 70 - Are you currently involved in any medical studies other than CHS?

If "yes," specify the name of the study.

■ Question 71 - What is your occupational status?

Allow participant to respond. Then probe to identify the correct response choice. (For example, if participant says, "I'm not working," ask: "Are you retired or are you unemployed and looking for a job?")

Response choices are:

- Employed at a job for pay, either full or part time.
- Homemaking, not working outside the home.
- Employed, but temporarily away from my regular job.
- Retired from my usual occupation and not working.
- Retired from my usual occupation but working for pay.
- Retired from my usual occupation, but volunteering.
- Unemployed, looking for work.
- Unemployed, not looking for work.
- Other (specify in space provided)

**The remainder of the form is to be completed for female participants only. If you are interviewing a male participant, thank him for his time and participation in CHS. If you are interviewing a female participant, continue with the following script and questions.**

Script: "Women sometimes take female hormones after menopause. They may be taken for a variety of reasons, including hot flashes or other symptoms, and sometimes for the prevention of bone loss in women. These hormones are usually estrogens such as Premarin (conjugated estrogens), Estrace (estradiol) or Ogen (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 72 - Are you currently taking estrogens such as Premarin, Estrace, Ogen or any other estrogen?

If "no" or "don't know," skip to Question 73. If "yes," record responses to the following:

- Part A - How many days per month do you take estrogen?
- Part B - For how long have you been taking estrogen?
- Part C - Why are you taking estrogen?

Read the following and record participant's response to each:

To prevent hot flashes  
To prevent other post-menopausal symptoms  
To prevent osteoporosis or bone loss  
To prevent heart disease  
For other reasons (If "yes," specify reasons in space provided.)

If participant answered "yes" to Question 72, skip to Question 74. If "no" or "don't know" to Question 72, read Question 73:

- Question 73 - If you are NOT currently taking estrogens such as Premarin, Estrace, Ogen or any other estrogen, have you taken estrogen in the past?

If "no" or "don't know," skip to Question 74. If "yes," record responses to the following:

- Part A - How many days per month did you take estrogen?
- Part B - When did you stop? (state year OR age when stopped)

Record either the year the participant stopped taking estrogen, or participant's age when estrogen was stopped. Do not record both.

- Part C - For how long did you take estrogen?
- Part D - Why did you take estrogen?

Read the following and record responses to each:

To prevent hot flashes  
To prevent other post-menopausal symptoms  
To prevent osteoporosis or bone loss  
To prevent heart disease  
For other reasons (If "yes," record reasons in space provided).

- Question 74 - Are you currently taking progestins such as Provera or Norlutate?

If "no" or "don't know," skip to Question 75. If "yes," record responses to the following:

- Part A - How many days per month do you take progestin?
- Part B - For how long have you been taking progestin?

**If participant answered "yes" to Question 74, the interview is complete. Thank her**

**for her participation in CHS. If participant answered "no" to Question 74, proceed with Question 75:**

- Question 75 - If you are NOT currently taking progestin such as Provera or Norlutate, have you taken progestin in the past?

**If "no" or "don't know," the interview is complete. Thank the participant for her participation in CHS.** If "yes," record responses to the following:

- Part A - If you answered YES, how many days per month did you take progestin?
- Part B - When did you stop? (State year OR age when stopped.)

Record either year or participant's age when stopped, not both.

- Part C - For how long did you take progestin?

**This completes the interview. Thank the participant for her time and participation in CHS.**

#### 3.4 "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".
- Enter your ID number 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".
- Enter your ID number in the blanks for "Interviewer or Reviewer".
- Fill in the date the interview occurred.

## **YEAR 7 MEDICAL AND PERSONAL HISTORY**

Other than a few changes listed below, the Medical and Personal History documentation for Year 7 is identical to the documentation for Year 6.

A number of new questions regarding use of medication were added in Year 7. One new question was “During the last 30 days, did you change the dosage of any medication?”. If the individual responded “Yes”, they were further asked “What medication?” and “Did the dosage increase or decrease?” A new question asking whether the individual had smoked a pipe or cigar during the last 30 days was added. There was also a new question about total combined income.

Question 2A and 2B from the Personal History documentation for Year 3 (Questions 41A and 42B from the documentation for Year 6) had a slightly different format in Year 7. Instead of having one variable summarizing the response for each question, there were 6 binary variables (0 or 1) indicating the specific reasoning for the individual’s change in intake of food.

Some questions asked at Year 6 were omitted for Year 7. Omitted questions were: how health compares to others of the same age; questions pertaining to access to medical care/doctors (Questions 12-17); questions pertaining to wheezy chest, and shortness of breath; rheumatic fever/heart valve problems; seasonal allergies; loss of urine control; ever lived with anyone who regularly smoked; length of time been using estrogen, progestin for current users; and questions pertaining to past use of progestins.

## **YEAR 8 MEDICAL AND PERSONAL HISTORY**

Other than a few changes listed below, the Medical and Personal History documentation for Year 8 is identical to the documentation for Year 7.

Several questions regarding home health care in the past six months were added. If the response was "Yes", the individual was further asked about type of care (physical therapy, occupational therapy, nursing care, or other). Diarrhea was added to the list of symptoms occurring in the past two weeks. Presence of rheumatic fever/heart valve problems was replaced in the list of conditions/diseases ever been told about (this was not asked at Year 7 but was asked at Year 6). There was also a new question asking those who reported losing more than ten pounds whether the individual had been trying to lose over ten pounds.

Some questions from previous years were omitted. These were whether the individual had health insurance in addition to Medicare; if s/he had infection in the past week (cold, flu, dental, or other); questions on the occurrence of, and reasons for, changes in diet from last year; questions pertaining to chest pain, swelling of feet or ankles, alcohol consumption\*, vision and hearing problems, activity level, and number of stairs climbed per week; and Female postmenopausal hormone (estrogen, progestin) questions.

\* Grams of alcohol consumed is available as part of the nutrition data.

## **YEAR 9 MEDICAL AND PERSONAL HISTORY**

Other than a few changes listed below, the Medical and Personal History documentation for Year 9 is identical to the documentation for Year 8.

Several questions about angiography and procedures to open leg arteries were added. Questions about history of fainting were also added.

## **YEAR 10 MEDICAL AND PERSONAL HISTORY**

Other than a few changes listed below, the Medical and Personal History documentation for Year 10 is identical to the documentation for Year 9.

Questions about aspirin and vitamin intake were added. Questions on access to medical care were not collected.