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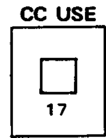
# HEART ATTACK PREVENTION PROGRAM – MEDICAL HISTORY QUESTIONNAIRE

A complete and accurate medical history is essential in evaluating your health status. This questionnaire is intended to help you become more aware of your physical well-being and to help our staff with your examination at the next visit. The answers you give are treated completely confidentially and will become part of your medical record.

Please follow these directions when completing this questionnaire:

1. Read every question carefully and answer every one. Unless otherwise indicated, only one response should be selected for each question. PLEASE USE BALLPOINT PEN AND PRESS FIRMLY.
2. It is essential that you bring this completed questionnaire with you to your scheduled appointment. A protective envelope is enclosed for your convenience. PLEASE DO NOT FOLD THE QUESTIONNAIRE.

CC USE



This is a questionnaire for:

NAME ____________________________________________

DATE QUESTIONNAIRE COMPLETED 18 MONTH ☐☐ DAY ☐☐ YEAR ☐☐

**PLEASE BRING ALL MEDICINES THAT YOU ARE CURRENTLY TAKING, OR HAVE TAKEN DURING THE PAST TWO WEEKS, TO THE NEXT VISIT SO THAT THE DOCTOR CAN IDENTIFY THEM.**

**DO NOT USE**

Answer the following questions using pages 3 and 4 of this questionnaire.

1. Is "YES" checked in question 62? 1 ☐ yes 2 ☐ no
2. Is "YES" checked for either question 64 or 65? 1 ☐ yes 2 ☐ no
3. Is "Stop" or "Slow down" checked for question 66? 1 ☐ yes 2 ☐ no
4. Is "YES" checked for question 67? 1 ☐ yes 2 ☐ no
5. Is "10 minutes or less" checked for question 68? 1 ☐ yes 2 ☐ no
6. Is either a) X placed in sternum (upper, middle, or lower) or b) X in both left anterior chest and X in left arm of diagram of question 69? 1 ☐ yes 2 ☐ no

If "YES" is checked for each of the above six questions check "YES" for item 4. a. ii. in FORM 20, otherwise check "NO".

1. Is "YES" checked for question 71? 1 ☐ yes 2 ☐ no
2. Is "NO" checked for question 72? 1 ☐ yes 2 ☐ no
3. Is "YES" checked for question 73? 1 ☐ yes 2 ☐ no
4. Is "YES" checked for either question 74 or 75? 1 ☐ yes 2 ☐ no
5. Is "NO" checked for question 76? 1 ☐ yes 2 ☐ no
6. Is "Stop" or "Slowdown" checked for question 77? 1 ☐ yes 2 ☐ no
7. Is "Usually disappears in 10 minutes or less" checked for question 78? 1 ☐ yes 2 ☐ no

If "YES" is checked for each of the above seven questions check "YES" for item 4. e. on FORM 20, otherwise check "NO".

DO NOT KEY

FORM 15 (1-4) JULY 74

MRFIT – MULTIPLE RISK FACTOR INTERVENTION TRIAL
SPONSORED BY NATIONAL HEART AND LUNG INSTITUTE
OFFICE OF MANAGEMENT AND BUDGET NO. 68-R1376, APPROVAL EXPIRES SEPT. 1, 1979

## HAS A DOCTOR EVER TOLD YOU THAT YOU HAD ANY OF THE FOLLOWING?

**(Check either yes, no, or not sure for each item. Print clearly all responses. Use ball point pen.)**

| Variable | Item | Yes | No | Not sure | Col. |
|---|---|---|---|---|---|
| MHQ01V2S | 1. High blood pressure (hypertension) | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 24 |
| MHQ02V2S | 2. Heart attack (myocardial infarction, coronary occlusion or coronary thrombosis) | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 25 |
| MHQ03V2S | 3. Angina | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 26 |
| MHQ04V2S | 4. Congenital heart disease (born with heart defect) | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 27 |
| MHQ05V2S | 5. Rheumatic fever, chorea (St. Vitus Dance) | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 28 |
| MHQ06V2S | 6. Rheumatic heart disease | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 29 |
| MHQ07V2S | 7. Stroke | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 30 |
| MHQ08V2S | 8. Diabetes (sugar in the blood or urine) | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 31 |
| MHQ09V2S | 9. Gout | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 32 |
| MHQ10V2S | 10. Kidney disease (nephritis, pyelonephritis, glomerulonephritis, kidney infection) | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 33 |
| MHQ11V2S | 11. Kidney stones | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 34 |
| MHQ12V2S | 12. Prostate infection, enlargement or other prostate disease | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 35 |
| MHQ13V2S | 13. Urinary tract infection, bladder infection, other bladder disease | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 36 |
| MHQ14V2S | 14. Bronchitis | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 37 |
| MHQ15V2S | 15. Pneumonia | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 38 |
| MHQ16V2S | 16. Pleurisy | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 39 |
| MHQ17V2S | 17. Emphysema | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 40 |
| MHQ18V2S | 18. Tuberculosis | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 41 |
| MHQ19V2S | 19. Thyroid problem or disease | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 42 |
| MHQ20V2S | 20. Colitis or inflammation of the colon | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 43 |
| MHQ21V2S | 21. Ulcer (stomach or duodenal), or intestinal bleeding | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 44 |
| MHQ22V2S | 22. Hepatitis | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 45 |
| MHQ23V2S | 23. Cirrhosis or other liver disease | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 46 |
| MHQ24V2S | 24. Anemia | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 47 |
| MHQ25V2S | 25. Cancer | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 48 |
| MHQ26V2S | 26. Nervous, emotional or mental disorder | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 49 |
| MHQ27V2S | 27. Rheumatoid arthritis | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 50 |
| MHQ28V2S | 28. Other arthritis | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 51 |
| | 29. Epilepsy or seizures or fits | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 52 |
| MHQ30V2S | 30. Allergies | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 53 |
| MHQ31V2S | 31. Asthma | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 54 |
| MHQ32V2S | 32. Hives or hay fever | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 55 |
| | 33. Other major diseases (specify) ______________________ | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 56 |
| | 34. Have you ever been told by a doctor that you have gallstones or gall bladder disease? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 57 |
| | 35. Have you ever had x-rays taken of your gall bladder? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 58 |
| | 36. Have you ever had surgery for gall bladder disease? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 59 |

## DURING THE PAST YEAR, HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?

| Item | Yes | No | Not sure | Col. |
|---|---|---|---|---|
| 37. Skin rash or unusual bruises? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 60 |
| 38. Headaches that were so bad you had to stop what you were doing? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 61 |
| 39. Headache attack, racing heart and sweating, all at the same time? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 62 |
| 40. Faintness or light headedness when you stand up quickly? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 63 |
| 41. Your heart beating unusually fast or skipping beats? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 64 |
| 42. Blacking out or losing consciousness? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 65 |
| 43. Frequent stomach pains? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 66 |
| 44. Waking up early, having trouble getting back to sleep? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 67 |
| 45. Black or tarry stools? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 68 |
| 46. Bright red blood in your stools? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 69 |
| 47. Allergies to medicines? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 70 |
| 48. Unexplained weight loss? | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure | 71 |

49. During the past 12 months, about how many times have you seen or talked to a medical doctor for health reasons? (check one)

72 1 ☐ zero times during past year 2 ☐ one - two times during past year 3 ☐ three - five times during past year 4 ☐ six or more times during past year

50. During the past 12 months, about how many visits have you made to the dentist? (check one)

73 1 ☐ zero time during past year  2 ☐ one time during past year  3 ☐ two times during past year  4 ☐ three or more times during past year

51. About how many days during the past 12 months were you kept in bed for all or most of the day because of illness, disability or injury?

74 1 ☐ zero – three days during past year  2 ☐ four – six days during past year  3 ☐ seven – nine days during past year  4 ☐ ten or more days during past year

**PLEASE ANSWER THE FOLLOWING QUESTIONS AS DIRECTED**

COUGH2S

52. Do you usually cough first thing in the morning in the winter? (If you cough with your first smoke or when first going outside, you should mark "yes". Do not respond "yes" for clearing of throat or a single cough.) 75 1 ☐ yes 2 ☐ no

53. Do you usually cough during the day or at night in the winter? (Do not respond "yes" for a single cough.)

76 1 ☐ yes → 54. Do you cough like this on most days for as much as 3 months each year? 77 1 ☐ yes 2 ☐ no

2 ☐ no ↓

55. Do you usually bring up any phlegm (mucus) from your chest first thing in the morning in the winter? 78 1 ☐ yes 2 ☐ no

PHLEGM2S

56. Do you usually bring up any phlegm from your chest during the day – or at night – in the winter?

79 1 ☐ yes → 57. Do you bring up phlegm like this on most days for as much as 3 months each year? 80 1 ☐ yes 2 ☐ no

58. In the past 3 years, have you had a period of increased cough and phlegm lasting for 3 weeks or more? 81 1 ☐ yes, once 2 ☐ yes, more than once 3 ☐ no

2 ☐ no ↓

DYSPNE2S

59. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 82 1 ☐ yes 2 ☐ no

60. Do you get short of breath walking with other people of your own age on level ground? 83 1 ☐ yes 2 ☐ no

61. Have you ever had asthma? 84 1 ☐ yes 2 ☐ no

62. Have you ever had any pain or discomfort in your chest?

85 1 ☐ yes → 2 ☐ no ↓

ROSEAN2S
ROSEMI2S

63. Have you ever had any pressure or heaviness in your chest?

86 1 ☐ yes → 2 ☐ no ↓

64. Do you get it when you walk uphill or hurry? 87 1 ☐ yes 2 ☐ no

65. Do you get it when you walk at an ordinary pace on the level? 88 1 ☐ yes 2 ☐ no

66. When you get it in your chest what do you do?

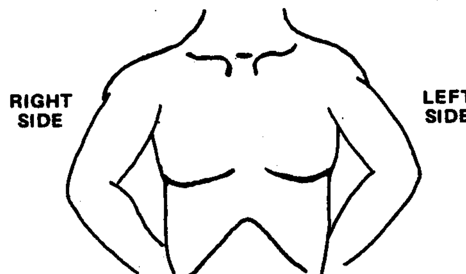
89 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

67. Does it go away when you stand still?

90 1 ☐ yes → 68. How soon? 91 1 ☐ 10 min. or less 2 ☐ more than 10 min. **Continue with question 69.**

2 ☐ no ↓

69. Where do you get this pain or discomfort? (Mark the place or places with an "X" on the diagram.)



RIGHT SIDE  LEFT SIDE

DO NOT USE

92 1 ☐ yes 2 ☐ no

93 1 ☐ yes 2 ☐ no

94 1 ☐ yes 2 ☐ no

70. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? 95 1 ☐ yes 2 ☐ no

**Continue with question 71.**

71. Do you get a pain in either leg on walking?

ROSEIC2S

96 1 ☐ yes → 2 ☐ no

72. Does this pain ever begin when you are standing still or sitting? 97 1 ☐ yes 2 ☐ no

73. Do you get this pain in your calf? (or calves?) 98 1 ☐ yes 2 ☐ no

74. Do you get it when you walk uphill or hurry? 99 1 ☐ yes 2 ☐ no

75. Do you get it when you walk at an ordinary pace on the level? 100 1 ☐ yes 2 ☐ no

76. Does the pain ever disappear while you are still walking? 101 1 ☐ yes 2 ☐ no

77. What do you do if you get it when you are walking?
102 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

78. What happens to it if you stand still?
103 1 ☐ usually continues more than 10 min. 2 ☐ usually disappears in 10 min. or less

79. Has any medicine you may be taking now, or have taken in the past, ever caused you to have a skin rash or other kind of allergic reaction? 104 1 ☐ yes 2 ☐ no
If "yes", describe medicines, reaction and circumstances: ______________________

______________________

CC USE ☐ 105

80. Have you taken any medicine in the past two weeks? 106 1 ☐ yes 2 ☐ no
**Please bring all medicines that you are currently taking or have taken during the past 2 weeks, to the next visit so that the doctor can identify them.**

ASPIR2S

81 During the past four weeks, how often did you take aspirin or similar drugs such as Alka-Seltzer, Anacin, APC, Bufferin, Darvon, Dristan, Empirin, or Excedrin? (check one)
107 1 ☐ daily 2 ☐ four, five, six days per week 3 ☐ one, two, three days per week 4 ☐ occasionally - less often than one day per week 5 ☐ not at all

HOSPSO2S

82 Have you ever had a surgical operation requiring hospitalization? 108 1 ☐ yes 2 ☐ no
If "yes", list the operation, name and address of the hospital, and the year in which the operation was performed:

| Operation | Year | Name of Hospital, City and State |
|---|---|---|
| | | |

CC USE ☐ 109

HOSPOR2S

83 Have you ever been hospitalized for any reason other than surgery? 110 1 ☐ yes 2 ☐ no
If "yes", list the reason, the name and address of the hospital, and the year of the hospitalization:

| Reason | Year | Name of Hospital, City and State |
|---|---|---|
| | | |

CC USE ☐ 111

**FAMILY HISTORY — please answer the following question in terms of your natural mother and father.**

MALIVE2S

84 Is your mother living?
112 1 ☐ yes 2 ☐ no 3 ☐ not sure

MDAGE2S

85 Approximately how old was your mother when she died? 113 ☐☐ years

86 What was the cause of your mother's death? (check one)
115 1 ☐ accident 2 ☐ cancer 3 ☐ heart attack 4 ☐ stroke 5 ☐ other 6 ☐ unknown
**Continue with question 87.**

MCAUSE2S

87 Does your mother have, or did she have, any of the following diseases or conditions? (answer each item)

| | | | | | |
|---|---|---|---|---|---|
| Diabetes | MDIAB2S | 116 | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure |
| High blood pressure | MHYPER2S | 117 | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure |
| Heart attack | MHRTAT2S | 118 | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure |
| Any other heart trouble | MHRTOD2S | 119 | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure |
| Stroke | MSTROK2S | 120 | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure |

FALIVE2S

88. Is your father living?
121 1 ☐ yes 2 ☐ no 3 ☐ not sure

FDAGE2S

89. Approximately how old was your father when he died? 122 ☐☐ years

90 What was the cause of your father's death? (check one)
124 1 ☐ accident 2 ☐ cancer 3 ☐ heart attack 4 ☐ stroke 5 ☐ other 6 ☐ unknown
**Continue with question 91.**

FCAUSE2S

91 Does your father have, or did he have, any of the following diseases or conditions? (answer each item)

| | | | | | |
|---|---|---|---|---|---|
| Diabetes | FDIAB2S | 125 | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure |
| High blood pressure | FHYPER2S | 126 | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure |
| Heart attack | FHRTAT2S | 127 | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure |
| Any other heart trouble | FHRTOD2S | 128 | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure |
| Stroke | FSTROK2S | 129 | 1 ☐ yes | 2 ☐ no | 3 ☐ not sure |

SKIP 130-END