

3.4.4 Medical History

I. PURPOSE

The Medical History identifies the participant's medical conditions and provides other information that may:

- be used to adjust for co-morbidity;
- characterize the participant's access to medical care

II. METHODS

General instructions:

This is an **interviewer-administered** questionnaire. Questions should be read to the participant verbatim as they appear on the form to ensure standardization. In addition, any introductory and transitional wording should be read verbatim.

For most questions, possible responses are "Yes", "No," "Don't Know," and/or "Not Applicable" or "N/A" (not applicable). A few other questions have choices as indicated. The interviewer should read all choices to the participant and have the participant choose the appropriate response/s for each question.

Do not probe to make interpretations about a participant's specific symptoms. Ask questions as written and record answers as given by the participant.

Specific instructions:

Begin the questionnaire by reading to the participant the following introduction:

The following are some questions about your medical history. Questions refer to things that happened since your last MESA visit on _____. Please answer to the best of your knowledge.

1. ***How would you say your health currently compares with other persons of your age?***
Select "better," "same," or "worse." Choose the appropriate response to the best estimate.

Questions 2 and 3 pertain to conditions the participant has been told he or she has by a doctor since the last MESA visit. The participant should choose "Yes" or "No" if he/she is fairly sure about the diagnosis and "Don't Know" if he/she believes he/she might have been told about the diagnosis but is not sure. If the person is cared for primarily by a health care provider other than a physician, such as a nurse practitioner, try to determine that the diagnosis was made in a medical setting and, if so, include the response.

Has a doctor told you that you have developed any of the following since your last MESA visit on ____?

2. ***Emphysema?*** This includes "chronic bronchitis," "chronic obstructive pulmonary disease," or "COPD."
3. ***Asthma?***

Questions 4–7 pertain to how the participant feels about him/herself when compared to others

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of his/her own age. The participant should be encouraged to estimate and answer “Yes” or “No.” The participant may choose “Don't Know” if he/she cannot give a yes or no answer or does not know anyone his/her own age.

4. *When walking on level ground, do you get more breathless than people your own age?*
Select “yes,” “no,” or “don't know.”

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5. *When walking up hills or stairs, do you get more breathless than people your own age?*
Select “yes,” “no,” or “don’t know.”
6. *Do you ever have to stop walking because of breathlessness?*
Select “yes,” “no,” or “don’t know.”
7. *Do you ever get pain in either leg or buttock while walking?*
If “no,” skip to question 8..
If “yes,” answer the following:
- a. *Does this pain ever begin when you are standing still or sitting?*
Select “yes” or “no.”
- b. *In what part of your leg or buttock do you feel the pain?*
Choices include “pain includes calf/calves” or “pain does not include calf/calves.”
- c. *Do you get it if you walk uphill or hurry?*
Select “yes” or “no.”
- d. *Do you get it if you walk at an ordinary pace on the level?*
Select “yes” or “no.”
- e. *Does the pain ever disappear while you are walking?*
Select “yes” or “no.”
- f. *What do you do if you get it when you are walking?*
Select “stop or slow down” or “continue on.”
- g. *What happens to the pain if you stand still?*
If “not relieved,” proceed to question h.
If “relieved,” ask *how soon?*
Select “10 minutes or less” or “more than 10 minutes.”
- h. *Is this pain predominantly in the right side, left side, or in both legs?*
Select one of the choices.
8. *Since your last MESA clinic visit, have you had swelling of your feet or ankles?* Note:
when a swollen extremity is pressed with a finger, an imprint or pit remains temporarily.
If “no” or “don’t know,” continue with question 9.
If yes, ask the following: *“Did it tend to come on during the day and go down overnight?”*
Select “yes,” “no,” or “don’t know.”
9. *Since your last MESA clinic visit, have you had to sleep on two or more pillows to help you breathe?* Some people may have to sleep in a chair to help them breath better; count this instance as “yes.”
Select “yes,” “no,” or “don’t know.”

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Question 10 is asked to determine if the participant has had some type of inflammatory condition.

10. *In the past two weeks, have you had any of the following:*

- a. *Fever*
 - b. *Cold, flu, or sore throat*
 - c. *Urinary infection* (also called “bladder infection”)
 - d. *Seasonal allergy*, such as hay-fever
 - e. *Bronchitis*
 - f. *Sinus infection or sinusitis*
 - g. *Pneumonia*
 - h. *Gums bleeding while brushing or flossing* (include “periodontal disease” and “gingivitis”)
 - i. *Tooth infection* requiring antibiotics and/or root canal
 - j. *Flare-up of gout*
 - k. *Flare-up of arthritis*
- Select “yes,” “no,” or “don’t know” for each item.

11. *Are you taking aspirin on a regular basis?* Examples of "regular" are daily, every other day, and weekly. If the participant says less than once a week, record “no.”

Select “yes,” “no,” or “don’t know.”

If yes, ask the following: “how many days a week?”

Record number of days/week.

At this point, men are done with the questionnaire.

Reproductive History

—for women only—

Determine if participant has previously reported removal of both ovaries. If yes, mark box and skip to question 16. If this has not been previously reported, begin with question 12.

12. *Have you had surgery to remove your ovaries?* Removal of the ovaries might have been in conjunction with a hysterectomy.

If “no” or “don’t know,” record and continue with question 13.

If “yes,” ask the following:

At what age? Record the response in the boxes.

How many ovaries were removed? Select 1 or 2. **If both ovaries removed, skip to question 16.**

Determine if participant has previously reported hysterectomy. If yes, mark box and skip to question 16. If this has not been previously reported, proceed with question 13.

13. *Have you have a hysterectomy (surgery to remove your uterus/womb)?* Hysterectomy might have been done in conjunction with removal of the ovaries.

If “no” or “don’t know,” record and continue with question 14.

If “yes,” ask the following:

At what age? Record the response in the boxes **and skip to question 16.**

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Determine if participant has previously reported going through menopause. If yes, mark box and skip to question 16. If this has not been previously reported, proceed with question 14.

14. ***Have you had a menstrual period in the past 12 months?***

If “no” or “don’t know,” record and skip to question 16.

If “yes,” ask the following:

How many periods have you had in the last 12 months? Record and continue with question 15.

15. ***Have you taken birth control pills since your last MESA clinic visit?***

If “no” or “don’t know,” record and proceed to question 16.

If “yes,” ask the participant to estimate the total number of months that she took birth control pills since her last MESA clinic visit. Keep in mind that she may have started and stopped several times.

16. ***Since your last MESA visit, have you taken hormone replacement therapy?***

If “no,” **questionnaire completed.**

If yes, ask the following:

a. ***Are you currently using hormone replacement therapy?***

If “yes,” ***at what age did you begin?*** Record age and proceed to question b..

If “no,” ***at what ages did you take hormones?*** Provide age started and age stopped and proceed to question b.

b. ***Which type of therapy were you on?***

Select “estrogen alone,” or “estrogen with progestin,” or “other types of hormone replacement”

(Common estrogen-only preparations are Premarin or Estratab; common estrogen+progestin regimens are Premarin plus Provera, Estratab plus Provera, Prempro, or Premphase.)

After completing the form, a technician should check to make sure all questions were answered and attempt to complete by asking the participant about any skipped questions. Then complete the questionnaire by filling in the box “for MESA Field Center Use Only.”