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?
   - Better
   - Same
   - Worse

Has a doctor told you that you have developed any of the following since your last MESA visit on [the above date]:

2. Emphysema?
   - Yes
   - No
   - Don’t Know

3. Asthma?
   - Yes
   - No
   - Don’t Know

4. When walking on level ground, do you get more breathless than people your own age?
   - Yes
   - No
   - Don’t Know

5. When walking up hills or stairs, do you get more breathless than people your own age?
   - Yes
   - No
   - Don’t Know

6. Do you ever have to stop walking because of breathlessness?
   - Yes
   - No
   - Don’t Know
Do you ever get pain in either leg or buttock while walking?

Yes

If Yes:

a. Does this pain ever begin when you are standing still or sitting?

b. In what part of your leg or buttock do you feel it?

Pain includes calf/calves
Pain does not include calf/calves

c. Do you get it if you walk uphill or hurry?

d. Do you get it if you walk at an ordinary pace on the level?

e. Does the pain ever disappear while you are walking?

f. What do you do if you get it when you are walking?

Stop or slow down
Continue on

g. What happens to the pain if you stand still?

If Relieved

How soon?


h. Is this pain predominantly in the right side, left side, or in both legs?

Right Side
Left Side
Both legs

Since your last MESA clinic visit, have you had swelling of your feet or ankles?

Yes
No
Don’t Know

If Yes

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

Since your last MESA clinic visit, have you had to sleep on two or more pillows to help you breathe?
10 In the past two weeks, have you had any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Fever</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>b. Cold, flu, or sore throat</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>c. Urinary infection</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>d. Seasonal allergy</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>e. Bronchitis</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>f. Sinus infection or sinusitis</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>g. Pneumonia</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>h. Gums bleeding while brushing or flossing</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>i. Tooth infection</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>j. Flare-up of gout</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>k. Flare-up of arthritis</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

11 Are you taking aspirin on a regular basis?

If Yes ➔ How many days a week? [ ] ASPDAYS4

Reproductive History

WOMEN ONLY -- MEN are finished with this questionnaire.

Check here □ if participant has previously reported removal of both ovaries and skip to question 16

12 Have you had surgery to remove your ovaries?

If Yes:

<table>
<thead>
<tr>
<th>Age</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>b.</td>
<td>1</td>
<td>2</td>
<td>o</td>
</tr>
</tbody>
</table>

If both ovaries removed, Skip to question 16

Check here □ if participant has previously reported hysterectomy and skip to question 16

13 Have you had a hysterectomy (surgery to remove your uterus/womb)?

At what age? [ ] HYSTAGE4

Skip to question 16
14 Have you had a menstrual period in the past 12 months?        Yes  No  Don’t Know

If Yes → How many periods have you had in the last 12 months?

15 Have you taken birth control pills since your last MESA clinic visit?        Yes  No  Don’t Know

If Yes → Please estimate the total number of months that you took birth control pills since your last MESA clinic visit (keeping in mind you may have started and stopped several times)

16 Since your last MESA visit, have you taken hormone replacement therapy?        HRMREP4

○ No → Questionnaire Completed

○ Yes → a. Are you currently using hormone replacement therapy?

○ Yes → At what age did you begin?

○ No → At what ages did you take hormones?

b. Which type of therapy were you on?

○ Estrogen alone (like Premarin or Estratab)

○ Estrogen with progestin (like Provera)

○ Other types of hormone replacement therapy

Specify: HRTOOTH4