

## 3.4.4 Medical History

### I. PURPOSE

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

- be criteria for ineligibility (although the vast majority of ineligible persons should already have been identified);
- classify persons who are not candidates for certain incident non-CVD disease endpoints (such as diabetes or cancer);
- be used to adjust for co-morbidity;
- characterize the participant's access to medical care; and
- characterize family history of CVD.

### II. MATERIALS/EQUIPMENT

None.

### III. DEFINITIONS

None.

### IV. METHODS

#### 1. General instructions

This is an interviewer-administered form. For each question, possible responses are "Yes", "No," "Don't Know," and/or "Not Applicable" or "N/A" (not applicable). Have the participant choose the appropriate responses for each question. *Do not probe to make interpretations about a participant's specific symptoms. Ask questions as written and record answers as given.*

#### 2. Specific instructions

Questions 1-11 pertain to conditions the participant has been told he or she ever had by a doctor. 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 health care practitioner 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.

For any question that asks about the age at diagnosis or when treatment was

begun, assist the participant in converting the year to age, if necessary.

**“Has a doctor ever told you that you had any of the following?”**

1. **Emphysema.** Include "chronic bronchitis" or "chronic obstructive pulmonary disease" or "COPD."
2. **Asthma.**
3. **Arthritis.** Include “osteoarthritis,” “wear-and-tear arthritis,” “rheumatoid arthritis,” and forms of arthritis associated with other diseases.
4. **Cancer**  
If yes, select type(s):
  - a. Prostate cancer
  - b. Breast cancer
  - c. Lung cancer
  - d. Colon cancer
  - e. Non-melanoma skin cancer (i.e., basal cell carcinoma or squamous cell carcinoma)
  - f. Blood cancer (e.g., leukemia, lymphoma, multiple myeloma)
  - g. Other cancer
5. **Rheumatic heart disease or heart valve problems.**
6. **Blood clots** in the lungs or leg veins. Include "phlebitis," “deep vein thrombosis” (a blood clot in a leg vein that obstructs blood flow), “thrombophlebitis,” or “pulmonary embolus” (a blood clot that has traveled from a leg vein to the lung: this is serious, often requires hospitalization, and can occur after surgery and prolonged bed rest). Clots are often treated with Coumadin and other blood thinners.
7. **Liver disease.**  
If yes, select type:
  - a. Cirrhosis (can also be called “liver failure”) is a *chronic* condition (can develop and progress over many years) and may be associated with jaundice (yellow eyes and skin), weight loss, abdominal and leg swelling, and skin changes.
  - b. Hepatitis is an *acute* condition (occurs shortly after the infection) and usually accompanied by jaundice and sometimes abdominal pain, which may be the only signs of infection.  
If yes, select type(s):

- Hepatitis A (sometimes called "infectious hepatitis")
- Hepatitis B (sometimes called "serum hepatitis")
- Hepatitis C, D and E (may also be transmitted by blood products)

8. **Kidney disease.**

9. **High blood pressure or hypertension.** If the participant asks about "borderline" or "mild" hypertension, try to determine if the readings were greater than or equal to 140/90. If not, tell the participant to indicate "No." This level of blood pressure would generally not be treated with medication and, therefore, in order to avoid classifying some persons with mild hypertension as having hypertension and others as not, these persons should be recorded as *not* having hypertension. The MESA examination's blood pressure readings will generally help in distinguishing between these types of hypertension.)

If no, skip to question 10

If yes, answer the following:

- a. **Are you taking medicine for this?**

If yes, answer the following:

- b. **At what age did you begin taking medications?**

Provide age or answer "don't know."

10. **High cholesterol level.**

If yes, answer the following:

- a. **Are you taking medicine for this?**

If yes, answer the following:

- b. **At what age was this first treated?**

Provide age or answer "don't know."

11. **Diabetes.** (sugar in the blood)

If yes, answer the following:

- a. **Are you taking medicine for this?**

If yes, choose insulin or pills or both

- b. **At what age was the diabetes first treated?**

- c. **Was insulin your first diabetes medicine?**

- d. For women only: **Did diabetes occur ONLY during pregnancy?** (This would have been discovered by "spilling sugar in the urine," by a glucose test administered during pregnancy, or by a history of taking insulin during pregnancy.)

Additional questions about the participant's current health and health history. If the participant has difficulty remembering, encourage him/her to provide a best guess.

**12. What was your highest weight in the last 3 years?**

Give answer in pounds (lbs).

a. **What did you weigh at age 20\*?** (Give answer in pounds [lbs])

b. **What did you weigh at age 40\*?** (Give answer in pounds [lbs])

**\*Women: If you were pregnant at either of these ages, give your weight just BEFORE your pregnancy started.**

**Reproductive History—for women only—men skip to question 18**

**13. Have you ever been pregnant?**

If yes, answer the following:

a. **Number of pregnancies?** Give number.

b. **Number of live births?** Give number.

c. **Age at first live birth?** Provide age.

**14. Have you had a hysterectomy (surgery to remove your uterus/womb)?**

If yes, answer the following:

a. **At what age?** Provide age.

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

If yes, answer the following:

a. **At what age?** Provide age.

b. **How many ovaries were removed?** Select 1 or 2. (If both ovaries have been removed, but at different times, record age at which second ovary was removed.)

**16. Have you ever taken birth control pills? (Y/N/DK)**

If yes, answer the following:

a. **Please estimate the total number of years that you took birth control pills, keeping in mind that you may have started and stopped several times. Give estimate rounded to the nearest whole year.**

**17. Have you gone through menopause ("change of life")?**

If yes, skip to questions 17d, e, and f.

If no or don't know, continue with question 17a.

- a. **Are you currently going through menopause?** (This would generally be associated with signs such as irregular menstrual periods, hot flashes, insomnia, vaginal dryness.)  
If no, skip to question 18.  
If yes or don't know, answer the following, if applicable:
- b. **Date of last menstrual period** (if less than 12 months ago)? Give two-digit month and four-digit year.
- c. **How many periods have you had in the last 12 months?** Give number.
- d. **At what age did you go through menopause?** Provide age; provide current age if currently going through menopause.
- e. **Have you ever taken hormone replacement therapy?**  
If no, skip to question 18  
If yes, answer the following:
- f. **Are you currently using hormone replacement therapy?**  
If yes, at what age did you begin?  
If no, answer the following:
- **At what ages did you start and stop taking hormones?** Provide ages.
  - **What type of therapy were you on?** (Common estrogen-only preparations are Premarin or Estratab; common estrogen+progestin regimen is Premarin plus Provera, Estratab plus Provera, Prempro, or Premphase.) Select "estrogen-only" or "estrogen+progestin."
18. **Do you ever get pain in either leg or buttock while walking?**  
If yes, answer the following:
- 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 the pain?** Select "includes calf" or "does not include calf."
- c. **Do you have pain if you walk uphill or hurry?**
- d. **Do you have pain 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 have pain when you are walking?** Select "stop or slow down" or "continue on."

- g. **What happens to the pain if you stand still?** Select “relieved” or “not relieved.”  
**If relieved, 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.
19. **Have you ever had swelling (“edema”) of your feet or ankles?** For women, exclude edema during pregnancy. When the swollen extremity is pressed with a finger, an imprint or pit remains temporarily.  
If yes, answer the following:
- a. **Did it tend to come on during the day and go down overnight?**
20. **Have you had to sleep on two or more pillows to help you breathe?**  
Some people may have to sleep in a chair to assist breathing; count this instance as “yes.”
21. **Have you been awakened at night by trouble breathing?**
22. **In the past two weeks, have you had any of the following:** This question is asked to determine if the participant has had some type of inflammatory condition. Select all that apply.
- a. Fever
  - b. Cold, flu, or sore throat
  - c. Urinary infection (also called “bladder infection”)
  - d. Seasonal allergy, such as hayfever
  - 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
23. **Approximately how many times have you been treated with antibiotics in the past year?** Estimate number of times or select “none.” If the participant has been on daily antibiotics for an extended period, record “99” and make comment.
24. **Approximately how many times have you been treated with antibiotics in the last 5 years?** Estimate the number of times or select “don’t know.” If the participant has been on daily antibiotics for an extended

period, record "99" and make comment.

25. **Have you ever used aspirin on a regular basis?** Examples of "regular" are daily, every other day, and weekly. If the participant says he/she takes it less than once a week, indicate zero.  
If no or don't know, skip to question 26  
If yes, answer the following:
- a. **At what age did you start?** Provide age.
  - b. **Are you taking aspirin now on a regular basis?**  
If yes, how many days a week are you taking aspirin? Give number of days/week.  
If no, at what age did you stop taking it? Provide age.
26. **Has a dentist ever told you that you have periodontitis or gum disease?** ("Gingivitis" is another term.)
27. **Have you lost any of your teeth due to gum disease?** (Do not count tooth loss due to trauma.)  
If yes, how many teeth have you lost?

*"The following are questions about medical conditions that other members of your family may have had. Please answer to the best of your knowledge."*

**"Have any of the following family members had any of the listed medical conditions (include blood relatives only)":**

Blood relatives do *not* include people related to the participant by adoption, marriage, or step-family arrangements. Mention that, although these may be important members of the family, we are trying to identify people who share genes through blood relations. Half-siblings *are* included.

28. **Parents.** Select all that apply.
- a. **Heart attack.** (Also called "myocardial infarctions" or "infarcts" but do not include angina, angina pectoris, or chest or heart pains that were not diagnosed as an infarction. Generally, these are diagnosed during hospitalization.)
  - b. **Stroke?** Stroke may also be called "brain attack" or "brain shock" and generally causes persistent weakness, inability to speak, inability to walk, loss of vision or other neurologic symptoms. Do not include "TIA" or "mini-stroke."

**c. Amputation not due to a traumatic injury?**

29. **Siblings.** Select all that apply.

30. **Children.** Select all that apply.

After completion of the form, check to make sure all questions were answered and attempt to complete by asking the participant about specific skipped questions.