

3.4.3 Personal History

I. PURPOSE

The Personal History form is used to collect information on socio-economic status (SES) and smoking and drinking habits, all of which are related to an individual's risk of cardiovascular disease.

II. MATERIALS/EQUIPMENT

None.

III. DEFINITIONS

None.

IV. METHODS

This form is usually self-administered. Instruct the participant to fill out all questions, except those that are skipped due to skip patterns. If he/she is unsure about an exact answer (e.g., for "average number of drinks per week"), tell him/her to give a best estimate.

Participant Information (questions 1–17)

1. **What is your gender?** Fill in the appropriate circle.
2. **Where were you born?**
Select one of the following
 - One of the 50 US states (please specify state). Provide two-letter abbreviation (e.g., WA, MI, AK, TX).
 - Puerto Rico
 - Another country (please specify country). Write in space provided.If the born in Puerto Rico or another country, how many years have you lived in the United States? Record number of years in box provided.
3. **Where were your parents and grandparents born?** If born in the US, please select "one of the 50 US states" and specify the state (specific state not required for grandparents). If born in Puerto Rico, select "Puerto Rico." If born in another country, please select "another country" and write in the name of the country
4. **What language is generally spoken in your home?** Fill in the appropriate circle. If "other," specify language.

5. **What is your marital status?** Fill in the appropriate circle.
("Separated" includes both legal and informal separations but not cases in which spouses live in separate geographic locations for professional reasons.)
6. **What is the highest degree or level of school you have completed?**
Fill in the appropriate circle. If currently enrolled, mark the highest grade completed or highest degree received.

"We are asking for your Social Security number because data from this study will be linked with data supplied by the National Center for Health Statistics. Your number will be kept confidential, in accordance with the Privacy Act of 1974, and will be used only for research purposes. Providing this information to MESA is extremely important for the purposes of the study but is entirely voluntary on your part."

- 7a. **What is your Social Security number?** Write the number in the spaces provided.
- 7b. **Sometimes dependents or spouses can apply for Medicare benefits using the Social Security number of another family member. Did you ever get Medicare benefits using a Social Security number other than your own?**
If no, skip to question 9.
If yes, write that Social Security number in the spaces provided.
(When necessary, reassure the person that this is entirely legal and is not a "trick" question intended to get him/her into trouble.)
8. **Please choose one of the following that best describes your current occupation.** Fill in the appropriate circle.
If homemaker, did you previously work outside the home?
If no, skip to question 13.
If yes, continue to next question.

Questions 9–12 are used to compute industry and occupation codes. The actual coding will be done at a later time. The interviewer may or may not be the person who does the coding, so it is important that job information is complete, accurate, and legible. (Note: Questions 9–12 will not be scanned. Only the final codes will be included in the database.)

9. **For whom do/did you work?** (Name of company, business, organization, or other employer. If you are not working now, please respond regarding your main occupation before you stopped working.)
Write answer in space provided.
10. **What type of business or industry is/was this?** (e.g., hospital,

newspaper publishing, mail order house, auto repair shop, bank, etc.)
Write answer in space provided.

11. **What kind of work do/did you do or what was your job title?** (e.g., registered nurse, personnel manager, auto mechanic, accountant, grinder operator, etc.) Give answer in space provided.
12. **What were your most important activities or duties?** (e.g., patient care, directing hiring policies, repairing automobiles, reviewing financial records, operating grinding mill, etc.) Give answer in space provided.

“The following questions have to do with family finances. We know from other research that financial strain is common and very important to consider in understanding people’s health. The following questions will be used to help give us a picture of the various financial situations experienced by persons participating in the MESA study. Any information you provide is strictly confidential and will be used for research purposes only.”

13. **Below is a list of income groups. Please tell me which group best represents your total combined family income for the past 12 months. This includes the total income, before taxes, earned in the past year by all family members living with you. Please include money from jobs; net income from business, farm, or rent; pensions, dividends, welfare, social security payments, and any other money received by you or any other family member living with you. Fill in the appropriate circle.**
- 14a. **Including yourself, how many people are supported by the income listed above?** Write a number in the box provided.
- 14b. **How many of these are:**
 - **Children under 18?**
 - **Adults 65 and over?**Write a number in each box. Enter 00 if no one in that age category is supported by the given income.
15. **This question is about the house or apartment where you live. Do you...?** Choose one and fill in the appropriate circle. (“Rent” includes renting a room in an owner-occupied dwelling or renting a room in a rooming house. “Other living arrangements” include, for example, living for free with parents or friends or receiving free rent in exchange for apartment management, yard work, etc.)
16. **Where do you usually go for medical care?** Choose one and fill in

the appropriate circle. If “other,” specify. Mark “other” only if the response clearly does not fit one of the given responses. For example, an urgent care clinic would be included in the “doctor’s office or clinic” category.

17. **To help pay for your medical care, do you now have...?** Choose as many that apply and fill in the appropriate circles. If “other,” specify. Mark “other” only if the response clearly does not fit one of the given responses.

Smoking (questions 18–44)

The following script introduces the participant to questions on smoking. The goal of these questions is to identify non-smokers, former smokers, and current smokers of any tobacco product and to document participants’ smoking habits. These questions were developed from NHANES III, the National Health Interview Survey, and ARIC. If the participant feels uncomfortable with these questions, please reassure him/her that all collected data is strictly confidential. Questions are in boldface type; explanations, if needed, follow in standard type.

“The following question are about your use of tobacco and alcohol. They will help us better understand the role of smoking and alcohol use in the risk of cardiovascular disease.”

18. **Have you smoked at least 100 cigarettes in your lifetime?**
The goal of this question is to measure lifetime cigarette smoking habits. Most US cigarettes, and cigarettes sold abroad, are and have been sold in packages containing 20 cigarettes. Therefore, 100 cigarettes will usually be equivalent to 5 packs.
If no, skip to question 23.
19. **How old were you when you first started smoking cigarettes?**
Provide age. If participants do not remember the exact age they first smoked cigarettes, ask them to give their best estimate.
This question applies to both current and former smokers—those who answered “Yes” to question 18.
20. **Have you smoked cigarettes during the last 30 days?**
If yes, skip to question 22.
21. (For former smokers) **How old were you when you quit smoking cigarettes?** Provide age. If participants do not remember the exact age they quit smoking cigarettes, ask them to give their best estimate.
This question applies only to former smokers—those who answered “No” to question 20.

22. **On average, about how many cigarettes a day do/did you smoke?**
Provide number of cigarettes per day. Record 00 if the average number of cigarettes per day is/was less than one. This question applies to both current and former smokers. Make sure participants record the information in number of cigarettes per day. If participant answers in number of packs per day, calculate the number cigarettes per day (1 pack = 20 cigarettes).
23. **Have you ever used any other tobacco products (e.g., cigars, pipes, snuff, chewing tobacco)?** The goal of this question is to obtain information about the use of other tobacco products. This question should be answered by all participants.
If no, skip to question 44
24. **Have you smoked more than 20 cigars in your lifetime?**
If no, skip to question 29
25. **How old were you when you first started smoking cigars?**
Provide age. If participants do not remember the exact age they first smoked cigars, ask them to give their best estimate. (Provide age)
26. **Have you smoked cigars during the last 30 days?**
If yes, skip to question 28
27. **How old were you when you quit smoking cigars?**
Provide age. If participants do not remember the exact age they quit smoking cigars, ask them to give their best estimate. (Provide age)
28. **On average, about how many cigars a day do/did you smoke?**
Provide number of cigars per day. This question applies to both current and former cigar smokers. Record 00 if the average number of cigars per day is/was less than one.
29. **Have you smoked at least 20 pipefuls of tobacco in your lifetime?**
If no, skip to question 34
30. **How old were you when you first smoked a pipe?**
Provide age. If participants do not remember the exact age they first smoked a pipe, ask them to give their best estimate.
31. **Have you smoked a pipe during the last 30 days?**
If yes, skip to question 33
32. **How old were you when you quit smoking a pipe?**
Provide age. If participants do not remember the exact age they quit smoking a pipe, ask them to give their best estimate.

33. **On average, about how many pipefuls a day do/did you smoke?**
Provide number of pipefuls per day. This question applies to both current and former pipe smokers. Record 00 if the average number of pipefuls per day is/was less than one.
34. **Have you used chewing tobacco, such a Redman, Levi Garret, or Beechnut, at least 20 times in your lifetime?**
If no, skip to question 39
35. **How old were you when you first chewed tobacco?**
Provide age. If participants do not remember the exact age they first chewed tobacco, ask them to give their best estimate.
36. **Have you chewed tobacco during the last 30 days?**
If yes, skip to question 38
37. **How old were you when you quit chewing tobacco?**
Provide age. If participants do not remember the exact age they quit chewing tobacco, ask them to give their best estimate.
38. **On average, about how many times a day do/did you chew tobacco?** Provide number of times per day participant chewed tobacco.
This question applies to both current and former tobacco chewers. Record 00 if the average number of uses per day is/was less than one.
39. **Have you used snuff, such as Skoal, Skoal Bandits, or Copenhagen, at least 20 times in your lifetime?** Snuff is a finely chopped tobacco product that is not chewed. A small amount is held in the mouth between the cheek and gum, where nicotine is rapidly absorbed into the bloodstream.
If no, skip to question 44
40. **How old were you when you first used snuff?**
Provide age. If participants do not remember the exact age they first used snuff, ask them to give their best estimate.
41. **Have you used snuff during the last 30 days?**
If yes, skip to question 43
42. **How old were you when you quit using snuff?**
Provide age. If participants do not remember the exact age they quit using snuff, ask them to give their best estimate.
43. **On average, about how many times a day do/did you use snuff?**

Provide number of uses per day.

This question applies to both current and former snuff users. Record 00 if the average number of uses per day is/was less than one.

44. (Current non-smokers only) **During the past year about how many hours per week were you in close contact (in your home, at work, in a car, etc.) with people when they were smoking?**

Provide number of hours per week. This question applies to current non-smokers and former users of any kind of tobacco product. The goal of the question is to obtain information on passive exposure to cigarette smoke (excluding cigars, pipes, etc.) in any type of close quarters during the past 12 months. Record the number of hours in a *typical* week; do not include isolated or atypical situations, such as holiday gatherings or short-term house guests who smoke. If participants do not remember the exact amount of time, ask them to give their best estimate. Record 00 if participant was exposed to less than 1 hour of per week.

Alcohol Use (questions 45–54)

The goal of these questions is to identify current, previous, and non-drinkers, and to document current and past consumption patterns. Frequency of alcohol intake is determined by usual weekly intake. The serving sizes are different for beer (a 12 oz. glass, can, or bottle), wine (4 oz.), and hard liquor (1.5 oz). Mixed drinks or cocktails (e.g. martini, margarita) are prepared with hard liquor and other beverages, such as soda, seltzer, syrup, etc. Questions are in boldface type; explanations, if needed, follow in standard type; possible answers follow in parentheses.

45. **Have you ever consumed alcoholic beverages?** The goal of this question is to determine if a participant has ever consumed alcoholic beverages during his/her life. Participants who report no alcohol consumption are asked no more questions in this form.
If no, you have completed this form
46. **How old were you when you first started drinking alcoholic beverages?** Provide age. If participants do not remember the exact age they first used alcohol, ask them to give their best estimate.
47. **Do you presently drink alcoholic beverages?**
If yes, skip to question 51
48. **For how many years did you drink alcoholic beverages?** (*Do not count times when you did not drink alcohol.*)
Provide number of years. If necessary, explain that if there were periods of times during which they didn't drink any alcohol they

should not take those years in account. If participants do not remember the exact number of years, ask them to give their best estimate. Record 00 if participant drank alcoholic beverages for less than one year.

49. **In the past, what types of alcoholic beverages did you ordinarily drink?** Select all that apply. Participants may choose more than one type of beverage.
50. **What was the usual number of drinks you had per week before you stopped drinking alcoholic beverages?** (One drink means one beer or one glass of wine or one shot of hard liquor or one mixed drink. Record 0 if you had less than one drink per week.) Provide number of drinks per week. "Usual" means "on average." "Per week" includes weekends. If participants do not remember the exact number of drinks per week, ask them to give their best estimate. If they give number of drinks per month, divide by four to derive weekly intake. Record 00 if participant had less than one drink per week.
51. **IF YOU CURRENTLY DRINK ALCOHOL: For how many years have you been drinking alcoholic beverages?** (*Do not count times you did not drink alcohol.*) Provide number of years. If necessary, explain that if there were periods of times during which they didn't drink any alcohol they should not take those years in account. If participants do not remember the exact number of years, ask them to give their best estimate. Record 00 if participant has been drinking alcoholic beverages for less than one year.
52. **What is the usual number of drinks you have per week?** (One drink means one beer or one glass of wine or one shot of hard liquor or one mixed drink. Record 0 if you have less than one drink per week.) Provide number of drinks per week. "Usual" means "on average." "Per week" includes weekends. If participants do not remember the exact number of drinks per week, ask them to give their best estimate. If they give number of drinks per month, divide by four to derive weekly intake. Record 00 if participant has less than one drink per week.
53. **During the past 24 hours how many drinks have you had?** Provide number of drinks in past 24 hours. The number of drinks includes all the wine, beer, and hard liquor consumed within the 24 hours prior to the interview. Record 00 if the participant has had less than one drink.
54. **In the past month what is the largest number of drinks you had in one day?** Provide the largest number of drinks per day. The largest number of drinks includes all the wine, beer, and hard liquor consumed within a single 24-hour period in the past month. Record 00 if the participant had less than one drink on any given day in the past

month.

At this point the form is completed. If the form was self-administered, check for completeness. Fill in the box labeled, "For MESA Field center Use Only." Mark if form was self-administered or interviewer-administered. Record Interviewer or Reviewer ID (your ID number) and the date the form was completed.