

# MEDICAL HISTORY FORM

ID NUMBER:        CONTACT YEAR:  0  1 FORM CODE:  M  H  X VERSION: A 11/1/86

LAST NAME:             INITIALS:

**INSTRUCTIONS:**

This form should be completed during the interview portion of the participant's visit. ID Number and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

MEDICAL HISTORY FORM (MHXA screen 1 of 10)

**A. MEDICAL CARE**

1. How long has it been since you last saw a doctor for any reason?

Years,   Months

2. How often do you have a routine physical examination, that is, not for a particular illness, but for a general check-up? .....

{Read choices slowly}

- At least once a year Y
- At least once every five years F
- Less than once every five years L
- Do not have routine physical examinations N
- Unknown U

3. Do you have health insurance, such as Medicare, or a medical plan, such as an HMO, which pays part of a hospital, doctor's, or surgeon's bill? .....

Yes Y

No N

Unknown U

MEDICAL HISTORY FORM INSTRUCTIONS

## I. GENERAL INSTRUCTIONS

The Medical History Form should be completed during the interview portion of the participant's clinic visit. The interviewer must be certified and should be familiar with and understand the document titled "General Instructions For Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document.

The first section of the form provides information on the availability and utilization of medical care. It is also intended to serve as a lead-in for the health-related questions which follow.

The next three sections of the form have been largely adapted from the London School of Hygiene Cardiovascular Questionnaire. Section B deals with chest pain on effort, Section C with the severe and prolonged pain of possible myocardial infarction, and Section D with intermittent claudication. Additional questions have been inserted following the standard ones in sections B and C.

Other sections of the form provide information on congestive heart failure and (for males) vasectomy status.

Items on the form enclosed in braces are instructions to the interviewer, and should not be stated verbally during the interview.

The purpose of the questionnaire is to standardize the identification of each condition as defined. The questionnaire will fail to identify some subjects whose symptoms are regarded by the physician as genuine. It may categorize other cases as due to a quite different cause. Any special effort, however, to alter the conduct of the interview in such instances would destroy the basic purpose of the questionnaire technique, which is to insure uniformity in the eliciting of defined symptoms. Interviewers' comments may be recorded separately, but should not appear in the spaces provided for recording answers.

Questions must be put to the subject exactly as they are printed; small changes may make unexpectedly large differences in responses. Unequivocal answers must be recorded as such, whether they seem reasonable or not. Probing questions should rarely be needed. When they have to be asked, they should depart as little as possible from the wording of the initial question, and must not be such as to suggest any one particular answer to the subject.

If serious doubt arises about the correct interpretation of a particular answer, it should be recorded in such a way as to exclude the suspected condition -- e.g., "Do you get it when you walk uphill or hurry?" "Well, I think I might, but I can't really remember." This answer should be recorded as "No". An exception should be made to this rule only if the subject gives an equivocal answer to the initial question -- e.g., "Have you ever had any pain or discomfort in your chest?" "No. Only indigestion." This answer should be recorded as "Yes". In other words, the subject's interpretation of his symptoms should be disregarded.

A. MEDICAL CARE

1. How long has it been since you last saw a doctor for any reason?

Years,   Months

2. How often do you have a routine physical examination, that is, not for a particular illness, but for a general check-up? .....

{Read choices slowly}

- At least once a year Y
- At least once every five years F
- Less than once every five years L
- Do not have routine physical examinations N
- Unknown U

3. Do you have health insurance, such as Medicare, or a medical plan, such as an HMO, which pays part of a hospital, doctor's, or surgeon's bill? .....

- Yes Y
- No N
- Unknown U

B. CHEST PAIN ON EFFORT

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

Yes Y  
 No N  
 Go to Item 28, Screen 6

5. Do you get it when you walk uphill or hurry? .....

Yes Y  
 No N  
 Go to Item 25, Screen 6

Never hurries or walks uphill H

6. Do you get it when you walk at an ordinary pace on the level? .....

- Yes Y
- No N

II. DETAILED INSTRUCTIONS FOR VARIOUS QUESTIONS

A. Medical Care

1. The question refers to any type of interaction, whether it be a general check-up or a specific problem. Family doctors, specialists, hospitals, and clinics all apply. Round off as necessary; if less than two weeks, record as zero years, zero months. Complete boxes for both years and months, even if one or the other is zero.

2. Choose the first response category that applies. If necessary, probe to determine whether the participant has routine examinations, but do not probe to determine the frequency.

3. The information is sought as of today; if enrollment is pending at the time of the interview, record "no" unless the participant says he/she is caught in a temporary lapse in coverage (not more than 90 days) due to a job change, etc.

If necessary, explain "HMO" as follows: "Health Maintenance Organization, a plan where you pay a set monthly fee and all hospital, doctor, and surgeon fees are covered. Usually you must use a particular hospital and group of doctors for your care."

If probing is necessary, (1) remind the participant that many people are covered by health insurance plans through their employer or their spouse's employer, or (2) ask if they might be carrying a health insurance or Medicare wallet card.

B. Chest Pain on Effort

4. If "No", circle "N" and skip to item 28, which is found on screen 6.

5. The answer must be interpreted strictly. If pain is experienced only during some other form of exertion (e.g., cycling, stairclimbing, lawn mowing), it must be recorded "No".

5-10. These questions refer to the usual characteristics of the pain or discomfort. Unequivocal answers need not be probed; but answers such as "occasionally" or "sometimes" should be probed by a question of the type: "Does this happen on most occasions?" Skip rules must be adhered to.

7. What do you do if you get it  
 it while you are walking? ... Stop or slow down S

Carry on C  
 {Record "Stop or slow down"  
 if subject carries on after  
 taking nitroglycerin}

Go to Item 25,  
 Screen 6

8. If you stand still,  
 what happens to it? ..... Relieved R

Not relieved N  
 Go to Item 25,  
 Screen 6

9. How soon? ..... 10 minutes or less L

More than 10 minutes M  
 Go to Item 25,  
 Screen 6

10. Will you show me where it was?  
 (Circle Y or N for all areas)

- |                                    | <u>Yes</u> | <u>No</u> |
|------------------------------------|------------|-----------|
| a. Sternum (upper or middle) ..... | Y          | N         |
| b. Sternum (lower) .....           | Y          | N         |
| c. Left anterior chest .....       | Y          | N         |
| d. Left arm .....                  | Y          | N         |
| e. Other .....                     | Y          | N         |

f. Specify: 

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11. Do you feel it anywhere else? ..... Yes Y  
 {If "Yes", record above} No N

11. Record any additional areas in item 10.

12. Did you see a doctor because  
 of this pain or discomfort? ..... Yes Y

No N  
 Go to Item 14,  
 Screen 4

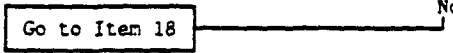
- 13. What did he say it was? ... Angina A
- Heart Attack H
- Other Heart Disease D
- Other O

- 14. Have you been hospitalized because of this pain? ..... Yes Y
- No N

- 15. How long ago did you start getting this pain?
- Within the past: ..... 1 month A
- 6 months B
- 1 year C
- 2 years D
- Over 2 years ago E

"The next 3 questions on chest pain refer to 3 aspects: how often it occurs, how severe it is, and how long it lasts."

- 16. Within the past 2 months, has your chest discomfort occurred more often? ... Yes Y
- No N

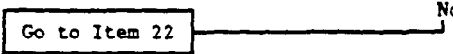


- 17. Has it occurred at least twice as often as before? ..... Yes Y
- No N

- 18. Within the past 2 months, has the pain become more severe? ..... Yes Y
- No N

- 19. Within the past 2 months, has the pain lasted longer when it occurs? ..... Yes Y
- No N

- 20. Do you ever use nitroglycerin to relieve the pain? ..... Yes Y
- No N



- 21. Within the past 2 months, has the pain required more nitroglycerin to relieve it? ..... Yes Y
- No N

15. Indicate the shortest applicable time interval, but not one which is less than the actual span of time. For example, "7 months ago" should be recorded as "within the past 1 year."

16-24. All questions apply only to the past 2 months. Therefore, this phrase is repeated with each question (except items 17 and 20, for smoothness).

22. Within the past 2 months,  
 have you started getting the  
 pain with less exertion? ..... Yes      Y

No      N

23. Within the past 2 months,  
 have you started getting the  
 pain when sitting still? ..... Yes      Y

No      N

24. Within the past 2 months,  
 have you started getting the  
 pain when sleeping? ..... Yes      Y

No      N

C. POSSIBLE INFARCTION

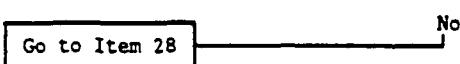
25. Have you ever had a severe pain  
 across the front of your chest  
 lasting for half an hour or more? ..... Yes      Y

No      N



26. Did you see a doctor  
 because of this pain? ..... Yes      Y

No      N



27. What did he say it was? ..... Heart Attack      H



28. Have you ever had a heart attack  
 for which you were hospitalized  
 one week or more? ..... Yes      Y

No      N



29. How many such heart attacks have you had? ....

30. How old were you when you had  
 your (first) heart attack? .....

C. Possible Infarction

25-30. Ask questions exactly as printed. Skip rules must be observed for the questions to make sense.

29-30. Both questions refer only to heart attacks for which the participant was hospitalized one week or more (as stated in item 28). If not known, draw 2 horizontal lines through the box(es).

31. Have you ever had a test in which you were asked to exercise while an electrocardiogram was taken? ..... Yes Y  
 No N  
 Go to Item 33

32. Were you told that the results were normal or abnormal? ..... Normal N  
 Abnormal A  
 Unknown U

D. INTERMITTENT CLAUDICATION

33. Do you get pain in either leg on walking? ..... Yes Y  
 No N  
 Go to Item 43, Screen 9

34. Does this pain ever begin when you are standing still or sitting? ..... Yes Y  
 No N  
 Go to Item 42, Screen 9

35. In what part of your leg do you feel it? ..... (If calves not mentioned, ask: Anywhere else?)  
 Pain includes calf/calves C  
 Pain does not include calf/calves N  
 Go to Item 42, Screen 9

36. Do you get it if you walk uphill or hurry? ..... Yes Y  
 No N  
 Go to Item 42, Screen 9  
 Never hurries or walks uphill H

37. Do you get it if you walk at an ordinary pace on the level? ..... Yes Y  
 No N

38. Does the pain ever disappear while you are walking? ..... Yes Y  
 No N  
 Go to Item 42, Screen 9

31. The question refers to an exercise test; therefore, a resting ECG would not apply.

D. Intermittent Claudication

33-42. Ask questions exactly as they are printed; interpret answers strictly.

35-37,39-41. These questions refer to the usual characteristics of the pain or discomfort. Unequivocal answers need not be probed; but answers such as "occasionally" or "sometimes" should be probed by a question of the type: "Does this happen on most occasions?" Skip rules must be adhered to.

39. What do you do if you get it when you are walking? ... Stop or slow down S

Carry on C  
 Go to Item 42, Screen 9

40. What happens to it if you stand still? ..... Relieved R

Not relieved N  
 Go to Item 42

41. How soon? ..... 10 minutes or less L  
 More than 10 minutes M

42. Were you hospitalized for this problem in your legs? ..... Yes Y  
 No N

E. CONGESTIVE HEART FAILURE

43. Have you ever had to sleep on 2 or more pillows to help you breathe? ..... Yes Y  
 No N

44. Have you ever been awakened at night by trouble breathing? ..... Yes Y  
 No N

45. Have you ever had swelling of your feet or ankles (excluding during pregnancy)? ..... Yes Y  
 No N  
 {Include parenthetical comment for females only}  
 Go to Item 47 Screen 10

46. Did it tend to come on during the day and go down overnight? ..... Yes Y  
 No N

E. Congestive Heart Failure

43-45. These questions are prefaced by the phrase, "Have you ever ..."; thus it is not necessary that the condition be habitual.

45. For female participants only, include the phrase: "excluding during pregnancy."

46. The question refers to the swelling of feet or ankles established in question 45.



F. VASECTOMY

47. (Sex of participant): ..... Male M  
Female F

Go to Item 50

48. Have you had a vasectomy  
(sperm tubes tied)? ..... Yes Y

No N  
Go to Item 50

49. At approximately what  
age did you have this operation? .....

G. ADMINISTRATIVE INFORMATION

50. Date of data  
collection: ...   -   -    
Month Day Year

51. Method of data collection: ..... Computer C  
Paper Form P

52. Code number of person  
completing this form: ...

F. Vasectomy

47. Record the participant's sex. If the participant is female, skip to item 50.

48. The phrase, "sperm tubes tied", should only be used when an explanation of "vasectomy" is needed.

49. If not known, draw 2 horizontal lines through the boxes.

G. Administrative Information

50. Record the date on which the interview took place.

51. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used.

52. The person at the clinic who has performed the interview and completed the form must enter his/her code number in the boxes provided.

MEDICAL HISTORY FORM (MHXA screen 2 of 10)

**B. CHEST PAIN ON EFFORT**

4. Have you ever had any pain or discomfort in your chest? ..... Yes Y  
 No N  
 Go to Item 28, Screen 6

5. Do you get it when you walk uphill or hurry? ..... Yes Y  
 No N  
 Go to Item 25, Screen 6

Never hurries or walks uphill H

6. Do you get it when you walk at an ordinary pace on the level? ..... Yes Y  
 No N

7. What do you do if you get it it while you are walking? ... Stop or slow down S  
 Carry on C  
 {Record "Stop or slow down" if subject carries on after taking nitroglycerin}  
 Go to Item 25, Screen 6

8. If you stand still, what happens to it? ..... Relieved R  
 Not relieved N  
 Go to Item 25, Screen 6

MEDICAL HISTORY FORM (MHXA screen 3 of 10)

9. How soon? ..... 10 minutes or less L  
 More than 10 minutes M  
 Go to Item 25, Screen 6

10. Will you show me where it was? {Circle Y or N for all areas}

	<u>Yes</u>	<u>No</u>																				
a. Sternum (upper or middle) .....	Y	N																				
b. Sternum (lower) .....	Y	N																				
c. Left anterior chest .....	Y	N																				
d. Left arm .....	Y	N																				
e. Other .....	Y	N																				
f. Specify:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					

11. Do you feel it anywhere else? ..... Yes Y  
 {If "Yes", record above} No N

12. Did you see a doctor because of this pain or discomfort? ..... Yes Y  
 No N  
 Go to Item 14, Screen 4

13. What did he say it was? ... Angina A  
 Heart Attack H  
 Other Heart Disease D  
 Other O

MEDICAL HISTORY FORM (MHA screen 4 of 10)

<p>1. Have you been hospitalized because of this pain? ..... Yes Y No N</p> <p>15. How long ago did you start getting this pain?</p> <p>Within the past: ..... 1 month A 6 months B 1 year C 2 years D Over 2 years ago E</p>	<p>"The next 3 questions on chest pain refer to 3 aspects: how often it occurs, how severe it is, and how long it lasts."</p> <p>16. Within the past 2 months, has your chest discomfort occurred more often? ... Yes Y No N</p> <p style="text-align: center;">Go to Item 18</p> <p>17. Has it occurred at least twice as often as before? ..... Yes Y No N</p> <p>18. Within the past 2 months, has the pain become more severe? ..... Yes Y No N</p>
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MEDICAL HISTORY FORM (MHA screen 5 of 10)

<p>19. Within the past 2 months, has the pain lasted longer when it occurs? ..... Yes Y No N</p> <p>20. Do you ever use nitroglycerin to relieve the pain? ..... Yes Y No N</p> <p style="text-align: center;">Go to Item 22</p> <p>21. Within the past 2 months, has the pain required more nitroglycerin to relieve it? ..... Yes Y No N</p>	<p>22. Within the past 2 months, have you started getting the pain with less exertion? ..... Yes Y No N</p> <p>23. Within the past 2 months, have you started getting the pain when sitting still? ..... Yes Y No N</p> <p>24. Within the past 2 months, have you started getting the pain when sleeping? ..... Yes Y No N</p>
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MEDICAL HISTORY FORM (MHXA screen 6 of 10)

<p>C. POSSIBLE INFARCTION</p>		<p>28. Have you ever had a heart attack for which you were hospitalized one week or more? ..... Yes Y</p>	
<p>25. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? ..... Yes Y</p>	<p>No N</p>	<p>No N</p>	
<p>Go to Item 28</p>		<p>Unknown U</p>	
<p>26. Did you see a doctor because of this pain? ..... Yes Y</p>		<p>29. How many such heart attacks have you had? .... <input type="text"/></p>	
<p>No N</p>		<p>30. How old were you when you had your (first) heart attack? ..... <input type="text"/> <input type="text"/></p>	
<p>Go to Item 28</p>			
<p>27. What did he say it was? ..... Heart Attack H</p>			
<p>Go to Item 29</p>			
	<p>Other Disorder O</p>		

MEDICAL HISTORY FORM (MHXA screen 7 of 10)

<p>31. Have you ever had a test in which you were asked to exercise while an electrocardiogram was taken? ..... Yes Y</p>		<p>D. INTERMITTENT CLAUDICATION</p>	
<p>No N</p>		<p>33. Do you get pain in either leg on walking? ..... Yes Y</p>	
<p>Go to Item 33</p>		<p>No N</p>	
<p>32. Were you told that the results were normal or abnormal? ..... Normal N</p>		<p>Go to Item 43, Screen 9</p>	
	<p>Abnormal A</p>	<p>34. Does this pain ever begin when you are standing still or sitting? ..... Yes Y</p>	
	<p>Unknown U</p>	<p>No N</p>	
		<p>Go to Item 42, Screen 9</p>	

MEDICAL HISTORY FORM (MHXA screen 8 of 10)

<p>35. In what part of your leg do you feel it? ..... {If calves not mentioned, ask: Anywhere else?}</p> <p style="padding-left: 40px;">Pain includes calf/calves C</p> <p style="padding-left: 40px;">Pain does not include calf/calves N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 42, Screen 9</div> <p>36. Do you get it if you walk uphill or hurry? ..... Yes Y</p> <p style="padding-left: 40px;">No N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 42, Screen 9</div> <p style="padding-left: 40px;">Never hurries or walks uphill H</p>	<p>37. Do you get it if you walk at an ordinary pace on the level? ..... Yes Y No N</p> <p>38. Does the pain ever disappear while you are walking? ..... Yes Y No N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 42, Screen 9</div> <p>39. What do you do if you get it when you are walking? ... Stop or slow down S Carry on C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 42, Screen 9</div>
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MEDICAL HISTORY FORM (MHXA screen 9 of 10)

<p>40. What happens to it if you stand still? ..... Relieved R Not relieved N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 42</div> <p>41. How soon? ..... 10 minutes or less L More than 10 minutes M</p> <p>42. Were you hospitalized for this problem in your legs? ..... Yes Y No N</p>	<p>E. CONGESTIVE HEART FAILURE</p> <p>43. Have you ever had to sleep on 2 or more pillows to help you breathe? ..... Yes Y No N</p> <p>44. Have you ever been awakened at night by trouble breathing? ..... Yes Y No N</p> <p>45. Have you ever had swelling of your feet or ankles (excluding during pregnancy)? ..... Yes Y No N</p> <p>{Include parenthetical comment for females only}</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 47 Screen 10</div>
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MEDICAL HISTORY FORM (MHXA screen 10 of 10)

<p>46. Did it tend to come on during the day and go down overnight? ..... Yes Y No N</p> <p>F. VASECTOMY</p> <p>47. {Sex of participant}: ..... Male M Female F <input type="text" value="Go to Item 50"/> —————</p> <p>48. Have you had a vasectomy (sperm tubes tied)? ..... Yes Y No N <input type="text" value="Go to Item 50"/> —————</p> <p>49. At approximately what age did you have this operation? ..... <input type="text"/></p>	<p>G. ADMINISTRATIVE INFORMATION</p> <p>50. Date of data collection: ... <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Month Day Year</p> <p>51. Method of data collection: ..... Computer C Paper Form P</p> <p>52. Code number of person completing this form: ... <input type="text"/> <input type="text"/> <input type="text"/></p>
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