



## HEALTH HISTORY FORM

A-86

NUMBER:           CONTACT YEAR:   FORM CODE:      VERSION: B 06-06-'

NAME:                INITIALS:

Public reporting burden for this collection of information is estimated to average 8 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey Bldg., 200 Independence Ave. SW, Washington, D.C. 20201, Attn. PRA; and to the Office of Management and Budget, Paperwork Reduction Project (OMB 0925-0281), Washington, D.C. 20503.

**INSTRUCTIONS:** This form should be completed during the participant's visit. ID Number, Contact Year 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.

## HEALTH HISTORY FORM (HHXB screen 1 of 19)

## MEDICAL CARE

The first questions ask about your routine medical care and health."

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

a.

years

b.

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

HEALTH HISTORY FORM (HHXB screen 2 of 19)

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

4. When you want help with a health problem, where do you usually go? By a "health problem" I mean an illness, a question or concern, or a need for a test or treatment.

[Do NOT read choices]

- Private physician P
- Walk-in clinic W
- HMO H
- Regular clinic C
- Hospital emergency room E
- Other O

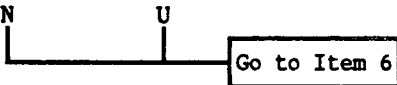
a. If "Other," Specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HEALTH HISTORY FORM (HHXB screen 3 of 19)

5. Has a doctor ever said you had any of the following: [Read each disease name and code "N" if "NO" or "NEVER TESTED."]

	<u>Yes</u>	<u>No</u>	<u>Unsure</u>
a. High blood pressure or hypertension (high blood).....	Y	N	U
b. High blood cholesterol.....	Y	N	U
c. Heart attack.....	Y	N	U
d. Diabetes (sugar in the blood).....	Y	N	U
e. Chronic lung disease, such as chronic bronchitis, or emphysema	Y	N	U
f. Asthma.....	Y	N	U
g. Cancer.....	Y	N	U



HEALTH HISTORY FORM (HHXB screen 4 of 19)

h. Can you tell me in what part of the body the cancer was located?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

i. And the date it was diagnosed?

		/		
--	--	---	--	--

month year

j. Have you had another cancer? ..... Y

N	U	Go to Item 6
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k. Can you tell me in what part of the body the cancer was located?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

l. And the date it was diagnosed?

		/		
--	--	---	--	--

month year

HEALTH HISTORY FORM (HHXB screen 5 of 19)

. CONGESTIVE HEART FAILURE

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

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

8. Have you ever had swelling of your feet or ankles (excluding during pregnancy)? [Include parenthetical comment for females only.]  
 Yes Y  
 No N

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

Go to Item 10

HEALTH HISTORY FORM (HHXB screen 6 of 19)

C. REPRODUCTIVE HISTORY

10. Sex of participant: ..... Male M

Female F  
 Go to Item 14

11. Had this participant had a vasectomy at the time of Visit 1? [See PIN sheet].....Yes Y

No N  
 Go to Item 44

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

No N  
 Go to Item 44

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

Go to Item 44 [ ] [ ]

14. Did the participant have menstrual periods within 2 years prior to Visit 1? [See PIN sheet]..... Yes Y

No N  
 Unknown U  
 Go to Item 22

15. Have you had any menstrual periods during the past 2 years? ..... Yes Y

No N  
 Go to Item 18

16. In what month and year was your last menstrual period?

[ ] [ ] / [ ] [ ]  
 month year

17. In the past 2 years, how many periods did you miss? [If "00" go to item 21]

[ ] [ ]

HEALTH HISTORY FORM (HHXB screen 7 of 19)

18. Have you reached menopause? .....Yes Y

No N  
 Unknown U  
 Go to Item 22

19. At approximately what age did menopause begin?

[ ] [ ]

20. Was your menopause natural or the result of surgery or radiation?

Natural N  
 Surgery S  
 Radiation R  
 Unknown U

21. Are you having hot flashes?..... Yes Y

No N

22. Since your first ARIC exam on (date) have you taken or used any female hormone pills, dermal patches, shots, or implants?.... Yes Y

No N  
 Unknown U  
 Go to Item 37

HEALTH HISTORY FORM (HHXB screen 8 of 19)

"Please give me the names of all female hormones you have used since that exam, starting with any you may be taking currently or with the most recent one. Please exclude hormone creams."

1. Name 1:

a. \_\_\_\_\_  
 \_\_\_\_\_

Concentration (mg or mcg units):

b.  c.   
 first hormone second hormone (if any)

4. Code 1:

25. At what age did you start taking this hormone for the first time?

26. Are you currently taking this hormone?.....Yes Y  
 No N  
 Go to Item 28

27. At what age did you stop taking this hormone?

28. For how long altogether since your first ARIC exam have you used this hormone?  
 a.  years b.  months

HEALTH HISTORY FORM (HHXB screen 9 of 19)

29. a. How many days do/did you take this hormone in a 4 week period?

b. On a typical day when you take/took this hormone, how many pills, dermal patches, shots or implants do/did you take or use?  per day

30. Name 2:

a. \_\_\_\_\_  
 \_\_\_\_\_

Concentration (mg or mcg units):

b.  c.   
 first hormone second hormone (if any)

31. Code 2:

32. At what age did you start taking this hormone for the first time?

33. Are you currently taking this hormone?.....Yes Y  
 No N  
 Go to Item 35

34. At what age did you stop taking this hormone?

35. For how long altogether since your first ARIC exam have you used this hormone?  
 a.  years b.  months

HEALTH HISTORY FORM (HHXB screen 10 of 19)

36. a. How many days do/did you take this hormone in a 4 week period?

b. On a typical day when you take/took this hormone, how many pills, dermal patches, shots, or implants do/did you take or use?

per day

37. Did participant have a partial or total hysterectomy or oophorectomy at the time of Visit 1? [See PIN sheet] .....Yes Y

Go to Item 39 — [ No N  
Unknown U

38. At your last visit on (date), you reported prior surgery to have your uterus or ovaries removed. Have you had additional surgery on your uterus or ovaries?

Go to Item 40 — Yes Y

Go to Item 44 — No N

39. Have you had surgery to have your uterus or ovaries removed? (That is, a partial or total hysterectomy or oophorectomy.) .....Yes Y

Go to Item 44 — [ No N  
Unknown U

40. Has your uterus (womb) been removed?.....Yes Y

Go to Item 42 — [ No N  
Unknown U

HEALTH HISTORY FORM (HHXB screen 11 of 19)

41. How old were you when this operation was performed?

42. Have you had either one or both ovaries removed?

Yes, one O  
Yes, both B

Go to Item 44 — [ No N  
Unknown U

43. How old were you when this operation was performed?

D. SMOKING

"The next series of questions ask about smoking."

44. Have you ever smoked cigarettes? [Code "NO" if less than 400 cigarettes in a lifetime.].....Yes Y

Go to Item 50 — No N

45. Do you now smoke cigarettes?.....Yes Y

Go to Item 48 — No N

HEALTH HISTORY FORM (HHXB screen 12 of 19)

46. When did you smoke your last cigarette?

- Less than 2 months ago      A
- 2-12 months ago              B
- 13-24 months ago            C
- 25-36 months ago            D
- More than 36 months ago    E

Go to Item 50

47. Prior to quitting, how many cigarettes did you usually smoke per day? [Code "00" if less than one per day.]

cigarettes

Go to Item 49

48. How many cigarettes do you smoke per day now? [Code "00" if less than one per day.]

cigarettes

49. Do/Did you inhale the cigarette smoke? [Read response categories]

- Not at all                      N
- Slightly                        S
- Moderately                    M
- Deeply                         D

50. Do you now smoke a pipe? .....Yes

Go to Item 53      No      N

HEALTH HISTORY FORM (HHXB screen 13 of 19)

51. How much pipe tobacco are you smoking now? [Record OZ per week: A standard pouch of tobacco contains 1½ oz. Code "00" if less than one oz per week.]

OZ

52. Do you inhale the pipe smoke? [Read response categories]

- Not at all                      N
- Slightly                        S
- Moderately                    M
- Deeply                         D

53. Do you now smoke cigars or cigarillos? ..... Yes

Go to Item 56      No      N

54. How many (cigars/cigarillos) do you smoke per week now? [Code "00" if less than one per week.]

cigars/cigarillos

55. Do you inhale the (cigar/cigarillo) smoke? [Read response categories]

- Not at all                      N
- Slightly                        S
- Moderately                    M
- Deeply                         D

HEALTH HISTORY FORM (HHXB screen 14 of 19)

5. Please tell me if you are currently using or have ever used chewing tobacco, snuff, or nicotine gum prescribed by a doctor; for example, Nicorette.  
[If "YES," probe for current or past use.]
- a. Chewing Tobacco .....Currently C
  - Never N
  - Past Use P
  
  - b. Snuff.....Currently C
  - Never N
  - Past Use P
  
  - c. Nicotine Gum.....Currently C
  - Never N
  - Past Use P

57. ASK NON-SMOKERS ONLY: During the past year, about how many hours per week, on the average, were you in close contact with people when they were smoking? For example, in your home, in a car, at work or other close quarters.

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Hours

HEALTH HISTORY FORM (HHXB screen 15 of 19)

E. ALCOHOL

"Next I am going to ask you about wine, beer and drinks made with hard liquor because these are the three major types of alcoholic beverages."

58. Do you presently drink alcoholic beverages?.....Yes Y
- Go to Item 64 No N
59. Have you ever consumed alcoholic beverages? .....Yes Y
- Go to Item 69 No N

60. Approximately how many years ago did you stop drinking?

61. For how many years did you drink alcoholic beverages?

62. In the past, which types of alcoholic beverages did you ordinarily drink?

- a. Wine..... Yes
- No
- b. Beer..... Yes
- No
- c. Drinks made with.. Yes
- hard liquor No
- d. Other..... Yes
- No

Specify: \_\_\_\_\_



HEALTH HISTORY FORM (HHXB screen 16 of 19)

63. What was the usual number of drinks you had per week before you stopped drinking alcoholic beverages? One drink means 1 beer or 1 glass of wine or 1 shot of liquor or one mixed drink. [Record 00 if less than one drink per week.]

per week

After completing item 63, Go to Item 69

64. How many glasses of wine do you usually have per week? [4 oz. glasses; round down]

per week

65. How many bottles or cans of beer do you usually have per week? [12 oz. bottles or cans; round down]

per week

66. How many drinks of hard liquor do you usually have per week? [1½ oz. shots; round down]

per week

67. During the past 24 hours, how many drinks have you had? [If "0" go to Item 69]

68. Were these:

- a. Wine?..... Yes Y No N
b. Beer?..... Yes Y No N
c. Liquor?..... Yes Y No N

HEALTH HISTORY FORM (HHXB screen 17 of 19)

F. OCCUPATION

"Now, I would like to update some of the questions we asked you last time about your occupation."

9. I would like you to look at this card while I read it to you. Please tell me the letter of the response which best describes your CURRENT occupation. [HAND CARD TO RESPONDENT AND READ EACH RESPONSE CATEGORY.]

- Homemaking, not working outside the home.....A Go to Item 73
Employed at a job for pay, either full or part time.....B
Employed, but temporarily away from my regular work.....C Go to Item 72
Unemployed, looking for work.....D
Unemployed, not looking for work.....E
Retired from my usual occupation and not working.....F Go to Item 70
Retired from my usual occupation but working for pay.....G

HEALTH HISTORY FORM (HHXB screen 18 of 19)

70. Was this participant retired at Visit 1? [See PIN sheet] ..... Yes Y  
 No N  
Go to Item 73

72. Please give me the name and address of the company for your current (most recent) occupation. [Check against PIN sheet]

a. \_\_\_\_\_  
 \_\_\_\_\_  
 COMPANY NAME  
  
 STREET ADDRESS  
 b. \_\_\_\_\_  
 \_\_\_\_\_  
 c. \_\_\_\_\_  
 \_\_\_\_\_  
 d. \_\_\_\_\_  
 \_\_\_\_\_  
 e. \_\_\_\_\_  
 \_\_\_\_\_  
 CITY  
 f. STATE                      g. ZIP CODE

71. Did you retire because of health reasons?..... Yes Y  
 No N

HEALTH HISTORY FORM (HHXB screen 19 of 19)

G. HANDEDNESS

"Finally, I would like to ask you about which hand you use most often?"

73. Are you right-handed or left-handed?  
 Right R  
 Left L  
 Either (ambidextrous) E

H. ADMINISTRATIVE INFORMATION

74. Date of data collection:  

		/			/		
--	--	---	--	--	---	--	--

  
 month                      day                      year

75. Method of data collection:  
 Computer C  
 Paper form P

76. Code number of person completing this form:  

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INSTRUCTIONS FOR THE HEALTH HISTORY FORM  
HHX, VERSION B, 06/06/90  
PREPARED 06/19/90

The Health History (HHX) Form is administered to all cohort participants in Visit 2 during the clinic visit. Its primary purpose is to update information originally obtained at the baseline visit on medical care use, congestive heart disease, reproductive history, smoking, alcohol consumption, and occupation. Although a few new questions have been added at Visit 2, the HHX Form is, by in large, a composite of questions from the Visit 1 Home Interview, and the Medical History, Reproductive History, and Dietary Intake forms. The questionnaire is completed during the interview portion of the clinic visit. The interviewer must be certified in general clinic interviewing and familiar with the ARIC data entry system (DES) and the "General Instructions for Completing Paper Forms" (in case the computer is down) prior to administering this form. Items in BRACKETS and/or CAPITAL LETTERS are instructions to the interviewer and are not read to the participant.

COMPLETE THE HEADER (paper form) by applying a long participant ID label and entering the participant's Name. READ THE QUESTIONS CLEARLY USING THE EXACT WORDING ON THE FORM. The introductory and transitional scripts may deviate from the prototypes provided, but must include the same information.

#### READ INTRODUCTORY SCRIPT

"These questions update information you provided us about your occupation and health during your first visit. Some of the questions need a direct answer from you and some require you to choose an answer from a series of responses. I will let you know which type of response is necessary for each question."

#### SECTION A Routine Medical Care and Health

Section A contains questions on the use of medical care services. Questions on the frequency and type of medical care use are not restricted to any time period, whereas, the question on health insurance (Item 3) refers to current coverage.

1. Zero fill the "years" boxes if the participant has seen a doctor within the last 12 months. The question refers to any type of medical interaction with a doctor (physician), whether it be for a general check-up or a specific problem. Family doctors, specialists, hospitals, and clinics all apply. Dentists do not apply. If asked for clarification, tell the participant that nurses, physician assistants, chiropractors, herbalists and other allied health professionals also do not apply.
2. READ THE RESPONSES CATEGORIES. Emphasize that this question refers to a general check-up, including a routine gynecologic exam, and not a visit to resolve a specific problem.
3. "Health Insurance" includes private (Blue Cross, Travelers, etc.) or public (Medicaid or Medicare) health insurance coverage or medical plans such as HMOs (Health Maintenance Organization).

4. Do NOT read the responses. If the response corresponds to one of the printed responses, enter the code. "Regular clinic" is defined as a medical facility which pre-schedules patients for appointments (i.e., not a "walk-in" appointment) with the available physician (i.e., the patient does not have a "private physician"). If more than one usual source of medical care, choose the one used most often. If the participant's response does not correspond to one of the written categories, select "Other" and record where the participant goes.
5. ENTER "YES", "NO" OR "UNSURE" FOR EACH CONDITION. Conditions are not mutually exclusive and there can be more than one "yes" recorded. A "Yes" is coded only if the respondent was told by a doctor that he/she had the disease. Do not read the explanatory notes in parentheses unless the respondent appears to be unclear as to the meaning of the medical terminology. A diagnosis of borderline ( ) should be coded "Yes" if the participant was told to have that condition by her or his physician. A "No" is recorded if the respondent was told by a doctor that he/she did not have the disease specified, was never told by a doctor that he/she had the disease or was never tested for the disease. An "Unknown" is recorded if the respondent is not sure that the doctor said that he/she had this disease. This code is most frequently used when the respondent cannot remember accurately what the doctor said. Do not try to define the disease for the respondent. Do not define diseases yourself based on the respondent's answer. Record ambiguous responses in the note log. If the response to (g) cancer is NO or UNSURE, go to Item 6. If the response to (g) is YES, ask what part of the body was affected and record in 5 (h) the site and in 5 (i) the date of the diagnosis. Ask if the participant has had multiple diagnoses of cancer (j). If NO or UNSURE, go to Item 6. If YES, record the site and date of diagnosis of the second cancer in Items 5 (k and l), respectively. NOTE: Space is provided for recording information on only two cancers. If the participant reports more than two, record the location and date of the two earliest diagnoses. Do not probe to determine whether these diagnoses represent two separate malignancies or a malignancy and its recurrence.

#### SECTION B. Congestive Heart Failure

The purpose of this section of the questionnaire is to standardize the updating of questions originally asked at the baseline examination on symptoms of congestive heart failure. These four questions may fail to identify some participants whose symptoms are regarded by the physician as diagnostic of congestive heart failure. 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. Interviewer's comments may be recorded in the note logs, but should not appear in the spaces provided for recording answers.

- 6-8. Questions 6-8 are prefaced by the phrase, "Have you ever ...", thus it is not necessary that the condition be habitual. READ THE QUESTIONS and RECORD THE RESPONSES.
8. Include the parenthetical comment for females only. If NO, skip to Item 10.
9. The question refers to the swelling of feet or ankles established in the previous item.

### SECTION C. Reproductive History

This section updates some aspects of the reproductive history of both male and female participants since Visit 1. The exact wording and order of the questions should be followed to insure standardization. Questions should not be skipped unless indicated by the skip pattern instructions. Because there are many skip patterns in this survey, the interviewer should be very familiar with the flow of the survey to insure smooth administration with a conversational tone.

Some participants may view this material as very sensitive. The interviewer should be aware of the sensitive nature of the information and make the participant feel comfortable. If required, the interviewer should explain that these are characteristics that can explain the development of heart disease. Beyond this, however, no specific information should be mentioned to the participant.

10. DO NOT READ TO THE PARTICIPANT. ENTER the appropriate code. If FEMALE, go to item 14.
11. DO NOT READ THE QUESTION, CHECK THE ARIC PARTICIPANT INFORMATION SHEET. Determine whether the male participant reported a previous vasectomy at Visit 1. If YES, go to Item 44. If a PIN sheet is not available, enter two horizontal lines and continue to item 12.
12. Do not include the parenthetical explanation unless the respondent does not appear to understand the medical terminology. If NO, go to Item 44.
13. "This operation" refers to the vasectomy in the previous question. If the respondent does not remember the exact age, an estimation is adequate. After recording the age, go to Item 44.
14. DO NOT READ THE QUESTION, CHECK THE ARIC PARTICIPANT INFORMATION SHEET to determine whether the participant had menstrual periods within 2 years prior to Visit 1. If YES or UNKNOWN, go to Item 15. If NO, go to Item 22. If a PIN sheet is not available, enter UNKNOWN.
15. Even if the participant has had only one menstrual period in the past 2 years, or reports any bleeding in the past 2 years, enter "Yes". Consider regular bleeding induced by medicine as a menstrual period. If the participant reports that she has not had any menstrual periods during the past 2 years, skip to item 18 to determine whether the participant has reached menopause.

16. If the participant cannot remember when she had her last menstrual period, draw 2 horizontal lines through the boxes.
17. This question determines the number of periods missed over the last 2 years. If the participant has not missed any periods over the last 2 years, record "00" and skip to item 21. If not known, draw 2 horizontal lines through the boxes.
18. If the term "menopause" is not immediately understood, ask: "have your periods stopped for at least 6 months?" If the participant hesitates or is unsure, record "unknown" as her response and skip to question 22. If she reports with certainty that she has not reached menopause, enter "NO" and skip to question 22.
19. If the term "menopause" is not immediately understood, the age at which menopause began should be defined as the age at which "periods had stopped for at least 6 months." If not known, draw two horizontal lines through the boxes. A logical inconsistency among the previous responses is acceptable here; for instance, if a participant has indicated that she has reached menopause ("yes" to item 18 even if she has reported menstrual periods within the last 6 months (Items 16 or 17)). There could be reasons for these "inconsistencies" which are not explored in the interview, such as irregular menses or symptoms associated with the peri-menopausal stage.
20. If the participant reports that she had already reached menopause before she had gynecological surgery, record the response as "natural."
21. If the participant is unsure of having hot flashes, suggest that a hot flash is "an intense sensation of warmth or feeling flushed all over, lasting anywhere from a few seconds to a few minutes."
22. Hormonal creams do not apply. Birth control pills prescribed for therapeutic indications should be included in this section (e.g., for control of symptoms of a painful pelvic condition called "endometriosis;" for control of too frequent or too irregular menstrual periods). Note that this does not include birth control pills for family planning use. If the participant only reports having taken one complete cycle (21 or 28 day) since Visit 1, record "YES." (Consider a complete "mini-pill" regimen the same as a cycle.) If the participant hasn't completed even one (21 or 28 day) cycle, record "NO."
23. **Note:** This form records information on a maximum of two different hormone preparations, starting with the most recent one. Information on the first hormone is recorded in items 23-29b. Information on the second hormone is recorded in items 30-36b. If more than two were used in the last 3 years, only record the two which were most recent. This should not be confused with a single hormone preparation that consists of two hormones as described for item 23b.

23.a. and 30.a. Record the name of the hormone medication or preparation . Print clearly. If the name is not known, draw two horizontal lines here and through the boxes for medication code, but attempt to complete the remaining questions.

When a hormone(s) is reported in items 23.a or 30.a, look it up on the List of Gonadal Hormones. This list provides the location of the picture of the drug in the PDR, its MEDISPAN drug code, its trade and generic names and the possible concentrations. If the participant has the hormone with her, use the label on the bottle in conjunction with the list to determine and record the correct concentration. All valid concentrations are provided in the list. There are multiple concentrations of most hormones; pick the correct one. Combination preparations have the concentration of each component separated by a slash, e.g., Estratest (estratified estrogen/methyltestosterone: 1.25/2.5 mg, 0.625/1.25 mg). If the label is not informative or if the participant has no bottle or pills, use the PDR picture to help determine the name and concentration. If the hormone is not on the list or cannot be found in the PDR, set the status field to Q (questionable). The hormone will be coded by the pharmacist at the Coordinating Center.

23.b., c. and 30.b., c. Record the concentration of the hormone(s) in this preparation, including the decimal. Enter leading zeros if necessary so the response is right justified. The concentration should be read off the medication container, label, or prescription that the participant brought to the field center. Only if this information is not available should the interviewer rely on the participant's memory or recall to identify the concentration of the hormone. In this case, the interviewer should refer to the list of gonadal hormone names and the color photographs, as appropriate, to assist in identifying the hormone concentration.

At times, participants will report taking hormones which have two active preparations, typically a female hormone (estrogen) and a male hormone (androgen) or a sedative. In these instances, the concentration of the female hormone should be recorded first (part b), followed by the concentration of the second ingredient (part c).

24. 24 and 31. Record the 6-digit medication code number of the hormone just recorded. This item may be temporarily skipped and completed later.
25. 25 and 32. If the participant started taking the specified hormone more than once, enter the age of the first time. If not known, draw two horizontal lines through the boxes.
26. 26 and 33. "Current" means either in a cycle at the time of the interview or between cycles, or currently in a program of shots or implants.

27. 27 and 34. Enter the age of the last time she stopped taking the specified hormone. If not known, draw two horizontal lines through the boxes.
28. 28 and 35. Add together all the years and months since the last ARIC visit during which the specified hormone was used. If the participant's response sums to a total greater than the total number of years and months since the Visit 1 exam, remind the participant that "we are looking for the length of time that you have used the hormone since your exam at Visit 1." If the participant has used the hormone more than once, enter the total number of months or years used, not counting the intervening periods of non-use. This requires all the time intervals of usage to be summed.
29. 29.a. and 36.a. Enter the usual or most representative figure if it has varied over time. NB: One injection per week counts as a cycle. Make notelogs for cycles of more than 4 weeks. If not known, draw two horizontal lines through the boxes.  
  
29.b. and 36.b. We want the total number of pills (dermal patches, implants, or shots) taken per day on the days that the hormone was used. If the participant indicates that the daily dosage changed during the time since the first ARIC examination, ask for the most representative dosage.
30. Repeat for the second hormone preparation. If none, skip to item 37. (Use "Next Field" or "Next Screen" key when skipping on computer.)
37. DO NOT READ THIS QUESTION TO THE PARTICIPANT. CHECK THE VISIT 1 INFORMATION SHEET (PIN) to determine whether the participant reported having had a partial or total hysterectomy at Visit 1. If YES, enter Y and go to item 38. If No or Unknown, go to item 39. If a Visit 1 PIN sheet is not available, enter UNKNOWN.
38. READ THE QUESTION and RECORD THE RESPONSE. If YES, enter Y and go to item 40. IF NO, enter N and go to item 44.
39. If the participant is unsure, probe by suggesting that the uterus is also called the womb, and that in some places this is called a "female operation." It may be necessary in some cases to clarify that surgery to "tack-up the bladder" is a different operation that does not involve the uterus or ovaries. If NO or UNKNOWN, go to Item 44.
40. If necessary, suggest that the uterus is also called the womb.
41. Enter the age at which the uterus was removed, If not known, draw two horizontal lines through the boxes.



42. The interviewer should probe to determine whether only one or both ovaries were removed. Also note that with a vaginal hysterectomy (when the uterus is removed through the vagina and no abdominal incision is made), the ovaries are not removed.
- Note: "Half" an ovary should be recorded as no ovary removed.
43. If more than one operation was performed, record the age of the most recent one. If not known, draw two horizontal lines through the boxes.

#### SECTION D. Smoking

The questions in this section on smoking habits are adapted from the NHLBI Epidemiology Standardization Project. The purpose of its use at Visit 2 is to update the information on smoking patterns originally obtained at the baseline visit and to quantify passive exposure of non-smokers to smoke from cigarettes, cigars, pipes and cigarillos. Questions 44-49 refer to all types of tobacco cigarettes; questions 50-52 refer to pipe smoking; questions 53-55 cover cigars and cigarillos.

44. Code NO if the participant smoked less than 400 cigarettes over his/her lifetime. Most US cigarettes are and have been sold in packages containing 20 cigarettes. Therefore, 400 cigarettes will usually be equivalent to 20 packs of cigarettes or two cartons. If NO, go to item 50.
45. "Now" refers to within the last month. If YES, go to Item 48.
46. Code the response in the appropriate category. If it has been more than 36 months, go to item 50. (If the participant quit smoking more than 36 months ago, consumption patterns will have been documented at Visit 1 and the data do not need to be collected again.)
47. PROBE if the response does not allow you to easily estimate the number of cigarettes smoked on the average day. You are looking for the usual number of cigarettes smoked per day over the entire lifetime of smoking. Usual is defined as the amount smoked for the longest time period. CODE 00 if the average number of cigarettes smoked is less than one per day. SKIP TO ITEM 49.
48. PROBE if the response does not allow you to easily estimate the usual number of cigarettes smoked on the average day over the entire lifetime of smoking.
49. READ THE RESPONSE CATEGORIES. Note the choice of tense. If the respondent varied inhalation, code what was done for the longest period of time.
50. "Now" is defined as within the last month. If NO, skip to Item 53.

51. Note that the interval for pipes is on a weekly basis rather than on a daily basis, as for cigarettes. RECORD ounces per week. A standard pouch of tobacco contains 1½ oz. RECORD THE RESPONSE. CODE "00" if less than one ounce per week is smoked. Note: tobacco cans are sold in various sizes, typically 2, 3½, 7 and 12 oz. To record pouches with ½ ounces, round down.
52. READ THE RESPONSE CATEGORIES. If the respondent varied inhalation, code what was done for the longest period of time.
53. "Now" is defined as within the last month. If NO, skip to Item 56.
54. Note that the interval for cigars/cigarillos is on a weekly basis rather than on a daily basis, as for cigarettes. CODE "00" if less than one cigar/cigarillo per week is smoked.
55. READ THE RESPONSE CATEGORIES. If the respondent varied inhalation, code what was done for the longest period of time.
56. Only the nicotine gum needs to be prescribed by a doctor. CODE a response for each category, e.g., chewing tobacco, snuff and nicotine gum. Note that there is no place to record a YES response. If YES, PROBE for current (within the past month) and past use. Code minimal use, such as only 3 or 4 times, as P for past use.
57. QUESTION APPLIES ONLY TO NON-SMOKERS. Non-smokers are identified as NO for item 44, 50 and 53, or C, D, or E (any time period greater than 12 months ) for item 46. If the participant is a smoker, move past item 57 by using F6. To obtain information on passive exposure to tobacco smoke from cigarettes, cigars, pipes and cigarillos, RECORD the number of hours in the typical week over the past year as opposed to an atypical situation such as holidays or short-term smoking house guests.

#### SECTION E. Alcohol Consumption

Frequency of alcohol consumption is determined as usual weekly intake. The serving sizes are different for beer, wine, and hard liquor. Interviewers should clarify that serving sizes are "12 oz. bottles or cans of beer", "4 oz. glasses of wine", and "1 and 1/2 oz. shots of hard liquor."

58. If the participant asks, or if the answer is not explicit, "presently" is defined as within the last 6 months. If YES, go to Item 64.

59. If the response is "NO", skip to item 69. If the response is "YES", continue with Question 60 to determine past alcohol consumption.
60. Record the response in years, rounding  $\frac{1}{2}$  down. For example, "1- $\frac{1}{2}$  years" would be recorded as 1 year. "About a half a year ago" would be recorded as "00". If the participant stopped more than once, record the years since the most recent stopping. For example, if the participant says: "The last time I quit was two years ago. The first time I quit was twenty years ago," the response would be recorded as "02".

If not known, draw two horizontal lines through the boxes.

61. For those who have quit more than one time, record the total number of drinking years combined. Include in the total years that were "light" drinking years. If not known, draw two horizontal lines through the boxes.
62. The interviewer reads each type (wine, beer and drinks made with hard liquor) and allows the respondent to answer with "Yes" or "No" to each. The respondent can answer "Yes" to more than one. "Wine" includes wine coolers, cordials, and "sweet wines". "Liquor" includes liqueurs.
63. The definition of "drinks" in terms of serving size should be clear to the participant. Indicate that "per week" should include weekends. If the respondent used to drink more than one type of beverage, record the appropriate total (e.g., record "5" if the participant drank three beers and two glasses of wine per week). If not known, draw two horizontal lines through the boxes.
- 64 - 66. These questions are asked only if the participant answered "Yes" to question 58. The serving sizes of wine, beer and hard liquor must be clear to the participant. For example, after asking: "How many glasses of wine do you usually have per week?", indicate that you are referring to 4 oz glasses, and that "per week" includes the weekends. If the participant answers in terms of drinks per month, divide by four to derive the weekly intake. If the number of drinks is "half a drink" or less, record "00"; greater than half a drink would be rounded up. If the number of drinks is more than 99 record as "99". "Wine" includes wine coolers, cordials, and "sweet wines". "Liquor" includes liqueurs. If not known, draw two horizontal lines through the boxes.
67. The definition of "drinks" should be clear to the participant. If the participant asks, or the interviewer thinks that the serving sizes are no longer clear to him/her, read the serving size definitions given in items 64-66. If not known, draw two horizontal lines through the boxes.
68. Ask the participant slowly and in sequence if he/she had wine, beer or liquor, and allow the participant to answer "yes" or "no" for each type. "Wine" includes wine coolers, cordials and "sweet wines." "Liquor" includes liqueurs.

## ALCOHOL CONSUMPTION BY THE DRINK CONVERSION TABLE

BEVERAGE	SERVING SIZE	CONTAINER/SERVINGS
WINE	1 glass = 4 oz	Fifth = 6 (4 oz) glasses
WINE COOLERS	1 glass = 4 oz	1 (12 oz) bottle = 3 (4 oz) glasses
BEER	1 can/bottle = 12 oz	Pony (7 oz) = < 1 serving Regular can (12 oz) = 1 serving Tall can (16 oz) > 1 serving
HARD LIQUOR (SPIRITS)	1 shot = 1.5 oz	Pint bottle = 11 (10.67) shots 375 ml bottle = 8 (8.3) shots Fifth = 16 shots 750 ml bottle = 17 (16.67) shots Quart = 21 shots

## SECTION F. Occupation

Section F updates occupation information which will also be used for tracking if the participant is lost to follow-up.

69. GIVE THE RESPONSE CARD to the participant and READ ALL THE RESPONSES. Response B, "employed at a job for pay, either full time or part time", includes those who are self-employed and working at home, but not "homemaker" or "mother" (Response A). Work without remuneration (i.e., volunteer work) should not be recorded as currently employed/working. If the participant answers A, go to item 73; if B-E, go to item 72; if F or G, go to item 70. RETRIEVE THE RESPONSE CARD.
70. DO NOT READ THIS QUESTION TO THE PARTICIPANT. See the visit 1 information sheet (PIN) to determine whether the participant was retired at Visit 1. If YES, enter Y and go to item 73. If NO, enter N and go to item 71.
71. Health reasons should refer to the participant's personal health and not that of someone the participant needed to take care of.
72. Read the question using the parenthetical phrase (most recent) if the participant is currently unemployed or retired from the usual occupation and not working. Record the name and address of the company for the current (or most recent) occupation. If the participant is uncertain about the company's address and if this is the same company as reported in Visit 1, then the PIN sheet may be referred to. However, first verify that the company has not moved.

## SECTION G. Handedness

73. If further clarification is requested, "handedness" can be defined as the hand which is naturally used to throw or catch an object.

## SECTION H. Administration

74. Record the date of the interview using the standard date format.
75. Method of data collection. Record "C" if the form was completed on the computerized data entry screen, or "P" if the paper form was used.
76. The person at the clinic who has performed the interview and completed the form must enter his/her code number in the boxes provided.

## List of Gonadal Hormones

DR MEDISPAN

Code	Trade	(Generic)	Concentration
ESTROGEN			
108351	Premarin (conjugated estrogen)		0.3, 0.625, 0.9, 1.25, 2.5 mg
108347	PMB 200, PMB 400 Milprem 400 (conjugated estrogen and meprobamate)		0.45 mg of conj. estr.
107257	Diethylstilbesterol		1, 5 mg
108453	Estinyl Feminone (ethinyl estradiol)		0.02, 0.05, 0.5 mg
108282	Estrace (estradiol)		1, 2 mg
108276	Estratab Menest (esterified estrogens)		0.3, 0.625, 1.25, 2.5 mg
116748	Estrovis (quinestrol)		100 mcg
108323	Menrium 5-2, 5-4, 10-4 (benzodiazapine + esterified estrogen)		0.2, 0.4 mg of esterified estrogen
108379	Ogen (estropipate)		0.625, 1.25, 2.5, 5 mg
105024	Tace (chlorotrianisene)		12 mg, 25, mg, 72 mg
108351	Conjugated estrogens		0.3, 0.625, 1.25, 2.5 mg
108282	Estraderm (estradio transdermal)		0.05, 0.1, 4, 8 mg
ESTROGEN & ANDROGEN			
108265	Estratest (esterified estrogen/ methyltestosterone)		1.25/2.5 mg, 0.625/1.25 mg
106327	Mediatric (con. estro./methyltestosterone)		0.25/2.5 mg
	Premarin with methyltestosterone		1.25/10 mg, 0.625/5 mg
-----	Halodren (ethinyl estradiol/fluoxymestrone)		0.02/1 mg
108335	Tylosterone (diethylstilbesterol/ methyltestosterone)		0.25/5 mg
PROGESTINS			
111112	Amen (medroxyprogesterone)		10 mg
112601	Aygestin (norethindrone acetate)		5 mg
112614	Micronor (norethindrone)		0.35 mg
112601	Norulate (norethindrone acetate)		5 mg
112622	Norlutin (norethindrone)		5 mg
112614	Nor-QD (norethindrone)		0.35 mg
111112	Provera (medroxyprogesterone acetate)		2.5, 5, 10 mg
111112	Cycrin (medroxyprogesterone acetate)		10 mg
111112	Curretab (medroxyprogesterone acetate)		10 mg
111112	Medroxyprogesterone acetate		10 mg
111112	DepoProvera		injection
ESTROGENS & PROGESTERINS			
112636	Enovid (norethynodrel/mestranol)		5 mg/7 mcg, 10 mg/0.15 mg