

PERSONAL HISTORY FORM (PHXA screen 2 of 19)

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

Go to Item 6. — No N
Unknown U

5. Do you have:

	Yes	No	Unknown
a. Prepaid insurance or health plan, such as BC/BS or HMO	Y	N	U
b. Medicare	Y	N	U
c. Medicaid	Y	N	U
d. Other	Y	N	U

6. 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:

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PERSONAL HISTORY FORM (PHXA screen 3 of 19)

7. Have you ever seen a heart specialist? Yes Y
No N
Unknown U

8.a. Has a doctor ever said you had high blood pressure or hypertension (high blood) Yes Y

Go to Item 8e., Screen 4 — No N
Unknown U

b. Has there ever been a time when you didn't get treatment for your high blood pressure when you needed it?

Yes Y
Go to Item 8d., Screen 4. — No N
Treatment not needed T

8.c. What was the main reason you were unable to get blood pressure treatment? [USE RESPONSE CARD 1]

- Could not pay for it and didn't have enough insurance A
- Didn't have a doctor or clinic to get medical care B
- Wasn't able to get to the doctor or drug store C
- Didn't have time or had more important things to take care of D
- Other E

8.d. When did you last see a doctor about your high blood pressure?

		/		
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month year

e. Has a doctor ever said you had high blood cholesterol? Yes Y

Go to Item 8i., Screen 5.	No	N
	Unknown	U

f. Has there ever been a time when you didn't get treatment for your high blood cholesterol when you needed it?

Yes Y

Go to Item 8h., Screen 5.	No	N
	Treatment not needed	T

8.g. What was the main reason you were unable to get treatment for your high blood cholesterol when you needed it?

[USE RESPONSE CARD 1]

- Could not pay for it and didn't have enough insurance A
- Didn't have a doctor or clinic to get medical care B
- Wasn't able to get to the doctor or drug store C
- Didn't have time or had more important things to take care of D
- Other E

8.h. When did you last see a doctor about your high blood cholesterol?

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month year

"Has a doctor ever said you had any of the following?"

i. Heart attack? Yes Y

No N

Unknown U

j. Heart failure or congestive heart failure? Yes Y

No N

Unknown U

k. Diabetes (sugar in the blood)? Yes Y

No N

Unknown U

l. Chronic lung disease, such as bronchitis, or emphysema? Yes Y

No N

Unknown U

8.m. Asthma? Yes Y

Go to Item 8.o.	No	N
	Unknown	U

n. Do you still have it? Yes Y

No N

o. Cancer? Yes Y

Go to Item 9, Screen 6.	No	N
	Unknown	U

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

q. And the date it was diagnosed?

		/		
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month year

PERSONAL HISTORY FORM (PHXA screen 6 of 19)

<p>8.r. Have you had another cancer? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <p style="margin-left: 100px;"> Go to Item 9. </p> <p>s. Can you tell me in what part of the body the cancer was located?</p> <hr/> <p>t. And the date it was diagnosed?</p> <table border="1" style="margin-left: 100px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">month</td> <td></td> <td></td> <td style="text-align: center;">year</td> <td></td> </tr> </table> <p>B. CONGESTIVE HEART FAILURE</p> <p>9. Since your last ARIC visit, have you had to sleep on 2 or more pillows to help you breathe? Yes Y</p> <p style="margin-left: 200px;">No N</p>			/			month			year		<p>10. Since your last ARIC visit, have you been awakened at night by trouble breathing? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>11. Since your last ARIC visit, have you had swelling of your feet or ankles (excluding during pregnancy)? [INCLUDE PARENTHETICAL COMMENT FOR FEMALES ONLY.] Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;"> Go to Item 13, Screen 7. </p> <p>12. Did it tend to come on during the day and go down overnight? Yes Y</p> <p style="margin-left: 100px;">No N</p>
		/									
month			year								

PERSONAL HISTORY FORM (PHXA screen 7 of 19)

<p>C. MIGRAINE HEADACHES</p> <p>"The next questions ask you about headaches."</p> <p>13. Have you had headaches lasting more than 4 hours? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <p style="margin-left: 100px;"> Go to Item 23, Screen 8. </p> <p>14. Was the pain mostly on one side of your head? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>15. Did your headache throb, pulsate or pound? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>16. Was your headache accompanied by nausea and/or vomiting? Yes Y</p> <p style="margin-left: 100px;">No N</p>	<p>17. During your headache, did lights bother you or make the headache worse? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>18. During your headache, did sounds bother you or make the headache worse? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>19. When you got your headache, did you feel like going into a dark room and lying down? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p>20. How many years have you had headaches like this? <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Years</p>		

PERSONAL HISTORY FORM (PHXA screen 8 of 19)

<p>21. How many headaches like this have you had in the past year?</p> <p style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p>22. Did you ever notice spots, jagged lines or "heat waves" in one or both eyes before you got the headache? Yes Y</p> <p style="text-align: right;">No N</p>	<p>23. Have you ever been told by a physician that you have "migraine" headaches? Yes Y</p> <p style="text-align: right;">No N</p> <p>24. Did either of your parents suffer from "migraine" headaches? Yes Y</p> <p style="text-align: right;">No N</p>
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PERSONAL HISTORY FORM (PHXA screen 9 of 19)

<p>D. Smoking</p> <p>"The next series of questions ask about smoking."</p> <p>25. Have you ever smoked cigarettes? [Code "NO" if less than 400 cigarettes in a lifetime.] Yes Y</p> <p style="text-align: right;"> <input type="text"/> No N </p> <p>26. Did a doctor or other health professional ever advise you to stop smoking? Yes Y</p> <p style="text-align: right;">No N</p>	<p>27. Do you now smoke cigarettes? Yes Y</p> <p style="text-align: right;">No N</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 30, Screen 10.</p> <p>28. When did you smoke your last cigarette?</p> <p style="text-align: right;">Less than 2 months ago A</p> <p style="text-align: right;">At least 2 months, but less than 12 months B</p> <p style="text-align: right;">At least 12 months, but less than 24 months C</p> <p style="text-align: right;">At least 24 months, but less than 36 months D</p> <p style="text-align: right;">36 or more months ago E</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 32, Screen 11.</p>
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<p>29. Prior to quitting, how many cigarettes did you usually smoke per day? [CODE "00" IF LESS THAN ONE PER DAY.]</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">cigarettes per day</div> </div> <div style="margin-top: 5px; border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 31.</div> <p>30. How many cigarettes do you smoke per day now? [CODE "00" IF LESS THAN ONE PER DAY.]</p> <div style="margin-top: 10px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">cigarettes</div> </div>	<p>31. Do(Did) you inhale the cigarette smoke? [Read response categories]</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 80%;">Not at all</td> <td style="width: 20%; text-align: right;">N</td> </tr> <tr> <td>Slightly</td> <td style="text-align: right;">S</td> </tr> <tr> <td>Moderately</td> <td style="text-align: right;">M</td> </tr> <tr> <td>Deeply</td> <td style="text-align: right;">D</td> </tr> </table>	Not at all	N	Slightly	S	Moderately	M	Deeply	D
Not at all	N								
Slightly	S								
Moderately	M								
Deeply	D								

<p>32. Please tell me if you are currently using or have ever used a pipe, cigars, cigarillos, chewing tobacco, snuff, or nicotine gum or patch prescribed by a doctor; for example, Nicorette, Nicoderm, Habitrol?</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">a. Pipe/cigars/cigarillos</td> <td style="width: 15%;">Currently</td> <td style="width: 25%;">C</td> </tr> <tr> <td></td> <td>Never</td> <td>N</td> </tr> <tr> <td></td> <td>Past Use</td> <td>P</td> </tr> <tr> <td>b. Chewing tobacco</td> <td>Currently</td> <td>C</td> </tr> <tr> <td></td> <td>Never</td> <td>N</td> </tr> <tr> <td></td> <td>Past Use</td> <td>P</td> </tr> <tr> <td>c. Snuff</td> <td>Currently</td> <td>C</td> </tr> <tr> <td></td> <td>Never</td> <td>N</td> </tr> <tr> <td></td> <td>Past Use</td> <td>P</td> </tr> <tr> <td>d. Nicotine gum or patch</td> <td>Currently</td> <td>C</td> </tr> <tr> <td></td> <td>Never</td> <td>N</td> </tr> <tr> <td></td> <td>Past Use</td> <td>P</td> </tr> </table>	a. Pipe/cigars/cigarillos	Currently	C		Never	N		Past Use	P	b. Chewing tobacco	Currently	C		Never	N		Past Use	P	c. Snuff	Currently	C		Never	N		Past Use	P	d. Nicotine gum or patch	Currently	C		Never	N		Past Use	P	<p>E. PASSIVE SMOKING</p> <p>33. 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.</p> <div style="margin-top: 10px; display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">hours</div> </div> <p>34. Does anyone living with you now smoke cigarettes?</p> <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">Yes</td> <td style="width: 20%; text-align: right;">Y</td> </tr> <tr> <td>No</td> <td style="text-align: right;">N</td> </tr> <tr> <td>Unknown</td> <td style="text-align: right;">U</td> </tr> </table>	Yes	Y	No	N	Unknown	U
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No	N																																										
Unknown	U																																										

35. Have you ever lived for at least one year with someone (including a parent or spouse) who smoked cigarettes regularly in your home? Yes Y

Go to Item 37. — No N
Unknown U

36. For how many years in total have you lived with someone who smoked cigarettes regularly in your home?

years

37. Does anyone working with you now smoke cigarettes regularly in your work area? Yes Y

No N

Does not work W

Unknown U

38. Have you ever worked for at least one year with someone who smoked cigarettes regularly in your work area? Yes Y

Go to Item 40, Screen 13. — No N
Unknown U

39. For how many years in total have you worked with someone who smoked cigarettes regularly in your work area?

years

F. 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."

40. Do you presently drink alcoholic beverages? Yes Y

Go to Item 44a. — No N

41. Have you ever consumed alcoholic beverages? Yes Y

Go to Item 53, Screen 16. — No N

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

years

43. For how many years did you consume alcoholic beverages?

years

Go to Item 49, Screen 14.

44.a. How many glasses of wine do you usually have per week? (4 oz. glasses; round down)

[IF NONE, GO TO ITEM 45a, SCREEN 14]

per week

b. How many days in a week do you usually drink wine?

days

45.a. How many glasses, bottles, or cans of beer do you usually have per week? (12 oz. glasses, bottles, or cans, round down)

[IF NONE, GO TO ITEM 46a]

per week

b. How many days in a week do you usually drink beer?

days

46.a. How many drinks of hard liquor do you usually have per week? (1.5 oz. shots; round down)

[IF NONE, GO TO ITEM 47]

per week

b. How many days in a week do you usually drink hard liquor?

days

47. During the past 24 hours, how many drinks have you had?

drinks

48. For how many years have you consumed alcoholic beverages?

years

"The next 4 questions look at the amount of alcohol you have consumed in your lifetime."

49. Thinking about the entire time you consumed alcoholic beverages, how many glasses of wine did you usually have per week? (4 oz. glasses; round down)

per week

50. Thinking about the entire time you consumed alcoholic beverages, how many glasses, cans, or bottles of beer did you usually have per week? (12 oz. glasses, bottles or cans; round down)

per week

51. Thinking about the entire time you consumed alcoholic beverages, how many drinks of hard liquor did you usually have per week? (1.5 oz. shot, round down)

per week

52. Was there ever a time in your life when you consumed 5 or more drinks of any kind of alcoholic beverage almost every day?

- | | |
|---------|---|
| Yes | Y |
| No | N |
| Unknown | U |

G. OCCUPATION

53. Since your last ARIC visit, have you changed your occupation, stopped working, or retired? Yes Y

No N

Go to Item 60, Screen 18.

54. I would like you to look at this card while I read it to you. Please tell me the letter of the one which best describes your CURRENT occupation. [HAND CARD 2 TO RESPONDENT AND READ EACH RESPONSE CATEGORY.]

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

Go to Item 60, Screen 18.

Go to Item 56, Screen 17.

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

56.

ASK ITEM 1 FROM OCCUPATION WORKSHEET

Are(were) you self employed for this occupation? Yes Y
No N

ASK ITEM 2 FROM OCCUPATION WORKSHEET

57. Since your last ARIC visit, have(d) you change(d) the company for which you work(ed)? Yes Y

No N

Go to Item 60, Screen 17.

58. Please give me the name and address of your company. It will help us categorize your (former) occupation.

a. COMPANY NAME

b. STREET ADDRESS

c. _____
CITY

d. _____ e. _____
STATE ZIPCODE

ASK ITEM 3 FROM OCCUPATION WORKSHEET

59. Occupation code from worksheet:

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(Code 000 for never worked)

60. Please look at this card. Which of these income groups represents your total combined family income for the past 12 months? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth. (HAND CARD 3 TO RESPONDENT.) Please tell me the letter only.

- Under \$5,000 A
- \$5,000 - \$7,999 B
- \$8,000 - \$11,999 C
- \$12,000 - \$15,999 D
- \$16,000 - \$24,999 E
- \$25,000 - \$34,999 F
- \$35,000 - \$49,999 G
- \$50,000 - \$74,999 H
- \$75,000 - \$99,999 I
- \$100,000 and over J

61. On average, how many people lived in your house for the last 12 months?

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62. Are you currently caring for a sick or disabled relative? Yes Y
 No N

H. ADMINISTRATIVE INFORMATION

63. Date of data collection:

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 /

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 /

--	--	--

 month day year

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

65. Code number of person completing this form:

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