ARIC
Atherosclerosis Risk in Communities

O.M.B. 0925-0281
exp. 09/30/98

MEDICAL HISTORY QUESTIONNAIRE

ID NUMBER: | | | | | | | | CONTACT YEAR: | | | FORM CODE: M H Q VERSION: A 03/12/96

LAST NAME: | | | | | | | | | | | | | INITIALS: | |

INSTRUCTIONS:

This questionnaire asks for information on your medical history. Please take your time and answer carefully. Mark only one response for each question or statement. For "multiple choice " and "yes/no" type questions, place an 'X' in the appropriate response box. If you make a mistake, black out that box and place an 'X' in the correct box.

.a. Has a doctor **ever** told you that you had arthritis? ☐ Yes → ☐ No (skip to Item 2.a.)	1.b. How old were you when you were **first** told you had arthritis? _____ age	1.c. Which type of arthritis was it? ☐ Rheumatoid arthritis ☐ Osteoarthritis ☐ Don't Know (continue with Item 2.a.)
2.a. Has a doctor **ever** told you that you had hay fever? ☐ Yes → ☐ No (skip to Item 3.a.)		2.b. Do you still have hay fever? ☐ Yes ☐ No ☐ Don't Know (continue with Item 3.a.)

3.a. Has a doctor **ever** told you that you had cataracts? ☐ Yes → ☐ No (skip to Item 4.a.)	3.b. How old were you when you were **first** told you had cataracts? _____ age (continue with Item 4.a.)	
4.a. Has a doctor **ever** told you that you had goiter or other thyroid diseases? ☐ Yes → ☐ No (skip to Item 5.a.)	4.b. How old were you when you were **first** told you had goiter or other thyroid diseases? _____ age	4.c. Do you still have goiter or other thyroid diseases? ☐ Yes ☐ No ☐ Don't Know (continue with Item 5.a.)
5.a. Has a doctor **ever** told you that you had lupus? ☐ Yes → ☐ No (skip to Item 6.a.)	5.b. How old were you when you were **first** told you had lupus? _____ age (continue with Item 6.a.)	

6.a. Has a doctor **ever** told you that you had gout? ☐ Yes → ☐ No (skip to Item 7.a.)	6.b. How old were you when you were **first** told you had gout? _____ age (continue with Item 7.a.)	
7.a. Has a doctor **ever** told you that you had stomach or duodenal ulcer? ☐ Yes → ☐ No (skip to Item 8.)	7.b. How old were you when you were **first** told you had stomach or duodenal ulcer? _____ age	7.c. Do you still have stomach or duodenal ulcer? ☐ Yes ☐ No ☐ Don't Know (continue with Item 8.)
8. Has a doctor **ever** told you that you had adenoma or polyp of the colon (large intestine)? ☐ Yes ☐ No (continue with Item 9.a.)		

9.a. Has a doctor **ever** told you that you had a blood clot in a leg (deep vein thrombosis)? This does not include varicose veins or phlebitis. ☐ Yes → ☐ No (skip to Item 10.a.)	9.b. How old were you when you were **first** told you had a blood clot in a leg? _____ age (continue with Item 10.a.)	
10.a. Has a doctor **ever** told you that you had a blood clot in your lungs (pulmonary embolus)? ☐ Yes → ☐ No (skip to Item 11.a.)	10.b. How old were you when you were **first** told you had a blood clot in your lungs? _____ age (continue with Item 11.a.)	
11.a. Has a doctor **ever** told you that you had Parkinson's disease? ☐ Yes → ☐ No (skip to Item 12.a.)	11.b. How old were you when you were **first** told you had Parkinson's disease? _____ age (continue with Item 12.a.)	

12.a. Has a doctor **ever** told you that you had gallstones?

- ☐ Yes →
- ☐ No (skip to Item 13.a.)
- ☐ Don't Know (skip to Item 13.a.)

12.b. Have you ever had medical treatment to dissolve or remove gallstones? Do not include surgery.

☐ Yes ☐ No ☐ Don't Know

(continue with Item 13.a.)

13.a. Have you ever had gallbladder surgery?

- ☐ Yes →
- ☐ No (skip to Item 14.a.)
- ☐ Don't Know (skip to Item 14.a.)

13.b. How old were you when you had gallbladder surgery?

_____ age

(continue with Item 14.a.)

14.a. Has a doctor **ever** told you that you had broken or fractured your hip?

- ☐ Yes →
- ☐ No (skip to Item 15.a.)

14.b. About how old were you when you fractured your hip for the first time?

_____ age

(continue with Item 15.a.)

15.a. Has a doctor **ever** told you that you had broken or fractured your wrist?

- ☐ Yes →
- ☐ No (skip to Item 16.a.)

15.b. About how old were you when you fractured your wrist for the first time?

_____ age

(continue with Item 16.a.)

16.a. Has a doctor **ever** told you that you had broken or fractured your spine?

- ☐ Yes →
- ☐ No (skip to Item 17.a.)

16.b. About how old were you when you fractured your spine for the first time?

_____ age

(continue with Item 17.a.)

17.a. Have you ever had pain in your hands? This also includes aching and stiffness.

☐ Yes →

☐ No (skip to Item 18.a.)

☐ Don't Know (skip to Item 18.a.)

17.b. Has this pain been present **on most days for at least 6 weeks**?

☐ Yes ☐ No ☐ Don't Know

(continue with Item 18.a.)

18.a. Have you ever had swelling in your hands that hurt when the joint was touched?

☐ Yes →

☐ No (skip to Item 19.a.)

☐ Don't Know (skip to Item 19.a.)

18.b. Has this swelling been present **on most days for at least 6 weeks**?

☐ Yes ☐ No ☐ Don't Know

(continue with Item 19.a.)

19.a. Have you ever had stiffness in your hands when first getting out of bed in the morning?

☐ Yes →

☐ No (skip to Item 20.a.)

☐ Don't Know (skip to Item 20.a.)

19.b. Has this stiffness been present **on most days for at least 6 weeks**?

☐ Yes ☐ No ☐ Don't Know

(continue with Item 19.c.)

19.c. How long after getting up and moving around does the morning stiffness last?

☐ less than 30 minutes ☐ 30 min. - 1 hour

☐ 1 - 3 hours ☐ more than 3 hours

(continue with Item 20.a.)

20.a. Have you ever had <u>pain</u> in your knees? This also includes aching and stiffness. ☐ Yes → ☐ No (skip to Item 21.a.) ☐ Don't Know (skip to Item 21.a.)	20.b. Has this pain been present <u>on most days for at least 6 weeks</u>? ☐ Yes ☐ No ☐ Don't Know (continue with Item 21.a.)
21.a. Have you ever had <u>swelling</u> in your knees that hurt when the joint was touched? ☐ Yes → ☐ No (skip to Item 22.a.) ☐ Don't Know (skip to Item 22.a.)	21.b. Has this swelling been present <u>on most days for at least 6 weeks</u>? ☐ Yes ☐ No ☐ Don't Know (continue with Item 22.a.)
22.a. Have you ever had <u>stiffness</u> in your knees <u>when first getting out of bed in the morning</u>? ☐ Yes → ☐ No (skip to Item 23.a.) ☐ Don't Know (skip to Item 23.a.)	22.b. Has this stiffness been present <u>on most days for at least 6 weeks</u>? ☐ Yes ☐ No ☐ Don't Know (continue with Item 23.a.)
23.a. Have you ever had pain in your hips? ☐ Yes → ☐ No (skip to Item 24) ☐ Don't Know (skip to Item 24)	23.b. Has this pain been present <u>on most days for at least 6 weeks</u>? ☐ Yes ☐ No ☐ Don't Know (continue with Item 24.)

24. How many times a night do you usually get up to urinate (pass water)?

☐ None ☐ 1 ☐ 2 ☐ 3 or more times

[IF YOU ARE A MAN, PLEASE ANSWER ITEMS 25 AND 26]

25. Has the force of your urinary stream or water decreased over the years?

☐ Yes ☐ No

26. Have you ever had surgery for your prostate, not related to cancer?

☐ Yes ☐ No

This completes the Medical History Questionnaire. Thank you.

FOR ADMINISTRATIVE USE ONLY.

27. Date ☐☐/☐☐/☐☐ 28. Administration (A,B,C,D) ☐ 29. Code ☐☐☐