

YEAR 3 MEDICAL HISTORY

1 Background and Purpose

See Baseline Medical History in Manual of Operations.

2 Definitions and Alerts

- Angina alerts using the Rose Questionnaire are being eliminated in the Surveillance visit.
- Pain of possible infarction is defined as being present in participants who answer as follows:
Question 21h = yes

NOTE: When the answer to Question 21i "Did you see a doctor because of this pain?" is negative, especially in the presence of a positive Rose Questionnaire, the participant should be seen by the clinic physician at that visit for subsequent disposition.

- Congestive heart failure is suggested when:

Question 22 = yes, and
Question 23 = yes, and
Question 24 = yes, and
Question 24a = yes.

Confirmatory evidence is obtained from participant's reported history as outlined in the protocol for CHS events.

- Claudication is defined as positive in participants who answer as follows:

Question 25 = yes, and
Question 25a = no, and
Question 25b = yes, and
Question 25c or 25d = yes, and
Question 25e = no, and
Question 25f = stop or slow down, and
Question 25g = relieved within 10 minutes.

2.1 Alerts

At the end of the clinic visit, positive responses of potential medical significance are summarized on the CHS Exit Summary form by a computer algorithm. Positive

symptoms and/or signs which should trigger medical follow-up or referral are verified during the Exit Summary Interview.

2.2 Definitions

- Physician A licensed medical doctor (MD) or osteopath (DO).
- The London School of Hygiene Questionnaire (The Rose Questionnaire) is administered according to the standardized instructions and interviewer training recommended by Rose and Blackburn.

NOTE: In the Surveillance visit version of these questions, a time frame has been added, i.e. "...since we saw you last year", to collect information on new symptoms. In addition, the CHS form allows for a response not included in the original questionnaire ("Never hurries or walks uphill") to Questions 21a and 25c: "Do you get it when you walk uphill or hurry?"

- The word "never" is interpreted literally and does not include responses such as "almost never" or "rarely".

3 **Methods**

3.1 Home Questionnaire Packet

Both the Medical History and Personal History forms are to be mailed to the participant after contact has been made and the Surveillance Visit has been scheduled. Instructions for completing the forms have been standardized and an individual sheet has been prepared which includes the telephone number that the participant should call if help is needed. If the Field Center elects not to send these two forms out to the participant and the forms are administered during the visit, (e.g. there is concern about the percent of illiteracy in the population), the instruction form is not needed.

The Medical History Form is primarily designed as a self-administered questionnaire. When an interviewer perceives that the participant will not be able to complete the self-administered form, the form(s) should be administered by an interviewer.

- 3.2 A CHS Interviewer reviews the form to identify any questions which were not answered, were marked in an unclear fashion, or were skipped inappropriately. (Participant need not be present during the review, but could be interviewed later to clarify any ambiguities.)

The responses to Question 21e must be coded using the information on Interviewer Card 19-S.

When inconsistencies or errors are noted, the CHS Interviewer discusses these questions

with the participant to determine the correct response(s).

3.3 The following guidelines are provided to assist the interviewer and/or analyst regarding the interpretation on the codes.

3.4 Questions 1 to 5 Health Status

3.5 Question 1 - Would you say, in general, your health is excellent, very good, good, fair, poor?

■ Put an "x" in the box next to the response given by the interviewee.

3.6 Question 2 - How would you say your health compares to other persons of your age? Would you say your health is better than others your age, about the same as others your age, worse than others your age?

■ Put an "x" in the box next to the response given by the interviewee.

Question 3 - How does your health compare to six months ago? Would you say your health is better, about the same or worse?

■ Put an "x" in the box next to the response given by the interviewee.

Question 4 - During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury? Do not include days in a hospital or nursing home.

■ Record the number of bed-days in the space provided on the form. Valid codes are 00 to 14.

■ Use leading zeros; for example:

1 = 01

2 = 02

· ..

9 = 09

■ This item excludes bed-days which occurred during a hospitalization or nursing home stay.

■ When "00" skip to Question 5.

3.7 Question 4A - What illness or injury caused you to stay in bed?

■ Put an "x" in the box next to the response given by the interviewee.

- When the interviewee's response cannot be categorized using the selections, put an "x" in the box next to "Other, specify", and record the illness/condition in the space provided on the form.
- When the interviewee indicates more than one illness was responsible for bed days, put an "x" in the box next to "Other, specify", and when available, record the number (from inside the code box) of each illness/ condition in the space provided on the form.

3.8 Questions 5 to 10 refer to diseases or illnesses that the participant may have had since last contacted by CHS. In most cases this will be the Surveillance Telephone Interview completed approximately six months ago. If the participant did not complete the telephone interview, these questions refer to the Baseline Clinic Visit held about a year ago. Previous conditions reported earlier should not be counted here.

- Questions 5 to 10 - Has a doctor told you that you had...since we spoke to you on the phone about six months ago?

- Read each condition and wait for a response before continuing to the next condition.

- Question 5 - A new myocardial infarction or heart attack
- Question 6 - A new incident of heart failure or congestive heart failure
- Question 7 - A new incident of intermittent claudication or pain in your legs from a blockage of the arteries
- Question 8 - A new incident of angina pectoris or chest pain due to heart disease
- Question 9 - A new stroke or cerebrovascular accident
- Question 10 - A new transient ischemic attack or TIA or silent stroke

- Record the participant's responses.

- Code "1 - Yes" when the participant indicates s/he has had a new diagnosis of the condition.
- Code "0 - No" when the participant indicates s/he has did not have a new diagnosis of the condition.
- Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
- If the participant answered "0 - No" or "9 - Don't Know" to any question, continue on the next one.

- Question A: What was the doctor's name, address, telephone number, and the date the condition occurred?
 - When condition is coded "1 - Yes", record the doctor's name, address and telephone number.
 - Record the date the condition occurred. Please estimate if the exact date is not known.
 - When the participant is unable to supply the complete information, record all which is available.

3.9 Question 11 to 14 - Has a doctor told you that you had...since we saw you last year?

- Read each condition and wait for a response before continuing to the next condition.
 - Question 11 - Rheumatic fever or heart valve problems
 - Question 12 - Atrial fibrillation
 - Question 13 - Deep venous thrombosis or blood clots in your leg
 - Question 14 - Other heart or circulatory problems
- Record the participant's responses.
 - Code "1 - Yes" when the participant indicates s/he has had a new diagnosis of the condition.
 - Code "0 - No" when the participant indicates s/he did not have a new diagnosis of the condition.
 - Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
 - If the participant answered "0 - No" or "9 - Don't Know" to any question, continue on the next one.
- Question 15 - Has a doctor ever told you that you had high blood pressure?
 - Code "1 - Yes" when the participant indicates s/he has had a diagnosis of the high blood pressure.
 - Code "0 - No" when the participant indicates s/he did not have a diagnosis of high blood pressure.

- Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
 - If the participant answers "0 - No" or "9 - Don't Know", skip to Question 16.
- Question 15A - How old were you when you were first told that you had high blood pressure?
- Record the participant's age in years.
 - When the exact age is unknown, record the best estimate made by the participant.
- Question 15B - Have you ever been treated with medicines for high blood pressure?
- Code "1 - Yes" when the participant indicates s/he has been treated with medications for HBP.
 - Code "0 - No" when the participant indicates s/he has not been treated with medications for HBP.
 - Code "9 - Don't Know/Refused" when the participant does not know or refused to answer.
 - If the participant answers "0 - No" or "9 - Don't Know", skip to Question 16.
- Question 15C - Were you treated with medicines for high blood pressure since we saw you last year?
- Code "1 - Yes" when the participant indicates s/he was treated for high blood pressure during the past year.
 - Code "0 - No" when the participant indicates s/he was not treated for high blood pressure during the past year.
 - Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
- Question 15D - Are you currently taking medicines for high blood pressure?
- Code "1 - Yes" when the participant indicates s/he is currently being treated for high blood pressure.

- Code "0 - No" when the participant indicates s/he is not currently being treated for high blood pressure.
- Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.

■ Question 15E - Since you were first told that you have high blood pressure, about how many years have you taken medicines for high blood pressure?

- Record the number of years participant received any medications for high blood pressure.
- When the participant has taken blood pressure medications for less than a year, record the number of months the participant received these medications.
- When the exact number of years is unknown, record the best estimate available.

■ Question 15F - Within the last year, did you stop taking any of your medicines for high blood pressure?

- Code "1 - Yes, permanently" when the participant indicates s/he stopped taking a high blood pressure medication permanently during the past year.
- Code "2 - Yes, temporarily" when the participant indicates s/he stopped taking a high blood pressure medication temporarily during the past year.
- Code "0 - No" when the participant indicates s/he did not stop taking a high blood pressure medication during the past year.
- Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
- If "0 - No" or "9 - Don't Know", skip to Question 16.

■ Question 15G - Why did you stop taking your high blood pressure medicine(s)?

- Response alternatives are:
 - 1 - Because of side effect(s) or bad reaction(s)
 - 2 - The medicine wasn't working
 - 3 - Because of lab abnormalities
 - 4 - Doctor told me to stop
 - 5 - Other, specify:

- 9 - Don't Know

- Mark appropriate response.
- If the response is NOT "1 - Because of side effect(s) or bad reaction(s)", skip to Question 16.

Questions 15H to 15J are answered only if HBP medications were stopped due to side effects.

■ Question 15H - What was the name of the medicine(s)?

- Record up to two drugs which were stopped during the past year.
- When the name of the drug(s) is not known, record the best description available, for example, "water pill".

Questions 15I and 15J are answered for each medication named in Question 15H.

■ Question 15I - Did you stop this medicine within the last 30 days?

- Record this information for each drug which was stopped during the past year.
- Code "1 - Yes" when the participant indicates s/he stopped taking the medication during the last 30 days.
- Code "0 - No" when the participant indicates s/he stopped taking the medication during the last 30 days.
- Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.

■ Question 15J - What were the side effects?

- Record this information for each drug which was stopped during the past year.
- For each symptom, indicate whether the participant experienced it prior to stopping the medication.
- Code "Yes" when the participant had the symptom.
- Code "No" when the participant did not have the symptom.

Symptoms are:

- fatigue, lethargy
- nightmares or sleep disorder
- headache
- dry mouth
- dizziness
- nausea
- muscle cramps, myalgia
- slow heart rate, bradycardia
- anxiety, irritability
- palpitations
- cough
- sexual disorder
- swollen feet, edema
- ulcer symptoms, stomach pain
- gout, pain in joints
- depression
- other

If "Other" is checked "Yes", specify the side effect(s) in the space provided.

- Question 16 - Within the last 30 days did you stop taking any medication (other than medications for high blood pressure)?
 - Code "1 - Yes" when the participant indicates s/he stopped taking a medication during the last 30 days.
 - Code "0 - No" when the participant indicates s/he has not stopped taking a medication during the last 30 days.
 - Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
 - If "0 - No" or "9 - Don't Know", skip to Question 17.
- Question 16A - What was the name of the medicine?
 - Record the names of up to two drugs.
 - When the name of a drug is not known, record the best description available, for example, "water pill".
- Question 17 - Within the last 30 days, did you start taking any new medicines?

- Code "1 - Yes" when the participant indicates s/he started taking any type of medication during the last 30 days.
- Code "0 - No" when the participant indicates s/he has not started taking any type of medication during the last 30 days.
- Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
- If "0 - No" or "9 - Don't Know", skip to Question 18.

■ Question 17A - What was the name of the medicine?

- Record the names of up to two drugs.
- When the name of a drug is not known, record the best description available, for example, "water pill".

■ Question 18 - Has a doctor told you that you had diabetes since we saw you last year?

- Code "1 - Yes" when the participant indicates that s/he has had a diagnosis of diabetes.
- Code "0 - No" when the participant indicates that s/he has not had a diagnosis of diabetes.
- Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.

3.10 Questions 19 to 20 Hospitalizations and Nursing Home Stays

■ Question 19 - Have you stayed overnight as a patient in a hospital since we spoke to you on the phone about six months ago?

- Code "1 - Yes" when the participant indicates s/he has stayed overnight in a hospital since the surveillance phone call
- Code "2 - No" when the participant indicates s/he has not stayed overnight in a hospital since the surveillance phone call.
- If "0 - No", skip to Question 20.

■ Question 19A - Record the reason you were admitted, the name of the hospital and the month and year you were a patient for each time you stayed overnight in

the hospital.

- Record the information provided by participant in the space provided on the form. Information on up to 5 hospitalizations may be reported.
- When complete information is not available, record all that is reported.

■ Question 20 - Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke to you on the phone about six months ago?

- Code "1 - Yes" when the participant indicates s/he has stayed overnight in a nursing home or rehabilitation center since the surveillance phone call.
- Code "2 - No" when the participant indicates s/he has not stayed overnight in a nursing home or rehabilitation center since the surveillance phone call.
- If "0 - No", skip to Question 21.

■ Question 20A - Record the reason you were admitted, the name of the nursing home or rehabilitation center and the month and year you were a patient for each time you stayed overnight in the nursing home or rehabilitation center.

- Record the information provided by participant in the space provided on the form. Information on up to 5 nursing home admissions may be collected.
- When complete information is not available, record all that is reported.

3.11 Question 21 -- Rose Questionnaire for Angina and Possible Myocardial Infarction

■ Question 21 - Have you had any pain or discomfort in your chest since we last saw you last year?

- Code "1 - Yes" when the participant reported having had the symptom, no matter how infrequent, or how seemingly unrelated to the heart during the period since the last clinic visit.
- Code "0 - No" when the participant has not had the symptom since the last clinic visit.
- If "0 - No", skip to Question 22.

■ Question 21A - Do you get it when you walk uphill or hurry?

- Code "1 - Yes" only when the participant reported that the symptom occurred while walking uphill or hurrying.
- Code "0 - No" when the symptom did not occur walking uphill or hurrying.

This includes responses which indicate the symptom occurred during other activities, but not while walking uphill or hurrying.

- Code "9 - Never hurries or walks uphill" when the participant states they never hurry or walk uphill.
- If "0 - No" or "9 - Never hurries or walks uphill" skip to Question 21H.

■ Question 21B - Do you get it when you walk at an ordinary pace on the level?

- Code "1 - Yes" when the participant reported that the symptom occurred walking at a normal pace on level ground.
- Code "0 - No" when the symptom did not occur walking at a normal pace on level ground.

This includes responses which indicate the symptom occurred during other activities, but not while walking at a normal pace on the level.

■ Question 21C - What do you do if you get it while you are walking?

This is an open ended question with "stop" and "slow down" being positive responses.

- Code "1 - Stop or slow down" when the participant states that s/he stops or slows down in response to the pain.

NOTE: Record "stop or slow down" when participant "continues at same pace" after taking nitroglycerin. This includes responses such as "I suck on my pill and keep on going."

- Code "2 - Continue at the same pace" when the participant indicates that they continue on as before the pain occurred without taking any other action. See Note above.

■ Question 21D - If you stand still, what happens to it?

- Code "1 - Relieved in 10 Minutes" when the pain/discomfort goes away within 10 minutes when the participant stops walking.

- Code "2 - Takes Longer than 10 Minutes to be Relieved" when the pain/discomfort takes longer than 10 minutes to be relieved when the participant stops walking.
- Code "3 - Not relieved" when the pain/discomfort does not go away when the participant stops walking.
- Code "9 - Don't Know" when the participant does not know.

■ Question 21E - Where do you get this pain or discomfort?

This item is coded using the following information which is also contained on Interviewer Card 19-S. (CHECK YES FOR ALL THAT APPLY)

- Imagine a suit vest with buttons down the front. Pain involving the sternum is pain touching the button line or midline on the chest of the participant. Pain involving the upper/middle sternum is midline pain above where you would estimate the nipple line to be. Pain involving the lower sternum is midline pain below the nipple line.

Pain in the left anterior chest is any pain above the rib margin on the left side of the front of the vest. That is, the area bounded by the seam joining the front and back of the vest on top of the shoulder, the open sleeve of the vest, the seam joining the front and back of the vest under the armpit, the lower border of the rib cage, the button line to the neck, and a line along the collar bone joining the button line to the seam on top of the shoulder.

Pain in the left arm is pain anywhere below the left open sleeve of the vest.

Interviewer should make the appropriate coding determinations based on participants response.

- Sternum (upper or middle)
- Sternum (lower)
- Left anterior chest
- Left arm
- Other, specify
- Code "1 - Yes" when the participant had pain/discomfort in the region/area.
- Code "0 - No" when the participant did not have pain/discomfort in the region/area.

- Question 21F - Did this pain or discomfort ever occur before we saw you last year?
 - Code "1 - Yes" when the participant reported having had the symptom prior to the baseline clinic visit.
 - Code "0 - No" when the participant did not have the symptom prior to the baseline clinic visit.

- Question 21G - Have you seen a doctor about this pain?
 - Code "1 - Yes" when the participant reported having seen a doctor about the pain.
 - Code "0 - No" when the participant did not see a doctor about the pain.

- Question 21H - Since we saw you last year, have you had a severe pain across the front of your chest lasting for half an hour or more?
 - Code "1 - Yes" when the participant reported having had the symptom, no matter how infrequent, how long ago, or how seemingly unrelated to the heart.
 - Code "0 - No" when the participant did not have the symptom.
 - If "0 - No", skip to Question 22.

- Question 21I - Did you see a doctor because of this pain?
 - Code "1 - Yes" when the participant saw a physician because of the chest pain.
 - Code "0 - No" when the participant did not see a physician because of the chest pain.
 - If "0 - No", skip to Question 22.

- Question 21J - If you saw a doctor, what did your doctor say it was?
 - Code "1 - Angina" when the participant said the diagnosis was angina.
 - Code "2 - Heart attack" when the participant said the diagnosis was a heart attack.

- Code "3 - Other" when the participant said the diagnosis was something other than angina or heart attack. Specify the diagnosis in the space provided on the screen.

3.12 Question 22 to 24 - Questionnaire for Congestive Heart Failure

- Question 22 - Have you had to sleep on 2 or more pillows to help you breathe since we saw you last year?
 - Code "1 - Yes" when the participant reported having had the symptom, no matter how infrequent, how long ago, or how seemingly unrelated to the heart.
 - Code "0 - No" when the participant did not have the symptom.
- Question 23 - Have you been awakened at night by trouble breathing since we saw you last year?
 - Code "1 - Yes" when the participant had the symptom.
 - Code "0 - No" when the participant did not have the symptom.
- Question 24 - Have you had swelling of your feet or ankles since we saw you last year?
 - Code "1 - Yes" when the participant had the symptom.
 - Code "0 - No" when the participant did not have the symptom.

NOTE: Minor swelling of feet in hot weather only should not be considered a positive response.

 - If "0 - No", skip to Question 25.
- Question 24A - Did it tend to come on during the day and go down overnight?
 - Code "1 - Yes" when the participant had the symptom.
 - Code "0 - No" when the participant did not have the symptom.

NOTE: Minor swelling of feet in hot weather only should not be considered a positive response.

3.13

Question 25 - Rose Questionnaire for Intermittent Claudication

- Question 25A - Have you had pain in either leg on walking since we saw you last year?
 - Code "1 - Yes" when the participant reported ever having had the symptom, no matter how infrequent, how long ago, or how seemingly unrelated to claudication.
 - Code "0 - No" when the participant never had the symptom.
 - If "0 - No", skip to Question 26.
- Question 25A - Does this pain ever begin when you are standing still or sitting?
 - Code "1 - Yes" when the symptom occurred while standing still or sitting.
 - Code "0 - No" when the symptom did not occur while standing still or sitting.
- Question 25B - Do you get this pain in your calf or calves?
 - Code "1 - Yes" when the participant indicates the pain includes the calf of one or both legs. This includes responses such as: "the back of my leg(s)" pointing to the back of the leg(s).
 - Code "0 - No" when the participant indicates the pain occurs somewhere other than the calf/calves of the leg(s).
- Question 25C - Do you get it if you walk uphill or hurry?
 - Code "1 - Yes" only when the participant reported that the symptom occurred while walking uphill or hurrying.
 - Code "0 - No" when the symptom did not occur walking uphill or hurrying.

This includes responses which indicate the symptom occurred during other activities, but not while walking uphill or hurrying.
 - Code "9 - Never hurries or walks uphill" when the participant states they never hurry or walk uphill.
- Question 25D - Do you get it if you walk at an ordinary pace on the level?

- Code "1 - Yes" when the participant reported that the symptom occurred walking at a normal pace on level ground.
- Code "0 - No" when the symptom did not occur walking at a normal pace on level ground.

This includes responses which indicate the symptom occurred during other activities, but not while walking at a normal pace on the level.

■ Question 25E - Does this pain ever disappear while you are walking?

- Code "1 - Yes" when the pain sometimes goes away while participant is walking.
- Code "0 - No" when the pain never goes away while participant is walking.

■ Question 25F - What do you do if you get it when you are walking?

This is an open ended question with "stop" and "slow down" being positive responses.

- Code "1 - Stop or slow down" when the participant states that s/he stops or slows down in response to the pain.

NOTE: Record "stop or slow down" when participant "continues at same pace" after taking nitroglycerin. This includes responses such as "I suck on my pill and keep on going."

- Code "2 - Continue at the same pace" when the participant indicates that they continue on as before the pain occurred without taking any other action. See Note above.

■ Question 25G - What happens to it if you stand still?

- Code "1 - Relieved in 10 Minutes" when the pain/discomfort goes away within 10 minutes when the participant stops walking.
- Code "2 - Takes Longer than 10 Minutes to be Relieved" when the pain/discomfort takes longer than 10 minutes to be relieved when the participant stops walking.
- Code "3 - Not relieved" when the pain/discomfort does not go away when the participant stops walking.

- Code " 9 - Don't Know" when the participant does not know.

3.14 Question 26 to 34 - Respiratory Symptoms

Interviewers are instructed to follow the actual printed wording for the question, and to accept unequivocal answers as provided by the participant.

The wording of the questions, and the instructions by the interviewer before starting this portion of the interview, lead to simple "yes" or "no" answers. Probing is limited to a repetition of the question when possible, and equivocal answers are recorded as "no."

- Question 26 - Did a doctor tell you that you had pneumonia since we saw you last year?
 - Code "1 - Yes" when the participant had pneumonia.
 - Code "0 - No" when the participant did not have pneumonia.
- Question 27 - Have you had an attack of bronchitis since we saw you last year?
 - Code "1 - Yes" when the participant had bronchitis.
 - Bronchitis: several days or weeks of a "chest cold" when yellow or green sputum was coughed up. When the participant saw a physician, the doctor may have prescribed antibiotics.
 - Code "0 - No" when the participant did not have bronchitis.
- If "0 - No", skip to Question 28.
- Question 27A - Was it confirmed by a doctor?
 - Code "1 - Yes" when the diagnosis was confirmed by a physician.
 - Code "0 - No" when the diagnosis was not confirmed by a physician.
- Question 28 - Did a doctor tell you that you have developed chronic bronchitis since we saw you last year?
 - Code "1 - Yes" when the participant developed chronic bronchitis.
 - Code "0 - No" when the participant did not develop chronic bronchitis.
- Question 29 - Did a doctor tell you that you have developed emphysema since we saw you last year?

- Code "1 - Yes" when the participant had developed emphysema.
 - Code "0 - No" when the participant did not develop emphysema.
- Question 30 - Did a doctor tell you that you have developed asthma since we saw you last year?
- Code "1 - Yes" when the participant had developed asthma.
 - Code "0 - No" when the participant did not develop asthma.
- Question 31 - Since we saw you last year, have you usually had a cough?
- Code "1 - Yes" when the participant usually has a cough.
 - Cough includes:
 - Cough on first smoke
 - Cough on first going out-of-doors.
 - Cough excludes:
 - Clearing throat
 - Code "0 - No" when the participant usually has no cough.
- If "0 - No", skip to Question 32.
- Question 31A - Did you cough like this on most days for three consecutive months or more during the year?
- Code "1 - Yes" when the participant's cough was present on most days for three consecutive months or more during the year.
 - Code "0 - No" when the participant's cough was not present for three consecutive months or more during the year.
- Question 32 - Since we saw you last year, have you frequently brought up phlegm or thick mucus from your chest, or swallowed phlegm?
- Code "1 - Yes" when the participant usually has phlegm from the chest.
 - Phlegm includes:
 - Phlegm on first smoke
 - Phlegm on first going out-of-doors
 - Phlegm which is swallowed
 - Phlegm excludes:

Phlegm from the nose

- Code "0 - No" when the participant does not usually bring up phlegm.
- If "0 - No", skip to Question 33.
- Question 32A - Did you bring up phlegm like this on most days for 3 consecutive months or more during the year?
 - Code "1 - Yes" when the participant had phlegm production as described.
 - Code "0 - No" when the participant does not have phlegm production as described.
- Question 33A - Since we saw you last year, did your chest ever sound wheezy or whistling when you had a cold?
 - Code "1 - Yes" when the participant had wheezing/whistling with a cold.
 - Code "0 - No" when the participant did not have wheezing/whistling with a cold.
- Question 33B - Since we saw you last year, did your chest sound wheezy or whistling occasionally apart from colds?
 - Code "1 - Yes" when the participant had wheezing/whistling other than with a cold.
 - Code "0 - No" when the participant did not have wheezing/whistling other than with a cold.
- Question 33C - Since we saw you last year, did your chest sound wheezy or whistling on most days or nights?
 - Code "1 - Yes" when the participant had wheezing/whistling most days and/or nights.
 - Code "0 - No" when the participant did not have wheezing/whistling most days and/or nights.
- Question 33D - Since we saw you last year, did you require medicine or treatment for the because your chest sounded wheezy or whistling?
 - Code "1 - Yes" when the participant used medications for wheezing/whistling.

- Medicine or treatment includes over-the-counter bronchodilators (inhalants to open up the lung passages, such as Primatene Mist) and prescription medications.
- Code "0 - No" when the participant did not use medicines for wheezing/whistling.
- Question 34 - Since we saw you last year, have you been troubled by shortness of breath when hurrying on the level or walking up a slight hill?
 - Code "1 - Yes" when the participant had shortness of breath as described.
 - Code "0 - No" when the participant did not have shortness of breath as described.
 - If "0 - No", skip to Question 35.
- Question 34A - Have you had to walk slower than people of your age on the level because of breathlessness since we saw you last year?
 - Code "1 - Yes" when the participant had breathlessness as described.
 - Code "0 - No" when the participant did not have breathlessness as described.
- Question 34B - Have you had to stop for breath when walking at your own pace on the level since we saw you last year?
 - Code "1 - Yes" when the participant stopped for breath as described.
 - Code "0 - No" when the participant never stopped for breath as described.
- Question 34C - Have you had to stop for breath after walking about 100 yards (or after a few minutes) on the level since we saw you last year?
 - Code "1 - Yes" when the participant stopped for breath as described.
 - Code "0 - No" when the participant never stopped for breath as described.
- Question 34D - Have you been too breathless to leave the house or breathless on dressing or undressing since we saw you last year?
 - Code "1 - Yes" when the participant had breathlessness as described.
 - Code "0 - No" when the participant had breathlessness as described.

- Question 35 - Have you been told by a doctor that you currently have any of the following:

- A - Arthritis of hands or arms
- B - Arthritis of shoulder
- C - Arthritis of hips or knees
- D - Hearing loss
- Eye disease: E - Cataracts
F - Glaucoma
G - Diseases of the retina
- H - Osteoporosis
- I - Parkinson's Disease
- J - Dementia or Alzheimer's Disease
- K - Other neurologic disease (Specify which)
- L - Depression
- M - Liver disease, cirrhosis, or hepatitis
- N - Kidney (renal) disease or failure

For each diagnosis listed:

- Code "1 - Yes" if the participant has been told by a physician that they currently have the condition/disease.
- Code "0 - No" if the participant has not been told by a physician that they currently have the condition/disease.
- Code "9 - Don't Know" if the participant doesn't know.

- Question 36 - Have you been told by a doctor that you currently have cancer?

- Code "1 - Yes" if the participant has been told by a physician that they currently have the cancer.
- Code "0 - No" if the participant has not been told by a physician that they currently have the cancer.
- Code "9 - Don't Know" if the participant doesn't know.
- If "0 - No" or "9 -Don't Know", skip to Question 37.

- Questions 36A to 36H - Please specify the kinds of cancer(s) (Check all that apply):

- A - Breast cancer
 - B - Blood cancer, leukemia or lymphoma
 - C - Colon (bowel) or rectum cancer
 - D - Lung cancer
 - E - Malignant melanoma
 - F - Other skin cancer
 - G - Prostate cancer
 - H - Other (specify)
- Code "1 - Yes" when the participant has specific kind of cancer.
 - Code "0 - No" when the participant does not have the specific kind of cancer.
 - Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
 - If participant responded "1 - Yes" to Question 36H, specify other kind of cancer in space provided.

■ Question 37 - In the last year, have you been treated by a doctor for any of the following:

- A - Broken hip (fracture)?
 - B - Broken lower leg (fracture)?
 - C - Broken arm, wrist, elbow or shoulder (fracture)?
 - D - Spine (vertebral) compression fracture?
 - E - Other injury (If yes, specify)
 - F - Arthritis: treatment with medication?
 - G - Arthritis surgery on one or both knees?
 - H - Arthritis surgery on hip?
 - I - Arthritis surgery on another part of body (specify)?
- Code "1 - Yes" when the participant has been treated for the condition.
 - Code "0 - No" when the participant has not been treated for the condition.
 - Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.

■ Question 38 - In the last year, have you had pain in any bones or joints for at least half the days of a month?

- Code "1 - Yes" when the participant had the pain as described.
- Code "0 - No" when the participant did not have the pain as described.
- Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
- If participant responded "0 - No" or "9 - Don't Know", skip to Question 39.

■ Question 38A-H IF YES: indicate where you have this pain (**indicate all that apply**):

- A - Hands
- B - Feet
- C - Knees
- D - Hips
- E - Neck
- F - Back
- G - Shoulders
- H - Other (specify)

- Code "1 - Yes" when the participant had the pain.
- Code "0 - No" when the participant did not have the pain.
- Code "9 - Don't Know" if participant doesn't know or refuses to answer.
- If participant responded "1 - Yes" to Question 38H, specify other location of pain in space provided.

■ Question 39 - In the last year, have you accidentally lost control of your urine (wet yourself) more than one time in a month?

- Code "1 - Yes" when the participant had the condition described.
- Code "0 - No" when the participant did not have the condition described.
- Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.

- Question 40 - In the last year, have you had a fall?
 - A "fall" is defined here as an event which results with a person coming to rest inadvertently on the ground or other lower level (e.g. onto a chair, stairs, etc.).
 - Code "1 - Yes" when the participant had the condition as described.
 - Code "0 - No" when the participant did not have the condition as described.
 - Code "9 - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
 - If participant responds "0 - No" or "9 - Don't Know", skip to Question 41.

- Question 40A - How many times have you fallen in the last year?
 - Record the number of times participant has fallen during the past year.
 - When the exact number is not known, record an estimate.

3.16 Questions 41 and 42 - Cholesterol Screening

- Question 41 - Since we saw you last year, have you requested advice from your doctor regarding your blood cholesterol level?
 - Code "1 - Yes" if participant has asked for advice since last year.
 - Code "0 - No" if participant has not asked for advice.
 - Code "9 - Don't Know" if participant doesn't know.
 - If response is "0 - No" or "9 - Don't Know", skip to Question 42.
- Question 41A - Why did you seek advice?
 - Response categories are:
 - 1 - Recommendation from first visit to CHS
 - 2 - Recommendation from other Health screening program
 - 3 - Recommendation of family, friends
 - 4 - General concern about health
 - 5 - Other, specify:

- Mark appropriate response.
- If response is "5 - Other, specify", record reason in space provided.

■ Question 42 - Have you had your blood cholesterol measured since we saw you last year?

- Code "1 - Yes" if participant has had his/her blood cholesterol measured since last year.
- Code "0 - No" if participant has not had his/her blood cholesterol measured in the past year.
- Code "9 - Don't Know" if it is unknown.
- If response if "0 -No" or "9 -Don't Know", questionnaire is completed.

■ Question 42A - Where did you have it measured?

- Response categories are:
 - 1 - Doctor's office or hospital at the request of your doctor
 - 2 - Health fair or other health screening program not related to your doctor
 - 3 - Other, specify
 - 9 - Don't Know
- Mark appropriate response.
- If response is "3 - Other, specify", record where participant's blood cholesterol was measured.

■ Question 42B - Why did you have it measured?

- Response categories are:
 - 1 - Recommended by your doctor
 - 2 - Requested by you or a family member
 - 3 - Other, specify
- Mark appropriate response category.
- If response is "3 - Other, specify", record reason in space provided.

3.17 "For CHS Field Center Use Only" box

- If the form was self-administered, the CHS staff member who reviews the form will complete these items.
 - Mark the box coded "0 - Self-administered".
 - The reviewer will code his/her ID in the blanks for "Interviewer or Reviewer".
 - Fill in the date the form was reviewed.

- If the form was interviewer-administered, the interviewer will complete these items.
 - Mark the box coded "1 - Interviewer-administered".
 - The interviewer will code his/her ID in the blanks for "Interviewer or Reviewer".
 - Fill in the date the interview occurred.