

Medical History Baseline

PID: 0	Acrostic: 0	Visit:
Completed: d_form	Date Form	Administration Type: admin
Reviewed by: compby	Language: language	

Diabetes

4. Have you ever been told that your diabetes has affected the back of your eye, that is, the retina?
(Do not include treatment for cataracts or glaucoma)

mhretina

1 Yes
2 No

→ If Yes, Have you ever had laser photocoagulation for this problem?

mhlaser

1 Yes
2 No

(Do not include treatment for cataracts or glaucoma)

5. Have you ever been told that your diabetes has affected your kidneys?

mhkidney

1 Yes
2 No

Neuropathy

6. Please answer the questions below about the feeling in your legs and feet. Check yes or no based on how you usually feel.

a. Are your legs and/or feet numb?

mhnumb

1 Yes
2 No

b. Do you ever have any burning pain in your legs and/or feet?

mhburn

- 1 Yes
- 2 No

c. Are your feet too sensitive to touch?

mhsens

- 1 Yes
- 2 No

d. Do you get muscle cramps in your legs and/or feet?

mhcramps

- 1 Yes
- 2 No

e. Do you ever have any prickling feelings in your legs or feet?

mhprck

- 1 Yes
- 2 No

f. Does it hurt when the bed covers touch your skin?

mhtouch

- 1 Yes
- 2 No

g. When you get into the tub or shower, are you able to tell the hot water from the cold water?

mhtell

- 1 Yes
- 2 No

h. Have you ever had an open sore on your foot?

mhsore

- 1 Yes
- 2 No

If Yes → Do you have one now? mhsorenw

- 1 Yes
- 2 No

i. Has your doctor ever told you that you have diabetic neuropathy?

mhneur

- 1 Yes
- 2 No

j. Do you feel weak all over most of the time?

mhweak

- 1 Yes
- 2 No

k. Are your symptoms worse at night?

mhworse

- 1 Yes
- 2 No

l. Do your legs hurt when you walk?

mhhurt

- 1 Yes
- 2 No

m. Are you able to sense your feet when you walk?

mhwalk

- 1 Yes
- 2 No

n. Is the skin on your feet so dry that it cracks open?

mhdry

- 1 Yes
- 2 No

Amputation

7. Have you ever had an amputation of any part of your feet or legs?

mhamp

- 1 Yes
- 2 No

→ If Yes,

Left foot or leg?

mhleft

- 1 Yes
- 2 No

→ If Yes,

Check highest location:

mhloc

- 1 Toe
- 2 Midfoot
- 3 Foot
- 4 Below knee
- 5 Above knee

Cause? (check one only)

mhcause

- 1 Trauma or accident
- 2 Infection
- 3 Blood vessel disease/circulation
- 4 Diabetes
- 8 Other
- 9 Don't know

Right foot or leg?

mhright

- 1 Yes
- 2 No

→ If Yes,

Check highest location:

mhrloc

- 1 Toe
- 2 Midfoot
- 3 Foot
- 4 Below knee
- 5 Above knee

Cause? (check one only)

mhrcause

- 1 Trauma or accident
- 2 Infection
- 3 Blood vessel disease/circulation
- 4 Diabetes

- 8 Other
- 9 Don't know

Cardiovascular

8. Has a doctor ever told you that you had a myocardial infarction or heart attack?

mhmi

- 1 Yes
- 2 No

→ If Yes,

How many heart attacks have you had?

mhmi_cnt Number

When was your first (or only) heart attack?

mhd_fmi (Month/Day/Year) mhd_fmidx value="1" Don't know

mhfmia Age

When was your last heart attack?

mhd_lmi (Month/Day/Year) mhd_lmidx value="1" Don't know

mhlmiage Age

9. Has a doctor ever told you that you had a stroke?

mhstroke

- 1 Yes
- 2 No

→ If Yes,

How many strokes have you had?

mhst_cnt Number

When was your first (or only) stroke?

mhd_fst (Month/Day/Year)

mhfstage Age

When was your last stroke?

mhd_lst (Month/Day/Year)

mhlstage Age

Cardiovascular - continued

10. Have you ever had coronary bypass surgery (grafts or CABG)?

mhcabg

- 1 Yes
- 2 No

→ If Yes,

How many times have you had this surgery?

mhcb_cnt Number

When was your first (or only) surgery?

mhd_fcb (Month/Day/Year)

mhfcbage Age

When was your last surgery?

mhd_lcb (Month/Day/Year)

mhlcbage Age

11. Have you ever had an angioplasty of the coronary arteries, where a balloon is used to dilate the arteries of the heart and/or a stent is placed to hold open the arteries?

mhang

- 1 Yes
- 2 No

→ If Yes,

How many angioplasties/stent procedures have you had?

mhap_cnt Number

When was your first (or only) angioplasty/stent procedure?

mhd_fap (Month/Day/Year)

mhfapage Age

When was your last angioplasty/stent procedure?

mhd_lap (Month/Day/Year)

mhlapage Age

Cardiovascular - continued

12. Have you ever had a carotid endarterectomy, which is a surgery on the blood vessels in your neck, or carotid

angioplasty which is dilation of the blood vessels in your neck with a balloon?

mhcend

- 1 Yes
- 2 No

→ If Yes,

How many times have you had these surgeries/procedures?

mhce_cnt Number

When was your first (or only) surgery/procedure?

mhd_fce (Month/Day/Year)

mhfceage Age

When was your last surgery/procedure?

mhd_lce (Month/Day/Year)

mhlcage Age

13. Have you ever had an angioplasty of the lower extremity artery, which is dilation of the blood vessels with a balloon, of the arteries in your leg or a bypass, atherectomy, or laser therapy of the artery in your leg?

mhlower

- 1 Yes
- 2 No

→ If Yes,

How many times have you had these surgeries?

mhle_cnt Number

When was your first (or only) surgery?

mhd_fle (Month/Day/Year)

mhfleage Age

When was your last surgery?

mhd_lle (Month/Day/Year)

mhlleage Age

Cardiovascular - continued

14. Have you ever had other heart or blood vessel surgery?

mhhrtsurg

- 1 Yes
- 2 No

→ If Yes, **mhaarep** value="1" Aortic aneurysm repair
mhosurg value="1" Other, specify:
mhsurg_sp

15. Has a doctor ever told you that you had other problems with your heart, circulation, or blood clots?

mhoprob

- 1 Yes
- 2 No

→ If Yes,
Check all that apply:

mhcarrst value="1" Cardiac arrest

mhchf value="1" Heart failure or congestive heart failure

mhtrfib value="1" Atrial fibrillation

mhhrprob value="1" Heart valve problem

mhbclot value="1" Blood clot in your leg or lung...

mhvdis value="1" Heart valve disease such as mitral regurgitation, prolapse
or aortic stenosis

mhoth value="1" Other, specify: **mhoth_sp**

Congestive Heart Failure/Breathlessness

16. Have you ever had to sleep on 2 or more pillows to help you breathe?

mhhelp1

- 1 Yes
- 2 No

→ If Yes,

Do you currently have to sleep on 2 or more pillows to help you breathe?

mhhelp2

- 1 Yes
- 2 No

17. Have you ever been awakened at night by trouble breathing?

mhwake1

- 1 Yes
- 2 No

→If Yes,

Do you currently wake up at night due to trouble breathing?

mhwake2

- 1 Yes
- 2 No

18. Have you had swelling of your feet or ankles (excluding during pregnancy or because of an injury such as a sprain)?

mhswell1

- 1 Yes
- 2 No

→If Yes,

Did it come on during the day and go down overnight?

mhday1

- 1 Yes
- 2 No

Do you currently have swelling of your feet or ankles?

mhswell2

- 1 Yes
- 2 No

→If Yes,

Does it come on during the day and go down overnight?

mhday2

- 1 Yes
- 2 No

19. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

mhshbtbth

- 1 Yes
- 2 No

→If Yes,

When walking on level ground, do you have to walk slower than people your age because of breathlessness?

mhwslow

- 1 Yes
- 2 No

Do you ever have to stop for breath when walking at your own pace on level ground?

mhstop

- 1 Yes
- 2 No

Leg Pain/Claudication

20. Do you get pain in either leg on walking?

mhlgpain

- 1 Yes
- 2 No

→If Yes,

Does this pain ever begin when you are standing or sitting?

mhbegin

- 1 Yes
- 2 No

→If Yes,

In what part of your leg do you feel it?

mhfeel

- 1 In calf
- 2 Not in calf

→If in calf,

Do you get it if you walk uphill or hurry?

mhhurry

- 1 Yes
- 2 No

→If Yes,

Do you get it if you walk at an ordinary pace on the level?

mhlevel

- 1 Yes
- 2 No

Does the pain ever disappear while you are walking?

mhdis

- 1 Yes
- 2 No

What do you do if you get it when you are walking?

mhdo

- 1 Stop or slow down
- 2 Carry on

What happens to it if you stand still? is it relieved?

mhstill

- 1 Relieved
- 2 Not relieved

How soon?

mhsoon

- 1 <= 10 minutes
- 2 > 10 minutes

Were you ever hospitalized for this problem in your legs?

mh hosp

- 1 Yes
- 2 No

Stroke/TIA

21. During the past 12 months, have you had any sudden feeling of numbness, tingling, or loss of feeling in either arm, hand, leg, foot or face?

mhnumb12

- 1 Yes
- 2 No

→If Yes,

How long did the symptoms last?

mhlast1

- 1 Less than 1 hour
- 2 1-24 hours
- 3 More than 24 hours

22. During the past 12 months, have you had any sudden attacks of paralysis, or loss of use of either arm, hand, leg or foot?

mhparal

- 1 Yes
- 2 No

→If Yes,

How long did the symptoms last?

mhlast2

- 1 Less than 1 hour
- 2 1-24 hours
- 3 More than 24 hours

23. During the past 12 months, have you had any sudden loss of eyesight or blurring of vision for a short period of time?

mhvloss

- 1 Yes
- 2 No

→If Yes,

How long did the symptoms last?

mhlast3

- 1 Less than 1 hour
- 2 1-24 hours
- 3 More than 24 hours

24. During the past 12 months, have you had any sudden attacks or changes in speech, loss of speech, or inability to say words for more than two minutes?

mhsploss

- 1 Yes
- 2 No

→ If Yes,

How long did the symptoms last?

mhlast4

- 1 Less than 1 hour
- 2 1-24 hours
- 3 More than 24 hours

25. During the past 12 months, have you had any spells of dizziness, difficulty in walking, lightheadedness or loss of balance?

mhdizzy

- 1 Yes
- 2 No

→ If Yes,

How long did the symptoms last?

mhlast5

- 1 Less than 1 hour
- 2 1-24 hours
- 3 More than 24 hours

Lung Problems - Wheezing

26. Does your chest ever sound wheezy or whistling?

mhwheez

- 1 Yes
- 2 No

→ If Yes,
When you have a cold?

mhcold

- 1 Yes
- 2 No

→ If Yes,

How many years has this been present?

mhpres1 Years

Occasionally apart from a cold?

mhapart

- 1 Yes
- 2 No

→ If Yes,

How many years has this been present?

mhpres2 Years

27. Have you ever had an attack of wheezing that has made you feel short of breath?

mhattack

- 1 Yes
- 2 No

→ If Yes,

How old were you when you had your first attack?

mhattage Years

Have you had 2 or more such episodes?

mh2ep

- 1 Yes
- 2 No

Other Medical Conditions

28. Has a doctor or other health care provider ever said that you have kidney disease?

mhkdis

- 1 Yes
- 2 No

→ If Yes,

What type? (Check all that apply)

mhurin value="1" Urine infection from your kidney

Do you have it now? mhurnow

- 1 Yes
- 2 No

mhkstone value="1" Kidney stone(s)

Do you have it now? mhstnow

- 1 Yes
- 2 No

mhkfail value="1" Kidney failure, dialysis, kidney transplant

Do you have it now? mhflnow

- 1 Yes
- 2 No

mhkprob value="1" Kidney problems such as nephritis
or glomerulonephritis

Do you have it now? mhprnow

- 1 Yes
- 2 No

mhkdis value="1" Diabetic kidney disease
(proteinuria or nephropathy)

Do you have it now? mhkdnow

- 1 Yes
- 2 No

mhokdis value="1" Other, specify below:

mhokd_sp

Do you have it now? mhokdnow

- 1 Yes
- 2 No

29. Has a doctor or other health care provider ever said that you have liver disease?

mhldis

- 1 Yes
- 2 No

→ If Yes,

What type? (Check all that apply)

mhhepa value="1" Hepatitis Type A
Do you have it now? **mhhpnow**

- 1 Yes
- 2 No

mhhepb value="1" Hepatitis Type B
Do you have it now? **mhhpnow**

- 1 Yes
- 2 No

mhhepc value="1" Hepatitis Type C
Do you have it now? **mhhpnow**

- 1 Yes
- 2 No

mhhep Hepatitis (Uncertain of type)
Do you have it now? **mhhpnow**

- 1 Yes
- 2 No

mhcirr Cirrhosis
Do you have it now? **mhcrnow**

- 1 Yes
- 2 No

mholdis Other, specify below:
mhold_sp
Do you have it now? **mholdnow**

- 1 Yes
- 2 No

30. Has a doctor or other health care provider ever said that you have gallstones or gallbladder disease?

mhgldis

- 1 Yes
- 2 No

→ If Yes,

Do you have it now? mhglnow

- 1 Yes
- 2 No

Have you had surgery to remove your gallbladder? mhgsurg

- 1 Yes
- 2 No

31. Has a doctor or other health care provider ever said that you have digestive disease?

mhddis

- 1 Yes
- 2 No

→ If Yes,

What type? (Check all that apply)

mhulcer Ulcer

Do you have it now? mhulcnow

- 1 Yes
- 2 No

mhibs Inflammatory bowel disease
(Crohn's disease, ulcerative colitis)

Do you have it now? mhibsnow

- 1 Yes
- 2 No

mhoddis Other, specify below:
mhdd_sp
Do you have it now? **mhoddnow**

- 1 Yes
- 2 No

Other Medical Conditions - continued

32. Has a doctor or other health care provider ever said that you have a thyroid problem?

mhtdis

- 1 Yes
- 2 No

→ **If Yes,**
What type? (Check all that apply)

mhhyppo Hypothyroidism (underactive)
Do you have it now? **mhhyponow**

- 1 Yes
- 2 No

mhhype Hyperthyroidism (overactive) or Grave's disease
Do you have it now? **mhhpenow**

- 1 Yes
- 2 No

mhotdis Other, specify below:
mhtd_sp
Do you have it now? **mhotdnow**

- 1 Yes
- 2 No

33. Has a doctor or other health care provider ever said that you have cancer or a malignant tumor?

mhencr

- 1 Yes
- 2 No

→ If Yes,

What type? (Check all that apply)

mhskcncr Skin (not melanoma)
Do you have it now? **mhscanow**

- 1 Yes
- 2 No

mhocncr Other, specify below:

mhoc_sp
Do you have it now? **mhocnow**

- 1 Yes
- 2 No

34. Has a doctor or other health care provider ever said that you have gout?

mhgout

- 1 Yes
- 2 No

→ If Yes,

Do you have it now? **mhgtnow**

- 1 Yes
- 2 No

35. Has a doctor or other health care provider ever said that you have asthma?

mhashth

- 1 Yes
- 2 No

→ If Yes,

Do you have it now? **mhasnow**

- 1 Yes
- 2 No

36. Has a doctor or other health care provider ever said that you have emphysema or chronic bronchitis?

mhemph

- 1 Yes
- 2 No

→ If Yes,

Do you have it now? mhemnow

- 1 Yes
- 2 No

37. Has a doctor or other health care provider ever said that you have epilepsy (seizures)?

mhepil

- 1 Yes
- 2 No

→ If Yes,

Do you have it now? mhepnow

- 1 Yes
- 2 No

Other Medical Conditions - continued

38. Has a doctor or other health care provider ever said that you have depression?

mhdep

- 1 Yes
- 2 No

39. Has a doctor or other health care provider ever said that you have another nervous, emotional, or mental disorder?

mhmendis

- 1 Yes
- 2 No

40. Has a doctor or other health care provider ever said that you have arthritis?

mharth

- 1 Yes
- 2 No

→ If Yes,

What type? (Check all that apply)

mhrheum Rheumatoid

Do you have it now? mhrhmnw

- 1 Yes
- 2 No

mhost Degenerative or osteoarthritis

Do you have it now? mhostnw

- 1 Yes
- 2 No

mhoarth Other, specify below:

mhoa_sp

Do you have it now? mharnw

- 1 Yes
- 2 No

Sleep Apnea

41. Have you ever snored (now or at any time in the past)?

mhsnore

- 1 Yes
- 2 No
- 9 Don't know

42 How often do you snore now?

mhsnfreq

- 1 Do not snore anymore
- 2 Sometimes (up to 2 nights a week)
- 3 Frequently (3-5 nights a week)
- 4 Always or almost always (6-7 nights a week)
- 9 Don't know

43 How loud is your snoring?

mhcloud

- 1 Only slight louder than heavy breathing
- 2 About as loud as talking
- 3 Louder than talking
- 4 Extremely loud - can be heard through a closed door
- 9 Don't know

44. Are there times when you stop breathing during your sleep?

mhstpbth

- 1 Yes
- 2 No
- 9 Don't know

45. How often do you have times when you stop breathing during your sleep?

mhoften

- 1 Sometimes (up to 2 nights a week)
- 2 Frequently (3-5 nights a week)
- 3 Always or almost always (6-7 nights a week)
- 9 Don't know

46. How often do you feel excessively (overly) sleepy during the day?

mhsleepy

- 1 Never or rarely (1 day/month or less)
- 2 Sometimes (2-4 days/month)
- 3 Often (5-15 days/month)
- 4 Almost always (16-30 days/month)

47. Have you ever been told by a doctor that you had sleep apnea (a condition in which breathing stops briefly during sleep)?

mhapnea

- 1 Yes
- 2 No

MY HEALTH, PART A.

Interviewer Administered

Patient ID	[affix ID label here]	Date Form Completed	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
		Month	Day	Year			
Administration Type	<input type="text"/>	Visit Code	<input type="text"/> <input type="text"/>	Reviewed by	<input type="text"/> <input type="text"/>	Language	E

Medication Inventory

1. We are interested in the prescription medications you are using. We are particularly interested in medications your doctor prescribed for you and were filled by a pharmacist. These include pills, skin patches, eye drops, creams, salves, and injections. The letter you received about this appointment asked you to bring them to the clinic. Did you bring all of the medications that you took in the last two weeks?

- Yes → May I see them?
- No → Make arrangement to obtain
- Took no meds → Go to question 3, next page
- Refused

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
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8.	<input type="text"/>
9.	<input type="text"/>
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12.	<input type="text"/>
13.	<input type="text"/>
14.	<input type="text"/>
15.	<input type="text"/>



Specific Medications

"Now I would like to ask you about a few specific medications."

2. "Were any of these prescription medications you took during the past two weeks for: . . ."
- a. High blood pressure? ₁ Yes ₂ No ₉ Don't know
 - b. Angina or chest pain? ₁ Yes ₂ No ₉ Don't know
 - c. Control of heart rhythm? ₁ Yes ₂ No ₉ Don't know
 - d. Heart failure? ₁ Yes ₂ No ₉ Don't know
 - e. Blood thinning? ₁ Yes ₂ No ₉ Don't know
 - f. Stroke? ₁ Yes ₂ No ₉ Don't know
 - g. Leg pain on walking? ₁ Yes ₂ No ₉ Don't know
 - h. Asthma, emphysema or chronic bronchitis? ₁ Yes ₂ No ₉ Don't know
 - i. Depression? ₁ Yes ₂ No ₉ Don't know
 - j. Weight loss? ₁ Yes ₂ No ₉ Don't know
 - k. Eyes? ₁ Yes ₂ No ₉ Don't know
 - l. Cholesterol lowering? ₁ Yes ₂ No ₉ Don't know
 - m. Lowering blood glucose with insulin? ₁ Yes ₂ No ₉ Don't know
3. During an average week, how often do you take one or more aspirin tablets? (Do not include Tylenol, ibuprofen or similar drugs)
- ₁ Never or less than 1 day per week
 - ₂ 1 or 2 days per week
 - ₃ 3-4 days per week (every other day)
 - ₄ 5 or 6 days per week
 - ₅ Every day



Diabetes

4. Have you ever been told that your diabetes has affected the back of your eye, that is, the retina?
(Do not include treatment for cataracts or glaucoma)

- 1 Yes →
- 2 No

Have you ever had laser photocoagulation treatment for this problem?

(Do not include treatment for cataracts or glaucoma)

- 1 Yes
- 2 No

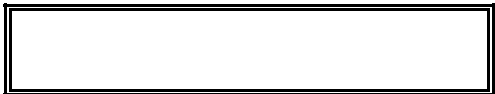
5. Have you ever been told that your diabetes has affected your kidneys?

- 1 Yes
- 2 No

Neuropathy

6. Please answer the questions below about the feeling in your legs and feet. Check yes or no based on how you usually feel.

- a. Are your legs and/or feet numb? 1 Yes 2 No
- b. Do you ever have any burning pain in your legs and/or feet? 1 Yes 2 No
- c. Are your feet too sensitive to touch? 1 Yes 2 No
- d. Do you get muscle cramps in your legs and/or feet? 1 Yes 2 No
- e. Do you ever have any prickling feelings in your legs or feet? 1 Yes 2 No
- f. Does it hurt when the bed covers touch your skin? 1 Yes 2 No
- g. When you get into the tub or shower, are you able to tell the hot water from the cold water? 1 Yes 2 No
- h. Have you ever had an open sore on your foot? 1 Yes 2 No
If yes → Do you have one now? 1 Yes 2 No
- i. Has your doctor ever told you that you have diabetic neuropathy? 1 Yes 2 No
- j. Do you feel weak all over most of the time? 1 Yes 2 No
- k. Are your symptoms worse at night? 1 Yes 2 No
- l. Do your legs hurt when you walk? 1 Yes 2 No
- m. Are you able to sense your feet when you walk? 1 Yes 2 No
- n. Is the skin on your feet so dry that it cracks open? 1 Yes 2 No



Amputation

7. Have you ever had an amputation of any part of your feet or legs?

1 Yes →

2 No

Left foot or leg?

1 Yes →

2 No

Check highest location:

- 1 Toe
- 2 Midfoot
- 3 Foot
- 4 Below knee
- 5 Above knee

Cause? (check one only)

- 1 Trauma or accident
- 2 Infection
- 3 Blood vessel disease/circulation
- 4 Diabetes
- 8 Other
- 9 Don't know

Right foot or leg?

1 Yes →

2 No

Check highest location:

- 1 Toe
- 2 Midfoot
- 3 Foot
- 4 Below knee
- 5 Above knee

Cause? (check one only)

- 1 Trauma or accident
- 2 Infection
- 3 Blood vessel disease/circulation
- 4 Diabetes
- 8 Other
- 9 Don't know



Cardiovascular

8. Has a doctor ever told you that you had a myocardial infarction or heart attack?

1 Yes →

2 No

How many heart attacks have you had?

Number

When was your first (or only) heart attack?

/ / Don't know
Month Day Year

Age

When was your last heart attack?

/ / Don't know
Month Day Year

Age

9. Has a doctor ever told you that you had a stroke?

1 Yes →

2 No

How many strokes have you had?

Number

When was your first (or only) stroke?

/ /
Month Day Year

Age

When was your last stroke?

/ /
Month Day Year

Age



Cardiovascular

10. Have you ever had coronary bypass surgery (grafts or CABG)?

1 Yes →

2 No

How many times have you had bypass surgery?

Number

When was your first (or only) surgery?

/ /

Month Day Year

Age

When was your last surgery?

/ /

Month Day Year

Age

11. Have you ever had an angioplasty of the coronary arteries, where a balloon is used to dilate the arteries of the heart and/or a stent is placed to hold open the arteries?

1 Yes →

2 No

How many angioplasty/stent procedures have you had?

Number

When was your first (or only) angioplasty/stent procedure?

/ /

Month Day Year

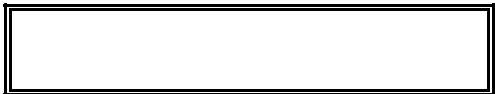
Age

When was your last angioplasty/stent procedure?

/ /

Month Day Year

Age



Cardiovascular

12. Have you ever had a carotid endarterectomy, which is a surgery on the blood vessels in your neck, or carotid angioplasty which is dilation of the blood vessels in your neck with a balloon?

- 1 Yes →
- 2 No

How many times have you had these surgeries/procedures?

Number

When was your first (or only) surgery/procedure?

/ /

Month Day Year

Age

When was your last surgery/procedure?

/ /

Month Day Year

Age

13. Have you ever had an angioplasty of the lower extremity artery, which is dilation of the blood vessels with a balloon, of the arteries in your leg or a bypass, atherectomy, or laser therapy of the artery in your leg?

- 1 Yes →
- 2 No

How many times have you had these surgeries?

Number

When was your first (or only) surgery?

/ /

Month Day Year

Age

When was your last surgery?

/ /

Month Day Year

Age



Cardiovascular

14. Have you ever had other heart or blood vessel surgery?

- 1 Yes →
- 2 No

1 Aortic aneurysm repair

2 Other, specify:

15. Has a doctor ever told you that you had other problems with your heart, circulation, or blood clots?

- 1 Yes →
- 2 No

Check all that apply:

- 1 Cardiac arrest (where your heart stopped and needed to be restarted)
- 2 Heart failure or congestive heart failure
- 3 Atrial fibrillation
- 4 Heart valve problem (for example, aortic stenosis)
- 5 Blood clot in your leg vein or lung requiring blood thinning medicine
- 6 Heart valve disease such as mitral regurgitation, prolapse or aortic stenosis
- 7 Other, specify:

Congestive Heart Failure/Breathlessness

16. Have you ever had to sleep on 2 or more pillows to help you breathe?

- 1 Yes →
- 2 No

Do you currently have to sleep on 2 or more pillows to help you breathe?

- 1 Yes
- 2 No

17. Have you ever been awakened at night by trouble breathing?

- 1 Yes →
- 2 No

Do you currently wake up at night due to trouble breathing?

- 1 Yes
- 2 No

18. Have you ever had swelling of your feet or ankles (excluding during pregnancy or because of an injury such as a sprain)

- 1 Yes →
- 2 No

Did it come on during the day and go down overnight?

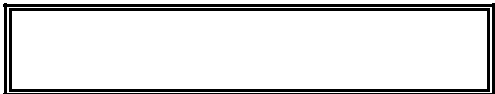
- 1 Yes
- 2 No

Do you currently have swelling of your feet or ankles?

- 1 Yes →
- 2 No

Does it come on during the day and go down overnight?

- 1 Yes
- 2 No



Congestive Heart Failure/Breathlessness

19. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

1 Yes →

2 No

When walking on level ground, do you have to walk slower than people your age because of breathlessness?

1 Yes

2 No

Do you ever have to stop for breath when walking at your own pace on level ground?

1 Yes

2 No

Leg Pain/Claudication

20. Do you get pain in either leg on walking?

1 Yes →

2 No

Does this pain ever begin when you are standing or sitting?

1 Yes →

2 No

In what part of your leg do you feel it?

1 In calf →

2 NOT in calf

Do you get it if you walk uphill or hurry?

1 Yes →

2 No

Do you get it if you walk at an ordinary pace on the level?

1 Yes

2 No

Does the pain ever disappear while you are walking?

1 Yes

2 No

What do you do if you get it when you are walking?

1 Stop or slow down →

2 Carry on

What happens to it if you stand still? Is it relieved?

1 Relieved →

2 Not relieved

How soon?

1 10 minutes

2 > 10 minutes

Were you ever hospitalized for this problem in your legs?

1 Yes

2 No

Stroke/TIA

--

21. During the past 12 months, have you had any sudden feeling of numbness, tingling, or loss of feeling in either arm, hand, leg foot, or face?

- 1 Yes → How long did the symptoms last?
- 2 No
 - 1 Less than 1 hour
 - 2 1-24 hours
 - 3 More than 24 hours

22. During the past 12 months, have you had any sudden attacks of paralysis, or loss of use of either arm, hand, leg, or foot?

- 1 Yes → How long did the symptoms last?
- 2 No
 - 1 Less than 1 hour
 - 2 1-24 hours
 - 3 More than 24 hours

23. During the past 12 months, have you had any sudden loss of eyesight or blurring of vision for a short period of time?

- 1 Yes → How long did the symptoms last?
- 2 No
 - 1 Less than 1 hour
 - 2 1-24 hours
 - 3 More than 24 hours

24. During the past 12 months, have you had any sudden attacks or changes in speech, loss of speech, or inability to say words for more than two minutes?

- 1 Yes → How long did the symptoms last?
- 2 No
 - 1 Less than 1 hour
 - 2 1-24 hours
 - 3 More than 24 hours

25. During the past 12 months, have you had any spells or dizziness, difficulty in walking, lightheadedness or loss of balance?

- 1 Yes → How long did the symptoms last?
- 2 No
 - 1 Less than 1 hour
 - 2 1-24 hours
 - 3 More than 24 hours



Lung Problems - Wheezing

These questions deal mainly with your chest. Please answer YES or NO. If you are in doubt about whether your answer is YES or NO, answer NO.

26. Does your chest ever sound wheezy or whistling?

1 Yes →

2 No

When you have a cold?

1 Yes →

2 No

How many years has this been present?

Years

Occasionally apart from a cold?

1 Yes →

2 No

How many years has this been present?

Years

27. Have you ever had an attack of wheezing that has made you feel short of breath?

1 Yes →

2 No

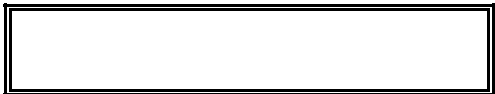
How old were you when you had your first such attack?

Years

Have you had 2 or more such episodes?

1 Yes

2 No



Other Medical Conditions

28. Has a doctor or other health care provider ever said that you have kidney disease?

1 Yes →

2 No

What type? (check all that apply)

- Urine infection from your kidney → Do you have it now? 1 Yes 2 No
- Kidney stone(s) → Do you have it now? 1 Yes 2 No
- Kidney failure, dialysis, kidney transplant → Do you have it now? 1 Yes 2 No
- Kidney problems such as nephritis or glomerulonephritis → Do you have it now? 1 Yes 2 No
- Diabetic kidney disease (proteinuria or nephropathy) → Do you have it now? 1 Yes 2 No
- Other, specify below: → Do you have it now? 1 Yes 2 No

29. Has a doctor or other health care provider ever said that you have liver disease?

1 Yes →

2 No

What type? (check all that apply)

- Hepatitis Type A → Do you have it now? 1 Yes 2 No
- Hepatitis Type B → Do you have it now? 1 Yes 2 No
- Hepatitis Type C → Do you have it now? 1 Yes 2 No
- Hepatitis (Uncertain of type) → Do you have it now? 1 Yes 2 No
- Cirrhosis → Do you have it now? 1 Yes 2 No
- Other, specify below: → Do you have it now? 1 Yes 2 No

30. Has a doctor or other health care provider ever said that you have gallstones or gallbladder disease?

1 Yes →

2 No

Do you have it now? 1 Yes 2 No

Have you had surgery to remove your gallbladder? 1 Yes 2 No

31. Has a doctor or other health care provider ever said that you have digestive disease?

1 Yes →

2 No

What type? (check all that apply)

- Ulcer → Do you have it now? 1 Yes 2 No
- Inflammatory bowel disease → Do you have it now? 1 Yes 2 No
(Crohn's disease, ulcerative colitis)
- Other, specify below: → Do you have it now? 1 Yes 2 No



Other Medical Conditions

32. Has a doctor or other health care provider ever said that you have a thyroid problem?

1 Yes →

What type? (check all that apply)

2 No

Hypothyroidism (underactive) → Do you have it now? 1 Yes 2 No

Hyperthyroidism (overactive) or
Grave's disease → Do you have it now? 1 Yes 2 No

Other, specify below: → Do you have it now? 1 Yes 2 No

33. Has a doctor or other health care provider ever said that you have cancer or a malignant tumor?

1 Yes →

What type? (check all that apply)

2 No

Skin (not melanoma) → Do you have it now? 1 Yes 2 No

Other, specify below: → Do you have it now? 1 Yes 2 No

34. Has a doctor or other health care provider ever said that you have gout?

1 Yes →

Do you have it now? 1 Yes 2 No

2 No

35. Has a doctor or other health care provider ever said that you have asthma?

1 Yes →

Do you have it now? 1 Yes 2 No

2 No

36. Has a doctor or other health care provider ever said that you have emphysema or chronic bronchitis?

1 Yes →

Do you have it now? 1 Yes 2 No

2 No

37. Has a doctor or other health care provider ever said that you have epilepsy (seizures)?

1 Yes →

Do you have it now? 1 Yes 2 No

2 No



Other Medical Conditions

38. Has a doctor or other health care provider ever said that you have depression?

1 Yes

2 No

39. Has a doctor or other health care provider ever said that you have another nervous, emotional, or mental disorder?

1 Yes

2 No

40. Has a doctor or other health care provider ever said that you have arthritis?

1 Yes →

2 No

What type? (check all that apply)

Rheumatoid



Do you have it now?

1 Yes

2 No

Degenerative or Osteoarthritis →

Do you have it now?

1 Yes

2 No

Other, specify below: →

Do you have it now?

1 Yes

2 No

Sleep Apnea

The following questions are about snoring and breathing during sleep. Please consider both what others have told you and what you know about yourself.

41. Have you ever snored (now or at any time in the past)?

1 Yes

2 No → Skip to Question #44

9 Don't know → Skip to question #44

42. How often do you snore now?

1 Do not snore any more → Skip to question #44

2 Sometimes (up to 2 nights a week)

3 Frequently (3-5 nights a week)

4 Always or almost always (6-7 nights a week)

9 Don't know



Sleep Apnea

43. How loud is your snoring?
- Only slightly louder than heavy breathing
 - About as loud as talking
 - Louder than talking
 - Extremely loud – can be heard through a closed door
 - Don't know
44. Are there times when you stop breathing during your sleep?
- Yes
 - No → Skip to Question #46
 - Don't know → Skip to question #46
45. How often do you have times when you stop breathing during your sleep?
- Sometimes (up to 2 nights a week)
 - Frequently (3-5 nights a week)
 - Always or almost always (6-7 nights a week)
 - Don't know
46. How often do you feel excessively (overly) sleepy during the day?
- Never or rarely (1 day/month or less)
 - Sometimes (2-4 days/month)
 - Often (5-15 days/month)
 - Almost always (16-30 days/month)
47. Have you ever been told by a doctor that you had sleep apnea (a condition in which breathing stops briefly during sleep)?
- Yes
 - No