



HOME LOGOUT

user: Kathy Lane staff id: 30013 login: 10/27/2010 12:34:37

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Medical History Baseline

PID: 0	Acrostic: 0	Visit:
Date Form Completed: d_form	Administration Type: admin	<input type="text"/>
Reviewed by: compby	Language: language	English <input type="text"/>

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



Response	Count
1 Yes	1
2 No	0

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

mhburn

1 Yes
2 No



Response	Count
1 Yes	1
2 No	0

c. Are your feet too sensitive to touch?

mhsens

1 Yes
2 No



Response	Count
1 Yes	1
2 No	0

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

mhcramps

1 Yes
2 No



Response	Count
1 Yes	1
2 No	0

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

mhprck

1 Yes
2 No



Response	Count
1 Yes	1
2 No	0

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

mhtouch

1 Yes
2 No



Response	Count
1 Yes	0
2 No	1

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



Response	Count
1 Yes	1
2 No	0

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

mhsore

1 Yes

2 No **If Yes → Do you have one now?** mhsorenow

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:
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

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_fmidsk value="1" Don't know
mhfmilage Age

When was your last heart attack?
mhd_lmi (Month/Day/Year)

mhd_lmidsk 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)

mhcbage 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)

mhlceage _____ 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

mhatrfib value="1" Atrial fibrillation
mhhrtprob 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?

mhhhelp1

- 1 Yes
2 No

→ If Yes,

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

mhhhelp2

- 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?

mhshtbth

- 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?

mhurry

- 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?

mhhosp

- 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?

mhizzy

- 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?

mhweez

- 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?
mhpart

- 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)

mhurinf 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

Do you have it now? **mhflnow**

1 Yes
 2 No

mhkprob value="1" Kidney problems such as

or glomerulonephritis

Do you have it now? **mhprnow**

1 Yes
 2 No

mhdkdis 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? mhpanow

- 1 Yes
- 2 No

mhhepb value="1" Hepatitis Type B

Do you have it now? mhpbnow

- 1 Yes
- 2 No

mhhepc value="1" Hepatitis Type C

Do you have it now? mhpcnow

- 1 Yes
- 2 No

mhhep Hepatitis (Uncertain of type)

Do you have it now? mhpnnow

- 1 Yes
- 2 No

mhcirr Cirrhosis

Do you have it now? mhcrnow

- 1 Yes
- 2 No

mholdis Other, specify below:

mhld_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? **mhulcnw**

1 Yes
2 No

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

Do you have it now? **mhibsnw**

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)

mhypo Hypothyroidism (underactive)

Do you have it now? **mhponow**

1 Yes
2 No

mhype Hyperthyroidism (overactive) or Grave's

disease

Do you have it now? **mhpenow**

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?

mhcncr

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? **mhepnw**

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? **mhrmnow**

1 Yes
2 No

mhost Degenerative or osteoarthritis
Do you have it now? **mhostnow**

1 Yes
2 No

mhoarth Other, specify below:
mhoa_sp _____
Do you have it now? **mhartnow**

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?

mhloud

- 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

<<< READ ONLY >>>