OMB#: 0925-XXXX
Exp. XX/XXXX

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OMB#: 0925-XXXX
Exp. XX/XXXX

HCHS/SOL Medical/Family History Questionnaire

ID NUMBER:									FORM CODE: MHE VERSION: A 06/28/07	Contact Occasion		SEQ #	

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

Instructions: Place a check in the appropriate box for the response. Unless instructed, mark ONLY one response. If age of onset is unknown enter the special missing value, "==", in the item.

Did you or any of your blood relatives have any of the following conditions? Do not include half-brothers or half-sisters.

1. Has a doctor ever said that you have high blood pressure or hypertension?

No 0 ☐
Yes 1 ☐ → **FOR WOMEN: GO TO QUESTION 1a**

1a. Was this during pregnancy only?

No 0 ☐
Yes 1 ☐

Has a doctor ever said that these relatives had high blood pressure or hypertension?

1b. Mother	No or Don't know	0 ☐	Yes	1 ☐
1c. Father	No or Don't know	0 ☐	Yes	1 ☐
1d. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

2. Has a doctor ever said that you have high blood cholesterol?

No 0 ☐
Yes 1 ☐

Has a doctor ever said that these relatives had high blood cholesterol?

2b. Mother	No or Don't know	0 ☐	Yes	1 ☐
2c. Father	No or Don't know	0 ☐	Yes	1 ☐
2d. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

3. Has a doctor ever said that you have angina?

No 0 ☐ → **GO TO QUESTION 3b**
Yes 1 ☐

3a. At what age were you first told this?

☐☐ Age in years

Has a doctor ever said that these relatives had angina?

3b. Mother	No or Don't know	0 ☐	Yes	1 ☐
3c. Father	No or Don't know	0 ☐	Yes	1 ☐
3d. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

4. Has a doctor ever said that you had a heart attack?

No 0 ☐ → **GO TO QUESTION 4b**
Yes 1 ☐

4a. At what age were you first told this?

☐☐ Age in years

Has a doctor ever said that these relatives had a heart attack?

4b. Mother	No or Don't know	0 ☐	Yes	1 ☐	Age	☐☐
4c. Father	No or Don't know	0 ☐	Yes	1 ☐	Age	☐☐
4d. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐	Age	☐☐

5. Has a doctor ever said that you had heart failure?

No 0 ☐
Yes 1 ☐

Has a doctor ever said that these relatives had heart failure?

5b. Mother	No or Don't know	0 ☐	Yes	1 ☐
5c. Father	No or Don't know	0 ☐	Yes	1 ☐
5d. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

6. Has a doctor ever said that you had rheumatic heart disease?

No 0 ☐
Yes 1 ☐

Has a doctor ever said that these relatives had rheumatic heart disease?

6b. Mother	No or Don't know	0 ☐	Yes	1 ☐
6c. Father	No or Don't know	0 ☐	Yes	1 ☐
6d. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

7. Has a doctor ever told you that you had atrial fibrillation?

No 0 ☐
Yes 1 ☐

8. Has a doctor ever said that you had some other kind of heart problem?

No 0 ☐
Yes 1 ☐
If yes, please specify: _____

9. Have you had a balloon angioplasty, a stent, or bypass surgery to the arteries in your heart to improve the blood flow to your heart?

No 0 ☐
Yes 1 ☐

Have these relatives had a balloon angioplasty or bypass surgery to the arteries in their heart to improve the blood flow to the heart?

9a. Mother	No or Don't know	0 ☐	Yes	1 ☐
9b. Father	No or Don't know	0 ☐	Yes	1 ☐
9c. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

10. Has a doctor ever said that you had a stroke?

No 0 ☐
Yes 1 ☐

Has a doctor ever said that these relatives had a stroke?

10a. Mother	No or Don't know	0 ☐	Yes	1 ☐
10b. Father	No or Don't know	0 ☐	Yes	1 ☐
10c. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

11. Has a doctor ever said that you had a mini-stroke or TIA (transient ischemic attack)?

No 0 ☐
Yes 1 ☐

12. Have you had a balloon angioplasty or surgery to the arteries of your neck to prevent or correct a stroke?

No 0 ☐
Yes 1 ☐

13. Has a doctor ever said that you have an aortic aneurysm, an AAA, or ballooning of your aorta?

No 0 ☐
Yes 1 ☐

Has a doctor ever said that these relatives had an aortic aneurysm, an AAA, or ballooning of their aorta?

13a. Mother	No or Don't know	0 ☐	Yes	1 ☐
13b. Father	No or Don't know	0 ☐	Yes	1 ☐
13c. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

14. Has a doctor ever said that you have peripheral arterial disease (problems with circulation, blocked arteries to the legs)?

No 0 ☐
Yes 1 ☐

Has a doctor ever said that these relatives had peripheral arterial disease?

14a. Mother	No or Don't know	0 ☐	Yes	1 ☐
14b. Father	No or Don't know	0 ☐	Yes	1 ☐
14c. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

15. Have you had an operation, a balloon angioplasty, a stent, or an amputation for this condition?

No 0 ☐
Yes 1 ☐

16. Has a doctor ever said that you have diabetes (high sugar in blood or urine)?

No 0 ☐ → **GO TO QUESTION 16e**
Yes 1 ☐

16a. At what age were you first told this?

☐☐ Age in years

16b. FOR WOMEN: Was this during pregnancy only?

No 0 ☐
Yes 1 ☐

16c. Are you being treated with insulin?

No 0 ☐ → **GO TO QUESTION 16e**
Yes 1 ☐

16d. Was insulin the first medicine used for diabetes?

No 0 ☐
Yes 1 ☐

Has a doctor ever said that these relatives had diabetes?

16e. Mother	No or Don't know	0 ☐	Yes	1 ☐
16f. Father	No or Don't know	0 ☐	Yes	1 ☐
16g. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

17. Has a doctor ever said that you have kidney problems?

No 0 ☐
Yes 1 ☐

18. Has a doctor ever said that you have liver disease?

No 0 ☐ → **GO TO QUESTION 19**
Yes 1 ☐

What type of liver disease?

18a. Hepatitis
No 0 ☐ → **GO TO QUESTION 18c**
Yes 1 ☐

18b. What type?
Type A 1 ☐
Type B 2 ☐
Type C 3 ☐
Don't know 4 ☐

18c. Cirrhosis
No 0 ☐
Yes 1 ☐

18d. Other
No 0 ☐
Yes 1 ☐

19. Have you had heartburn (a burning pain or discomfort behind the breast bone in your chest) in the past year?

No 0 ☐ → **GO TO QUESTION 20**
Yes 1 ☐

19a. How often have you had heartburn in the past year?

Less than once per month 1 ☐
About once per month 2 ☐
About once per week 3 ☐
Several times per week 4 ☐
Daily 5 ☐

20. Have you had acid regurgitation (a bitter or sour-tasting fluid coming into your throat or mouth) in the past year?

No 0 ☐ → **GO TO QUESTION 21**
Yes 1 ☐

20a. How often have you had acid regurgitation in the past year?

Less than once per month 1 ☐
About once per month 2 ☐
About once per week 3 ☐
Several times per week 4 ☐
Daily 5 ☐

21. Has a doctor ever said that you have migraine headaches (with or without an aura)?

No 0 ☐
Yes 1 ☐

Has a doctor ever said that these relatives had migraine headaches?

21a. Mother	No or Don't know	0 ☐	Yes	1 ☐
21b. Father	No or Don't know	0 ☐	Yes	1 ☐
21c. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

22. Has a doctor ever said that you have a blood clot in your leg vein or lung requiring blood thinning medicine?

No 0 ☐
Yes 1 ☐

23. Do you have painful inflammation or swelling of your joints that limits your activities?

No 0 ☐
Yes 1 ☐

Has a doctor ever said that these relatives had painful inflammation or swelling of their joints that limits activities?

23a. Mother	No or Don't know	0 ☐	Yes	1 ☐
23b. Father	No or Don't know	0 ☐	Yes	1 ☐
23c. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

24. Have you ever been told by a doctor that you have a sleep disorder?

No 0 ☐ → **GO TO QUESTION 27**
Yes 1 ☐
Don't know 9 ☐ → **GO TO QUESTION 27**

25. Which sleep disorder(s)? *(Mark all that apply)*

a. Insomnia ☐
b. Restless legs ☐
c. Narcolepsy ☐
d. Apnea ☐
e. Other ☐
If other, please specify: _____

26. Have you been prescribed a CPAP or BIPAP machine, or a device to wear in your mouth to treat your sleep apnea?

No 0 ☐
Yes 1 ☐

27. Has a doctor ever said that you have cancer or a malignant tumor?

No 0 ☐ → **GO TO QUESTION 27b**
Yes 1 ☐

27a. What type? *(Mark all that apply)*

a. Lung ☐
b. Breast ☐
c. Cervical ☐
d. Blood/lymph glands ☐
e. Testes/scrotum ☐
f. Bone ☐
g. Melanoma ☐
h. Skin (not melanoma) ☐
i. Brain ☐
j. Stomach ☐
k. Colon ☐
l. Uterine ☐
m. Prostate ☐
n. Other ☐

Has a doctor ever said that these relatives had cancer or a malignant tumor?

27b. Mother	No or Don't know	0 ☐	Yes	1 ☐
27c. Father	No or Don't know	0 ☐	Yes	1 ☐
27d. Brother(s) or sister(s)	No or Don't know	0 ☐	Yes	1 ☐

MEN → STOP, END QUESTIONNAIRE

WOMEN → GO TO QUESTION 28

FOR WOMEN ONLY

28. Have you ever taken birth control pills or other birth control medication?

No 0 ☐
Yes 1 ☐

29. At what age did your menses begin?

☐☐ Age in years

30. Do you currently have menstrual periods?

No 0 ☐
Yes 1 ☐
Uncertain 9 ☐

31. Have you ever been pregnant?

No 0 ☐ → **GO TO QUESTION 35**
Yes 1 ☐
Uncertain 9 ☐

32. How many times have you been pregnant? ☐☐ Number of pregnancies

33. How many live births have you had? ☐☐ Number of live births

34. Are you currently pregnant?

No 0 ☐
Yes 1 ☐
Uncertain 9 ☐

35. Have you reached menopause (change of life)?

No 0 ☐ → **GO TO QUESTION 37**
Yes, natural 1 ☐
Yes, surgical 2 ☐
Uncertain 9 ☐ → **GO TO QUESTION 37**

36. At what age? ☐☐ Age in years

37. Have you had a hysterectomy?

No 0 ☐ → **GO TO QUESTION 39**
Yes, with removal of both ovaries 1 ☐
Yes, without removal of both ovaries 2 ☐
Yes, uncertain if ovaries removed 3 ☐

38. Age at surgery? ☐☐ Age in years

39. Are you currently taking hormones other than birth control pills?

No 0 ☐ → **END QUESTIONNAIRE**
Yes 1 ☐
Not sure 9 ☐ → **END QUESTIONNAIRE**

40. Are those hormone supplements…? *(Give examples if needed)*

Estrogen alone 1 ☐
Estrogen + progestin 2 ☐
Other hormone combination 3 ☐
*If other hormone combination, please specify:*_____