OMB#: 0925-XXXX Exp. XX/XXXX

Public reporting burden for this collection of information is estimated to average <u>07</u> minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.



HCHS/SOL Medical/Family History Questionnaire

ID NUMBER:	FORM CODE: MHE Contact VERSION: A 06/28/07 Occasion SEQ #
Acrostic:	
ADMINISTRATIVE INFORMATION	
0a. Completion Date:	Ob. Staff ID:
	ppropriate box for the response. Unless instructed, mark ONLY one wn enter the special missing value, " $==$ ", in the item.
Did you or any of your <u>blood relative</u> half-sisters.	es have any of the following conditions? Do not include half-brothers or
1. Has a doctor ever said that you	have high blood pressure or hypertension?
	No $0 \square$ Yes $1 \square \rightarrow FOR WOMEN: GO TO QUESTION 1a$
	elatives had high blood pressure or hypertension?
1b. Mother	No or Don't know 0 Yes 1
1c. Father 1d. Brother(s) or sister(s)	No or Don't know 0 Yes 1 No or Don't know 0 Yes 1
2. Has a doctor ever said that you	ı have high blood_cholesterol?
	No 0 Yes 1
Has a doctor ever said that these re	elatives 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	ı have angina?
•	No 0 \longrightarrow GO TO QUESTION 3b Yes 1 \longrightarrow
3a. At what age were you fire	st told this?
	Age in years
Has a doctor ever said that these re	
3b. Mother	No or Don't know 0 Yes 1
3c. Father 3d. Brother(s) or sister(s)	No or Don't know 0 Yes 1 Yes 1 Yes 1
Ju. Diolitei(3) Oi 313(61(3)	INO OL DOLLE KLIOM O

ID NUM	BER:									RM COE RSION: /	E: MHE A 06/28/07		ontact casion			SEQ#		
4. Has	a doc	tor(ever	said	that	you	had	d a l	heart a No Yes	attack 0 1	? → GO TO	QUE	STION	l 4b]			
	4a. At	wha	at ag	e wer	e yoı	u firs	st to	ld th	nis?		Age in year	S						
Has a c	doctor	eve	r said	d that	thes	e re	lativ	es h	nad a h	eart a	ttack?						\neg	
	4b. M	othe	er				No	or I	Don't k	now	0	Yes	1		Age	;		
	4c. Fa	the	r				No	or I	Don't k	now	0 🗌	Yes	1		Age)		
	4d. Br	othe	er(s)	or sis	ter(s))	No	or I	Don't k	now	0 🗌	Yes	1		Age	<u> </u>		
5. Has	a doc	tor	ever	said	that	you	had	d he	eart fai No Yes	o 1								
	loctor 5b. Mo 5c. Fa 5d. Br	othe ithei	er r				No No	or I	nad hea Don't k Don't k Don't k	now	ure? 0	Yes Yes Yes	1					
6. Has	a doc	tor	ever	said	that	you	had	d rh	eumat No Yes	o lea	ırt disease	?						
	loctor 6b. Mo 6c. Fa 6d. Br	othe ithei	er r				No No	or I	nad rhe Don't k Don't k Don't k	now	c heart dise 0	ease? Yes Yes Yes	1					
7. Has	a doc	tor	ever	told y	/ou 1	hat	you	ı ha	d atria No Yes	o 0 1	lation?							
8. Has	a doc	tor (ever	said	that	you	had	d so	No Yes	0 1	nd of hear	-						
9. Have improv									stent, No Yes	or by 0	pass surg	ery to	the ar	teri	ies i	in your h	eart	: to

ID NUMBER:										A 06/28/07		ontact casion			SEQ#		
Have these the blood flo				allo	on a	angi	opla	asty or	bypas	ss surgery t	o the a	arteries i	n th	eir	heart to	imp	rove
9a. N	Nother					No	or	Don't k	cnow	0 🗌	Yes	1					
9b. F	ather					No	or	Don't k	now	0	Yes	1					
9c. E	Brother(s	s) or	siste	er(s))	No	or	Don't k	now	0 🔲	Yes	1 🔲					
10. Has a d	octor ev	er s	aid	tha	t yo	u h	ad a			٦							
								No	0	_							
								Yes	1_								
Has a docto	r ever sa	aid th	nat tl	hes	e re	lativ	es	had a s	stroke'	?							
10a.	Mother					No	or	Don't k	cnow	0 🗌	Yes	1					
10b.	Father					No	or	Don't k	cnow	0	Yes	1					
10c.	Brother((s) o	r sist	ter(s	s)	No	or	Don't k	now	0	Yes	1					
11 Uac a d	ootor ov	or c	aid:	that	t v.o	u b	ad i	o mini	ctrok	o or TIA (tr	oncio	nt icobo	mie		++aak\2		
11. Has a d	octor ev	ei s	aiu	llia	ιyo	u n	au (a IIIIII- No	0	eoina (u T	ansie	nt ische		ā	llack)?		
								Yes	1								
12. Have yo	ou had a	bal	loon	n an	gio	plas	sty	or surç	gery t	o the arter	ies of	your ne	ck	to	prevent	or c	orrec
a on ono.								No	0 _								
								Yes	1								
13. Has a d	octor ev	er s	aid	that	t yo	u h	ave			neurysm, a	ın AA	A, or ba	lloo	niı	ng of yo	ur a	orta?
								No Yes	0 1	<u></u>							
										_							
Has a docto		aid th	nat tl	hes	e re								allo	oni	ng of the	ir ac	orta?
13a.	Mother							Don't k		0 🔛	Yes	1 🔛					
13b.	Father					No	or	Don't k	cnow	0 🔙	Yes	1 💹					
13c.	Brother((s) o	r sist	ter(s	s)	No	or	Don't k	now	0	Yes	1					
14. Has a d blocked art					t yo	u ha	ave	peripl	neral a	arterial dis	ease ((probler	ns \	νit	h circula	atior	٦,
			J	•				No	0]							
								Yes	1]							
Has a docto	r ever sa	aid th	nat tl	hes	e re	lativ	es	had pe	ripher	al arterial d	lisease	?					
14a.	Mother					No	or	Don't k	cnow	0	Yes	1					
14b.	Father					No	or	Don't k	now	0 🗌	Yes	1					
14c.	Brother((s) o	r sist	ter(s	s)	No	or	Don't k	now	0 🗌	Yes						
15. Have yo	ou had a	n op	oera	tion	ı, a	ball	001	_	-	y, a stent,	or an	amputa	tior	ı fo	or this c	ond	ition?
								No	0								
								Yes	1								

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16. Has a doctor ever sai	d that you ha	ve diabetes (high sugar in blood or urine)? No 0 \longrightarrow GO TO QUESTION 16e Yes 1
16a. At what age w	ere you first to	ld this? Age in years
16b. FOR WOMEN	: Was this duri	ing pregnancy only? No 0 Yes 1
16c. Are you being	treated with in	sulin? No $0 \longrightarrow GO TO QUESTION 16e$ Yes $1 \longrightarrow GO TO QUESTION 16e$
16d. Was insulin the	e first medicine	e used for diabetes? No 0 Yes 1
Has a doctor ever said that 16e. Mother 16f. Father 16g. Brother(s) or s	No (es had diabetes? or Don't know 0 Yes 1
17. Has a doctor ever sai	d that you ha	ve kidney problems? No 0 Yes 1
18. Has a doctor ever sai	d that you ha	ve liver disease? No $0 \longrightarrow GO TO QUESTION 19$ Yes $1 \longrightarrow GO TO QUESTION 19$
What type of liver disease? 18a. Hepatitis	No Yes	$ \begin{array}{c} 0 \\ 1 \end{array} $ GO TO QUESTION 18c
18b. What type?	Type A Type B Type C Don't know	1
18c. Cirrhosis	No Yes	0
18d. Other	No Yes	0

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ID NUMBER:							FORM COVERSION:	DE: MHE A 06/28/07		ntact asion		SEQ#			
19. Have yo the past yea		neart	burn (a bu	ırnin	ng p	ain or disc No 0 Yes 1	omfort beh			_	ne in you	r che	est) i	n
19a. I	How ofte	en ha	ave yo	u had	d he	artb	About once	nce per mo per month	2 3						
20. Have you in the past y		cid r	egurg	itatio	on (a	a bit	ter or sour	-tasting flu] → GO TC			_	ur throat	or n	nouth	1)
20a. I	How ofte	en ha	ave yo	u ha	d aci	id re	About once	nce per mo per month	onth 1 2 3						
21. Has a do	ctor ev	er sa	aid tha	ıt yo	u ha	ave	migraine he No 0 [Yes 1 [eadaches ((with o	r withou	ut an	aura)?			
21b. I	ever sa Mother =ather Brother(No No	or [ad migraine Don't know Don't know Don't know	headaches 0 0 0 0 0 0 0 0 0 0 0 0 0	s? Yes Yes Yes	1					
22. Has a do thinning me			aid tha	ıt yo	u ha	ave	No 0 Yes 1	t in your le	eg vein	or lung	g req	uiring blo	ood		
23. Do you h	nave pa	inful	inflan	nma	tion	ors	swelling of No 0 Yes 1	your joints	s that li	imits yo	our a	ctivities?)		
Has a doctor activities?		uid tha	at thes	se re			•				their	joints tha	ıt lim	iits	
23b. I	Mother =ather Brother(s) or	sister((s)	No	or [Don't know Don't know Don't know	0	Yes Yes Yes	1					

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24. Have you ever been told by a doctor that you have a sleep disorder? NO Yes Don't know $9 \longrightarrow GO TO QUESTION 27$ GO TO QUESTION 27		
24. Have you ever been told by a doctor that you have a sleep disorder? NO Yes Don't know Don't know No GO TO QUESTION 27 Yes Linsomnia B. Restless legs C. Narcolepsy d. Apnea e. Other If other, please specify: If other, please specify: SEQ # SE		
No 0		
No $0 \longrightarrow GO TO QUESTION 27b$		
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		
27b. Mother No or Don't know 0 Yes 1 27c. Father No or Don't know 0 Yes 1		
MEN → STOP, END QUESTIONNAIRE WOMEN → GO TO QUESTION 28		

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ID NUMBER:							FORM CODE: MHE Contact VERSION: A 06/28/07 Occasion SEQ #						
	FOR WOMEN ONLY 28. Have you ever taken birth control pills or other birth control medication? No 0 Yes 1												
29. At what a	age	did yo	ur m	ens	es b	egin?	Age in years						
30. Do you d	urre	ently h	ave	men	stru	al per	riods? No 0 Yes 1 Uncertain 9						
31. Have you	u ev	er beei	n pr	egna	unt?		No 0						
32. How mai	ny ti	imes ha	ave	you	beer	n preg	gnant? Number of pregnancies						
33. How mai	ny li	ve birt	hs h	ave	you	had?	Number of live births						
34. Are you	curr	ently p	reg	nant	?		No 0 Yes 1 Uncertain 9 Uncertain						
35. Have you	u rea	ached	men	opaı	use ((chan	nge of life)? No Yes, natural Yes, surgical Uncertain O GO TO QUESTION 37 GO TO QUESTION 37						
36. At what a	age1	?		Age	in ye	ars							
37. Have you			,	No Yes, Yes, Yes,	with with	out re ertain	val of both ovaries and of both ovaries are semoved 0						
38. Age at so			akin			n year e nes c	other than birth control pills? No 0 → END QUESTIONNAIRE Yes 1 Not sure 9 → END QUESTIONNAIRE						

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ID NUMBER:								FORM CODE: MHE VERSION: A 06/28/07	Contact Occasion		SEQ#		
40. Are those hormone supplements? (Give examples if needed)													
						Est	rog	en alone	1 🔛				
						Est	rog	en + progestin	2				
						Oth	ner	normone combination	3 🗍				
	If other hormone combination, please specify:												

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