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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

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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 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Age	<input type="text"/> <input type="text"/>
4c. Father	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Age	<input type="text"/> <input type="text"/>
4d. Brother(s) or sister(s)	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Age	<input type="text"/> <input type="text"/>

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 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>
5c. Father	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>
5d. Brother(s) or sister(s)	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>

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 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>
6c. Father	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>
6d. Brother(s) or sister(s)	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>

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

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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 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>
16f. Father	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>
16g. Brother(s) or sister(s)	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>

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 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>
21b. Father	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>
21c. Brother(s) or sister(s)	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>

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 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>
23b. Father	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>
23c. Brother(s) or sister(s)	No or Don't know	0 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>

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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

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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**

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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: _____