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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

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

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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: _____