Has a doctor ever told you that you had any of the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Emphysema</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2</td>
<td>Asthma</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3</td>
<td>Arthritis</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4</td>
<td>Cancer</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

IF YES ➔ Which type?
- a. Prostate cancer  | O  | O  | 9  | PROSTCN1 |
- b. Breast cancer   | O  | O  | 9  | BRSTCN1  |
- c. Lung cancer     | O  | O  | 9  | LUNGCM1  |
- d. Colon cancer    | O  | O  | 9  | COLONCN1 |
- e. Non-melanoma skin cancer | O  | O  | 9  | NMSKNCN1 |
- f. Blood cancer (leukemia, lymphoma, or other) | O  | O  | 9  | BLOODCN1 |
- g. Other cancer    | O  | O  | 9  | OTHCN1   |

IF YES ➔ Specify

OTHCSPC1

5 | Rheumatic heart disease or heart valve problems? | Yes | No | Don't Know |
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<td></td>
<td>O</td>
<td>O</td>
<td>9</td>
</tr>
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</table>

6 | Blood clots in the lung or in the leg veins? | Yes | No | Don't Know |
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</thead>
<tbody>
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<td></td>
<td></td>
<td>O</td>
<td>O</td>
<td>9</td>
</tr>
</tbody>
</table>

7 | Liver disease? | Yes | No | Don't Know |
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>O</td>
<td>O</td>
<td>9</td>
</tr>
</tbody>
</table>

IF YES ➔ Which type?
- a. Cirrhosis  | O  | O  | 9  | CIRRH1   |
- b. Hepatitis  | O  | O  | 9  | HEPAT1   |

IF YES ➔ Which type of hepatitis? Select all that apply
- A | B | C | D | E | Don't Know |
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</tr>
</thead>
<tbody>
<tr>
<td>HEPTPA1</td>
<td>HEPTPC1</td>
<td>HEPTPE1</td>
<td>HEPTPU1</td>
<td>HEPTPD1</td>
<td>4274369106</td>
</tr>
</tbody>
</table>
Has a doctor ever told you that you had any of the following:

1. Kidney disease
2. High blood pressure or hypertension
3. High blood cholesterol
4. Diabetes (sugar in blood)
5. What was your highest weight in the last 3 years?

**IF YES:**
- Are you taking medicine for this?
- At what age did you begin taking medications?
- Are you taking medicine for this?
- At what age was this first treated?
- Was insulin your first diabetes medicine?
- For women: Did diabetes occur ONLY during pregnancy?

**ID#:**

**Don't Know**
- KDNYDIS1
- HIGHLBP1
- HGHCHOL1
- CHOLMED1
- DIABET1
- DIABHX1
- DBAGEU1
- DBINSUL1
- DBPREG1

**WT20LB1**
**WT40LB1**

"Women: If you were pregnant at either of these ages, give your weight just BEFORE your pregnancy started."
13 Have you ever been pregnant?
   If Yes:
   a. Number of pregnancies
   b. Number of live births
   c. Age at first live birth

14 Have you had a hysterectomy (surgery to remove your uterus/womb)?
   If Yes:
   a. At what age

15 Have you had surgery to remove your ovaries?
   If Yes:
   a. At what age
   b. How many ovaries were removed?

16 Have you ever taken birth control pills?
   If Yes:
   a. Please estimate the total number of years that you took birth control pills
      (keeping in mind you may have started and stopped several times)

17 Have you gone through menopause (change of life)?
   If Yes → Skip to #17 D
   If No or Don't Know:
   a. Are you currently going through menopause?
      If Yes: b. Date of last menstrual period
                     (if less than 12 months ago):
                     c. How many periods have you had in the last 12 months?
Medical History - 4

d. At what age did you go through menopause? **MENOAGE1**

e. Have you ever taken hormone replacement therapy?  
   0\(\text{No}) \rightarrow \text{Skip to \#18}  
   1\(\text{Yes}) \rightarrow \text{Continue with \#17 F}

f. Are you currently using hormone replacement therapy?  
   1\(\text{Yes}) \rightarrow \text{At what age did you begin?} **HRMRAGE1**  
   0\(\text{No}) \rightarrow \text{At what ages did you take hormones?}  
   \text{Age started} **HRMSAGE1**  
   \text{Age stopped} **HRMQAGE1**

Which type of therapy were you on?  
   1\(\text{Estrogen alone (like Premarin or Estratab)}\)  
   2\(\text{Estrogen with progestin (like Provera)}\)

18 Do you ever get pain in either leg or buttock while walking? **LEGPAINT1**  
   \text{If Yes:}  
   a. Does this pain ever begin when you are standing still or sitting?  
   b. In what part of your leg or buttock do you feel it?  
      \text{Pain includes calf/calves}  
      \text{Pain does not include calf/calves}
   c. Do you get it if you walk uphill or hurry? **LPUPHL1**  
      \text{Yes}  
      \text{No}  
      \text{N/A}
   d. Do you get it if you walk at an ordinary pace on the level? **LPNORM1**  
   e. Does the pain ever disappear while you are walking? **LPDIS1**
   f. What do you do if you get it when you are walking?  
      1\(\text{Stop or slow down)}\)  
      2\(\text{Continue on)}\)
   g. What happens to the pain if you stand still? **LPSTND1**  
      1\(\text{Relieved)}\)  
      2\(\text{Not relieved)}\)

   \text{If Relieved}  
   \text{How soon?}  
   1\(\text{10 minutes or less)}\)  
   0\(\text{More than 10 minutes)}\)

h. Is this pain predominantly in the right side, left side, or in both legs?  
   1\(\text{Right Side)}\)  
   2\(\text{Left Side)}\)  
   3\(\text{Both legs)}\ **LPLOC1**
## Medical History - 5

19 Have you ever had swelling of your feet or ankles? (FOR WOMEN: other than during pregnancy?)
- **Yes**: 0
- **No**: 0
- **Don’t Know**: 9
  - **ID**: SWLLFT1

If **Yes**:
- a. Did it tend to come on during the day and go down overnight?
  - **Yes**: 0
  - **No**: 0
  - **Don’t Know**: 9
    - **ID**: SWLLDAY1

20 Have you had to sleep on two or more pillows to help you breathe?
- **Yes**: 0
- **No**: 0
- **Don’t Know**: 9
  - **ID**: SLPPLLW1

21 Have you been awakened at night by trouble breathing?
- **Yes**: 0
- **No**: 0
- **Don’t Know**: 9
  - **ID**: WAKEBR1

22 In the past two weeks, have you had any of the following:
- **Yes**: 0
- **No**: 0
- **Don’t Know**: 9
  - Fever: **ID**: FEVER1
  - Cold, flu, or sore throat: **ID**: COLDFLU1
  - Urinary infection: **ID**: URININF1
  - Seasonal allergy: **ID**: ALLR6Y1
  - Bronchitis: **ID**: BRONCH1
  - Sinus infection or sinusitis: **ID**: SINUINF1
  - Pneumonia: **ID**: PNEUMO1
  - Gums bleeding while brushing or flossing: **ID**: BLDGUMS1
  - Tooth infection: **ID**: TTHINF1
  - Flare-up of gout: **ID**: GOUT1
  - Flare-up of arthritis: **ID**: ARTH2WK1

23 Approximately how many times have you been treated with antibiotics in the last year?
(If you don’t remember the exact number, please give us your best estimate.)
- **ABNUM1 times**: 0
- **Don’t Know**: 9
  - **ID**: NOAB1

24 Approximately how many times have you been treated with antibiotics in the last 5 years?
(If you don’t remember the exact number, please give us your best estimate.)
- **AB5YNUM1 times**: 0
- **Don’t Know**: 9
  - **ID**: NOAB5Y1

25 Have you ever used aspirin on a regular basis?
- **Yes**: 0
- **No**: 0
- **Don’t Know**: 9
  - **ID**: ASPIRIN1

If **Yes**:
- a. At what age did you start? **ASPSAGE1**
- b. Are you taking aspirin now on a regular basis?
  - **Yes**: 0
  - **Don’t Know**: 9
    - **ID**: ASPNOW1

   **Yes** ➔ How many days a week are you taking aspirin? **ASPDAYS1**

   **No** ➔ At what age did you stop taking aspirin? **ASPEAGE1**
Medical History - 6

26 Has a dentist ever told you that you had periodontitis or gum disease?
   Yes 1  
   No 0  
   Don't Know 9  
   GUMDIS1

27 Have you lost any of your teeth due to gum disease?
   Yes 1  
   No 0  
   Don't Know 9  
   LOSTTTH1

   If Yes:
   a. How many teeth have you lost? TTHNUM1

The following are questions about medical conditions that other members of your family may have had. Please answer to the best of your knowledge.

Have any of the following family members had any of the listed medical conditions (include blood relatives only):

28 Parents
   a. Heart attack? 1  
   b. Stroke? 1  
   c. Amputation not due to a traumatic injury? 1  
   PMI1  
   PSTK1  
   PAMPUT1

29 Siblings (If you don't have any siblings, fill in "Not Applicable.")
   a. Heart attack? 1  
   b. Stroke? 1  
   c. Amputation not due to a traumatic injury? 1  
   SHRTATT1  
   SSTK1  
   SAMPUT1

30 Children (If you don't have any children, fill in "Not Applicable.")
   a. Heart attack? 1  
   b. Stroke? 1  
   c. Amputation not due to a traumatic injury? 1  
   CHRTATT1  
   CSTK1  
   CAUMPUT1

For MESA Field Center Use Only:
Completed by: 1  Self-Administered  2  Interviewer-Administered  
MHXADM1
Interviewer ID: MHXTID1  
Reviewer ID: MHXRID1  
Data Entry ID: MHXDID1

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