The following are some questions about your medical history. Questions refer to things that happened since your last MESA visit on ______________. Please answer to the best of your knowledge.

1. How would you say your health currently compares with other persons of your age?
   - Better
   - Same
   - Worse

2. Emphysema?
   - Yes
   - No
   - Don’t Know
   ![EMPYS2]

3. Asthma?
   - Yes
   - No
   - Don’t Know
   ![ASTHMA2]

4. Arthritis?
   - Yes
   - No
   - Don’t Know
   ![ARTHRT2]

5. Rheumatic heart disease or heart valve problems?
   - Yes
   - No
   - Don’t Know
   ![rheuhv1]

6. Liver disease?
   - Yes
   - No
   - Don’t Know
   ![liverd2]
   IF YES ➔ Which type?
   a. Cirrhosis
   - Yes
   - No
   - Don’t Know
   ![CIRRH2]
   b. Hepatitis
   - Yes
   - No
   - Don’t Know
   ![HEPAT2]
   YES ➔ Which type? Select all that apply
   - Hep A ➔ heptpa2
   - Hep B ➔ heptpb2
   - Hep C ➔ heptpc2
   - Hep D ➔ heptpd2
   - Hep E ➔ heptpe2
   - Other ➔ heptpo2
   - Don’t Know ➔ heptpu2

7. Kidney disease?
   - Yes
   - No
   - Don’t Know
   ![KDNYDIS2]
8. When walking on level ground, do you get more breathless than people your own age?

   Yes  
   No  
   Don't Know

9. When walking up hills or stairs, do you get more breathless than people your own age?

   Yes  
   No  
   Don't Know

10. Do you ever have to stop walking because of breathlessness?

   Yes  
   No  
   Don't Know

11. Do you ever get pain in either leg or buttock while walking?

    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?
    c. Do you get it if you walk uphill or hurry?
    d. Do you get it if you walk at an ordinary pace on the level?
    e. Does the pain ever disappear while you are walking?
    f. What do you do if you get it when you are walking?
    g. What happens to the pain if you stand still?
    h. Is this pain predominantly in the right side, left side, or in both legs?
12 Since your last MESA clinic visit, have you had swelling of your feet or ankles? (FOR WOMEN: other than during pregnancy?)

If Yes ➞ Did it tend to come on during the day and go down overnight?

13 Since your last MESA clinic visit, have you had to sleep on two or more pillows to help you breathe?

14 In the past two weeks, have you had any of the following:

- Fever
- Cold, flu, or sore throat
- Urinary infection
- Seasonal allergy
- Bronchitis
- Sinus infection or sinusitis
- Pneumonia
- Gums bleeding while brushing or flossing
- Tooth infection
- Flare-up of gout
- Flare-up of arthritis

15 Approximately how many times have you been treated with antibiotics in the last 12 months? (If you don't remember the exact number, please give us your best estimate.)

16 Are you taking aspirin on a regular basis?

If Yes ➞ How many days a week?
Reproductive History
WOMEN ONLY -- MEN are finished with this questionnaire.

17 Have you taken birth control pills since your last MESA clinic visit?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td>9</td>
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If Yes ➔ Please estimate the total number of months that you took birth control pills since your last MESA clinic visit (keeping in mind you may have started and stopped several times)

18 Have you had a hysterectomy (surgery to remove your uterus/womb)?

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If Yes:
- a. At what age?

19 Have you had surgery to remove your ovaries?

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<td>0</td>
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If Yes:
- a. At what age?
- b. How many ovaries were removed?

20 Have you had a menstrual period in the past 12 months?

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If Yes ➔ How many periods have you had in the last 12 months?
Since your last MESA visit, have you taken hormone replacement therapy?

0  No  →  Questionnaire Completed
1  Yes  →  a. Are you currently using hormone replacement therapy?

1  Yes  →  At what age did you begin?

0  No  →  At what ages did you take hormones?

b. Which type of therapy were you on?

1  Estrogen alone (like Premarin or Estratab)
2  Estrogen with progestin (like Provera)
3  Other types of hormone replacement therapy
  Specify: