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

Has a doctor told you that you have developed any of the following since your last MESA visit on [the above date]:

2. Emphysema?
   - Yes
   - No
   - Don't Know

3. Asthma?
   - Yes
   - No
   - Don't Know

4. Arthritis?
   - Yes
   - No
   - Don't Know

5. Rheumatic heart disease or heart valve problems?
   - Yes
   - No
   - Don't Know

6. Liver disease?
   - Yes
   - No
   - Don't Know

   **IF YES** ➔ Which type?
   - Cirrhosis
   - Hepatitis

   **YES** ➔ Which type? Select all that apply
   - Hep A
   - Hep B
   - Hep C
   - Hep D
   - Hep E
   - Other
   - Don't Know

7. Kidney disease?
   - Yes
   - No
   - Don't Know
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?

- Yes
- No

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?

- Pain includes calf/calves
- Pain does not include calf/calves

c. Do you get it if you walk uphill or hurry?

- Yes
- No

d. Do you get it if you walk at an ordinary pace on the level?

- Yes
- No

e. Does the pain ever disappear while you are walking?

- Yes
- No

f. What do you do if you get it when you are walking?

- Stop or slow down
- Continue on

g. What happens to the pain if you stand still?

- Relieved
- Not relieved

If Relieved → How soon?

- 10 minutes or less
- More than 10 minutes

h. Is this pain predominantly in the right side, left side, or in both legs?

- Right Side
- Left Side
- Both legs
12 Since your last MESA clinic visit, have you had swelling of your feet or ankles? (FOR WOMEN: other than during pregnancy?)

   Yes  No  Don't Know
   ○    ○    ○

   SWLLFT3

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

   Yes  No  Don't Know
   ○    ○    ○

   SWLLDAY3

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

   Yes  No  Don't Know
   ○    ○    ○

   SLPPLLW3

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

   a. Fever            FEVER3
   b. Cold, flu, or sore throat COLDFLU
   c. Urinary infection URININF3
   d. Seasonal allergy ALLRGY3
   e. Bronchitis        BRONCH3
   f. Sinus infection or sinusitis SINUINF3
   g. Pneumonia         PNEUMO3
   h. Gums bleeding while brushing or flossing BLDGUMS3
   i. Tooth infection   TTHINF3
   j. Flare-up of gout  GOUT3
   k. Flare-up of arthritis ARTH2WK3

   Yes  No  Don't Know
   ○    ○    ○

   FEVER3  COLDFLU  URININF3  ALLRGY3  BRONCH3  SINUINF3  PNEUMO3  BLDGUMS3  TTHINF3  GOUT3  ARTH2WK3

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.)

   AB1YNUM3 times

   Yes  No  Don't know
   ○    ○    ○

   NOAB3

Comment: ABtx3

16 Are you taking aspirin on a regular basis? aspirin3

   Yes  No  Don't Know
   ○    ○    ○

   ASPDAYS3

   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?  
Yes ☐ No ☐ Don’t Know ☐

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)

BPELLYR3

Hystchk3

Check here ☐ if participant has previously reported hysterectomy and skip to question 19

18 Have you had a hysterectomy (surgery to remove your uterus/womb)?  
Yes ☐ No ☐ Don’t Know ☐

If Yes:

a. At what age?  

HYSTAGE3

ovarchk

Check here ☐ if participant has previously reported removal of both ovaries and skip to question 20

19 Have you had surgery to remove your ovaries?  
Yes ☐ No ☐ Don’t Know ☐

If Yes:

a. At what age?  

OVAAGE3

b. How many ovaries were removed?

1 ☐ 2 ☐

OVAREMN3

menochk3

Check here ☐ if participant previously reported going through menopause and skip to question 21

20 Have you had a menstrual period in the past 12 months?  
Yes ☐ No ☐ Don’t Know ☐

If Yes ➔ How many periods have you had in the last 12 months?

PRDSNUM3
21. Since your last MESA visit, have you taken hormone replacement therapy?

- [ ] No
- [x] Yes

**Questionnaire Completed**

a. Are you currently using hormone replacement therapy?

- [ ] Yes
- [ ] No

**At what age did you begin?**

**At what ages did you take hormones?**

- [ ] Age started
- [ ] Age stopped

b. Which type of therapy were you on?

- [ ] Estrogen alone (like Premarin or Estratab)
- [ ] Estrogen with progestin (like Provera)
- [ ] Other types of hormone replacement therapy

Specify:

**For MESA Field Center Use Only:**

- [ ] Interviewer
- [ ] Reviewer ID
- [ ] Data Entry