Multi-Ethnic Study of Atherosclerosis Exam 4 Medical History Interviewer Administered

Participant Id#: Acrostic:							
Date:	Month Day /	Year					

The	e following are some question	าร about yoเ	ır medica	l history	Questio	ns refer t	o things that
_	ppened since your last MESA vi	sit on	·	. Please	answer to	the bes	t of your
knc	owledge.						
1	How would you say your he	alth currently	compare	s with of	ther pers	ons of yo	our age?
	O Better						
	O Same						
	O Worse						
	0 1100						
Has	s a doctor told you that you have	developed a	ny of the fo	ollowing s	since your	last MES	A visit on
[the	e above date]:						
		Yes	No	Don't	Know		
2	Emphysema?	0	0	C	_		
_	,,						
		Yes	No	Don't	Know		
3	Asthma?	0	0	Dont			
		•					
_							.
4	When walking on level ground, than people your own age?	do you get m	iore breatr	niess	Yes	No	Don't Know
	man people year om age.				0	0	0
_	When walking up hills or sta	ire do vou d	not more				
5	breathless than people your	tairs, do you get more ur own age? O O O					
	and the second of the second o	- · · · · · · · · · · · · · · · · · · ·					
6	Do you ever have to stop wa	alking hecal	ISE OF				
6	breathlessness?	aiking becat	100 01		0	0	0

Exam 4 -- Medical History Page 2

			. – – – – – – – – .	•
_	Do you over get pain in either leg or buttock while walking?	Yes	No	
	Do you ever get pain in either leg or buttock while walking?	0	0	
	If Yes:		↓ Go to #8	1
	a. Does this pain ever begin when you are standing still or sitting?	0	0	
	b. In what part of your leg or buttock do you feel it?	includes cal	f/calves	
	O Pain	does not inc	clude calf/ca	alves
	c. Do you get it if you walk uphill or hurry?	Yes	No	
	c. Do you get it if you walk uprill of flurry!	0	0	
	d. Do you get it if you walk at an ordinary pace on the level?	0	0	
	e. Does the pain ever disappear while you are walking?	0	0	
	f. What do you do if you get it when you are walking?	top or slow d	own	
	-	ontinue on		
	g. What happens to the pain if you stand still?	elieved		
	O No	ot relieved		
	If Relieved → How soon?			
	O 10 minutes or less O More than 10 minutes			
	h. Is this pain predominantly in the right side, left side, or in both leg	ıs?		
	O Right Side O Left Side O Both	legs		
3	Since your last MESA clinic visit, have you had	No	Don'	t Know
	swelling of your feet or ankles?	0		0
	If Yes → Did it tend to come on during the day and	0		0
	go down overnight?			
^	Since your last MESA clinic visit, have you had to			

sleep on two or more pillows to help you breathe?

0

0

0

Exam 4 -- Medical History Page 3

10	In the past	two weeks, have you had a	any of the	following:					
	a.	Fever		Yes O	No O	Don't Know ○			
	b.	Cold, flu, or sore throat		0	0	0			
	C.	Urinary infection		0	0	0			
	d.	Seasonal allergy		0	0	0			
	e.	Bronchitis		0	0	0			
	f.	Sinus infection or sinusitis		0	0	0			
	g.	Pneumonia		0	0	0			
	h.	Gums bleeding while brushing or flossing)	0	0	0			
	i.	Tooth infection		0	0	0			
	j.	Flare-up of gout		0	0	0			
	k.	Flare-up of arthritis		0	0	0			
11	Are you tok	king aspirin on a regular ba	cic?	Yes O	No O	Don't Know			
	If Yes → How many days a week? Reproductive History WOMEN ONLY MEN are finished with this questionnaire.								
C	heck here 🔲 i	f participant has previously repo	orted remo	val of both o	varies and	skip to question 16			
12	Have you had ovaries?	ad surgery to remove your	Yes O	No O		t Know ⊙			
		: vhat age? w many ovaries were removed?	O 1	O 2 →	If both ove Skip to qu	aries removed, estion 16			
Check here if participant has previously reported hysterectomy and skip to question 16									
13	-	ad a hysterectomy (surgery our uterus/womb)?	Yes ○ ↓	No O		t Know			
		At what	age?	Skip	to questior	n 16			

Exam 4 -- Medical History Page 4

C	heck here 🔲 i	f participant previously i	reported going throug	gh menopaus	se and skip to qu	estion 16
14	Have you hapast 12 mont	ad a menstrual period hs?	in the Yes	No O	Don't Knov	N
	If Yes →	How many periods have had in the last 12 mon		∀ Skip to	o question 16	
15	•	ken birth control pills SA clinic visit?	s since Yes O	No O	Don't Knov	N
	If Yes →	Please estimate the to since your last MESA clir stopped several times	nic visit (keeping in n			
10	6 Since your	last MESA visit, have y	ou taken hormone re	placement th	nerapy?	
	O No →	Questionnaire Comp	oleted			
	o Yes→	a. Are you currently	using hormone repla	acement ther	apy?	
		O Yes → At wha	t age did you begin?			
		O No → At what	ages did you take ho	ormones?	Age started	Age stopped
		b. Which type of the	erapy were you on?			
		Estrogen alone	(like Premarin or Est	ratab)		
		Estrogen with p	rogestin (like Provera	a)		
		O Other types of h	normone replacemen	t therapy		
	MESA Field er Use Only:	Interviewer ID:	Reviewe	r ID:	Data E	ntry ID: