

- 7 Do you ever get pain in either leg or buttock while walking? Yes
 No

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Go to #8
- 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?
- e. Does the pain ever disappear while you are walking?
- 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
- 8 Since your last MESA clinic visit, have you had swelling of your feet or ankles? Yes
 No
 Don't Know
- If Yes** → Did it tend to come on during the day and go down overnight?
- 9 Since your last MESA clinic visit, have you had to sleep on two or more pillows to help you breathe?

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

	Yes	No	Don't Know
a. Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cold, flu, or sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Urinary infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Seasonal allergy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Bronchitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sinus infection or sinusitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Pneumonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Gums bleeding while brushing or flossing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Tooth infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Flare-up of gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Flare-up of arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11 Are you taking aspirin on a regular basis? Yes No Don't Know

If Yes → How many days a week?

Reproductive History
WOMEN ONLY -- MEN are finished with this questionnaire.

Check here if participant has previously reported removal of both ovaries and skip to question 16

12 Have you had surgery to remove your ovaries? Yes No Don't Know

If Yes:
 a. At what age?

b. How many ovaries were removed? 1 2 → If both ovaries removed, Skip to question 16

Check here if participant has previously reported hysterectomy and skip to question 16

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

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At what age? Skip to question 16

Check here if participant previously reported going through menopause and skip to question 16

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

Yes

No

Don't Know

↓ ↓
Skip to question 16

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

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15 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)

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16 Since your last MESA visit, have you taken hormone replacement therapy?

No → Questionnaire Completed

Yes → a. Are you currently using hormone replacement therapy?

Yes → At what age did you begin?

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No → At what ages did you take hormones?

Age started

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Age stopped

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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:

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For MESA Field Center Use Only:

Interviewer ID:

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Reviewer ID:

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Data Entry ID:

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