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

5. When walking up hills or stairs, do you get more breathless than people your own age?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

6. Do you ever have to stop walking because of breathlessness?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know
7. 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?
   - Pain includes calf/calves
   - Pain does not include calf/calves

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?
   - 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?

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

- a. Fever
- b. Cold, flu, or sore throat
- c. Urinary infection
- d. Seasonal allergy
- e. Bronchitis
- f. Sinus infection or sinusitis
- g. Pneumonia
- h. Gums bleeding while brushing or flossing
- i. Tooth infection
- j. Flare-up of gout
- k. Flare-up of arthritis

Are you taking aspirin on a regular basis?

- Yes
- No
- Don’t Know

Reproductive History

**WOMEN ONLY** -- MEN are finished with this questionnaire.

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?

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

- Yes
- No
- Don’t Know

At what age?

Skip to question 16
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?

- **Yes**
- **No**
- **Don’t Know**

Skip to question 16

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

- **Yes**
- **No**
- **Don’t Know**

If **Yes** → 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)

- **Yes**
- **No**
- **Don’t Know**

Skip to question 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?
    - **No** → 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 ID: [ ] [ ] [ ] Reviewer ID: [ ] [ ] [ ] Data Entry ID: [ ] [ ] [ ]