

Multi-Ethnic Study of Atherosclerosis

Exam 4



Personal History

Self-Administered

Participant Id#:

Acrostic:

Date:

Month

Day

Year

This form is intended to collect information about your background and lifestyle which may impact your risk of cardiovascular disease. Please complete all items except those which you are specifically instructed to skip. If you are unsure about the answer to a specific question, please estimate the answer to the best of your ability. If you have a question about a particular item, please write a small "x" in the margin of the form, making sure not to write it near any of the response bubbles, and then ask a staff member for clarification of those items after you have completed the rest of the form.

1 a. Has your employment status changed since your MESA clinic visit on [*Exam 3 visit date*]?

No → Skip to #2

Yes



b. Choose one of the following which best describes your current occupation:

- Homemaker, not working outside the home →
- Employed (or self-employed) full time
- Employed (or self-employed) part time
- Employed, but on leave for health reasons
- Employed but temporarily away from my job (other than health reasons)
- Unemployed or laid off 6 months or less
- Unemployed or laid off more than 6 months
- Retired from my usual occupation and not working
- Retired from my usual occupation but working for pay
- Retired from my usual occupation but volunteering

Did you previously work outside the home?

- No
- Yes

2 Where do you usually go for medical care?

- Doctor's office or clinic
- Hospital emergency room
- Other:

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3 To help pay for your medical care, do you now have: (check all that apply)

- HMO or other private insurance such as Blue Cross, Aetna, 1199 Fund, etc.
- Medicare
- Medicaid
- Military or Veteran's Administration sponsored
- None
- Other:

The following questions are about your use of alcohol and tobacco. They will help us better understand the role of smoking and alcohol use in the risk of cardiovascular disease.

4 Do you presently drink alcoholic beverages?

- Yes
- No → *Skip to Question 9*

5 How many glasses of red wine do you usually have per week (if less than 1 per week enter "00")? (1 serving = 3.5oz glass, 1 bottle = 750 ml = 8 glasses)

6 How many glasses of white wine do you usually have per week (if less than 1 per week enter "00")? (1 serving = 3.5oz glass, 1 bottle = 750 ml = 8 glasses)

7 How many cans, bottles, or glasses of beer do you usually have per week (if less than 1 per week enter "00")? (1 serving = 12 oz glass, 1 bottle = 355 ml = 1 glass)

8 How many drinks of liquor or mixed drinks do you usually have per week (if less than 1 per week enter "00")? (1 serving = 1.5oz or 1 shot)

9 Which of the following best describes your current smoking status?

- Never smoked → *Skip to Question 12*
- Former smoker, quit more than 1 year ago
- Former smoker, quit less than 1 year ago
- Current smoker
- Don't know

10 Have you smoked cigarettes during the last 30 days?

- Yes
- No → Skip to Question 12

11 On average, about how many cigarettes a day do you smoke?

12 **CURRENT NON-SMOKERS ONLY:** During the past year about how many hours per week were you in close contact with people when they were smoking? (e.g. in your home, in a car, at work or other close quarters)

13 In your childhood, did you live with a regular cigarette smoker who smoked in your home?

- Yes → How many smokers lived in your home? persons
- No
- Don't know

14 As an adult, have you ever lived with a regular cigarette smoker (not including yourself) who smoked in your home?

- Yes → How many total years did you live with them when they were smoking? years
- No
- Don't know

15 As an adult, have you ever spent time on a regular basis, when you were not at home, indoors where there were people smoking cigarettes (for example, at work)?

- Yes → For how many total years during your adult life did you spend time on a regular basis, when you are not at home, indoors where there were people smoking cigarettes (for example, at work)? years
- No
- Don't know

For MESA Field Center Use Only:

Form completed Home Clinic

Completed by: Self-Administered Interviewer-Administered

Interviewer ID:

Reviewer ID:

Data Entry ID: