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

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

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

4. Do you ever have to stop walking because of breathlessness?
   - Yes
   - No
   - Don't Know
5  **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?
   - Yes
   - No

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
     - 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

6  **Are you taking aspirin on a regular basis?**

   - Yes
   - No
   - Don't Know

   **If Yes** → a. How many days a week? [ ]
In the last 12 months, how often have you had this wheezing or whistling? (Read the options)

- ○ Yes  ➤ For how many years have you had this cough? □ □ years
- ○ No

In the last 12 months, have you had an attack of wheezing or whistling in the chest that has made you feel short of breath?

- ○ Yes  ➤ For how many years have you brought up phlegm from your chest like this? □ □ years
- ○ No

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

Yes  No  Don't Know
○     ○        ○
○     ○        ○
○     ○        ○
○     ○        ○
○     ○        ○
○     ○        ○
○     ○        ○
○     ○        ○
○     ○        ○
○     ○        ○
Has a doctor told you that you have developed any of the following since your last MESA visit on [the above date]?

<table>
<thead>
<tr>
<th></th>
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<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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<tbody>
<tr>
<td>11</td>
<td>Diabetes?</td>
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<td>If Yes ➔ a. Are you currently taking medicine for your diabetes?</td>
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<td>Yes</td>
<td>No</td>
<td>Unsure</td>
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<td>12</td>
<td>Emphysema or Chronic Obstructive Pulmonary Disease (COPD)?</td>
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<td>13</td>
<td>Asthma?</td>
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<td>If Yes ➔ a. For some people, asthma symptoms completely go away as they grow older. Later in life, however, asthma may recur. At approximately what ages did you experience each of the following events?</td>
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<td>Age developed first asthma symptoms</td>
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<td>Age at start of 10 year (or more) period without asthma symptoms</td>
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<td>Age at first recurrence of asthma symptoms</td>
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<td>Age doctor first diagnosed asthma</td>
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<td>Age at start of 10 year (or more) period without asthma symptoms</td>
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<td></td>
<td>Age at first recurrence of asthma symptoms</td>
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<td>As a child (age not known)</td>
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<td>Never diagnosed by a doctor</td>
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<td></td>
<td>Not applicable (symptoms never went away for 10 or more years)</td>
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<td></td>
<td>Not applicable</td>
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<td>14</td>
<td>Liver problems?</td>
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<td>If Yes ➔ a. Did you have liver failure?</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<td>15</td>
<td>Kidney disease?</td>
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<td>If Yes ➔ a. Did you have kidney failure, require dialysis or transplantation?</td>
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<td>Yes</td>
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2/8/2010
Has your doctor or health care provider ever told you that you had a kidney stone?

If Yes →

a. How old were you during your first stone episode?

b. How many kidney stones have you had in the past?

   - None
   - 2 - 5
   - 1
   - More than 5

Have any first degree relatives (i.e. mother, father, siblings, children) ever had a kidney stone?

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

If post-menopausal, skip to question 21

If participant has previously reported removal of both ovaries -- skip to question 19

Have you had surgery to remove your ovaries?

If Yes →

a. At what age?

b. How many ovaries were removed?

   - 1
   - 2 → If both ovaries removed, Skip to question 21

If participant has previously reported hysterectomy -- skip to question 20

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

If Yes →

a. At what age? 

Skip to question 21

If participant previously reported going through menopause - skip to question 21

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

If Yes →

a. How many periods have you had in the last 12 months?
21 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: