CARDIA ID Label

CARDIA IV
MEDICAL HISTORY

__ /__ /__
exam date

Has a doctor or nurse ever said that you have:

	No	Yes	Not Sure		If yes, at what age were you first told this?
1. D08HBP	1 ☐	2 ☐	8 ☐	**High blood pressure or hypertension?**	D08HBPAG ____ years

→ 1 ☐ No 2 ☐ Yes D08HBPPR — FOR WOMEN: Was this during pregnancy only?

					If yes, at what age were you first told this?
2. D08HCHOL	1 ☐	2 ☐	8 ☐	**High blood cholesterol?**	D08CHOAG ____ years
3. D08HEART	1 ☐	2 ☐	8 ☐	**Heart problems?**	

→ What type?

		What type?	Age first told?
D08HRTAK	2 ☐	Heart attack	D08HRTAG ____ years
D08ANGIN	2 ☐	Angina	D08ANGAG ____ years
D08RHD	2 ☐	Rheumatic heart disease	D08RHDAG ____ years
D08MVP	2 ☐	Mitral valve prolapse	D08MVPAG ____ years
D08OTHHT	2 ☐	Other: Please specify D08OTHDN ____________	D08OTHAG ____ years

	No	Yes	Not Sure		If yes, at what age were you first told this?
4. D08DIAB	1 ☐	2 ☐	8 ☐	**Diabetes (high sugar in blood or urine)?**	D08DIBAG ____ years

→ 1 ☐ No 2 ☐ Yes D08GDM — FOR WOMEN: Was this during pregnancy only?

Has a doctor or nurse ever said that you have:

	No	Yes	Not Sure	
5. D08KIDNY	1 ☐	2 ☐ ↓	8 ☐	**Kidney problems?**

	What type?		Age first told?	Have you had this in the past year?	
D08URINE	2 ☐	Urine infection from your kidney (pyelonephritis)	D08URNAG _____years	1 ☐ No	D08URNYR 2 ☐ Yes
D08KYS	2 ☐	Kidney stone(s)	D08KYSAG _____years	1 ☐ No	D08KYSYR 2 ☐ Yes
D08NEP	2 ☐	Other kidney problem such as nephritis or glomerulonephritis	D08NEPAG _____years	1 ☐ No	D08NEPYR 2 ☐ Yes
D08OTHKY	2 ☐	Other: Please specify ______________________	D08OTKAG _____years	1 ☐ No	D08OTKYR 2 ☐ Yes

	No	Yes	Not Sure	
6. D08LIVER	1 ☐	2 ☐ ↓	8 ☐	**Liver disease?**

	What type?		Age first told?	Have you had this in the past year?	
D08HEP	2 ☐	Hepatitis?	D08HEPAG _____years	1 ☐ No	D08HEPYR 2 ☐ Yes
D08CIR	2 ☐	Cirrhosis?	D08CIRAG _____years		
D08OLV	2 ☐	Other: Please specify ______________________	D08OLVAG _____years	1 ☐ No	D08OLVYR 2 ☐ Yes

	No	Yes	Not Sure		If yes, at what age were you first told this?	Have you had this in the past year?	
7. D08GALL	1 ☐	2 ☐	8 ☐	**Gallstones or gallbladder disease?**	D08GALDA _____years	1 ☐ No	D08GALYR 2 ☐ Yes
8. D08MIG	1 ☐	2 ☐	8 ☐	**Migraine headaches?**	D08MIGAG _____years	1 ☐ No	D08MIGYR 2 ☐ Yes
9. D08PVD	1 ☐	2 ☐	8 ☐	**Peripheral vascular disease (problems with circulation to the legs)?**	D08PVDAG _____years		

Has a doctor or nurse ever said that you have:

10. D08CANCR — No 1 ☐ Yes 2 ☐ Not Sure 8 ☐ **Cancer or malignant tumor?**

If Yes →

		What type?	Age first told?	
D08LUN	2 ☐	Lung	D08LUNAG ___	years
D08BRS	2 ☐	Breast	D08BRSAG ___	years
D08CER	2 ☐	Cervical	D08CERAG ___	years
D08BLD	2 ☐	Blood/lymph glands	D08BLDAG ___	years
D08TES	2 ☐	Testes/scrotum	D08TESAG ___	years
D08BON	2 ☐	Bone	D08BONAG ___	years
D08MEL	2 ☐	Melanoma	D08MELAG ___	years
D08SKN	2 ☐	Skin (not melanoma)	D08SKNAG ___	years
D08BRN	2 ☐	Brain	D08BRNAG ___	years
D08STO	2 ☐	Stomach	D08STOAG ___	years
D08COL	2 ☐	Colon	D08COLAG ___	years
D08OTC	2 ☐	Other: Please specify ___________	D08OTCAG ___	years

11. D08THYRD — No 1 ☐ Yes 2 ☐ Not Sure 8 ☐ **Thyroid disease?**

If Yes →

		What type?	Age first told?	
D08HOT	2 ☐	Hypothyroidism or underactive thyroid (low thyroid)	D08HOTAG ___	years
D08HYT	2 ☐	Hyperthyroidism or overactive thyroid (Grave's disease)	D08HYTAG ___	years
D08OTT	2 ☐	Other: Please specify ___________	D08OTTAG ___	years

Has a doctor or nurse ever said that you have:

		No	Yes	Not Sure		
12.	D08DIG	1 ☐	2 ☐	8 ☐	**Digestive diseases?**	

What type?		Age first told?	Have you had this in the past year?
D08ULCER 2 ☐	Ulcer	D08ULCAG ____years	1 ☐ No 2 ☐ Yes D08ULCYR
D08OTD 2 ☐	Other (such as Crohn's or ulcerative colitis) Please specify: ____________	D08OTDAG ____years	1 ☐ No 2 ☐ Yes D08OTDYR

		No	Yes	Not Sure		If yes, at what age were you first told this?	Have you had this in the past year?
13.	D08GOUT	1 ☐	2 ☐	8 ☐	**Gout?**	D08GOUAG ____years	1 ☐ No 2 ☐ Yes D08GOUYR
14.	D08ASTH	1 ☐	2 ☐	8 ☐	**Asthma?**	D08ASTAG ____years	1 ☐ No 2 ☐ Yes D08ASTYR
15.	D08EPI	1 ☐	2 ☐	8 ☐	**Epilepsy (seizures)?**	D08EPIAG ____years	1 ☐ No 2 ☐ Yes D08EPIYR
16.	D08MENTL	1 ☐	2 ☐	8 ☐	**Nervous, emotional or mental disorder?**	D08MENAG ____years	1 ☐ No 2 ☐ Yes D08MENYR
17.	D08EMPH	1 ☐	2 ☐	8 ☐	**Emphysema?**	D08EMPAG ____years	
18.	D08BRON	1 ☐	2 ☐	8 ☐	**Chronic bronchitis?**	D08BROAG ____years	
19.	D08TIA	1 ☐	2 ☐	8 ☐	**Stroke or TIA (Transient Ischemic Attack)?**	D08TIAAG ____years	
20.	D08MS	1 ☐	2 ☐	8 ☐	**Multiple sclerosis?**	D08MSAG ____years	
21.	D08OTZ	1 ☐	2 ☐	8 ☐	**Any other major diseases or health problems?**	D08OTZAG ____years	

→ Please specify: ______________________

______ ______________________

	No	Yes	Not Sure	
22. D08HBNOW	1 ☐	2 ☐ *	8 ☐	Are you taking medications for high blood pressure?
23. D08CHNOW	1 ☐	2 ☐ *	8 ☐	Are you taking medications to lower your blood cholesterol?
24. D08ASMA	1 ☐	2 ☐ *	8 ☐	Are you taking medications for asthma or any breathing problem?
25. D08OTMED	1 ☐	2 ☐ *	8 ☐	Are you currently taking any other prescription medications? (FOR WOMEN, "excluding birth control pills")
26. D08ASP	1 ☐	2 ☐	8 ☐	Are you currently taking aspirin at least three times a week (do not include Tylenol or Advil use)?
27. D08HEAD	1 ☐	2 ☐ ↓	8 ☐	Have you ever had a headache that lasted more than 4 hours?

If "Yes", did the headache have any of the following characteristics?

D081SIDE	1 ☐ No	2 ☐ Yes	1. It was on one side only.
D08THROB	1 ☐ No	2 ☐ Yes	2. It pulsated (throbbed).
D08JOB	1 ☐ No	2 ☐ Yes	3. It kept you from doing your job or your usual activities.
D08WALK	1 ☐ No	2 ☐ Yes	4. It was made worse by walking up stairs or by other physical activity.
D08SENS	1 ☐ No	2 ☐ Yes	5. It was accompanied by sensitivity to light or sound.
D08VOMIT	1 ☐ No	2 ☐ Yes	6. You were nauseated or vomited.
D08HEADX			7. How many times in your life did you have headaches with these characteristics? _______ times

*COMPLETE A FOLLOW-UP FORM

28a. What is the most you ever weighed?
D08MAXWT

_______ pounds (WOMEN: Do not include weight during pregnancy.)

b. How old were you when you first weighed that much?
D08AGEWT

_______ years

29. Have you ever been on a weight reducing diet?
D08PDIET

1 ☐ No

2 ☐ Yes ——> Are you on such a diet now? 1 ☐ No 2 ☐ Yes
D08NDIET

30. What is your belief about the effect of being overweight on health? (CHECK THE BOX THAT BEST DESCRIBES YOUR BELIEF.)
D08BLFOV

Harmless ... Very Harmful

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

31a. Do you have any medical problem(s) that has (have) interfered with your ability to exercise over the past twelve months?
D08INTFR

1 ☐ No ——> (GO TO QUESTION 32)

2 ☐ Yes ——> If yes, specify: ______________________________

b. How much did the medical problem(s) interfere with your ability to exercise? (CHECK THE BOX THAT BEST DESCRIBES THIS.)
D08INMCH

A little ... Very Much

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Have you had the following tests:

		No	Yes		If yes, age last had?
32.	D08TREAD	1 ☐	2 ☐	Graded exercise treadmill test, other than at a CARDIA exam?	D08TRDAG
33.	D08ECHO	1 ☐	2 ☐	Echocardiogram, other than at a CARDIA exam?	D08ECHAG
34.	D08ANGIO	1 ☐	2 ☐	Coronary angiogram (x-ray of heart)?	D08ANOAG
35.	D08CAT	1 ☐	2 ☐	CT (or CAT) scan of brain?	D08CATAG
36.	D08MRI	1 ☐	2 ☐	MRI (magnetic resonance imaging) scan of brain?	D08MRIAG

WOMEN GO TO QUESTION 38 ON PAGE 8.

MEN: GO TO QUESTION 37.

		No	Yes	Not Sure		If yes, age had?
37.	D08VASEC	1 ☐	2 ☐	8 ☐	Have you had a vasectomy?	D08VASAG

MEN: END OF QUESTIONNAIRE

D08IVID ____ INTERVIEWER ID

Women only:

38. D08PPREG Have you ever been pregnant?

No 1 ☐ → SKIP TO QUESTION 39 | Yes 2 ☐ * | Not Sure 8 ☐

38a. How old were you at the time of your first pregnancy?

D08PRGAG ____ years

38b. How many children have you given birth to?

D08NCHLD ____ (number) (IF 0, SKIP TO 38e.)

38c. For each child, please provide birthdate and breastfeeding information:

	Birthdate	Did you breastfeed? No	Did you breastfeed? Yes	If yes, how long did you breastfeed? Less than 6 wks	6 wks-11 wks	3 mo-6 mo	More than 6 mo
1st child	__/__/__	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
2nd child	__/__/__	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
3rd child	__/__/__	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
4th child	__/__/__	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
5th child	__/__/__	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
6th child	__/__/__	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
7th child	__/__/__	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
	D08DOB1 THRU D08DOB7	D08BFD1 THRU D08BFD7		D08BFDL1 THRU D08BFDL7			

38d. Are you currently breast feeding? D08BRSFD

No 1 ☐ | Yes 2 ☐

38e. Are you currently pregnant? D08PREG

No 1 ☐ | Yes 2 ☐ | Not Sure 8 ☐

SKIP TO QUESTION 39

3/94

*COMPLETE A FOLLOW-UP FORM

	No	Yes	Not Sure	
39. D08TUBAL	1 ☐	2 ☐	8 ☐	Have you had a tubal ligation (had your tubes tied)?
40. D08HYSTR	1 ☐	2 ☐	8 ☐	Have you had a hysterectomy?
41. D08OVYRM	1 ☐	2 ☐	8 ☐	Has either of your ovaries been removed?

→ 41a. Was one ovary removed or both? D08NOVRM

One	Two	Not sure
1 ☐	2 ☐	8 ☐

	No	Yes	Not Sure	
42. D08BCNOW	1 ☐	2 ☐*	8 ☐	Are you currently taking birth control pills?
43. D08HMNOW	1 ☐	2 ☐*	8 ☐	Are you currently taking hormones other than birth control pills?

*COMPLETE A FOLLOW-UP FORM

D08IVID INTERVIEWER ID