CARDIA ID Label

CARDIA II

MEDICAL HISTORY / WEIGHT

___/___/___
exam date

Please answer the following questions about your weight.

1. B08MAXWT pounds — What is the most you have ever weighed ? (If female, do not include weight during pregnancy.)

   B08AGEWT years — How old were you when you first weighed that much ?

2. Would you consider yourself now:

B08SIZE

Much too thin				Much too fat
1☐	2☐	3☐	4☐	5☐

3. Have you ever been on a weight reducing diet ?

B08PDIET 1☐ No 2☐ Yes

→ If yes, are you on such a diet now ?
1☐ No 2☐ Yes B08NDIET

4. B08TENLBtimes — How many times would you say that you have lost and gained back 10 pounds or more ?

5. When you gain weight, where do you tend to put it on? (Check no or yes for each category.)

	NO	YES	
B08GWNEK	1☐	2☐	Neck
B08GWARM	1☐	2☐	Arms
B08GWCHS	1☐	2☐	Chest
B08WWAS	1☐	2☐	Waist or abdomen
B08GWHIP	1☐	2☐	Hips
B08GWTH1	1☐	2☐	Thighs
B08GWBUT	1☐	2☐	Buttocks
B08GWOTH	1☐	2☐	Other

6. What is your belief about the effect of being overweight on health?

B08BLFOV

Harmless				Very harmful
1☐	2☐	3☐	4☐	5☐

Has a doctor or nurse ever said you had any of the following :

	NO	YES	NOT SURE		
1.01	1☐	2☐	8☐	High blood pressure or hypertension ?	B08HBP
1.02	1☐	2☐	8☐	High cholesterol ?	B08HCHOL
1.03	1☐	2☐	8☐	Heart problem ?	B08HEART
1.04	1☐	2☐	8☐	Diabetes (high sugar in blood or urine) ?	B08DIAB
1.05	1☐	2☐	8☐	Kidney problem ?	B08KIDNY
1.06	1☐	2☐	8☐	Thyroid problem ?	B08THYRD
1.07	1☐	2☐	8☐	Ulcer of your stomach or duodenum ?	B08ULCER
1.08	1☐	2☐	8☐	Liver problem ?	B08LIVER
1.09	1☐	2☐	8☐	Cancer or tumor ?	B08CANCR
1.10	1☐	2☐	8☐	Nervous, emotional or mental disorder	B08MENTL
1.11	1☐	2☐	8☐	Gallstones or gall bladder disease ?	B08GALL
1.12	1☐	2☐	8☐	Sickle cell trait ?	B08SIKLE
1.13	1☐	2☐	8☐	Any other major disease or health problem ?	B08OTHDZ
4.00	1☐	2☐	8☐	Have you ever taken medication for high blood pressure ?	B08BPMED
4.01	1☐	2☐	8☐	Have you ever taken medication for a heart condition ?	B08HRMED
4.04	1☐	2☐	8☐	Do you take medicine for asthma or any other breathing problem ?	B08ASMA
4.05	1☐	2☐	8☐	Are you currently taking any other prescription medications ?	B08OTMED

MEDICAL HISTORY / FEMALE

	NO	YES	NOT SURE	
3.00	1☐	2☐	8☐	Have you had a hysterectomy ? B08HYSTR
3.01	1☐	2☐	8☐	Have you had a tubal ligation (had your tubes tied) ? B08TUBAL
3.02	_____ years old			How old were you when you began menstruating ? B08MENS1
3.03	1☐	2☐	8☐	Are you pregnant ? B08PREG
3.04	1☐	2☐	8☐	Are you currently breast-feeding ? B08BRSFD
3.05	1☐	2☐	8☐	Have you been pregnant in the past ? B08PPREG
4.02	1☐	2☐	8☐	Have you ever taken birth control pills ? B08BRTHC
4.03	1☐	2☐	8☐	Have you ever taken hormones other than birth control pills ? B08HORMN

___ B08IVID ___ INTERVIEWER ID