



Medical History Form

FORM CODE: MHX
VERSION C 10/22/2008

ID NUMBER:

CONTACT:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a paper form is used and a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the number corresponding to the most appropriate response. If a number is circled incorrectly, mark through it with an "X" and circle the correct response.

A. CHEST PAIN ON EFFORT

1. Since your last Jackson Heart Study exam on (mm/dd/yyyy) have you had any pain or discomfort in your chest? Yes 1

Go to Item 25	No	2
	Don't Know	7
	Refused	8
	Missing	9

2. Do you get it when you walk uphill or hurry? Yes 1
- | | | |
|-------------------------------|---|---------------|
| No | 2 | Go to Item 22 |
| Never hurries or Walks uphill | 3 | |
| Don't Know | 7 | |
| Refused | 8 | |
| Missing | 9 | |

3. Do you get it when you walk at an ordinary pace on the level? Yes 1

Go to Item 22	No	2
	Don't know	7
	Refused	8
	Missing	9

4. What do you do if you get it while you are walking? Stop or slow down 1
- [RECORD "STOP OR SLOW DOWN" IF SUBJECT CARRIES ON AFTER TAKING NITROGLYCERIN]
- Carry on 2
- Don't Know 7
- Refused 8
- Missing 9

5. If you stand still, what happens to it?..... Relieved 1
- Not relieved 2
- Don't Know 7
- Refused 8
- Missing 9
- Go to Item 22

6. How soon? 10 minutes or less 1
- More than 10 minutes 2
- Don't Know 7
- Refused 8
- Missing 9
- Go to Item 22

7. Will you show me where it was? [CIRCLE "1" OR "2" FOR ALL AREAS]

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Missing</u>
7a. Sternum (upper or middle)	1	2	7	8	9
7b. Sternum (lower).....	1	2	7	8	9
7c. Left anterior chest.....	1	2	7	8	9
d. Left arm	1	2	7	8	9
7e. Other	1	2	7	8	9

Go to Item 7f

7f. Specify:.....

--	--	--	--	--	--	--	--	--	--	--	--

8. Do you feel it anywhere else? [IF "YES", RECORD ABOVE]Yes 1
- No 2
- Don't Know 7
- Refused 8
- Missing 9
9. Did you see a doctor because of this pain or discomfort?.....Yes 1
- No 2
- Don't know 7
- Refused 8
- Missing 9
10. What did the doctor say it was? Angina 1
- Heart attack 2
- Other Heart Disease 3
- Other 4
11. Have you been hospitalized because of this pain?Yes 1
- No 2
- Don't Know 7
- Refused 8
- Missing 9
12. How long ago did you start getting this pain?
- Within the past: 1 month 1
- 6 months 2
- 1 year 3
- 2 years 4
- Over 2 years 5
- Don't Know 7
- Refused 8
- Missing 9

"The next 3 questions on chest pain refer to 3 aspects: how often it occurs, how severe it is, and how long it lasts."

13. Within the past 2 months, has your chest discomfort occurred more often?Yes 1

Go to Item 15	No	2
	Don't know	7
	Refused	8
	Missing	9

14. Has it occurred at least twice as often as before?Yes 1

No 2

Don't know 7

Refused 8

Missing 9

15. Within the past 2 months, has the pain become more severe?Yes 1

No 2

Don't know 7

Refused 8

Missing 9

16. Within the past 2 months, has the pain lasted longer when it occurs?Yes 1

No 2

Don't know 7

Refused 8

Missing 9

17. Do you ever use nitroglycerin to relieve the pain?Yes 1

Go to Item 19	No	2
	Don't know	7
	Refused	8
	Missing	9

18. Within the past 2 months, has the pain required more nitroglycerin to relieve it?Yes 1
No 2
Don't know 7
Refused 8
Missing 9
19. Within the past 2 months, have you started getting the pain with less exertion?Yes 1
No 2
Don't know 7
Refused 8
Missing 9
20. Within the past 2 months have you started getting the pain when sitting still?Yes 1
No 2
Don't know 7
Refused 8
Missing 9
21. Within the past 2 months, have you started getting the pain when sleeping?Yes 1
No 2
Don't know 7
Refused 8
Missing 9

B. POSSIBLE INFARCTION

22. Since your last Jackson Heart Study exam, have you had a severe pain across the front of your chest lasting for half an hour or more?Yes 1
No 2
Don't know 7
Refused 8
Missing 9

Go to Item 25

23. Did you see a doctor because of this pain?Yes 1

No 2

Don't know 7

Refused 8

Missing 9

24. What did the doctor say it was? Heart Attack 1

Other disorder 2

Don't Know 7

Refused 8

Missing 9

25. Since your last Jackson Heart Study exam,
have you had a heart attack for which you were
hospitalized one week or more? Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

Go to Item 28

26. How many such heart attacks have you had?

(Don't know = 7, Refused = 8, Missing = 9)

27. How old were you when you had your (first) heart attack?

(Don't know = 777, Refused = 888, Missing = 999)

28. Have you ever had a test in which you were asked to exercise
while an electrocardiogram was taken?Yes 1

No 2

Don't know 7

Refused 8

Missing 9

Go to Item 30

29. Were you told that the results were normal or abnormal?	Normal	1
	Abnormal	2
	Don't know	7
	Refused	8
	Missing	9

C. INTERMITTENT CLAUDICATION

30. Do you get pain in either leg on walking?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

Go to Item 40

31. Does this pain ever begin when you are standing still or sitting?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

Go to Item 39

32. In what part of your leg do you feel it? [IF CALVES NOT MENTIONED, ASK: "ANYWHERE ELSE?"]	Pain includes calf/calves	1
	Pain does not include calf/calves	2
	Don't Know	7
	Refused	8
	Missing	9

Go to Item 39

33. Do you get it if you walk uphill or hurry?	Yes	1
	No	2
	Never hurries or walks uphill	3
	Don't Know	7
	Refused	8
	Missing	9

Go to Item 39

34. Do you get it if you walk at an ordinary pace on the level?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

35. Does the pain ever disappear while you are walking?	Yes	1	Go to Item 39
	No	2	
	Don't know	7	
	Refused	8	
	Missing	9	

36. What do you do if you get it when you are walking?	Stop or slow down	1
Go to Item 39	Carry on	2
	Don't Know	7
	Refused	8
	Missing	9

37. What happens to it if you stand still?	Relieved	1
Go to Item 39	Not relieved	2
	Don't Know	7
	Refused	8
	Missing	9

38. How soon?	10 minutes or less	1
	More than 10 minutes	2
	Don't Know	7
	Refused	8
	Missing	9

39. Were you hospitalized for this problem in your legs?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

D. CONGESTIVE HEART FAILURE

40. Since your last Jackson Heart Study exam, have you had to sleep on 2 or more pillows to help you breathe?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

41. Have you been awakened at night by trouble breathing?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

42. Have you had swelling of your feet or ankles (excluding during pregnancy)?	Yes	1
---	-----	---

**[INCLUDE PARENTHETICAL COMMENT
FOR FEMALES ONLY]**

Go to Item 44	No	2
	Don't know	7
	Refused	8
	Missing	9

43. Did it tend to come on during the day and go down overnight?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

E. INVASIVE PROCEDURES

44. Since your last Jackson Heart Study exam, have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins?Yes 1
- No 2
- Don't know 7
- Refused 8
- Missing 9

45. Did you have:

- 45a. Coronary bypass:Yes 1
- No 2
- Don't know 7
- Refused 8
- Missing 9

- 45b1. Other heart procedure:.....Yes 1
- No 2
- Don't know 7
- Refused 8
- Missing 9
- Go to Item 45c

45b2. Specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- 45c. Carotid endarterectomy:Yes 1
- No 2
- Don't know 7
- Refused 8
- Missing 9
- Go to Item 45e1

45d. Site:	Right	1
	Left	2
	Both	3
	Don't know	7
	Refused	8
	Missing	9

45e1. Other arterial revascularization or bypass:	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

Go to Item 45f

45e2. Specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

45f. Any other type of surgery on your heart or the arteries of your neck or legs?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

46. Since your last Jackson Heart Study exam, have you had a balloon angioplasty on the arteries of your heart, neck, or legs?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

Go to Item 48

47. Did you have:		
47a. Angioplasty of the coronary arteries?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

47b. Angioplasty in the arteries of your neck?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

47c. Angioplasty of lower extremity arteries?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

48. Since your last Jackson Heart Study exam, have you had:

48a. Heart catheterization?	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9

48a1. What was the reason for this procedure?

Emergency for a heart attack	1
Chest pain/discomfort	2
Doctors suspected disease/blockage	3
Follow up after heart attack or procedure (surgery or stent)	4
Other (Specify)	5
Don't Know	7
Refused	8
Missing	9

48a2. Specify:

48b.	Carotid artery catheterization?.....	Yes	1
		No	2
		Don't know	7
		Refused	8
		Missing	9

48b1. What was the reason for this procedure?

Emergency for a stroke	1
Doctors suspected disease/blockage	2
Other (Specify)	3
Don't Know	7
Refused	8
Missing	9

48b2. Specify:

48c1. Other arterial catheterization?Yes 1

Go to Item 49	No	2
	Don't know	7
	Refused	8
	Missing	9

48c2. Specify:

48c3. What was the reason for this procedure?

Leg pain on walking short distance	1
Doctor suspected disease/blockage	2
Other (Specify)	3
Don't Know	7
Refused	8
Missing	9

48c4. Specify:

F. DIAGNOSTIC PROCEDURES

49. Since your last Jackson Heart Study exam, have you had any of the following procedures performed for a medical reason?

Please do not include any procedures done for research studies or a fitness program.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Missing</u>
49a. Echocardiogram?	1	2	7	8	9

IF YES ASK:

49a1. What was the reason for this procedure?

Heart failure/fluid on lungs	1
Heart murmur / Valvular heart disease	2
High blood pressure	3
Follow up after heart attack or surgery	4
Other (Specify)	5
Don't know.....	7
Refused	8
Missing.....	9

49a2. Specify:

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Missing</u>
49b. Electrocardiogram?	1	2	7	8	9

IF YES ASK:

49b1. What was the reason for this procedure?

Chest pain / discomfort	1
Rhythm disturbance	2
High blood pressure	3
Other (Specify)	4
Don't know.....	7
Refused	8
Missing.....	9

49b2. Specify:

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Missing</u>
49c. Treadmill or cardiac stress test?	1	2	7	8	9

IF YES ASK:

49c1. What was the reason for this procedure?

Chest pain / discomfort	1
Follow up after heart attack or procedure	2
Other (Specify)	3
Don't know.....	7
Refused	8
Missing.....	9

49c2. Specify:

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>	<u>Missing</u>
49d. MRI exam of the brain?	1	2	7	8	9

IF YES ASK:

49d1. What was the reason for this procedure?

Passing out	1
Forgetfulness	2
TIA (little strokes)	3
Stroke	4
Blocked arteries	5
Other (Specify)	6
Don't know.....	7
Refused	8
Missing.....	9

49d2. Specify:

G. ADMINISTRATIVE INFORMATION

50. Date of data collection:.....

		/			/				
m	m		d	d		y	y	y	y

51. Method of data collection: Computer 1

Paper form 2

52. Data CollectedIn Clinic 1

Off Site 2

53. Code number of person completing this form:

--	--	--