

MEDICAL HISTORY FORM INSTRUCTIONS
MHX VERSION C: 10/22/08
QxQ Prepared : 01/14/09

I. GENERAL INSTRUCTIONS

The Medical History (MHX) form is completed during the interview portion of the participant's Exam 2 clinic visit. The interviewer must be certified and should have a working knowledge of data entry procedures for electronic version forms and the document titled "General Instructions for Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document.

The next three sections have been largely adapted from the London School of Hygiene Cardiovascular Questionnaire. Section A deals with chest pain on effort. Section B deals with severe and prolonged pain of possible myocardial infarction, and Section C deals with intermittent claudication. The other sections, D-H of the form, provide information on congestive heart failure, invasive procedures, and diagnostic procedures.

Items on the form enclosed in braces are instructions to the interviewer, and should not be stated verbally during the interview.

II. SPECIFIC INSTRUCTIONS

A. Chest Pain on Effort

This item assesses the occurrence of chest pain at any time in the participant's lifetime.

1. If NO, DON'T KNOW, REFUSED, OR MISSING, skip to Item 25.

Items 1 through 7 refer to the usual characteristics of the pain and discomfort. Unequivocal answers need not be probed; but answers such as "occasionally" or "sometimes" should be probed by a question of the type: "Does this happen on most occasions?" Skip rules must be adhered to.

2. The answer must be interpreted strictly. If pain is experienced only during some other form of exertion (e.g. cycling, stair climbing, lawn mowing), it must be recorded as "No."
3. Record if the participant has chest pain while walking. If NO, DON'T KNOW, REFUSED, OR MISSING, skip to Item 22.

4. Record what the participant does if chest pain occurs while walking. If the participant indicates s/he takes nitroglycerine and continues record STOP or SLOW DOWN.
5. Record what happens to the chest pain if the participant stands still. If the pain is NOT RELIEVED, DON'T KNOW, REFUSED, OR MISSING, go to Item 22.
6. Record the time required for relief of chest pain after stopping.
7. Record all sites the participant shows you the chest pain was located. Mark YES or NO for each item. If OTHER is indicated, proceed to item 8.
8. Record any additional areas from Item 7.
9. Record if the participant saw a doctor because of the chest pain.
10. Record the doctor's assessment of the pain.
11. Record if the participant has been hospitalized for chest pain.
12. Indicate the shortest applicable time interval, but not one that is less than the actual span of time. For example, "7 months ago" should be recorded as "WITHIN THE PAST 1 YEAR."
- 13 - 21. All questions apply only to the past 2 months (that is, 60 days prior to the clinic visit). Therefore, this phrase is repeated with each question (except Items 14 and 17, for smoothness).

C. Possible Infarction

- 22 - 29. Ask questions exactly as printed. Skip rules must be observed for the questions to make sense.
- 25 - 26. Both questions refer only to heart attacks for which the participant was hospitalized one week or more (as stated in Item 25).
28. The question refers to an exercise test; therefore, a resting ECG would not apply.

D. Intermittent Claudication

- 30 - 39. Ask questions exactly as they are printed; interpret answers strictly.
- 32 - 34. These questions refer to the usual characteristics of pain or discomfort.

Unequivocal answers need not be probed, but answers such as “occasionally” or “sometimes” should be probed by a question of the type: “Does this happen on most occasions?” Skip rules must be adhered to.

D. Congestive Heart Failure

- 40 - 43. These questions are prefaced by the phrase, “Have you had ...”, thus it is not necessary that the condition be habitual.
42. For female participants only, include the phrase: “excluding during pregnancy.”
43. The question refers to the swelling of feet or ankles established in question 42.

E. Invasive Procedures

- 44 - 48. These questions are intended to assess whether or not the participant has had any invasive procedures such as surgery on the heart or arteries of the neck or legs; balloon angioplasty on the arteries of the heart, neck or legs; and/or catheterizations of the heart or other arteries.

For Item 48a-c, if the answer is YES, proceed to determine the reason that the participant had the procedure. These procedures are particularly important in helping to establish a possible cardiac event and, if the participant was not hospitalized overnight, will not be captured in hospital medical records review. Therefore it is important to try and identify the reason for which the participant had the procedure.

A list of possible reasons is identified for each type of procedure. If none of the identified reasons are provided by the participant, code the response as OTHER and SPECIFY the reason given by the participant. If s/he does not know why the procedure was done, record DON'T KNOW.

G. Diagnostic Procedures

49. This question is intended to assess whether or not the participant has ever had any of the following procedures: echocardiogram, electrocardiogram, treadmill or cardiac stress test, or MRI exam of the brain performed for medical reasons. If procedures were done for research studies or a fitness program, code answers as NO.

For Item 49a-d, if the answer is YES, proceed to determine the reason that the participant had the procedure. These procedures are particularly important in helping to establish a possible cardiac event and, if the participant was not hospitalized overnight, will not be captured in hospital

medical records review. Therefore it is important to try and identify the reason for which the participant had the procedure.

A list of possible reasons is identified for each type of procedure. If none of the identified reasons are provided by the participant, code the response as OTHER and SPECIFY the reason given by the participant. If s/he does not know why the procedure was done, record DON'T KNOW.

G. Administrative Information

- 50. Enter the date on which the participant was seen in the clinic.
- 51. Record "1" if this form was completed on the computerized data entry system, or "2" if the paper form was used. If the form was completed partially on the computer, code as PAPER FORM
- 52. Record "1" if this form was completed in the clinic and "2" if completed during home visit.
- 53. Enter the 3 digit JHS interviewer ID of the person completing this form in the boxes provided.