

Medical History Form Instructions
MHX Version A, 07/27/2000
QxQ Date 02/22/2001

I. GENERAL INSTRUCTIONS

The Medical History (MHX) form is completed during the interview portion of the participant's baseline 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 first section of the MHX provides information on sleep. The next three sections have been largely adapted from the London School of Hygiene Cardiovascular Questionnaire. Section B deals with chest pain on effort, Section C with the severe and prolonged pain of possible myocardial infarction, and Section D with intermittent claudication. The other sections, E-H of the form, provide information on congestive heart failure, invasive procedures, diagnostic procedures and dialysis.

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. Sleep

- 1 - 5. These questions are intended to identify participants who have sleep apnea. Give the participant the Response Card #1. Instruct the participant to give the alphabet letter beside the response that most closely describes their sleep behavior. Read each item and circle the code (A-E) that corresponds to the participant's response.

- 6 – 7. These questions are intended to assess usual sleep habits during the past month only. Item #6 assesses the participant's overall quality of sleep during the past month. Instruct the participant to rate their sleep quality from the choices provided. Circle the corresponding alphabet for the participant's response. Item 7 assesses the amount of sleep. Enter the participant's average number of hours actually slept, excluding naps. This may be different from the number of hours spent in bed.

B. Chest Pain on Effort

This item assesses the occurrence of chest pain at any time in the participants lifetime.

8. If "No", circle "N" and skip to Item 32.

Items 9 through 14 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.

9. 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."
 10. Record if the participant has chest pain while walking. If no, skip to Item 29.
 11. Record what the participant does if chest pain occurs while walking. If the participant indicates s/he takes a nitroglycerine and continues, record STOP or SLOW DOWN.
 12. Record what happens to the chest pain if the participant stands still. If the pain is no relieved, go to Item 29.
 13. Record the time required for relief of chest pain after stopping.
 14. 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 15.
 15. Record any additional areas from Item 14.
 16. Record if the participant saw a doctor because of the chest pain.
 17. Record the doctor's assessment of the pain.
 18. Record if the participant has been hospitalized for chest pain.
 19. 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."
- 20 - 28. All questions apply only to the past 2 months. Therefore, this phrase is repeated with each question (except Items 21 and 24, for smoothness).

C. Possible Infarction

- 29 - 36. Ask questions exactly as printed. Skip rules must be observed for the questions to make sense.
- 33 - 34. Both questions refer only to heart attacks for which the participant was hospitalized one week or more (as stated in Item 32). If not known, draw 2 horizontal lines through the box(es).
35. The question refers to an exercise test; therefore, a resting ECG would not apply.

D. Intermittent Claudication

- 37 - 46. Ask questions exactly as they are printed; interpret answers strictly.
- 39 - 41. 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.

E. Congestive Heart Failure

- 47 - 49. These questions are prefaced by the phrase, “Have you ever ...”, thus it is not necessary that the condition be habitual.
49. For female participants only, include the phrase: “excluding during pregnancy.”
50. The question refers to the swelling of feet or ankles established in question 49.

F. Invasive Procedures

- 51 - 55. 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.

Diagnostic Procedures

56. 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 MIR exam of the brain performed for medical reasons. If procedures were done for research studies or a fitness program, code answers as “No.”

H. Dialysis

57 - 58. These questions are intended to assess whether or not a participant is currently or has previously received dialysis treatment.

57. If the answer to this question is “No”, circle “N” and skip to 59.

58. If the answer to Item 57 is “Yes”, list in the boxes provided the time span in months and/or years that the participant receives or received dialysis.

I. Administrative Information

59. Enter the date on which the participant was seen in the clinic.

60. Record “C” if this form was completed on the computerized data entry system, or “P” if the paper form was used. If the form was completed partially on the computer, code as “Paper Form”.

61. Enter the 3 digit JHS interviewer ID of the person completing this form in the boxes provided.