A. PERSONAL HEALTH HISTORY

"I would like to ask you a few questions about your health."

1. Compared to other people your age, would you say that your health is excellent, good, fair, or poor? 

   - Excellent 1
   - Good 2
   - Fair 3
   - Poor 4
   - Don’t Know 7
   - Refused 8
   - Missing 9

2. Since this time last year, would you say your health is

   - Better 1
   - Worse 2
   - About the same 3
   - Don’t know 7
   - Refused 8
   - Missing 9

3. What was your weight at birth?

   - 3a pounds
   - 3b ounces

   - Don’t know 77
   - Refused 88
   - Missing 99
4a. Were you breast fed? ................................................................. Yes 1
      No 2
      Don’t Know 7
      Refused 8
      Missing 9

IF YES:
4b. For how long? .............................................................. < 6 weeks 1
      6 –11 weeks 2
      3- 6 months 3
      > 6 months 4
      Don’t know 7
      Refused 8
      Missing 9

ASK WOMEN IF ONLY
5a. Have you ever had a tubal–ligation (had one or more of your tubes tied)?................................................................. Yes 1
      No 2
      Don’t Know 7
      Refused 8
      Missing 9

IF YES:
5b. How old were you when you had a tubal–ligation?........ Don’t know 777
      Refused 888
      Missing 999

Go to Item 5a
Go to Item 6
ASK WOMEN ONLY IF < 55 YEARS OLD AND “NO” TO ITEM 4a
6. Are you currently pregnant? ................................................. Yes 1
   No 2
   Don’t Know 7
   Refused 8
   Missing 9

ASK MEN ONLY:
7. Have you ever had a vasectomy?............................................ Yes 1
   No 2
   Don’t Know 7
   Refused 8
   Missing 9

B. PERSONAL HEALTH PROBLEMS

“Now I am going to read a list of some health problems. I am interested in any new health problems you may have learned about since your last Jackson Heart Study exam, that is in (mm/dd/yyyy). For each one, please tell me if your health care provider has told you for the first time since [date of JHS exam] that you have this problem.”

Since your last Jackson Heart Study exam has your doctor or health professional ever said you have:
8a. High blood pressure or hypertension? : .........................Yes 1
   No 2
   Don’t know 7
   Refused 8
   Missing 9

     Go to Item 9a

8b. How old were you when you were told that you had high blood pressure or hypertension? ....................
   age
   Don’t know 777
   Refused 888
   Missing 999
9a. High blood cholesterol? ........................................................ Yes 1
No 2
Don’t know 7
Refused 8
Missing 9

9b. How old were you when you were told that you had high blood cholesterol?

10a. Heart attack?......................................................................... Yes 1
No 2
Don’t know 3
Refused 8
Missing 9

10b. How old were you when you were told that you had a heart attack?

11a. Stroke?.................................................................................. Yes 1
No 2
Don’t know 7
Refused 8
Missing 9
11b. How old were you when you were told that you had a stroke? 

Don’t know 777  
Refused 888  
Missing 999  

Since your last Jackson Heart Study exam [date], has your doctor or health professional ever said you have:

12a. Sugar in the blood or diabetes? ............................................. Yes 1

No 2
Don’t know 7
Refused 8
Missing 9

Go to Item 13a

12b. How old were you when you were told that you had sugar in the blood or diabetes? .................... Don’t know 777

Refused 888
Missing 999

13a. Kidney problem? ................................................................. Yes 1

No 2
Don’t know 7
Refused 8
Missing 9

Go to Item 14a

13b. How old were you when you were told that you had a kidney problem? ............................................. Don’t know 777

Refused 888
Missing 999
14a. Cancer?................................................................................................. Yes 1
          No 2
          Don’t know 7
          Refused 8
          Missing 9

Go to Item 15a

14b. How old were you when you were told that you had cancer........................................................................
          [age]
          Don’t know 777
          Refused 888
          Missing 999

15a. Chronic lung disease (other than asthma), such as COPD, bronchitis or emphysema? ........................................... Yes 1
          No 2
          Don’t know 7
          Refused 8
          Missing 9

Go to Item 16a

15b. How old were you when you were told that you had chronic lung disease?......................................................
          [age]
          Don’t know 777
          Refused 888
          Missing 999

16a. Asthma? ............................................................................................... Yes 1
          No 2
          Don’t know 3
          Refused 8
          Missing 9

Go to Item 17a
16b. How old were you when you were told that you had asthma? ............................................................

<table>
<thead>
<tr>
<th>Age</th>
<th>Don’t know</th>
<th>Refused</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>777</td>
<td>888</td>
<td>999</td>
</tr>
</tbody>
</table>

17a. A blood circulation problem? ..............................................

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
</tr>
</tbody>
</table>

17b. How old were you when you were told that you had a blood circulation problem? ..............................................

<table>
<thead>
<tr>
<th>Age</th>
<th>Don’t know</th>
<th>Refused</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>777</td>
<td>888</td>
<td>999</td>
</tr>
</tbody>
</table>

18a. Have you stayed overnight as a patient in a hospital during the past year? ............................................................

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
</tr>
</tbody>
</table>

18b. Reason:
C. HEALTH BEHAVIORS

19. What is the most that you have ever weighed (WOMEN: except when you were pregnant)? ................................................................. Don’t know 777
Pounds
Refused 888
Missing 999

19a. How old were you when you weighed this much? ........................................ Don’t know 777
Age
Refused 888
Missing 999

20. What did you weigh when you were age 18? ...................................................

Pounds
Don’t know 777
Refused 888
Missing 999

21. Do you consider yourself now to be overweight, underweight, or about the right weight?

Overweight 1
Underweight 2
About right weight 3
Don’t know 7
Refused 8
Missing 9

22. Have you ever been on a diet to lose weight? ............ Yes 1

Go to Item 23

No 2
Don’t know 7
Refused 8
Missing 9
22a. Are you on such a diet now? ...................... Yes 1
                      No 2
                      Don’t Know 7
                      Refused 8
                      Missing 9

23. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
                      ................................................................. Yes 1
                      No 2
                      Don’t know 7
                      Refused 8
                      Missing 9

23a. When you are exercising in your usual fashion, how would you rate your level of exertion (degree of effort)? Using this card, give me a number from 0 to 10 that represent how much exertion or effort you use. [GIVE RESPONDENT CARD]. ..............

24. During the past year, how often did you watch television [GIVE RESPONDENT CARD]

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 hour per week</td>
<td>1</td>
</tr>
<tr>
<td>At least 1 hour a week but Less than 7 hours a week</td>
<td>2</td>
</tr>
<tr>
<td>At least 1 hour a day but Less than 2 hours a day</td>
<td>3</td>
</tr>
<tr>
<td>At least 2 hours a day but Less than 4 hours a day</td>
<td>4</td>
</tr>
<tr>
<td>4 hours or more a day</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
</tr>
</tbody>
</table>
D. HEALTH CARE ACCESS

25. When was the last time you saw a health care provider for treatment of a medical problem? [HAND RESPONSE CARD]

Within the past year 1
At least 1 year, but less than 2 years ago 2
At least 2 years, but less than 4 years ago 3
5 or more years ago 4
Never 5
Don’t know 7
Refused 8
Missing 9

26. When was the last time you saw a health care provider for a routine physical exam or general checkup, that is when you were not sick or pregnant? [HAND RESPONSE CARD]

Within the past year 1
At least 1 year, but less than 2 years ago 2
At least 2 years, but less than 4 years ago 3
5 or more years ago 4
Never 5
Don’t know 7
Refused 8
Missing 9

27. Overall how hard has it been for you to get the health services you have needed? Would you say it has been very hard, fairly hard, not too hard, or not hard at all?

Very hard 1
Fairly hard 2
Not too hard 3
Not hard at all 4
Don’t know 7
Refused 8
Missing 9
28. Date of data collection: .................. m m d d y y y y

29. Method of data collection: .............................................................. Computer 1

                              Paper       2

30. Data Collected ................................................................. In–Clinic 1

                              Off – Site   2

31. Code number of person completing this form: .........................