I. GENERAL INSTRUCTIONS

The Health History (HHX) is administered by trained interviewers during the
flexible component of the Exam 2 clinic visit. It collects information on the
participant’s health status, personal health history and family health history and
is a follow up of the Personal and Family Health History (PFH) collected during
the Home Induction Interview during Exam 1. The exact wording and order of the
questions should be followed to ensure standardization. Questions should not be
skipped unless indicated by the skip pattern instructions. Because there are
several skip patterns in this section, the interviewer should be very familiar with
the flow of the questions to insure smooth administration with a conversational
tone. The interviewer must be certified and have working knowledge of the
document “General Instructions for Completing Paper Forms” prior to completing
this form. ID Number, Contact Year and Name should be completed as
described in this form. Initiate the form by reading the script at the beginning of
the form as printed.

II. SPECIFIC INSTRUCTIONS

Health Status

1. This standardized question is intended to assess the participant’s
assessment of their overall health status in comparison with other persons
in their same age range. Record the response provided by the
respondent.

2. This standardized question is intended to assess the participant’s
assessment of how their current health status compares with their
perception of what it was one year ago. The time frame is one year prior to
the date of the Exam 2 clinic visit. Record the response provided by the
respondent.

3. This item is intended to provide self-report data regarding birth weight.
Probe to the closest pounds and ounces that the participant can recall.
Ask them to think about what their mother or father may have told them
about their birth weight and encourage them to recall as closely as
possible. Record using leading zeros as needed.
4. Having been breast fed may be protective for heart disease, and may have an impact on adult weight and other chronic health conditions. Ask the respondent to think back to what their parents told them about their infancy and record respondent’s response.

4b. If the respondent was breast fed, ask her/him to try and recall the length of time that they were breast fed. Record her/his response using the closest response category. If the participant is hesitant in her/his answer, read the responses to the participants saying, “Would you say…..”

5. FOR WOMEN ONLY: Ask if she has ever had a tubal ligation, that is one or more of her tubes tied. Record as responded.

5b. If YES--- ask the respondent to recall the age at which she had a tubal ligation. Record to the nearest year, using leading zeros as needed.

6. FOR WOMEN < 55 YEARS ONLY—This item is intended to determine current pregnancy. Record as responded

7. FOR MEN ONLY: Ask if he has ever had a vasectomy. Record as responded.

B. Personal Health Problems

This next set of items is intended to determine NEW health problems since the last JHS examination. This is a series of questions regarding particular health conditions diagnosed by a health care provider. Remind the participant of the date of the Exam 1 visit and ask them to think about the time frame from that point to the present date. Continue to remind them throughout the questioning process that you are referring to NEWLY DIAGNOSED health problems occurring in the time period between JHS Exam 1 and JHS Exam 2.

For each of the specified conditions, ask the participant if a health care provider has told them that they have that condition SINCE THE LAST JHS EXAM. Enter YES, NO or UNSURE/UNKNOWN for each item that identifies a specific condition. A response is positive (YES) only if the condition was diagnosed by a health care provider. A diagnosis of “borderline” is coded as YES if the participant’s condition was diagnosed by a health care provider as borderline. For example, a participant may tell you that “My doctor told me I have borderline diabetes” or “My doctor said I had a touch of sugar.”

NO is recorded is (1) the respondent was told by a health care provider that s/he did not have the condition specified, (2) was never told by a health care provider that s/he had the condition, or (3) was never tested for the condition.
UNSURE/UNKNOWN is recorded if the respondent is not sure that the health care provider said s/he had this condition. The code of UNSURE/UNKNOWN is most frequently used when the respondent cannot remember accurately what the health care provider said. Do not define the condition yourself based on the respondent’s answer. Record ambiguous responses in a note log.

For each YES response, enter the age at which the respondent was first told of this condition by a health care provider (PLEASE NOTE: If the age of first diagnosis is out of the time range for this item, e.g., since the last JHS Exam—clarify with the participant whether this is actually a NEW diagnosis since the date of Exam 1]. If the respondent does not remember the exact age or year which a health care provider first told her or him of the condition, ask for and record a best estimate of the age. You may assist the respondent in pinpointing an age by asking if they can recall any particular events or other timing that may help them specify the age at which this occurred.

8. This item ascertains new diagnosis of hypertension. Record as responded.
   8b. If YES, determine the age at which the new diagnosis of hypertension was made. Use leading zeros as needed and record to the nearest year.

9. This item ascertains new diagnosis of high cholesterol (blood fats). Record as responded.
   9b. If YES, determine the age at which the new diagnosis of high cholesterol was made. Use leading zeros as needed and record to the nearest year.

10. This item ascertains new diagnosis of heart attack. Record as responded.
    10b. If YES, determine the age at which the new diagnosis of heart attack was made. Use leading zeros as needed and record to the nearest year.

11. This item ascertains new diagnosis of stroke. Record as responded.
    11b. If YES, determine the age at which the new diagnosis of stroke was made. Use leading zeros as needed and record to the nearest year.

12. This item ascertains new diagnosis of diabetes (sugar).
    12b. If YES, determine the age at which the new diagnosis of diabetes was made. Use leading zeros as needed and record to the nearest year.

13. This item ascertains new diagnosis of kidney problem. NOTE: "kidney problem" does not refer to bladder infections. Record as responded.
    13b. If YES, determine the age at which the new diagnosis of kidney problem was made. Use leading zeros as needed and record to the
nearest year.

14. This item ascertains new diagnosis of cancer. Record as responded.
   14a. If YES determine the age at which the new diagnosis of cancer.
       Use leading zeros as needed and record to the nearest year.

15. This item ascertains new diagnosis of chronic lung disease (STRESS that this is OTHER THAN ASTHMA). Record as responded.
   15b. If YES, determine the age at which the new diagnosis of chronic lung disease was made. Use leading zeros as needed and record to the nearest year.

16. This item ascertains new diagnosis of asthma. Record as responded.
   16b. If YES, determine the age at which the new diagnosis of asthma was made. Use leading zeros as needed and record to the nearest year.

17. This item ascertains new diagnosis of a blood circulation problem. Record as responded.
   17b. If YES, determine the age at which the new diagnosis of a blood circulation was made. Use leading zeros as needed and record to the nearest year.

18. This item is intended to determine whether the participant has had any overnight hospitalizations during the PAST YEAR. Please note that the time frame changes with this item. Ask the respondent to think back to the past year, that is 12 months prior to the Exam 2 clinic visit. Enter YES or NO. If YES, record reason for hospitalization in the boxes for Item 18b. If additional space is needed to capture complete response, use note log.

   NOTE: Hospitalization data is to be sent to the Surveillance Unit as part of a regular monthly data report from Exam 2 clinic visits.

C. Health Behaviors

19. This item is intended to obtain information on the participant’s lifetime maximum weight. For women, ask them to exclude the time when they were pregnant. You may prompt the participant to think over her/his lifetime and recall their highest weight. Record to the nearest pound.

   19a. Ask the participant to recall how old s/he was when they attained their maximum lifetime weight. Record to the nearest year using leading zeros as needed.

20. This item is intended to determine the participant’s weight at age 18. Ask the participant to think back to that age and recall as closely as possible their weight. You may prompt them by asking about events that might have been occurring at that time as a reminder (e.g., when they graduated from high school).

21. This item is intended to assess the participants’ perception of her or his
current weight. There is no right or wrong answer. Maintain a nonjudgmental attitude and carefully avoid giving any indication of how you view the participant’s current weight. Record as responded.

22. This item is intended to determine if the participant has EVER been on a diet to lose weight. No time line is implied by the question. Record as responded.

22a. If YES, ascertain if the participant is currently on a weight loss diet.

23. This item is a repeat of a similar item asked during Exam 1. It is intended to determine the participant’s general level of physical activity or exercise. Please note that the time frame is during the past MONTH, that is, 30 days prior to the date of the Exam 2 clinic visit. Read the example exercises listed in the item and record as responded.

23a. If YES, this item is intended to gauge the level of exertion for the exercise engaged in. Provide the participant with the response card and ask her/him to rank the level of exertion on the scale provided. Please note that the scale provides two levels between 0 and 1 to capture low level activities accurately.

24. This item is a repeat of a similar item asked during Exam 1. It is intended to estimate the level of sedentary activity. Please note that the time frame is during the past YEAR, that is, from 12 months prior to the date of the Exam 2 visit.

D. Health Care Access

These next three items are intended to update items on health care access from the Home Induction Interview in the Exam 1 data collection cycle. Use Response Cards as indicated to make responses easier for the respondents.

25. This item is intended to assess the last time the respondent has seen a health care provider for treatment of a medical problem. Hand respondent the appropriate response card and record as responded.

26. This item is intended to assess the last time the respondent has seen a health care provider for routine health care—physical exam or checkup, that is when s/he was not sick or had a health condition. Hand respondent the appropriate response card and record as responded.

27. This item is intended to assess the level of difficulty in attaining health care services when needed. Record level of difficulty as responded.

Administrative

28. Enter date of data collection.
28. Enter method of data collection.

29. Enter site of data collection.

30. Enter code of person completing the form.