(Affix Label Here)

Participant ID: ____________________

Participant Name Code: ____________

Date Form Filled Out: □□□□□□□□□
d d M M M y y y y
(e.g., 10JUN2005)

Interviewer Code: □□□

Circle Field Center Location:

BU **CU** **DK** **UP**

Medical History

Please Mark the Appropriate Box Below:

- □[1] .... This Form was Administered via a DFR/Proxy
- □[2] .... This Form was Administered In-Person by Study Personnel
- □[3] .... This Form was Administered via Telephone by Study Personnel
- □[4] .... This Form was Mailed and Self-Administered by Participant
- □[5] .... This Form was Administered by Other: ____________________

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1. In general, how would you describe your health over the course of your lifetime?

- □[5] ....Excellent
- □[4] ....Very Good
- □[3] ....Good
- □[2] ....Fair
- □[1] ....Poor
- □[D] ....Don't Know
- □[R] ....Refused

***P**2. "I'm going to read to you a list of conditions. Please respond 'yes' or 'no' if you have EVER been told by a doctor that you had this condition."

<u>Interviewer:</u> If participant responds "YES", ask at what age they were first told they had the condition and whether or not they currently have the condition, before moving on to next condition. If they don't know if they ever had the condition or refused to answer, please mark the appropriate box. If they don't know the age they were first told, please mark the appropriate box.

Complete Medical History Questions on Page 2.

Participant ID: ____________________________ Participant Name Code: ________________________

	Yes[1]	No[0]	Refused[R]	Don't Know[D]	Age you were first told	Current Condition?
Myocardial Infarction or Heart Attack						**Yes / No**
Coronary Angioplasty or Coronary Artery Bypass Grafting (CABG)						**Yes / No**
Heart Failure or Congestive Heart Failure						**Yes / No**
Atrial Fibrillation/Pacemaker						**Yes / No**
Deep Vein Thrombosis (or blood clots in legs) or Pulmonary Embolism (blood clot in lung)						**Yes / No**
Rheumatic Fever or Heart Valve Problems						**Yes / No**
High Blood Pressure						**Yes / No**
b. Stroke						
Stroke or Cerebrovascular Accident						**Yes / No**
Transient Ischemic Attack (TIA) or Mini-Stroke						**Yes / No**
c. Lung Disease						
Asthma						**Yes / No**
Chronic Bronchitis						**Yes / No**
Emphysema or Chronic Obstructive Pulmonary Disease (COPD)						**Yes / No**
Pneumonia						**Yes / No**
Pulmonary Fibrosis						**Yes / No**
Chest Surgery If yes, specify: ____________________						**Yes / No**
d. Arthritis						
Arthritis of the Knees, Hips or Spine						**Yes / No**
e. Endocrine/GI/Kidney						
Diabetes						**Yes / No**
Thyroid Disease						**Yes / No**
Osteoporosis						**Yes / No**
Chronic Liver Disease, Cirrhosis, or Hepatitis						**Yes / No**
Kidney (Renal) Disease or Failure						**Yes / No**
f. Neurological						
Alzheimer's Disease or Dementia						**Yes / No**
Parkinson's Disease						**Yes / No**
Depression or Anxiety						**Yes / No**
g. Cancer						
Breast Cancer						**Yes / No**
Blood Cancer, Leukemia, or Lymphoma						**Yes / No**
Colon (Bowel) or Rectal Cancer						**Yes / No**

Participant ID: ______________________________ Participant Name Code: _________________________

	Yes[1]	No[0]	Refused[R]	Don't Know[D]	Age you were first told	Current Condition?
Lung Cancer						**Yes / No**
Malignant Melanoma						**Yes / No**
Other Skin Cancer						**Yes / No**
Esophageal Cancer						**Yes / No**
Pancreatic Cancer						**Yes / No**
Other Cancer, specify: _____________						**Yes / No**
For Men Only:						
Prostate Cancer						**Yes / No**
Enlarged Prostate, not cancer						**Yes / No**
h. Hearing						
Use Hearing Aid(s)						**Yes / No**
i. Vision						
Cataract Surgery Both Eyes						**Yes / No**
Cataract Surgery One Eye						**Yes / No**
Macular Degeneration						**Yes / No**
Glaucoma						**Yes / No**
j. Fractures						
Hip						**Yes / No**
Wrist or Forearm						**Yes / No**
Spine						**Yes / No**
Other: Specify: ______________________						**Yes / No**
k. Other Illnesses						
Specify: _____________________________						**Yes / No**
Specify: _____________________________						**Yes / No**
Specify: _____________________________						**Yes / No**
Specify: _____________________________						**Yes / No**
Specify: _____________________________						**Yes / No**

3a. Have you fallen within the last year?

☐[1] ....Yes
☐[0] ....No **Go to Q4a**

3b. If yes, how many times? ____ ____

3c. Did any of these falls require medical attention?

- ☐[1] ....Yes
- ☐[0] ....No
- ☐[D] ....Don't Know
- ☐[R] ....Refused

P4a. Have you been hospitalized within the last year?

- ☐[1] ....Yes
- ☐[0] ....No **Go to Q5**
- ☐[D] ....Don't Know **Go to Q5**
- ☐[R] ....Refused **Go to Q5**

P4b. How many times have you been hospitalized in the past year? ___ ___

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5. How much do you currently weigh? If you are unsure, please make your best guess.

___ ___ ___ lbs **OR** ___ ___ ___ kg

6a. Since this time last year, has your weight changed by 5 or more pounds *[or 2.27 or more kilograms]*?

- ☐[1] ....Yes
- ☐[0] ....No **Go to Q7**

6b. Did you experience a gain or loss in your weight during this time?

- ☐[1] ....Gain
- ☐[2] ....Loss
- ☐[3] ....Both

6c. Were you trying to *[gain/lose]* weight?

- ☐[1] ....Yes
- ☐[0] ....No

6d. How many pounds (or kilograms) did you *[gain/lose]* overall since this time last year?

___ ___ ___ lbs **OR** ___ ___ ___kg

7. What was your usual weight at about age 50? If you don't remember exactly, please make your best guess.

___ ___ ___ lbs **OR** ___ ___ ___ kg

☐D ....Don't Know
☐R ....Refused

Interviewer: The following section is to be asked of women participants only; if participant is a man, conclude the interview at this time.

P8a. Have you ever been pregnant?

☐1 ....Yes
☐0 ....No **Go to Q9**
☐D ....Don't Know **Go to Q9**
☐R ....Refused **Go to Q9**

P8b. How many of your pregnancies resulted in the birth of a live child?

____ ____ pregnancies **If 0, Go to Q9**

P8c. How old were you when your first child was born? Do not include adopted children.

____ ____ years old

P8d. How old were you when your last child was born? Do not include adopted children.

____ ____ years old

P9. How old were you when you first started getting your period? If you are unsure, please make your best guess. ____ ____ years old

P10a. Have you reached menopause?

☐1 ....Yes
☐0 ....No **Go to Q11**
☐D ....Don't Know **Go to Q11**
☐R ....Refused **Go to Q11**

P10b. In what year, or how old were you, when you reached menopause (complete cessation of period for one year)?

Year: ___ ___ ___ ___ **OR** Age: ___ ___ years old **OR**

Interviewer: If unable to provide exact age or year in which menopause began, ask participant to take his/her best guess by choosing one of the categories below for age at which menopause was reached.

Please choose one:

☐1....................≤ 45 years
☐2....................46-47 years
☐3....................48-49 years
☐4....................50-51 years
☐5....................≥ 52 years

P10c. Was the onset of your menopause a result of:

☐1..................................Natural Causes
☐2..................................Surgery
☐3..................................Radiation Treatment
☐4..................................Chemotherapy
☐5..................................Other (Please Specify)_________________________

P11. Have you ever had one or both ovaries removed?

☐1..................................Yes
☐0..................................No
☐D ....Don't Know
☐R ....Refused

P12a. Have you ever had a hysterectomy (surgery to remove your uterus or womb)?

☐1..................................Yes
☐0..................................No **Go to Q13a**
☐D ....Don't Know **Go to Q13a**
☐R ....Refused **Go to Q13a**

P12b. When did you have this surgery?

____ ____ ____ Age OR ___ ___ ___ ___ Year

P12c. Have you taken estrogen or female hormone pills after you had a hysterectomy?

☐1..................................Yes
☐0..................................No **If No, End Interview Here**
☐D ....Don't Know
☐R ....Refused

P12d. When did you start taking estrogen or female hormone pills? If you are unsure, please make your best guess.

____ ____ ____Age **OR** ___ ___ ___ ___ Year

P12e. If you took estrogen or female hormone pills, for how many years did you take estrogen or female

hormone pills every day or nearly everyday? If you are unsure, please make your best guess.

____ ____Years **If Answered, End Interview Here**

P13a. Since menopause, have you taken estrogen or female hormone pills?

- ☐[1] ....Yes
- ☐[0] ....No **If No, End Interview Here**
- ☐[D] ....Don't Know
- ☐[R] ....Refused
- ☐[N] ....Not Applicable **If Not Applicable, End Interview Here**

P13b. When did you start taking estrogen or female hormone pills? If you are unsure, please make your best guess.

____ ____ ____ Age **OR** ___ ___ ___ ___ Year

P13c. If you took estrogen or female hormone pills, for how many years did you take estrogen or female hormone pills every day or nearly everyday? If you are unsure, please make your best guess.

____ ____ Years