HCHS/SOL Medical/Family History Questionnaire

ACROSTIC:

ADMINISTRATIVE INFORMATION

0a. Completion Date:  

0b. Staff ID:  

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option. If age of onset is unknown enter the special missing value, "==", in the item.

Did you or any of your blood relatives have any of the following conditions? Do not include half-brothers or half-sisters.

1. Has a doctor ever said that you have high blood pressure or hypertension?
   - No 0
   - Yes 1

   1a. Was this during pregnancy only?
       - No 0
       - Yes 1  \rightarrow FOR WOMEN: GO TO QUESTION 1a

   Has a doctor ever said that these relatives had high blood pressure or hypertension?
   - Mother No or Don't know 0  
   - Yes 1
   - Father No or Don't know 0  
   - Yes 1
   - Brother(s) or sister(s) No or Don't know 0  
   - Yes 1

2. Has a doctor ever said that you have high blood cholesterol?
   - No 0
   - Yes 1

   Has a doctor ever said that these relatives had high blood cholesterol?
   - Mother No or Don't know 0  
   - Yes 1
   - Father No or Don't know 0  
   - Yes 1
   - Brother(s) or sister(s) No or Don't know 0  
   - Yes 1

3. Has a doctor ever said that you have angina?
   - No 0  \rightarrow GO TO QUESTION 3b
   - Yes 1

   3a. At what age were you first told this?
       [ ] [ ] Age in years

   Has a doctor ever said that these relatives had angina?
   - Mother No or Don't know 0  
   - Yes 1
   - Father No or Don't know 0  
   - Yes 1
   - Brother(s) or sister(s) No or Don't know 0  
   - Yes 1
4. Has a doctor ever said that you had a heart attack?
   - No 0
   - Yes 1

   4a. At what age were you first told this?
       [ ] [ ] Age in years

   Has a doctor ever said that these relatives had a heart attack?
   - 4b. Mother No or Don’t know 0
       - Yes 1
       - Age
   - 4c. Father No or Don’t know 0
       - Yes 1
       - Age
   - 4d. Brother(s) or sister(s) No or Don’t know 0
       - Yes 1
       - Age

5. Has a doctor ever said that you had heart failure?
   - No 0
   - Yes 1

   Has a doctor ever said that these relatives had heart failure?
   - 5a. Mother No or Don’t know 0
       - Yes 1
   - 5b. Father No or Don’t know 0
       - Yes 1
   - 5c. Brother(s) or sister(s) No or Don’t know 0
       - Yes 1

6. Has a doctor ever said that you had rheumatic heart disease?
   - No 0
   - Yes 1

   Has a doctor ever said that these relatives had rheumatic heart disease?
   - 6a. Mother No or Don’t know 0
       - Yes 1
   - 6b. Father No or Don’t know 0
       - Yes 1
   - 6c. Brother(s) or sister(s) No or Don’t know 0
       - Yes 1

7. Has a doctor ever told you that you had atrial fibrillation?
   - No 0
   - Yes 1

8. Has a doctor ever said that you had some other kind of heart problem?
   - No 0
   - Yes 1

   If yes, please specify: __________________________

9. Have you had a balloon angioplasty, a stent, or bypass surgery to the arteries in your heart to improve the blood flow to your heart?
   - No 0
   - Yes 1
Have these relatives had a balloon angioplasty or bypass surgery to the arteries in their heart to improve the blood flow to the heart?

| 9a. Mother | 0 | No or Don’t know | Yes | 1 |
| 9b. Father | 0 | No or Don’t know | Yes | 1 |
| 9c. Brother(s) or sister(s) | 0 | No or Don’t know | Yes | 1 |

10. Has a doctor ever said that you had a stroke?

| No | 0 |
| Yes | 1 |

Has a doctor ever said that these relatives had a stroke?

| 10a. Mother | 0 | No or Don’t know | Yes | 1 |
| 10b. Father | 0 | No or Don’t know | Yes | 1 |
| 10c. Brother(s) or sister(s) | 0 | No or Don’t know | Yes | 1 |

11. Has a doctor ever said that you had a mini-stroke or TIA (transient ischemic attack)?

| No | 0 |
| Yes | 1 |

12. Have you had a balloon angioplasty or surgery to the arteries of your neck to prevent or correct a stroke?

| No | 0 |
| Yes | 1 |

13. Has a doctor ever said that you have an aortic aneurysm, an AAA, or ballooning of your aorta?

| No | 0 |
| Yes | 1 |

Has a doctor ever said that these relatives had an aortic aneurysm, an AAA, or ballooning of their aorta?

| 13a. Mother | 0 | No or Don’t know | Yes | 1 |
| 13b. Father | 0 | No or Don’t know | Yes | 1 |
| 13c. Brother(s) or sister(s) | 0 | No or Don’t know | Yes | 1 |

14. Has a doctor ever said that you have peripheral arterial disease (problems with circulation, blocked arteries to the legs)?

| No | 0 | → GO TO QUESTION 15a |
| Yes | 1 |

15. Have you had an operation, a balloon angioplasty, a stent, or an amputation for this condition?

| No | 0 |
| Yes | 1 |

Has a doctor ever said that these relatives had peripheral arterial disease?

| 15a. Mother | 0 | No or Don’t know | Yes | 1 |
| 15b. Father | 0 | No or Don’t know | Yes | 1 |
| 15c. Brother(s) or sister(s) | 0 | No or Don’t know | Yes | 1 |
16. Has a doctor ever said that you have diabetes (high sugar in blood or urine)?
   No 0  → GO TO QUESTION 16e
   Yes 1

16a. At what age were you first told this?
   □□□□ Age in years

16b. FOR WOMEN: Was this during pregnancy only?
   No 0
   Yes 1

16c. Are you being treated with insulin?
   No 0  → GO TO QUESTION 16e
   Yes 1

16d. Was insulin the first medicine used for diabetes?
   No 0
   Yes 1

Has a doctor ever said that these relatives had diabetes?
   16e. Mother  No or Don’t know 0  Yes 1
   16f. Father  No or Don’t know 0  Yes 1
   16g. Brother(s) or sister(s)  No or Don’t know 0  Yes 1

17. Has a doctor ever said that you have kidney problems?
   No 0
   Yes 1

18. Has a doctor ever said that you have liver disease?
   No 0  → GO TO QUESTION 19  
   Yes 1

What type of liver disease?
   18a. Hepatitis
       No 0  → GO TO QUESTION 18c
       Yes 1

18b. What type?
       Type A 1
       Type B 2
       Type C 3
       Don’t know 4

18c. Cirrhosis
       No 0
       Yes 1

18d. Other
       No 0
       Yes 1
19. Have you had heartburn (a burning pain or discomfort behind the breast bone in your chest) in the past year?

No  0  \[\text{GO TO QUESTION 20}\]
Yes 1

19a. How often have you had heartburn in the past year?

- Less than once per month 1
- About once per month 2
- About once per week 3
- Several times per week 4
- Daily 5

20. Have you had acid regurgitation (a bitter or sour-tasting fluid coming into your throat or mouth) in the past year?

No  0  \[\text{GO TO QUESTION 21}\]
Yes 1

20a. How often have you had acid regurgitation in the past year?

- Less than once per month 1
- About once per month 2
- About once per week 3
- Several times per week 4
- Daily 5

21. Has a doctor ever said that you have migraine headaches (with or without an aura)?

No  0
Yes 1

Has a doctor ever said that these relatives had migraine headaches?

- 21a. Mother No or Don't know 0  Yes 1
- 21b. Father No or Don't know 0  Yes 1
- 21c. Brother(s) or sister(s) No or Don't know 0  Yes 1

22. Has a doctor ever said that you have a blood clot in your leg vein or lung requiring blood thinning medicine?

No  0
Yes 1

23. Do you have painful inflammation or swelling of your joints that limits your activities?

No  0
Yes 1

Has a doctor ever said that these relatives had painful inflammation or swelling of their joints that limits activities?

- 23a. Mother No or Don’t know 0  Yes 1
- 23b. Father No or Don’t know 0  Yes 1
- 23c. Brother(s) or sister(s) No or Don’t know 0  Yes 1
24. Have you ever been told by a doctor that you have a sleep disorder?
   No 0 \( \rightarrow \) GO TO QUESTION 26
   Yes 1
   Don’t know 9 \( \rightarrow \) GO TO QUESTION 26

25. Which sleep disorder(s)?

   a. Insomnia
   b. Restless legs
   c. Narcolepsy
   d. Apnea
   e. Other

   If other, please specify: _______________

\( \rightarrow \) IF RESPONSE TO Q25d IS “YES”, ASK Q25d.1.

25d.1. Have you been prescribed a CPAP or BIPAP machine, or a device to wear in your mouth to treat your sleep apnea?
   No 0
   Yes 1

26. Has a doctor ever said that you have cancer or a malignant tumor?
   No 0 \( \rightarrow \) GO TO QUESTION 26b
   Yes 1

26a. What type?

   a1. Lung
   a2. Breast
   a3. Cervical
   a4. Blood/lymph glands
   a5. Testes/scrotum
   a6. Bone
   a7. Melanoma
   a8. Skin (not melanoma)
   a9. Brain
   a10. Stomach
   a11. Colon
   a12. Uterine
   a13. Prostate
   a14. Liver
   a15. Other

   Has a doctor ever said that these relatives had cancer or a malignant tumor?
   26b. Mother  No or Don’t know 0  \( \rightarrow \) Yes 1
   26c. Father  No or Don’t know 0  \( \rightarrow \) Yes 1
   26d. Brother(s) or sister(s)  No or Don’t know 0  \( \rightarrow \) Yes 1

MEN \( \rightarrow \) STOP, END QUESTIONNAIRE

WOMEN \( \rightarrow \) GO TO QUESTION 27
FOR WOMEN ONLY

27. At what age did your menses begin?  
   [ ] Age in years

28. Do you currently have menstrual periods?
   - No 0
   - Yes 1  ➔ GO TO QUESTION 34
   - Don’t know 9

29. Have you had a hysterectomy?
   - No 0  ➔ GO TO QUESTION 31
   - Yes, with removal of both ovaries 1
   - Yes, without removal of both ovaries 2
   - Yes, uncertain if ovaries removed 3

30. Age at surgery?  [ ] Age in years  ➔ GO TO QUESTION 31

31. Have you reached menopause (change of life)?
   - No 0  ➔ GO TO QUESTION 33
   - Yes 1
   - Don’t know 9  ➔ GO TO QUESTION 33

32. At what age?  [ ] Age in years  ➔ GO TO QUESTION 34

33. Are you currently pregnant?
   - No 0
   - Yes 1
   - Don’t know 9

34. Have you ever been pregnant?
   - No 0  ➔ GO TO QUESTION 37
   - Yes 1
   - Don’t know 9  ➔ GO TO QUESTION 37

35. How many times have you been pregnant?  [ ] Number of pregnancies

36. How many live births have you had?  [ ] Number of live births

37. Have you ever taken birth control pills or other birth control medication?
   - No 0
   - Yes 1
38. Are you currently taking female hormones other than birth control pills?
   No 0 [END QUESTIONNAIRE]
   Yes 1
   Don’t know 9 [END QUESTIONNAIRE]

39. Do you take these female hormones to supplement your natural hormones?
   No 0
   Yes 1