1. Title:
Health Status Awareness

2. Writing Group:
(lead) Nieto
   Alonso
   Szklo
   Cooper
   Spencer
CC representative

3. Timeline:
Immediately.

4. Rationale:
Some selective screening and secondary prevention practices in high risk groups rely on the fact that subjects that could potentially benefit from them are aware of their health risks. However, it is possible that there is a large proportion of subjects with risk factors or even subclinical disease (e.g., Rose Questionnaire- or ECG-defined ischemic disease) who are unaware or ignore their potential risks. The present paper will investigate the sensitivity of self-reported history of hypertension, high cholesterol, diabetes, heart attack, and health status, in comparison with "objective" clinical, ECG, and laboratory measurements. Differences in health status awareness according to socio-demographic factors, family history and health related habits (e.g., smoking) will be investigated.

5. Main Hypothesis:
A sizeable proportion of subjects with cardiovascular risk factors and ECG signs of heart disease are unaware of their status. The unawareness is larger in males, blacks, the younger, the lower socio-economic groups, smokers, alcohol drinkers, and those without family history.

6. Data (variables, time window, source, inclusions/exclusions):
Analyses will be done in the entire cohort.
Main dependent variables: personal history data from the home interview (history of hypertension, high cholesterol, heart attack, diabetes).
Independent variables: sex, age, race, education, occupation, income, smoking, alcohol, family history.