A. MEDICAL CARE

"The following questions ask about your routine medical care and health."

1. How long has it been since you last saw a doctor for any reason?
   a. [ ] years  b. [ ] months
   [IF 1 YEAR OR LESS, GO TO ITEM 3]

2. Have you seen a physician's assistant or a nurse practitioner for any reason in the last 12 months? ........... Yes  Y
   No  N

3. How often do you have a routine physical examination, that is, not for a particular illness, but for a general check up?
   [READ CHOICES SLOWLY]
   At least once a year ................... Y
   At least once every five years .......... F
   Less than once every five years ....... L
   Do not have routine physical examinations ................. N
   Unknown ................................ U
4. Do you have health insurance, Medicaid, Medicare, or a medical plan, such as an HMO, which pays part of a hospital, doctor's, or surgeon's bill?  

- Yes  
- No  
- Unknown

Go to Item 6.

5. Do you have:

a. Prepaid insurance or health plan, such as BC/BS or HMO  
- Yes  
- No  
- Unknown

b. Medicare  
- Yes  
- No  
- Unknown

c. Medicaid  
- Yes  
- No  
- Unknown

d. Other  
- Yes  
- No  
- Unknown

6. When you want help with a health problem, where do you usually go? By a "health problem" I mean an illness, a question or concern, or a need for a test or treatment.  

- Private physician  
- Walk-in clinic  
- HMO  
- Regular clinic  
- Hospital emergency room  
- Other

a. If "Other," Specify:

7. Have you ever seen a heart specialist?  

- Yes  
- No  
- Unknown

8.a. Has a doctor ever said you had high blood pressure or hypertension (high blood)?  

- Yes  
- No  
- Unknown

Go to Item 8c., Screen 4.

b. Has there ever been a time when you didn't get treatment for your high blood pressure when you needed it?  

- Yes  
- No  
- Treatment not needed

Go to Item 8d., Screen 4.

8.c. What was the main reason you were unable to get blood pressure treatment?  

- Could not pay for it and didn't have enough insurance  
- Didn't have a doctor or clinic to get medical care  
- Wasn't able to get to the doctor or drug store  
- Didn't have time or had more important things to take care of  
- Other
8.d. When did you last see a doctor about your high blood pressure?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

8.e. Has a doctor ever said you had high blood cholesterol?  
- Yes Y  
- No N  
- Unknown U  

Go to Item 8i., Screen 5.

8.f. Has there ever been a time when you didn't get treatment for your high blood cholesterol when you needed it?

- Yes Y  
- No N  
- Treatment not needed T

Go to Item 8h., Screen 5.

8.g. What was the main reason you were unable to get treatment for your high blood cholesterol when you needed it?  
[USE RESPONSE CARD 1]

- Could not pay for it and didn't have enough insurance A
- Didn't have a doctor or clinic to get medical care B
- Wasn't able to get to the doctor or drug store C
- Didn't have time or had more important things to take care of D
- Other E

8.h. When did you last see a doctor about your high blood cholesterol?

| Month | Year |

"Has a doctor ever said you had any of the following?"

8.i. Heart attack?  
- Yes Y  
- No N  
- Unknown U

8.j. Heart failure or congestive heart failure?  
- Yes Y  
- No N  
- Unknown U

8.k. Diabetes (sugar in the blood)?  
- Yes Y  
- No N  
- Unknown U

8.l. Chronic lung disease, such as bronchitis, or emphysema?  
- Yes Y  
- No N  
- Unknown U

8.m. Asthma?  
- Yes Y  
- No N  
- Unknown U

8.n. Do you still have it?  
- Yes Y  
- No N

8.o. Cancer?  
- Yes Y  
- No N

Go to Item 9, Screen 6.

8.p. Can you tell me in what part of the body the cancer was located?

8.q. And the date it was diagnosed?

| Month | Year |
8.r. Have you had another cancer? ........ Yes Y  
[ ] No N  
[ ] Unknown U  
Go to Item 9.

t. Can you tell me in what part of the body the cancer was located?

[ ] /  
month year

s. And the date it was diagnosed?

8. CONGESTIVE HEART FAILURE

9. Since your last ARIC visit, have you had to sleep on 2 or more pillows to help you breathe? ................. Yes Y  
No N

10. Since your last ARIC visit, have you been awakened at night by trouble breathing? ........ Yes Y  
No N

11. Since your last ARIC visit, have you had swelling of your feet or ankles (excluding during pregnancy)? [INCLUDE PARENTHETICAL COMMENT FOR FEMALES ONLY.] ................. Yes Y  
No N

12. Did it tend to come on during the day and go down overnight? ................. Yes Y  
No N

13. Have you had headaches lasting more than 4 hours? ................. Yes Y  
No N  
Go to Item 23, Screen 8.

14. Was the pain mostly on one side of your head? ................. Yes Y  
No N

15. Did your headache throb, pulsate or pound? ................. Yes Y  
No N

16. Was your headache accompanied by nausea and/or vomiting? ................. Yes Y  
No N

17. During your headache, did lights bother you or make the headache worse? ................. Yes Y  
No N

18. During your headache, did sounds bother you or make the headache worse? ................. Yes Y  
No N

19. When you got your headache, did you feel like going into a dark room and lying down? ................. Yes Y  
No N

20. How many years have you had headaches like this?

[ ] [ ] Years
### Personal History Form (PHXA screen 8 of 19)

21. How many headaches like this have you had in the past year?
   - [ ]
   - [ ]

22. Did you ever notice spots, jagged lines or "heat waves" in one or both eyes before you got the headache?  
   - [ ] Yes
   - [ ] No

23. Have you ever been told by a physician that you have "migraine" headaches?  
   - [ ] Yes
   - [ ] No

24. Did either of your parents suffer from "migraine" headaches?  
   - [ ] Yes
   - [ ] No

### Personal History Form (PHXA screen 9 of 19)

D. Smoking

"The next series of questions ask about smoking."

25. Have you ever smoked cigarettes?  
   - [ ] Yes
   - [ ] No
   - [ ] Go to Item 32, Screen 11.

26. Did a doctor or other health professional ever advise you to stop smoking?  
   - [ ] Yes
   - [ ] No

27. Do you now smoke cigarettes?  
   - [ ] Yes
   - [ ] No
   - [ ] Go to Item 30, Screen 10.

28. When did you smoke your last cigarette?  
   - [ ] Less than 2 months ago
   - [ ] At least 2 months, but less than 12 months
   - [ ] At least 12 months, but less than 24 months
   - [ ] At least 24 months, but less than 36 months
   - [ ] 36 or more months ago
   - [ ] Go to Item 32, Screen 11.
29. Prior to quitting, how many cigarettes did you usually smoke per day?  
[CODE "00" IF LESS THAN ONE PER DAY.]

☐ cigarettes per day  
Go to Item 31.

30. How many cigarettes do you smoke per day now?  
[CODE "00" IF LESS THAN ONE PER DAY.]

☐ cigarettes

31. Did you inhale the cigarette smoke?  
[Read response categories]
- Not at all: N
- Slightly: S
- Moderately: M
- Deeply: D

32. Please tell me if you are currently using or have ever used a pipe, cigars, cigarillos, chewing tobacco, snuff, or nicotine gum or patch prescribed by a doctor; for example, Nicorette, Nicoderm, Habitrol?

a. Pipe/cigars/cigarillos ............ Current: C  
Never: N  
Past Use: P

b. Chewing tobacco ................. Current: C  
Never: N  
Past Use: P

c. Snuff .............................. Current: C  
Never: N  
Past Use: P

d. Nicotine gum or patch ............ Current: C  
Never: N  
Past Use: P

33. During the past year, about how many hours per week, on the average, were you in close contact with people when they were smoking? For example, in your home, in a car, at work or other close quarters.

☐ ☐ hours

34. Does anyone living with you now smoke cigarettes? ................. Yes: Y  
No: N  
Unknown: U
35. Have you ever lived for at least one year with someone (including a parent or spouse) who smoked cigarettes regularly in your home? 
- Yes Y
- No N
- Unknown U

Go to Item 37.

36. For how many years in total have you lived with someone who smoked cigarettes regularly in your home? 
[ ] years

37. Does anyone working with you now smoke cigarettes regularly in your work area? 
- Yes Y
- No N
- Does not work W
- Unknown U

38. Have you ever worked for at least one year with someone who smoked cigarettes regularly in your work area? 
- Yes Y
- No N
- Unknown U

Go to Item 40, Screen 13.

39. For how many years in total have you worked with someone who smoked cigarettes regularly in your work area? 
[ ] years

40. Do you presently drink alcoholic beverages? 
- Yes Y
- No N

Go to Item 44a.

41. Have you ever consumed alcoholic beverages? 
- Yes Y
- No N

Go to Item 53, Screen 16.

42. Approximately how many years ago did you stop drinking? 
[ ] years

43. For how many years did you consume alcoholic beverages? 
[ ] years

Go to Item 49, Screen 14.

44a. How many glasses of wine do you usually have per week? (4 oz. glasses; round down) 
[ ] glasses

(IF NONE, GO TO ITEM 45a, SCREEN 14)

b. How many days in a week do you usually drink wine? 
[ ] days
45.a. How many glasses, bottles, or cans of beer do you usually have per week? (12 oz. glasses, bottles, or cans; round down)
   [IF NONE, GO TO ITEM 46a]
   □ per week

b. How many days in a week do you usually drink beer?
   □ days

46.a. How many drinks of hard liquor do you usually have per week? (1.5 oz. shots; round down)
   [IF NONE, GO TO ITEM 47]
   □ per week

b. How many days in a week do you usually drink hard liquor?
   □ days

47. During the past 24 hours, how many drinks have you had?
   □ drinks

48. For how many years have you consumed alcoholic beverages?
   □ years

"The next 4 questions look at the amount of alcohol you have consumed in your lifetime."

49. Thinking about the entire time you consumed alcoholic beverages, how many glasses of wine did you usually have per week? (4 oz. glasses; round down)
   □ per week

50. Thinking about the entire time you consumed alcoholic beverages, how many glasses, cans, or bottles of beer did you usually have per week? (12 oz. glasses, bottles or cans; round down)
   □ per week

51. Thinking about the entire time you consumed alcoholic beverages, how many drinks of hard liquor did you usually have per week? (1.5 oz. shot, round down)
   □ per week

52. Was there ever a time in your life when you consumed 5 or more drinks of any kind of alcoholic beverage almost every day? ........................... Yes Y
                                                               No N
                                                               Unknown U
PERSONAL HISTORY FORM (PHXA screen 16 of 19)

G. OCCUPATION

53. Since your last AIC visit, have you changed your occupation, stopped working, or retired? .................................................. Yes Y

54. I would like you to look at this card while I read it to you. Please tell me the letter of the one which best describes your CURRENT occupation. (Hand card 2 to respondent and read each response category.)

Homemaking, not working outside the home ................. A

Employed at a job for pay, either full or part-time .... B

Employed, but temporarily away from my regular work .... C

Unemployed, looking for work ........................................ D

Unemployed, not looking for work ................................. E

Retired from my usual occupation and not working ...... F

Retired from my usual occupation but working for pay ... G

Go to Item 60, Screen 18.

Go to Item 56, Screen 17.

PERSONAL HISTORY FORM (PHXA screen 17 of 19)

55. Did you retire because of health reasons? ....................... Yes Y

No N

56. Are(you) self-employed for this occupation? .................. Yes Y

No N

57. Since your last AIC visit, have(did) you change(d) the company for which you work(ed)? .................. Yes Y

No N

Go to Item 60, Screen 17.

58. Please give me the name and address of your company. It will help us categorize your (former) occupation.

a. COMPANY NAME

b. STREET ADDRESS

c. CITY

d. STATE e. ZIPCODE

ASK ITEM 3 FROM OCCUPATION WORKSHEET
59. Occupation code from worksheet: [ ] [ ]
(Code 000 for never worked)

60. Please look at this card. Which of these income groups represents your total combined family income for the past 12 months? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth. (HAND CARD 3 TO RESPONDENT.) Please tell me the letter only.

- Under $5,000 ......................... A
- $5,000 - $7,999 ....................... B
- $8,000 - $11,999 .................... C
- $12,000 - $15,999 .................. D
- $16,000 - $24,999 ................. E
- $25,000 - $34,999 ................ F
- $35,000 - $49,999 ................ G
- $50,000 - $74,999 ................ H
- $75,000 - $99,999 ................ I
- $100,000 and over .............. J

61. On average, how many people lived in your house for the last 12 months? ....... [ ] [ ]

62. Are you currently caring for a sick or disabled relative? ..................... Yes Y
No N

H. ADMINISTRATIVE INFORMATION

63. Date of data collection: ........... [ ] [ ] / [ ]
   month day year

64. Method of data collection: .......... Computer C
   Paper form P

65. Code number of person completing this form: .............. [ ] [ ] [ ]