PERSONAL HISTORY FORM

INSTRUCTIONS: This form should be completed during the participant's visit. ID Number, Contact Year and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X" and circle the correct entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

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

PERSONAL HISTORY FORM (PHXA screen 2 of 19)

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 Y No N Unknown U

Go to Item 6.

5. Do you have:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Prepaid insurance or health plan, such as BC/BS or HMO</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>b. Medicare</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>c. Medicaid</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>d. Other</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
</tbody>
</table>

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. [DO NOT READ CHOICES]

Private physician ................. P
Walk-in clinic ...................... W
HMO .................................. H
Regular clinic ..................... C
Hospital emergency room ............ E
Other .............................. O

a. If "Other," Specify:

PERSONAL HISTORY FORM (PHXA screen 3 of 19)

7. Have you ever seen a heart specialist? .................... Yes Y No N Unknown U

8.a. Has a doctor ever said you had high blood pressure or hypertension (high blood) .... Yes Y No N Unknown U

Go to Item 8b., 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 Y No N Treatment not needed T

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

### PERSONAL HISTORY FORM (PHXA screen 4 of 19)

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>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- If yes, has a doctor ever said you had high blood cholesterol? 
  - Yes Y
  - No N
  - Unknown U

Go to Item 8.f., Screen 5.

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

- If yes, 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 8.h., Screen 5.

8.g. What was the main reason you were unable to get treatment for your high blood cholesterol when you needed it?

- 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

### PERSONAL HISTORY FORM (PHXA screen 5 of 19)

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

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

- Has a doctor ever said you had any of the following?
  - Yes Y
  - No N
  - Unknown U

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

- If yes, can you tell me in what part of the body the cancer was located?

- If yes, and the date it was diagnosed?
<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PERSONAL HISTORY FORM (PHXA screen 6 of 19)

8. Have you had another cancer? ........ Yes Y
   No N
   Unknown U

  Go to Item 9.

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

  _______________________________________________________________________

  t. And the date it was diagnosed?

  [ ] / [ ]

  month year

B. 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

  Go to Item 13,
  Screen 8.

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

PERSONAL HISTORY FORM (PHXA screen 7 of 19)

C. MIGRAINE HEADACHES

"The next questions ask you about headaches."

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?  

23. Have you ever been told by a physician that you have "migraine" headaches?  

24. Did either of your parents suffer from "migraine" headaches?  

### PERSONAL HISTORY FORM (PHXa screen 9 of 19)

**D. Smoking**

"The next series of questions ask about smoking."

25. Have you ever smoked cigarettes?  

26. Did a doctor or other health professional ever advise you to stop smoking?  

27. Do you now smoke cigarettes?  

28. When did you smoke your last cigarette?  

PERSONAL HISTORY FORM (PHXA screen 10 of 19)

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. Do( Did) you inhale the cigarette smoke?  
[Read response categories]

- Not at all N
- Slightly S
- Moderately M
- Deeply D

PERSONAL HISTORY FORM (PHXA screen 11 of 19)

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 ........... Currently C
   Never N
   Past Use P

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

c. Snuff ........................... Currently C
   Never N
   Past Use P

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

E. PASSIVE SMOKING

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

**PERSONAL HISTORY FORM (PHXA screen 12 of 19)**

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
   Go to Item 37.

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

**PERSONAL HISTORY FORM (PHXA screen 13 of 19)**

**F. ALCOHOL**

"Next I am going to ask you about wine, beer and drinks made with hard liquor because these are the three major types of alcoholic beverages."

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 16.

44.a. How many glasses of wine do you usually have per week? (4 oz. glasses; round down)
   [IF NONE, GO TO ITEM 45a, SCREEN 14]
   per week

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?  

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

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)  

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 ARIC visit, have you changed your occupation, stopped working, or retired? ............................................ Yes Y No N
   Go to Item 60, Screen 18.

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. Ask item 1 from occupation worksheet

   Are(were) you self employed for this occupation? .......... Yes Y No N
   Ask item 2 from occupation worksheet

57. Since your last ARIC 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. Zip Code

   Ask item 3 from occupation worksheet

### PERSONAL HISTORY FORM (PHXA screen 18 of 19)

**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

### PERSONAL HISTORY FORM (PHXA screen 19 of 19)

**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

### II. 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: 

---

OCCUPATIONAL WORKSHEET

1. What is (was) your current (most recent) occupation? IF MORE THAN ONE JOB, RECORD OCCUPATION FOR JOB FOR MOST HOURS WORKED PER WEEK.

________________________________________

________________________________________

(3 digit Occupation code)

2. What are (were) your most important activities or duties? For example, selling cars, keeping account books, or sweeping floors?

a. _______________________________________

b. _______________________________________

c. _______________________________________

3. What type of business is this? [READ RESPONSE CATEGORIES] ... Manufacturing M Retail R Wholesale W Service S Other O

Specify ________________________________

INSTRUCTIONS FOR THE PERSONAL HISTORY FORM
PHX, VERSION A, 03/11/93
REVISED 09/14/93

The Personal History Form collects information on the participant's access to and use of medical care for general medical complaints and conditions related to cardiovascular disease, and updates information on smoking, passive smoking, alcohol consumption and occupation since Visit 2. 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 many skip patterns in this form, the interviewer should be very familiar with the flow of the questions to insure smooth administration with a conversational tone. Some of the questions on alcohol consumption and occupation may be considered sensitive and care must be taken to ask questions and record responses in a non-judgmental manner.

Interviewers are certified in general clinic interviewing and familiar with the ARIC data entry system (DES) and the "General Instructions for Completing Paper Forms" (in case the computer is down) prior to administering this form. Items in BRACKETS and/or CAPITAL LETTERS are instructions to the interviewer and are not read to the participant.

COMPLETE THE HEADER (paper form) by applying a long participant ID label and entering the participant’s Name. READ THE QUESTIONS CLEARLY USING THE EXACT WORDING ON THE FORM. The introductory and transitional scripts may deviate from the prototypes provided, but must include the same information.

A. Medical Care

Section A contains questions on the use of medical care services. Items on the frequency and type of medical care use refer to the participant’s lifetime, whereas, the two questions on health insurance (items 4 and 5) refer to current coverage. Begin with the introductory statement provided at the beginning of the form.

1. Item 1 refers to any type of medical interaction with a doctor (physician) for a general check-up or a specific problem. Family doctors, specialists, hospitals, and clinics all apply. Dentists do not apply. If asked for clarification, tell the participant that nurses, physician assistants, chiropractors, herbalists and other allied health care professionals also do not apply. Zero fill the "years" boxes if the participant has seen a doctor within the last 12 months and record the number of months. Zero fill both the "years" boxes and the "months" boxes if a physician was seen less than 4 weeks prior to the interview. When the time periods falls between months, round
down (e.g., 10 weeks ago would be coded as '00' years and '02' months. If the time period is less than or equal to 12 months, skip Item 2.

2. This question is answered only by participants who have not seen a doctor within the last year, therefore, the time frame for this item is restricted to the last 12 months.

3. Emphasize that this refers to general check-ups, including a routine gynecologic exam, and not a visit to resolve a specific medical problem. READ THE RESPONSE CATEGORIES and ask the participants to select the one that best describes the frequency of their routine physical exams.

4. "Health insurance" refers to private or public payment plans which pay for at least part of the participant's medical care, such as hospital, doctor, clinic, or surgeon's bills. This can include but cannot be limited to coverage for dental care. Follow the skip pattern to Item 6 for a response of NO or UNSURE.

5. Ask and enter a response for each of the four categories. Types of coverage are not necessarily mutually exclusive. 'Prepaid insurance or health plan' (response 5a) includes private in contrast to public health care insurance policies. Medicare (response 5b) and medicaid (response 5c) are public supported health care insurance polices. 'Other' includes other government insurance (i.e., not medicare or medicaid), such as veterans benefits, CHAMPUS, or workman's compensation.

6. Do not read the responses. "Regular clinic" is defined as a medical facility which pre-schedules patients for appointments (i.e., not a "walk-in" appointment) with available physicians (i.e., the patient does not have a "private" physician). The question refers to the usual source of health care. If more than one usual source is given, ask the participant to choose the type which describes the one used most often. If the participant's response does not correspond to one of the listed categories, select OTHER and specify the type.

7. Heart specialist refers to a cardiologist or a physician specializing in the diagnosis and/or treatment of heart disease.

8. Enter YES, NO or UNSURE for each item that identifies a specific condition (8a,e,i,j,k,l,m,o,r). A response is positive only if the condition was diagnosed by a physician. A diagnosis of "borderline" is coded as YES if the participant's condition was diagnosed by a physician as borderline. NO is coded if (1) the respondent was told by a doctor that he/she did not have the condition specified, (2) was never told by a doctor that he/she had the condition, or (3) was never tested for the condition. UNKNOWN is recorded if the respondent is not sure that the doctor said he/she had this condition. The code of UNKNOWN is
most frequently used when the respondent cannot remember accurately what the doctor said. Do not define the condition for the respondent. Do not define the condition yourself based on the respondent’s answer. Record ambiguous responses in a note log. Follow the skip patterns closely for responses of NO or UNKNOWN.

a. This item begins a series of four questions (8a-d) on the diagnosis and treatment of hypertension during the participant’s lifetime. The emphasis is physician diagnosis. Skip to item 8e if the participant has never been diagnosed as having high blood pressure or is unsure of that diagnosis.

b. Treatment refers to (1) medical care by a health professional for the high blood pressure after it was diagnosed or (2) prescription medication to lower blood pressure. If the response is NO (i.e., treatment has always been obtained), code NO and skip to item 8e. If participant was told that treatment was not needed, code T and skip to item 8d.

c. This item is a follow-up to the previous question in which the participant indicated that there was at least one time when he or she did not get treatment for high blood pressure. Read the question emphasizing that we are looking for the main reason that treatment was not obtained. Show the response card. Because the reasons for nontreatment are not mutually exclusive, ask the participant to select the situation with best describes his/her reason for not obtaining the treatment reported in the previous question. If treatment could not be obtained on multiple occasions, ask the participant to select the type of situation which was(is) most typical. If none of the reasons is applicable, select "Other".

d. This question is comparable to Item 1, except that the reason for the visit should be restricted to the treatment of or control for hypertension. "Doctor" refers to a physician in private or clinic/hospital practice, a hospital or clinic in contrast to a nurse or physician’s assistant. The intent of the question is to document the most recent interaction with a physician for the hypertension. If the participant has not seen a doctor since the initial diagnosis, the date of the initial diagnosis should be used. Otherwise, the date of most recent contact. Fill in the month and year. Zero fill the years boxes if the participant has seen a doctor within the last 12 months. If the month is unknown, ask for the participant’s "best estimate". If the participant does not remember the exact year when a doctor was seen for treating the hypertension, ask for and record a best estimate of the year.
These questions and instructions are identical to those for Items 8a-d, except that they refer to the diagnosis and treatment of high blood cholesterol. Show Response Card 1 for item 8g.

A positive response to each of these conditions (heart attack, congestive heart failure, diabetes, and chronic lung disease) requires diagnosis by a physician. The time frame is any time prior to this examination.

Asthma is also a physician diagnosed condition. If the response is NO or UNSURE, skip to Item 8.o.

If the response to Item 8.m is YES, determine if the asthma is still present, i.e., the participant still experiences episodes of wheezing leaving him/her short of breath.

If the response to Item 8.o is NO or UNSURE, go to Item 9. If the response is YES, ask what part of the body was affected and record the site (Item 8.p) and date of diagnosis (Item 8.q). Ask if the participant has had multiple diagnoses of cancer (Item 8.r). If NO or UNSURE, go to Item 9. If YES, record the site (Item 8.s) and date of diagnosis (Item 8.t). NOTE: Space is provided for recording information on only two cancers. If the participant reports more than two, record the location and date of the two earliest diagnoses. Do not probe to determine whether these diagnoses represent two separate malignancies or a malignancy and its recurrence.

B. Congestive Heart Failure

The purpose of this section of the interview on symptoms of congestive heart failure is a standardized update of the questions originally asked at the first and second examinations. Do not alter the conduct of the interview to compensate for possible misclassifications during earlier visits. Interviewer's comments may be recorded in the notelogs, but should not appear in the spaces provided for recording answers.

9. The time frame for questions 9-12 is the interim between the most recent and current examination (ARIC clinic visit), not the last AFU contact.

10. Do not define "trouble breathing".

11. Include the parenthetical comment only for women. If the response is NO, go to Item 13.

12. The question refers to the swelling of the feet or ankles established in the previous item.
C. Migraine Headaches

This section collects information on headaches that are not part of a hangover, viral illness, such as the flu, sinus conditions or the common cold. Headaches due to any of these causes are not eligible for this section; i.e., are not applicable. Do not describe the symptoms to the participant.

13. Headaches cannot be present in conjunction with a hangover, viral or other illness and must last at least 4 hours or be treated with medications prescribed by a physician for migraine headache for the response to be YES. If the participant responds YES to ever having had a headache lasting at least 4 hours and qualifies the response with one of the above explanations, probe for headaches lasting more than 4 hours for any other reasons. If no eligible headaches occurred (or if the headaches never occurred), code NO and skip to Item 23. If the participant is unsure of the duration of the headache(s) meeting the eligible qualifications, code UNKNOWN and continue.

14. A positive response to pain on "one side of your head" can be described as the 'front', 'back', 'left side' or 'right side' of the head in contrast to descriptions of diffuse pain, such as 'all over' or 'like a band around my head'.

15. Any description of a pulsating quality, such as a 'drum beating in my head' or 'throbs like a heart beating', is coded as YES.

16. Any description of nausea, vomiting or a loss of appetite (that is not part of a hangover) prior to, during or after the headache is coded as YES.

17. Any description of photophobia (sensitivity to light), such as 'dimming the lights during the headache', 'avoiding sunlight', 'wearing sun glasses to decrease the sunlight', 'seeking a dark room', etc., is coded as YES.

18. Any description of phonophobia (sensitivity to sound), such as 'turning down the TV or radio', 'asking people to talk more quietly', or 'closing the door in a room for quiet', etc., is coded as YES.

19. This question is deliberately redundant. The participant may answer YES because of photophobia, phonophobia, or seeking 'rest' so the headache will go away.

20. This question attempts to assess lifetime duration of this type of headache, even if the condition is no longer present. If the response is 'since my teens', use age 16 as the year of onset and calculate forward. Characteristically, onset of migraine headaches in women is closely tied to onset of menses, but onset prior to age 10 is not uncommon.
21. This is to establish whether the participant has an "aura" accompanying the headache. People who have experienced these know what you are asking. Any description such as 'blind spots', 'colorful wavy lines', especially in the periphery of vision, or general distortions of vision that signal the onset of or accompanies the headache(s) is coded as YES.

22. The time frame is the last 12 months. You are looking for an exact count (e.g., 15 headaches per year (enter '015') or 3 headaches per month, which would be coded as '036'). If the respondent cannot/is not willing to give you an exact number, ask for a best guess. Right justify the number and zero fill when necessary.

23. The focus of this question is whether the migraine headache(s) was diagnosed by a physician.

24. The focus of this question is whether one or both of the participant's parents had similar type headaches, regardless of whether the participant defines them as 'migraine'. If the participant is unsure or doesn't know, code NO.

D. Smoking

The questions in this section on smoking habits are adapted from the NHLBI Epidemiology Standardization Project. The purpose of its use at Visit 3 is to update the information on smoking patterns obtained during the previous examinations and to quantify lifetime passive exposure to smoke from cigarettes. Begin administering this section of the form with the introductory statement.

25. The focus of this question is to measure the participant's lifetime cigarette smoking habits, i.e., 'Have you ever...?' Code NO if the participant smoked less than 400 cigarettes over his/her lifetime. Most US cigarettes are and have been sold in packages containing 20 cigarettes. Therefore, 400 cigarettes will usually be equivalent to 20 packs of cigarettes or two cartons. If NO, go to item 32.

26. This is a new question; the emphasis is on the admonition to stop smoking by a health care practitioner.

27. "Now" refers to within the last month, i.e., the last 4 weeks prior to the interview. If YES, go to Item 30.

28. Do not read the responses. If the last cigarette was smoked more than 36 months (Item 4e), go to item 32. (If the participant quit smoking more than 36 months ago, consumption patterns will have been documented at Visit 2 and the data do not need to be collected again.)
29. PROBE if the response does not allow you to easily estimate the number of cigarettes smoked on the average day. You are looking for the usual number of cigarettes smoked per day over the entire lifetime of smoking. Usual is defined as the amount smoked for the longest time period. CODE 00 if the average number of cigarettes smoked is less than one per day, skip Item 30, and continue with Item 31.

30. As in Item 27, the question refers to the daily number of cigarettes smoked on an average day during the last month.

31. Choose the verb tense based on the participant's response to Item 27. Read the question and the RESPONSE CATEGORIES. If the respondent varied inhalation, code what was done for the longest period of time.

32. This question covers current and lifetime smoking habits. Read the introduction and then determine the frequency of use for each of the four types of smoking (tobacco) product. "Currently" is defined as within the last month; "Past Use" refers to any time prior to a month before this interview. Note that the use of nicotine gum or a patch must have been prescribed by a doctor.

E. Passive Smoking

Questions on passive smoking are administered to all participants, not just non-smokers as was done in Visit 2.

33. To obtain information on passive exposure to only cigarette smoke (i.e., not cigars, pipes and cigarillos) in any type of close quarters (car, home, public transportation, work, etc.), RECORD the number of hours in the typical week over the past year in contrast to an atypical situation, such as holidays or short-term smoking house guests.

34. Now refers to the same time period used to define current smoking in Item 27, i.e., within the past four weeks prior to the interview.

35. Exposure is limited to (1) cigarette smoke from one or more regular smoker(s), (2) for a minimum of one year, (3) in the home, any time during the participant's life. If NO, skip item 37.

36. Calculate the cumulative exposure by summing the total number of years of exposure to cigarette smoke since birth, subtracting those years in which the participant did not live with an individual(s) who smoked regularly in the home.

37. The reference period is the same time period used to define current smoking in Item 34, i.e., within the past four weeks.
prior to the interview; the environment is restricted to the work place; and the coworker(s) must smoke on a regular (habitual) basis, e.g., all day long, during breaks, at lunch, etc. If the participant is retired, unemployed or does not work outside the home, enter 'W'.

38. Exposure is limited to (1) cigarette smoke from one or more regular smoker(s), (2) for a minimum of one year, (3) in the workplace, any time during the participant's life. If NO, skip item 40.

39. Calculate the cumulative exposure by summing the total number of years of exposure to cigarette smoke since starting work, subtracting those years in which the participant did not work with an individual(s) who smoked regularly in the workplace.

F. Alcohol Consumption

Frequency of alcohol consumption is determined as usual weekly intake. The serving sizes are different for beer, wine, and hard liquor. Serving sizes are "12 oz. bottles or cans of beer", "4 oz. glasses of wine", and "1 1/2 ounce shots of hard liquor".

40. If the participant asks, or if the answer is not explicit, "presently" is defined as within the last 6 months. If YES, go to Item 44a.

41. If the response is "NO", skip to item 53. If the response is "YES", continue with Question 42 to determine past alcohol consumption.

42. Record the response in years, rounding down. For example, "1 1/2 years ago" would be recorded as "01" years. "About a half a year ago" would be recorded as "00". If the participant stopped more than once, record the number of years since he or she most recently stopped drinking. For example, if the participant says: "The last time I quit was two years ago. The first time I quit was twenty years ago," the response would be recorded as "02".

If using a paper form, record a response of 'don't know' by drawing two horizontal lines through the boxes.

43. For those who have stopped drinking more than once, record the total number of drinking years combined. Include in the total years those years that were "light" drinking years. If the total number of years is not known, draw two horizontal lines through the boxes on the paper form. After recording the response, skip to Item 49.

The next three questions (Items 44-46) assess the amount of wine, beer and hard liquor consumed weekly (part a) and the number of days

ARIC Visit 3: PHXA

per week the alcoholic beverage(s) is consumed (part b) for participants who are current drinkers. Per week includes weekends. If the participant answers in terms of drinks per month, divide by four to derive the weekly intake. If the number of drinks is "half a drink" or less, record "00". If the person does not drink the beverage being discussed (i.e., wine, beer or hard liquor), enter '00' and skip to the next set of questions. For example, if wine is not consumed, enter '00' in Item 44a, skip Items 44b and continue with the questions about beer (Item 45a). If the number of drinks is more than 99 record as "99". In determining the number of days in a week the participant usually drinks each of the three types of alcoholic beverage, record the average number of days in the week. The maximum number of days per week is 7. For example, a person could have a glass of wine with dinner every night of the week (record 7 in Item 44b), drink beer only on weekends (record 2 in Item 45b) and never drink hard liquor (record 0 in Item 46b). An alcohol consumption by the drink conversion table is included at the end of this section. If recording the data on a paper form and the participant cannot give a response, draw two horizontal lines through the box(es).

44.a Wine is measured in 4 ounce glasses, rounding down; adjust the number of glasses reported as necessary to accommodate different sized containers. In addition to table wines, wine includes wine coolers, cordials, and "sweet wines". The period of reference is a seven day week, which includes weekends. If wine is not consumed, go to Item 45a.

44.b The focus of this question is the participant's habitual drinking pattern.

45.a Non-alcoholic beer is not considered a beer in this question. Beer (at any other alcoholic content) is measured as a 12 ounce glass, bottle or can, rounding down. The period of reference is a seven day week, which includes weekends. If beer is not consumed, go to Item 46a.

45.b The focus of this question is the participant's habitual (usual) drinking pattern. The number of days the beverage is consumed per week should be consistent with the number of reported drinks per week in the previous item.

46.a Hard liquor is measured in 1½ ounce shots, rounding down; adjust the number reported as necessary to accommodate different sized containers. Refer to the Alcohol Consumption by the Drink Conversion Table if necessary. Hard liquor also includes 'liqueurs'. The period of reference is a seven day week, which includes weekends. If hard liquor is not consumed, go to Item 47.

46.b The focus of this question is the participant's habitual (usual) drinking pattern.
47. The number of drinks includes all the wine, beer and hard liquor consumed within the 24 hours prior to the interview. Use the measurement criteria in items 44-46, i.e., 4 ounces for wine, 12 ounces for beer and 1½ ounces for hard liquor.

48. Calculate the cumulative years of alcohol consumption by summing the total number of years alcoholic beverages have been consumed, subtracting those years in which the participant did not drink wine, beer or hard liquor.

The following four questions assess lifetime consumption of alcoholic beverages in all participants who reported drinking alcoholic beverages at some time during their life. The questions on the number of drinks per week are similar to those just asked of current drinkers, except that the frame of reference is the entire time that the person has been drinking which may reflect a different habitual lifetime consumption pattern than that reported in Items 44-46. Read the transition statement.

49. Observe the change in verb tense and emphasize the change in the frame of reference. Wine is measured in 4 ounce glasses, rounding down; adjust the number of glasses reported as necessary to accommodate different sized containers. In addition to table wines, wine includes wine coolers, cordials, and "sweet wines". The period of reference is the average seven day week (which includes weekends) over the entire period of time in which the participant has consumed alcoholic beverages.

50. Observe the change in verb tense and emphasize the change in the frame of reference. Non-alcoholic beer is not considered a beer in this question. Beer (at any other alcoholic content) is measured as a 12 ounce glass, bottle or can, rounding down. The period of reference is a seven day week (which includes weekends) over the entire period of time in which the participant has consumed alcoholic beverages.

51. Observe the change in verb tense and emphasize the change in the frame of reference. Hard liquor is measured in 1½ ounce shots, rounding down; adjust the number reported as necessary to accommodate different sized drinking containers. Refer to the Alcohol Consumption by the Drink Conversion Table if necessary. Hard liquor also includes 'liqueurs'. The period of reference is a seven day week (which includes weekends) over the entire period of time in which the participant has consumed alcoholic beverages.

52. Alcoholic beverages refer to wine, beer or hard liquor. Almost every day refers to having 5 or more drinks of an alcoholic beverage on the majority of days in a week sometime during the person's life time. This is in contrast to a person who has 5 or more drinks for a limited time period, such as every weekend.

ARIC Visit 3: PHXA

ALCOHOL CONSUMPTION BY THE DRINK CONVERSION TABLE

<table>
<thead>
<tr>
<th>BEVERAGE</th>
<th>SERVING SIZE</th>
<th>CONTAINER/SERVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WINE</td>
<td>1 glass = 4 oz</td>
<td>Fifth = 6 (4 oz) glasses</td>
</tr>
<tr>
<td>coolers</td>
<td>1 glass = 4 oz</td>
<td>1 (12 oz) bottle = 3 (4 oz)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>glasses</td>
</tr>
<tr>
<td>BEER</td>
<td>1 can/bottle = 12 oz</td>
<td>Pony (7 oz) = &lt; 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regular can (12 oz) = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tall can (16 oz) &gt; 1 serving</td>
</tr>
<tr>
<td>HARD LIQUOR</td>
<td>1 shot = 1.5 oz</td>
<td>Pint bottle = 11 (10.67) shots</td>
</tr>
<tr>
<td>(SPIRITS)</td>
<td></td>
<td>375 ml bottle = 11 shots</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fifth = 21 shots</td>
</tr>
<tr>
<td></td>
<td></td>
<td>750 ml bottle = 16 shots</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quart = 21 shots</td>
</tr>
</tbody>
</table>

G. Occupation

This section updates occupational information on participants who have changed their occupation since Visit 2. An OCCUPATION WORKSHEET has been added to collect sufficient information on those who have changed their occupation to code it in Item 59. Only use this worksheet if the person has changed occupations (YES to Item 53).

Place the participant’s ID label on the Occupational Worksheet, enter the contact year, determine the current or most recent occupation (#1), record the most important activities or duties associated with that job (#2), and the type of business (#3).

The categories for annual family income have been expanded and this information is collected on everyone.

53. This item identifies the participants who have changed their occupation since Visit 2. Go to Item 60 for persons who have not changed their occupation. Complete Items 54-59 on those who have changed their job.

54. GIVE THE RESPONSE CARD to the participant and READ ALL THE RESPONSES. If the participant selects category A (homemaking), go to item 60. Response B, "employed at a job for pay, either full or part time," includes those who are self-employed and working at home, but not "homemaker" or "mother" (Response A). Skip Item 55 if response is B-E. RETRIEVE THE RESPONSE CARD.

55. "Health reasons" refer to the participant’s personal health and not the health of someone the participant needs to take care of.

ARIC Visit 3: PHXA

Go to the OCCUPATION WORKSHEET and ask Item 1. Select the verb tense based on whether the participant is currently working or not (see Item 54). If the respondent holds (held) more than one job, record the occupation for the job for the most hours worked per week. If two jobs were held and he or she works(ed) the same number of hours on each, record the information on the job held for the longest period of time.

Occupational data can be very hard to code. Probe to obtain a job title which reflects as accurately as possible the type of work performed. Be as specific as possible. "Restaurant worker" is not sufficient. Probe to see if he or she was a waiter/waitress, cook, manager, maintenance person, cashier, or something else. The following are examples of adequate and inadequate entries.

<table>
<thead>
<tr>
<th>Inadequate</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjuster</td>
<td>Claims, brake, machine, complaints, or insurance adjuster.</td>
</tr>
<tr>
<td>Agent</td>
<td>Freight, insurance, sales, advertising, or purchasing agent.</td>
</tr>
<tr>
<td>Caretaker or Custodian</td>
<td>Servant, janitor, guard, building superintendent, gardener, groundskeeper, sexton, property clerk, locker attendant.</td>
</tr>
<tr>
<td>Clerk</td>
<td>Stock, shipping, or sales clerk, i.e., a person who sells goods in a store is a salesman or sales clerk.</td>
</tr>
<tr>
<td>Data Processor</td>
<td>Computer programmer, keypunch operator, computer operator, coding clerk.</td>
</tr>
<tr>
<td>Doctor</td>
<td>Physician, dentist, veterinarian, osteopath, chiropractor.</td>
</tr>
<tr>
<td>Engineer</td>
<td>Civil, locomotive, mechanical or aeronautical engineer.</td>
</tr>
<tr>
<td>Entertainer</td>
<td>Singer, dancer, acrobat, musician.</td>
</tr>
<tr>
<td>Equipment Operator</td>
<td>Road grade, bulldozer, or trench operator.</td>
</tr>
<tr>
<td>Factory Worker</td>
<td>Electric motor assembler, forge heater, turret lathe operator, weaver, loom fixer, knitter, stitcher, punch press operator, spray painter, riveter.</td>
</tr>
<tr>
<td>Firefighter</td>
<td>Locomotive, city, or stationary fire fighter.</td>
</tr>
</tbody>
</table>

ARIC Visit 3: PHXA

Foreperson/foreman: Specify the craft or activity involved, as foreman carpenter, foreman truck driver.

Helper: Baker's, carpenter's, or janitor's helper.

Laborer: Sweeper, charwoman, porter, janitor, stevedore, window washer, car cleaner, section hand, hand trucker.

Layout Person: Pattern maker, sheet metal worker, compositor, commercial artist, structural steel worker, boiler maker, draftsman, cooper smith.

Mechanic: Auto, dental, radio, airplane, or office machine mechanic.

Nun: Specify the type of work done, such as grammar school teacher, housekeeper, art teacher, organist, cook, laundress, registered nurse.

Trainee vs Skilled Worker: Professional, technical, and skilled occupations usually require periods of training or education which a young person normally has not had. Upon further inquiry you may find that the young person is really only a trainee, apprentice, or helper (for example, accountant trainee, electrician trainee, apprentice plumber, electrician's helper).

Secretary vs Official Secretary: The title 'secretary' should be used for secretarial work in an office. A secretary who is elected or appointed an officer of a business, lodge, or other organization should be reported as an 'official secretary'.

Names of Departments or Places of Work: Occupation entries which give only the name of the department or a place of work are unsatisfactory. Examples of such are 'works in warehouse', 'works in shipping department', 'works in cost control'. The occupation must tell what the worker does, not what the department of the company does.
RETURN TO ITEM 56 ON THE PHX FORM.

56. Select the appropriate verb tense.

Record the response and return to Item 2 on the OCCUPATION WORKSHEET. Determine what are (were) the most important activities/duties associated with the job. Be as specific as possible. Return to Item 57 on the PHX form.

57. The focus of this item is to identify those participants who have changed jobs since Visit 2, but have not changed employers. No additional information on the employer needs to be collected if it is the same one as in the previous examination. Select the appropriate verb tense. If the person is working for the same company as in Visit 2, record NO and skip Items 58-59. If the person has changed companies, or doesn’t remember if he or she has changed companies since the last examination, record YES and fill in the name and address of the company in Item 58.

58. Read the question, including the parenthetical phrase if the person is no longer working. If the participant asks, explain that the company’s name and address will be used to assist in coding the occupation and for tracing purposes if he or she is lost to follow-up. If the person is self-employed, record SELF under Item 58a and leave items 58b-e blank.

Go to Item 3 on the Worksheet and read the question and the response categories. If the respondent is unsure of the proper response category, record as much information as possible on the worksheet as an aid for later coding, and enter a brief description under the category ‘specify’.

59. Based on the information on the OCCUPATION WORKSHEET, code the person’s occupation. Code ‘000’ for an individual who never worked.

60. This question is asked of all participants and covers the entire family’s income, not just what is earned by the individual. Read the question as written and ask the person to look at the income categories on the response card. Hand the response card to the person. Ask the person to select the letter which best represent his or her total family income.

61. The purpose of this question is to determine how many people were supported by the annual family income. If the number of persons in the household varied over the last 12 months, assist the respondent in determining the average number of inhabitants.

62. "Currently" is defined as within the last month. The sick or disabled relative does not have to be living within the participant’s home.
A - 176

H. Administrative Information

63. Enter the date on which the participant was seen in the clinic. Code in numbers using leading zeroes where necessary to fill all boxes. For example, May 3, 1993, would be entered as:

\[
\begin{array}{ccc}
0 & 5 & 1 0 3 1 9 3 \\
\text{month} & \text{day} & \text{year}
\end{array}
\]

64. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used. If the form was completed partially on paper and partially on the computer, code as "Paper Form."

65. The person at the clinic who has completed this form must enter his/her code number in the boxes provided.