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OMB#: 0925-0584
Exp. 2/28/2011

HCHS/SOL Medical/Family History Questionnaire

ID NUMBER:

FORM CODE: MHE
VERSION: A 12/21/07

Contact Occasion

SEQ #

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.

mhea1 1. Has a doctor ever said that you have high blood pressure or hypertension?

No 0
Yes 1

→ **FOR WOMEN: GO TO QUESTION 1a**

1a. Was this during pregnancy only?

No 0
Yes 1

Has a doctor ever said that these relatives had high blood pressure or hypertension?

mhea1b 1b. Mother No or Don't know 0 Yes 1
mhea1c 1c. Father No or Don't know 0 Yes 1
mhea1d 1d. 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?

mhea2a 2a. Mother No or Don't know 0 Yes 1
mhea2b 2b. Father No or Don't know 0 Yes 1
mhea2c 2c. Brother(s) or sister(s) No or Don't know 0 Yes 1

mhea3 3. Has a doctor ever said that you have angina?

No 0 → **GO TO QUESTION 3b**
Yes 1

mhea3a 3a. At what age were you first told this?

Age in years

Has a doctor ever said that these relatives had angina?

mhea3b 3b. Mother No or Don't know 0 Yes 1
mhea3c 3c. Father No or Don't know 0 Yes 1
mhea3d 3d. Brother(s) or sister(s) No or Don't know 0 Yes 1

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mhea4 4. Has a doctor ever said that you had a heart attack?

No 0 → **GO TO QUESTION 4b**
Yes 1

mhea4a 4a. At what age were you first told this?

Age in years

Has a doctor ever said that these relatives had a heart attack?

mhea4b1 4b. Mother No or Don't know 0 Yes 1 Age **mhea4b2**

mhea4c1 4c. Father No or Don't know 0 Yes 1 Age **mhea4c2**

mhea4d1 4d. Brother(s) or sister(s) No or Don't know 0 Yes 1 Age **mhea4d2**

mhea5 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?

mhea5a 5a. Mother No or Don't know 0 Yes 1

mhea5b 5b. Father No or Don't know 0 Yes 1

mhea5c 5c. Brother(s) or sister(s) No or Don't know 0 Yes 1

mhea6 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?

mhea6a 6a. Mother No or Don't know 0 Yes 1

mhea6b 6b. Father No or Don't know 0 Yes 1

mhea6c 6c. Brother(s) or sister(s) No or Don't know 0 Yes 1

mhea7 7. Has a doctor ever told you that you had atrial fibrillation?

No 0
Yes 1

mhea8 8. Has a doctor ever said that you had some other kind of heart problem?

No 0
Yes 1

If yes, please specify: _____

mhea9 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

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mhea19 19. Have you had heartburn (a burning pain or discomfort behind the breast bone in your chest) in the past year?

No 0 → **GO TO QUESTION 20**
Yes 1

mhea19a 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

mhea20 20. Have you had acid regurgitation (a bitter or sour-tasting fluid coming into your throat or mouth) in the past year?

No 0 → **GO TO QUESTION 21**
Yes 1

mhea20a 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

mhea21 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?

mhea21a 21a. Mother No or Don't know 0 Yes 1

mhea21b 21b. Father No or Don't know 0 Yes 1

mhea21c 21c. Brother(s) or sister(s) No or Don't know 0 Yes 1

mhea22 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

mhea23 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?

mhea23a 23a. Mother No or Don't know 0 Yes 1

mhea23b 23b. Father No or Don't know 0 Yes 1

mhea23c 23c. Brother(s) or sister(s) No or Don't know 0 Yes 1

mhea24 24. Have you ever been told by a doctor that you have a sleep disorder?

No 0 → **GO TO QUESTION 26**
 Yes 1
 Don't know 9 → **GO TO QUESTION 26**

25. Which sleep disorder(s)?

	No	Yes	
mhea25a a. Insomnia	0 <input type="checkbox"/>	1 <input type="checkbox"/>	
mhea25b b. Restless legs	0 <input type="checkbox"/>	1 <input type="checkbox"/>	
mhea25c c. Narcolepsy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	
mhea25d d. Apnea	0 <input type="checkbox"/>	1 <input type="checkbox"/>	→ IF RESPONSE TO Q25d IS "YES", ASK Q25d.1.
mhea25e e. Other	0 <input type="checkbox"/>	1 <input type="checkbox"/>	

If other, please specify: _____

↳ **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

mhea26 26. Has a doctor ever said that you have cancer or a malignant tumor?

No 0 → **GO TO QUESTION 26b**
 Yes 1

26a. What type?

	No	Yes
mhea26a1 a1. Lung	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a2 a2. Breast	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a3 a3. Cervical	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a4 a4. Blood/lymph glands	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a5 a5. Testes/scrotum	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a6 a6. Bone	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a7 a7. Melanoma	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a8 a8. Skin (not melanoma)	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a9 a9. Brain	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a10 a10. Stomach	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a11 a11. Colon	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a12 a12. Uterine	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a13 a13. Prostate	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a14 a14. Liver	0 <input type="checkbox"/>	1 <input type="checkbox"/>
mhea26a15 a15. Other	0 <input type="checkbox"/>	1 <input type="checkbox"/>

Has a doctor ever said that these relatives had cancer or a malignant tumor?

mhea26b 26b. Mother No or Don't know 0 Yes 1
mhea26c 26c. Father No or Don't know 0 Yes 1
mhea26d 26d. Brother(s) or sister(s) No or Don't know 0 Yes 1

MEN → STOP, END QUESTIONNAIRE

WOMEN → GO TO QUESTION 27

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FOR WOMEN ONLY

mhea27 27. At what age did your menses begin?

Age in years

mhea28 28. Do you currently have menstrual periods?

No 0
Yes 1 → **GO TO QUESTION 34**
Don't know 9

mhea29 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

mhea30 30. Age at surgery? Age in years → **GO TO QUESTION 31**

mhea31 31. Have you reached menopause (change of life)?

No 0 → **GO TO QUESTION 33**
Yes 1
Don't know 9 → **GO TO QUESTION 33**

mhea32 32. At what age? Age in years → **GO TO QUESTION 34**

mhea33 33. Are you currently pregnant?

No 0
Yes 1
Don't know 9

mhea34 34. Have you ever been pregnant?

No 0 → **GO TO QUESTION 37**
Yes 1
Don't know 9 → **GO TO QUESTION 37**

mhea35 35. How many times have you been pregnant? Number of pregnancies

mhea36 36. How many live births have you had? Number of live births

mhea37 37. Have you ever taken birth control pills or other birth control medication?

No 0
Yes 1

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mhea38 38. Are you currently taking female hormones other than birth control pills?

No 0 → **END QUESTIONNAIRE**

Yes 1

Don't know 9 → **END QUESTIONNAIRE**

mhea39 39. Do you take these female hormones to supplement your natural hormones?

No 0

Yes 1