

Medical History

Office Use Only--
MrOS ID#

MISSING
Acrostic

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1 Have you ever snored (now or at anytime in the past)? Yes No Don't know

↓ **SLSNORE**

How often do you snore now? **SLOFTSNO**

- Do not snore anymore
- Rarely (less than 1 night a week)
- Sometimes (1 or 2 nights a week)
- Frequently (3 to 5 nights a week)
- Always or almost always (6 or 7 nights a week)
- Don't know

2 Are there times when you stop breathing during your sleep?

Yes No Don't know **SLSTOPBR**

How often do you have times when you stop breathing during your sleep? **SLSBTIMS**

- Rarely (less than one night a week)
- Sometimes (1 or 2 nights a week)
- Frequently (3 to 5 nights a week)
- Always or almost always (6 or 7 nights a week)
- Don't know

3 Has a doctor or health care provider ever told you that you have sleep apnea (a condition in which breathing stops briefly during sleep)? **SLSA**

Yes No Don't know

- a. Do you sleep with either a pressure mask ("CPAP") or a mouthpiece as treatment for your sleep apnea? Yes No **SLSCAP**
- b. Have you had surgery as treatment for your sleep apnea? Yes No **SLSSURG**

4 Has a doctor or health care provider ever told you that you have a sleep disorder other than sleep apnea?

Yes No Don't know **SLSLPDIS**

What other sleep disorder? Check all that apply.

- Insomnia **1 SLINSOM**
- Restless legs **1 SLRESTL**
- Periodic leg movements **1 SLPERLEG**
- Narcolepsy **1 SLNARC**
- Other → Please describe: _____ **1 SLSDOTH**

5 Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

None 1 time 2 times 3 times 4 times 5 times or more **PSUP**

6 Do you ever drink alcohol to help you sleep? Yes No Don't know

SLSLALC

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7 Do you usually use oxygen therapy (oxygen delivered by a tube or face mask)?

1 Yes 0 No 8 Don't Know **SLOX THER**

a. Do you use it during sleep? 1 Yes 0 No **SLOXSLP**

How often do you use it during sleep? **SLOXSLPO**

- 1 Rarely (less than one night a week) 4 Always or almost always (6 or 7 nights a week)
- 2 Sometimes (1 or 2 nights a week) 8 Don't know
- 3 Frequently (3 to 5 nights a week)

b. Do you use it during wake? 1 Yes 0 No **SLOXWAK**

How often do you use it during wake? **SLOXWAKO**

- 1 Rarely (less than one day a week) 4 Always or almost always (6 or 7 days a week)
- 2 Sometimes (1 or 2 days a week) 8 Don't know
- 3 Frequently (3 to 5 days a week)

8 Do you awake from sleep at night due to pain? 1 Yes 0 No 8 Don't Know
SLPAIN

a. Where is the pain located? (Mark all that apply)

- Hip Knee Back Other

b. Do you experience pain when you roll over from your back to your side during sleep?

1 Yes 0 No 8 Don't Know **SLPAINRL**

9 During the past 12 months, have you fallen and landed on the floor or ground, or fallen and hit an object like a table or chair? 1 Yes 0 No **MHFALL**

a. How many times have you fallen in the past 12 months? 1 1 2 2-3 3 4-5 4 6 or more

b. Which of the following injuries did you have? (Mark all that apply)

- I broke or fractured a bone
- I hit or injured my head
- I had a sprain or a strain
- I had a bruise or bleeding
- I had some other kind of injury
- I did not have any injuries from a fall in the past 12 months

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10) During the past 12 months, have you been trying to lose weight?

1 Yes 0 No *MHWTLO*

By what means were you trying to lose weight? (Mark all that apply)

- 1 *MHWDIET* Diet
 Exercise
1 *MHWEXE*
- 1 *MHWPILL* Diet pills
 Other →
1 *MHWOTH*

Please specify: _____

11) Has a doctor or other health care provider ever told you that you had:

a. Diabetes?

1 Yes 0 No *MHDIAB*

Are you currently being treated for this by a doctor? Yes No

MHDIABT

b. High thyroid, Graves disease or an overactive thyroid gland?

Yes No *MHHTHY*

Are you currently being treated for this by a doctor? Yes No

MHHTHYT

c. Low thyroid or an under active thyroid gland?

1 Yes 0 No *MHLTHY*

Are you currently being treated for this by a doctor? Yes No

MHPROST

d. Rheumatoid arthritis?

Yes No *MHRHEU1*

Are you currently being treated for this by a doctor? Yes No

MHRHEUT

e. Osteoporosis, sometimes called thin or brittle bones?

1 Yes 0 No *MHOSTEO*

Are you currently being treated for this by a doctor? Yes No

MHOSTEOT

f. Osteoarthritis or degenerative arthritis?

1 Yes 0 No *MHOA*

Are you currently being treated for this by a doctor? Yes No

MHOAT

g. Prostatitis (inflammation or infection of the prostate)?

Yes No *MHPROST*

Are you currently being treated for this by a doctor? Yes No

MHPROSTT

h. Parkinson's disease?

Yes No *MHPARK*

Are you currently being treated for this by a doctor? Yes No

MHPARKT

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11 Has a doctor or other health care provider ever told you that you had (continued):

i. Liver disease?

Yes No



MHLIVER

Are you currently being treated for this by a doctor? Yes No

MHLIVERT

j. Chronic kidney (renal) disease or kidney (renal) failure?

Yes No **MHRENAL**



Do you currently undergo dialysis? Yes No

MHRENALT

k. Dementia or Alzheimer's disease?

Yes No **MHALZH**



Are you currently being treated for this by a doctor? Yes No

MHALZHT

l. Depression?

Yes No



MHDEPR

Are you currently being treated for this by a doctor? Yes No

MHDEPRT

m. Asthma?

Yes No



MHASTHM

Are you currently being treated for this by a doctor? Yes No

MHASTHMT

n. Hayfever or seasonal allergies?

Yes No



MHALLER

Are you currently being treated for this by a doctor? Yes No

MHALLERT

o. Glaucoma?

Yes No



MHGLAU

Are you currently being treated for this by a doctor? Yes No

MHGLAUT

p. Fibromyalgia ?

Yes No



FIBRO

Are you currently being treated for this by a doctor? Yes No

MHFIBROT

12 Has a doctor or other health care provider ever told you that you have cataracts?

Yes No



MHCAT

Was this corrected? **MHCATT**

Yes, left eye corrected Yes, right eye corrected Yes, both eyes corrected No Don't know

MHAFIB MHAFIBS
MHHR MHHRS





Cardiovascular History

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1 Has a doctor or other health care provider ever told you that you had:

a. Heart attack, coronary or myocardial infarction? Yes No *MHMI*

Are you currently being treated for this by a doctor? Yes No

b. Angina (chest pain)? Yes No *MHMIT*
MHANGIN

Are you currently being treated for this by a doctor? Yes No

c. Congestive heart failure or enlarged heart? Yes No *MHCHGINT*
MHCHF

Are you currently being treated for this by a doctor? Yes No

d. Intermittent claudication or pain in your legs from a blockage of the arteries? Yes No *MHGHFT*
CVBLKA

Are you currently being treated for this by a doctor? Yes No

e. TIA, transient ischemic attack, or mini-stroke? Yes No *MHSTRKT*
CVTIA

Are you currently being treated for this by a doctor? Yes No

f. A stroke, blood clot in the brain or bleeding in the brain? Yes No *MHSTRKT*
MHSTRKT

Are you currently being treated for this by a doctor? Yes No

g. Rheumatic heart disease or valvular heart disease? Yes No *MHSTRKT*
CVRHD

Are you currently being treated for this by a doctor? Yes No

h. Hypertension or high blood pressure? Yes No *MHSTRKT*
MHBPT

Are you currently being treated for this by a doctor? Yes No

2 Have you ever had any medical or surgical procedure in your heart, neck or blood vessels, such as angioplasty or bypass surgery?

Yes No Don't Know *CVSURG*

a. Coronary bypass surgery, heart bypass or CABG? *CVCABG*
 Yes No Don't Know

b. Angioplasty of coronary arteries, which is a dilation of arteries of the heart with a balloon? *CVAPLOW*
 Yes No Don't Know

c. Repair of aortic aneurysm? *CVAPCORA*
 Yes No Don't Know

d. Bypass procedure on the arteries of your legs? *CVAORANE*
CVBPLEGS
 Yes No Don't Know

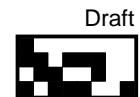
e. Angioplasty of lower extremity arteries, which is dilation of arteries of the leg with a balloon? *CVAPLOW*
 Yes No Don't Know

f. Carotid endarterectomy, which is surgery on the blood vessels in your neck? *CVSURGBV*
 Yes No Don't Know

g. Pacemaker implant? *CVPACE*
 Yes No Don't Know

h. Replacement of a heart valve? *CVVALVE*
 Yes No Don't Know

CVCHD
CVCER
CVCPPA





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3 Have you ever had any pain or discomfort in your chest?

1 Yes

0 No

8 Don't Know

CVCHPAIN

GO TO NEXT PAGE

a. Do you get it when you walk up a hill or hurry?

1 Yes

0 No

8 Don't Know

CVCPHILL

1. Do you get it when you walk at an ordinary pace on a level surface?

1 Yes

0 No

8 Don't Know

CVCPWALK

2. What do you do if you get it while you are walking?

1 Stop or slow down

2 Continue at same pace

8 Don't Know

CVCPDO

3. If you stand still, is the pain relieved or not relieved?

1 Relieved

2 Not relieved

8 Don't Know

CVCPREL

How soon is it relieved? CVCPRELT

1 10 minutes or less

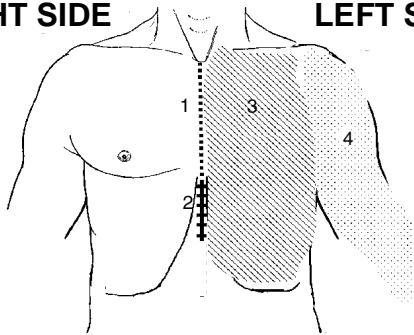
2 More than 10 minutes

8 Don't Know

4. Where do you get this pain or discomfort? Mark any areas that apply with an X.

RIGHT SIDE

LEFT SIDE



Clinic Use
Only

SUM

1 CVLOCSUM

SL

1 CVLOCSL

LC

1 CVLOCLC

LA

1 CVLOCLA

OT

1 CVLOCOT

DK

1 CVLOC DK

b. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

1 Yes

0 No

8 Don't Know

CVCP30M

1. Did you see a doctor because of this pain?

1 Yes

0 No

8 Don't Know

CVCPDOC

What did your doctor say this was? CVC PDSAY

1 Angina

2 Heart attack

3 Other

8 Don't Know

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4 Do you get a pain or discomfort in your legs when you walk?

Yes No Don't Know **CVLGPAIN**

a. Does this pain ever begin when you are standing still or sitting?

Yes No Don't Know **CVLPSTIL**

b. Do you get it if you walk uphill or hurry?

Yes No Don't Know **CVLPHILL**

c. Do you get it when you walk at an ordinary pace on a level surface?

Yes No Don't Know **CVLPWALK**

d. What happens if you stand still?

Usually continues for more than 10 minutes
 Usually disappears in 10 minutes or less
 Don't Know **CVLPSTST**

e. Do you get this pain in your calf (or calves)?

Yes No Don't Know **CVLPCALF**

f. Were you hospitalized for this problem in your legs?

Yes No Don't Know **CVLPHOSP**

5 The following question is about the overall level of pain in your body at this moment. On the scale below, please mark the number that best describes any pain you may be experiencing: **BHBDPAIN**

										Worst Possible Pain	
										11	
No Pain										10	Don't Know
0	1	2	3	4	5	6	7	8	9	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>