Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0584). Do not return the completed form to this address.

OMB#: 0925-0584
Exp. 8/31/2017

HCHS/SOL Visit 2- Personal Medical History

ID NUMBER:	☐☐☐☐☐☐☐☐	FORM CODE: MHE VERSION: 1, 9/1/2014	Contact Occasion	0 2	SEQ #	☐☐

ADMINISTRATIVE INFORMATION [SYSTEM PRE-FILLED]

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

0c. Participant Gender: ☐ (1=Male; 2=Female,) 0d.Age: ☐☐

Instructions: *Enter the answer given by the participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.*

Introduction: *Next I would like to update our records for any health issues you may have experienced. Some are questions we asked before, but we want to make sure we don't miss anything.*

I will ask you some questions that may make you feel uncomfortable. You may not feel like answering them completely or at all. Please, take your time to think through your answers. We want to understand these aspects of your health, and at the same time we want you to feel respected and comfortable. You are important to us, and your participation in the study is extremely valuable.

A. Since the first SOL visit, has a doctor said that you had any of the following medical problems?	**No**	**Yes**	**Unsure**
1. Heart attack?	0 ☐	1 ☐	9 ☐
2. A balloon angioplasty, a stent, or bypass surgery to the arteries in your heart to improve the blood flow to your heart?	0 ☐	1 ☐	9 ☐
3. Angina?	0 ☐	1 ☐	9 ☐
4. Heart Failure?	0 ☐	1 ☐	9 ☐
5. Stroke?	0 ☐	1 ☐	9 ☐
6. A mini-stroke or TIA (transient ischemic attack)?	0 ☐	1 ☐	9 ☐
7. A balloon angioplasty or surgery to the arteries of your neck to prevent or correct a stroke?	0 ☐	1 ☐	9 ☐
8. An aortic aneurysm, an AAA, or ballooning of your aorta?	0 ☐	1 ☐	9 ☐
9. A blood clot in a leg vein or lung requiring blood thinning medicine?	0 ☐	1 ☐	9 ☐
10. Peripheral arterial disease (problems with circulation, blocked arteries to the legs)?	0 ☐	1 ☐	9 ☐
10a. (IF YES TO PAD) A balloon angioplasty, a stent, or an amputation for this condition?	0 ☐	1 ☐	9 ☐
11. Liver disease? ***If No/unsure to liver disease then Go to #12***	0 ☐	1 ☐	9 ☐

IF YES to liver disease, then what type of liver disease?

11a. Hepatitis
- No 0 ☐ → **Go to Question 11c**
- Yes 1 ☐

11b. What type?
- Type A 1 ☐
- Type B 2 ☐
- Type C 3 ☐
- Don't know 9 ☐

11c. Cirrhosis
- No 0 ☐
- Yes 1 ☐

12. Since our last telephone interview with you on (date), has a doctor or health professional told you that you had emphysema, chronic bronchitis, or chronic obstructive pulmonary disease (COPD)? This does not include doctor's visits for tuberculosis or TB.

No 0 ☐ **Go to Question 13** Yes 1 ☐ Unsure 9 ☐ **Go to Question 13**

12a. Did the doctor or health care professional prescribe a change in your medication, such as starting or increasing your inhalers, oxygen or pills for your lungs or prescribing a steroid pill for your lungs?

No 0 ☐ Yes 1 ☐ Unsure 9 ☐

13. Since our last telephone interview with you on *(date)*, has a doctor or health professional told you that you had asthma?

No 0 ☐ **Go to Question 14** Yes 1 ☐ Unsure 9 ☐ **Go to Question 14**

13a. Did the doctor or health care professional prescribe a change in your medication, such as starting or increasing your inhalers, oxygen or pills for your lungs or prescribing a steroid pill for your lungs?

No 0 ☐ Yes 1 ☐ Unsure 9 ☐

14. Since our last telephone interview with you, has a doctor or health professional told you that you had diabetes or high sugar in the blood?

No 0 ☐ **Go to Question 15** Yes 1 ☐ Unsure 9 ☐ **Go to Question 15**

14a. Did the doctor recommend any new or different treatments?

No 0 ☐ **Go to Question 15** Yes 1 ☐ Unsure 9 ☐ **Go to Question 15**

14b. What treatment was recommended? (Do not prompt for specific response. Mark all that apply)

		No	**Yes**
b1.	Pills	0 ☐	1 ☐
b2.	Insulin Alone	0 ☐	1 ☐
b3.	Insulin and pills	0 ☐	1 ☐
b4.	Referred for eye exam	0 ☐	1 ☐
b5.	Advice to change diet	0 ☐	1 ☐
b6.	Advice to stop smoking	0 ☐	1 ☐
b7.	Advice to increase exercise	0 ☐	1 ☐
b8.	Other	0 ☐	1 ☐ Specify______________________________

15. Since our last telephone interview with you on *(date)*, has a doctor or health professional told you that you had high blood pressure or hypertension?

No 0 ☐ **Go to Question 16** Yes 1 ☐ Unsure 9 ☐ **Go to Question 16**

15a. Did the doctor recommend any new or different treatments?
No 0 ☐ **Go to Question 16** Yes 1 ☐ Unsure 9 ☐ **Go to Question 16**

15b. What treatment was recommended? *(Do not prompt for specific response. Mark all that apply)*

		No	Yes
b1.	Start new medicine	0 ☐	1 ☐
b2.	Increase dose of existing medicine	0 ☐	1 ☐
b3.	Advice to lose weight	0 ☐	1 ☐
b4.	Advice to change diet	0 ☐	1 ☐
b5.	Advice to stop smoking	0 ☐	1 ☐
b6.	Advice to increase exercise	0 ☐	1 ☐
b7.	Other	0 ☐	1 ☐ Specify___________________________

16. Since our last telephone interview with you on has a doctor or health professional told you that you had high blood cholesterol?
No 0 ☐ **Go to Question 17** Yes 1 ☐ Unsure 9 ☐ **Go to Question 17**

16a. Did the doctor recommend any new or different treatments?
No 0 ☐ **Go to Question 17** Yes 1 ☐ Unsure 9 ☐ **Go to Question 17**

16b. What treatment was recommended? *(Do not prompt for specific response. Mark all that apply.)*

		No	Yes
b1.	Start new medicine	0 ☐	1 ☐
b2.	Increase dose of existing medicine	0 ☐	1 ☐
b3.	Advice to lose weight	0 ☐	1 ☐
b4.	Advice to change diet	0 ☐	1 ☐
b5.	Advice to stop smoking	0 ☐	1 ☐
b6.	Advice to increase exercise	0 ☐	1 ☐
b7.	Other	0 ☐	1 ☐ Specify________________________

17. Has a doctor ever said that you have cancer or a malignant tumor?
No 0 ☐ **Go to Question 18** Yes 1 ☐

17a. What type?	No	Yes
a1. Lung	0 ☐	1 ☐
a2. Breast	0 ☐	1 ☐
a3. Cervical	0 ☐	1 ☐
a4. Blood/lymph glands	0 ☐	1 ☐
a5. Testes/scrotum	0 ☐	1 ☐
a6. Bone	0 ☐	1 ☐
a7. Melanoma	0 ☐	1 ☐

17a. What type?	No	Yes
a8. Skin (not melanoma)	0 ☐	1 ☐
a9. Brain	0 ☐	1 ☐
a10. Stomach	0 ☐	1 ☐
a11. Colon	0 ☐	1 ☐
a12. Uterine	0 ☐	1 ☐
a13. Prostate	0 ☐	1 ☐
a14. Liver	0 ☐	1 ☐
a15. Kidney/renal	0 ☐	1 ☐
a16. Other	0 ☐	1 ☐ Specify ______________________

18. Do you currently have a pacemaker or automatic defibrillator (AICD) for a heart rhythm problem?

No	0 ☐
Yes, pacemaker	1 ☐
Yes, automatic defibrillator (AICD)	2 ☐
Yes, both pacemaker, and automatic defibrillator (AICD)	3 ☐
Not sure	9 ☐

B. Since your last telephone interview on (date), have you had any of the following problems?

	No	Yes	Unsure
19. Do you often have swelling in your feet or ankles at the end of the day?	0 ☐	1 ☐	9 ☐
20. Are there times when you wake up at night because of difficulty breathing?	0 ☐	1 ☐	9 ☐
21. Are there times when you stop for breath when walking at your own pace on level ground?	0 ☐	1 ☐	9 ☐
22. Are there times when you have difficulty breathing when you are not walking or active?	0 ☐	1 ☐	9 ☐

23. Has a doctor ever told you that you had any of the following conditions that affect the brain?

		No	Yes
23a.	Dementia?	0 ☐	1 ☐
23b.	Alzheimer’s disease?	0 ☐	1 ☐
23c.	Vascular dementia or hardening of the arteries of the brain?	0 ☐	1 ☐
23d.	Mild Cognitive Impairment (or MCI)?	0 ☐	1 ☐
23e.	Parkinson’s Disease?	0 ☐	1 ☐
23f.	Brain Tumor?	0 ☐	1 ☐

C. Urinary Leakage (Incontinence)

Many people have leakage of urine. The next few questions ask about urine leakage.
(Other terms for urinary leakage are not being able to hold your urine until you can reach a toilet, not being able to control your bladder, loss of urine control.)

24. How often do you have urinary leakage? Would you say…

Never 1 ☐ **Go to Question 26**
Less than once a month 2 ☐
A few times a month 3 ☐
A few times a week, 4 ☐
Every day and/or night 5 ☐
Unsure / Refused 9 ☐ **Go to Question 26**

25. How much urine do you lose each time? Would you say…

Drops 1 ☐
Small splashes 2 ☐
More 3 ☐
Unsure / Refused 9 ☐

26. During the **past 12 months**, have you leaked or lost control of even a small amount of urine with an activity like coughing, lifting or exercise?

No 0 ☐ **Go to Question 27**
Yes 1 ☐
Unsure / Refused 9 ☐ **Go to Question 27**

26a. How frequently does this occur? Would you say this occurs . . .

Less than once a month 1 ☐
A few times a month 2 ☐
A few times a week 3 ☐
Every day and/or night 4 ☐
Unsure / Refused 9 ☐

27. During the **past 12 months**, have you leaked or lost control of even a small amount of urine with an urge or pressure to urinate and you couldn't get to the toilet fast enough?

No 0 ☐ **Go to Question 28**
Yes 1 ☐
Unsure / Refused 9 ☐ **Go to Question 28**

27a. How frequently does this occur? Would you say this occurs. . .

Less than once a month 1 ☐
A few times a month 2 ☐
A few times a week 3 ☐
Every day and/or night 4 ☐
Unsure / Refused 9 ☐

28. During the **past 12 months**, have you leaked or lost control of even a small amount of urine without an activity like coughing, lifting, or exercise, or an urge to urinate?

No 0 ☐ **Go to Question 31**
Yes 1 ☐
Unsure / Refused 9 ☐ **Go to Question 31**

28a. How frequently does this occur? Would you say this occurs . . .

Less than once a month 1 ☐
A few times a month 2 ☐
A few times a week 3 ☐
Every day and/or night 4 ☐
Unsure / Refused 9 ☐

29. During the **past 12 months**, how much did your leakage of urine bother you? Please select one of the following choices:

Not at all 1 ☐
Only a little 2 ☐
Somewhat 3 ☐
Very much 4 ☐
Greatly 5 ☐
Unsure/ Refused 9 ☐

30. During the **past 12 months**, how much did your leakage of urine affect your day-to-day activities? Please select one of the following choices:

Not at all 1 ☐
Only a little 2 ☐
Somewhat 3 ☐
Very much 4 ☐
Greatly 5 ☐
Unsure/ Refused 9 ☐

31. During the **past 30 days**, how many times per night 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. Would you say..

Never 0 ☐
1 time 1 ☐
2 times 2 ☐
3 times 3 ☐
4 times 4 ☐
5 or more times 5 ☐
Unsure/ Refused 9 ☐

D. Kidney

32. Have you ever been told by a doctor or other health professional that you had weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence.

No 0 ☐ **Go to Question 34**
Yes 1 ☐
Unsure / Refused 9 ☐ **Go to Question 34**

33. In the **past 12 months**, have you received dialysis (either hemodialysis or peritoneal dialysis)?

No 0 ☐
Yes 1 ☐
Unsure / Refused 9 ☐

34. Have you ever had kidney stones?

No 0 ☐ **Go to Question 35**
Yes 1 ☐
Unsure / Refused 9 ☐ **Go to Question 35**

34a. How many times have you passed a kidney stone? ☐☐ ENTER NUMBER OF TIMES

E. Tuberculosis Screening

35. **Since visit 1**, have you been told that you had active tuberculosis or TB?

No 0 ☐ **Go to Question 36**
Yes 1 ☐
Unsure / Refused 9 ☐ **Go to Question 36**

35a. **Since visit 1**, have you been prescribed any medicine to treat active tuberculosis or TB?

No 0 ☐
Yes 1 ☐
Unsure / Refused 9 ☐

36. **Since visit 1**, have you been given a TB or tuberculosis skin test (e.g., PPD)?

No 0 ☐ **For men, Go to Question 37; for women, END of questionnaire**

Yes 1 ☐

Unsure / Refused 9 ☐ **For men, Go to Question 37; for women, END of questionnaire**

36a. Was it:

Positive 1 ☐

Negative 2 ☐ **For men, Go to Question 37; for women, END of questionnaire**

Unsure/Refused 9 ☐ **For men, Go to Question 37; for women, END of questionnaire**

36b. For this TB skin test, were you prescribed any medicine to keep you from getting sick with TB?

No 0 ☐
Yes 1 ☐
Unsure/ Refused 9 ☐

} **For WOMEN, END of questionnaire**

F. Men Only

The next set of questions is about men's health including urinary and prostate problems. The prostate is a gland located just below the bladder. Can I proceed to ask these questions?

For men less than 40 years of age, go to question 39.

37. For men age 40 years and older only: Do you usually have trouble starting to urinate (pass water)?

No 0 ☐

Yes 1 ☐

Unsure / Refused 9 ☐

38. For men age 40 years and older only: After urinating (passing water), does your bladder feel empty?

No 0 ☐

Yes 1 ☐

Unsure / Refused 9 ☐

The remainder is for men of all ages:

39. Have you ever been told by a doctor or health professional that you have any disease of the prostate? This includes an enlarged prostate.

No 0 ☐

Yes 1 ☐

Unsure / Refused 9 ☐

40. Have you ever been told by a doctor or health professional that you had an enlarged prostate gland?

No 0 ☐ **Go to Question 41**
Yes 1 ☐
Unsure / Refused 9 ☐ **Go to Question 41**

40a. Was it a benign enlargement – that is, not cancerous, also called benign prostatic hypertrophy?

No 0 ☐
Yes 1 ☐
Unsure / Refused 9 ☐

40b. How old were you when you were first told that you had benign enlargement of the prostate gland?

Enter age in years ☐☐

40c. Was the enlargement due to cancer?

No 0 ☐
Yes 1 ☐
Unsure / Refused 9 ☐

41. Have you ever had a blood test that your doctor told you was being used to check for prostate cancer, called PSA, or Prostate Specific Antigen?

No 0 ☐
Yes 1 ☐
Unsure / Refused 9 ☐

42. Have you ever had a rectal examination? A rectal exam is when a finger is inserted in the rectum or bottom to check for problems.

No 0 ☐ **Go to Question 43**
Yes 1 ☐
Unsure / Refused 9 ☐ **Go to question 43**

42a. Was this done to check for prostate cancer?

No 0 ☐
Yes 1 ☐
Unsure / Refused 9 ☐

42b. Was this done to check for blood?

No 0 ☐
Yes 1 ☐
Unsure / Refused 9 ☐

43. Many men experience problems with sexual intercourse. How would you describe your ability to get and keep an erection adequate for satisfactory intercourse? Would you say that you are..

    VERBAL INSTRUCTION: *Always able or almost always able to get and keep an erection? Usually able to get and keep an erection? Sometimes able to get and keep an erection? Never able to get and keep an erection?]*

    Always or almost always able 3 ☐
    Usually able 2 ☐
    Sometimes able 1 ☐
    Never able 0 ☐
    Unsure/ Refused 9 ☐