SOL TUCY OF ANIMO Hepanic Community Health Study	HCHS/SOL Personal Medical History (MHE)								
ID NUMBER:	FORM CODE: MHE VERSION: 2, 12/15/2021	Contact Occasion	3	Occurrence	0	1			
ADMINISTRATIVE INFORMATION									
0a. Completion Date: 0b. Staff ID: 0b. Staff ID:									
0c. Participant Sex Assigned at Birth: (1=Male; 2=Female) [Prefilled from DEM1] 0d. Age: [At V3 from DEM3]									
0e. Last visit date: ////////////////////////////////////									

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.

Α.	Since the last SOL visit, has a doctor said that you ha medical problems?	d any of the following	No	Yes	Unsure
1.	Heart attack?		0 🗌	1 🗌	9 🗌
2.	A balloon angioplasty, a stent, or bypass surgery to the ar improve the blood flow to your heart?	teries in your heart to	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 new stroke?	ck to prevent or correct a	0 🗌	1 🗌	9 🗌
8.	An aortic aneurysm, an AAA, or ballooning of your aorta?	If NO skip to Q10	0 🗌	1 🗌	9 🗌
9.	Have you had a repair of your aorta—the big artery in you	r abdomen?	0 🗌	1 🗌	9 🗌
10.	. Peripheral arterial disease (problems with circulation, bloc	ked arteries to the legs)?	0 🗌	1 🗌	9 🗌
	10a. IF YES to PAD, did you have leg surgery, a balloon a condition?10b. IF YES to PAD, did you have amputation for this con		0 🗌 0 🔲	1 🗌 1 🔲	9 🗌 9 🔲
	Liver disease? No 0 Go to Question12 Yes	1 Unsure 9 Go	to Quest	ion12	
<u>//</u>	<u>F YES to liver disease</u> , then what type of liver disease? 11a. Hepatitis No 0 □ → Go to Que	stion 11d Yes 1 ∏	7		
		_			
	11b. What type? Type A 1 $\square \rightarrow$ Go to Ques				
	Type B $2 \square \rightarrow$ Go to Ques				

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		Т	ype C	з Г] → G	o to Qi	uestion 11c					
		-	on't know				uestion 11d					
1	1c Has			-	_		lepatitis C?] Ye	s 1 🗌	Unsu	re 9 🗌
	1d. Cirrł		·		Yes	1] .0.		ened	
							_			No	Yes	Unsure
12. Ha	as a doct	or ever told	you that y	ou had g	allston	es?				0 🗌	1 🗌	9 🗌
				-	-		lissolve or re	emove ga	llstones?	0 🗌	1	9 🗌
12	b. IF YE	S, have you	ever had	gallblade	der sur	gery?		-		0 🗌	1 🗌	9 🗌
12	c. IF YE	S, at what A	GE?									
13. Ha	ave you e	ver had wei	ght loss s	urgery, a	also cal	led bar	iatric surger	y?		0 🗌	1 🗌	9 🗌
	13a. IF	YES, at what	at AGE?									
							or health pr					
	onic bron erculosis		onic obst	ructive p	ulmona	iry dise	ease (COPD)? This do	bes not inclu	ude docto	r's visits f	ior
		0 🗌 Go to (Question	15	Yes	1 [Unsure	9 🗌 Go to	Questio	n 15	
14a.	Did the	doctor or be	aalth care	nrofessi	onal nr	escribe	e a medicatio	on such a	e inhalere	ovvaen o	r nills for	vour lunge
144.		cribing a ste	roid pill fo		ngs?	_				oxygen o		your langs
		No	0 🗌		Yes	1 [Unsure	9 🗌			
15. Sino		st SOL visit 0 🔲 Go to (, has a Yes	doctor 1	or health pr		l told you th 9 🗌 Go to			a?
						_			_			
15a.		doctor or he cribing a ste				escribe	e a medicatio	on, such a	is inhalers,	oxygen o	r pills for	your lungs
		No		i your iu	Yes	1 [Unsure	9 🗌			
	ce our las blood?	st SOL visit	with you, I	has a do	ctor or	health	professiona	l told you	that you ha	d diabete	s or high	sugar in
	No	0 🗌 Go to (Question	17	Yes	1 [Unsure	9 🗌 Go to	Questio	n 17	
16a.	Did the	doctor reco	mmend a [,]	ny treatn	nents?							
	No	0 🗌 Go to (Question	17	Yes	1 [Unsure	9 🗌 Go to	Questio	n 17	
16b.	What tr	eatment wa	s recomm	ended?	(Do not	prom	ot for specifi	c respons	e. Mark all	that apply	')	
					No	Yes					/	
	b1.	Pills			0 🗌	1 🗌						
	b2.	Insulin alor	ıe		0 🗌	1 🗌						
	b3.	Insulin and	pills		0 🗌	1 🗌						
	b4.	Referred for	or eye exa	m	0 🗌	1 🗌						
	b5.	Advice to c	hange die	et	0 🗌	1 🗌						
	b6.	Advice to s	top smoki	ing	0 🗌	1 🗌						
	b7.	Advice to in	ncrease e	xercise	0 🗌	1 🗌						
	b8.	Other			0 🗌	1 🗌 🕄	Specify:					

17. Since our last SOL visit with you on (date), has a doctor or health professional told you that you had high blood pressure or hypertension?

[ID NUMBER:				M CODE: MHE SION: 2, 12/15/2021	Conta Occas	0 5	Occurrence	0
	No	0 🗌 Go to Ques	stion 18	Yes	1 🗌	Unsure 9 🗌	Go to Question	18	
	17a. Did t	he doctor recomm	end any treatr	nents?					
	No	0 🗌 Go to Ques	stion 18	Yes	1 🗌	Unsure 9 🗌	Go to Question	18	
	17b. Wha	t treatment was red	commended?	(Do not	prompt for specifi	ic response. M	ark all that apply	()	
				١	lo Yes				
	b1.	Start new medic	cine	C	1				
	b2.	Increase dose o	of existing med	licine (1				
	b3.	Advice to lose w	veight	C	1				
	b4.	Advice to chang	je diet	C	1				
	b5.	Advice to stop s	moking	C	1				
	b6.	Advice to increa	ase exercise	C	1				
	b7.	Other		C	1 🗌 Speci	fy:			
	18. Since our cholesterd	last SOL visit with	you on (date)	has a de	octor or health pr	ofessional told	you that you ha	d high blo	bd
	No	0 🗌 Go to Ques	stion 19	Yes	1 🗌	Unsure 9 🗌	Go to Question	19	
	18a. Did t No	he doctor recommo 0 🗌 Go to Ques		s? Yes	1 🗌	Unsure 9 🗌	Go to Question	n 19	
	18b. Wh	at treatment was re	ecommended	? (Do no	prompt for spec	ific response. I	Mark all that app	ly.) No	Yes
	b1.	Start new medici		,				0] 1 🗌
	b2.	Increase dose of	existing medi	cine				0 🗆] 1 🗌
	b3.	Advice to lose we	eight					0] 1 🗌
	b4.	Advice to change	e diet					0] 1 🗌
	b5.	Advice to stop sn	noking					0 🗌] 1 🗌
	b6.	Advice to increas	e exercise					0 🗆] 1 🗌
	b7.								
		Other	Specify			<u> </u>		0 🗌	」 1 📋
		Other	Specify					0 🗌] 1
		Other st 12 months, hav		ny of the	following probl	ems?	No	0 [_ Yes	Unsure
	B. In the Pa		ve you had an	-			No 0 🗌		
	B. In the Par 19. Do you 20. Do you	st 12 months, hav	ve you had an ng in your feet ng flat in bed o	or ankle	s at the end of th	e day?	0 🗌	Yes	Unsure
	B. In the Par 19. Do you 20. Do you makes	st 12 months, hav u often have swellir u have difficulty lyir	ve you had an ng in your feet ng flat in bed o th?	or ankle or on a si	ngle pillow becau	e day? ise this position	0 🗌	Yes 1 🗌	Unsure 9 🗌
	 B. In the Parallelist 19. Do you 20. Do you makes 21. Are the 	st 12 months, hav u often have swellin u have difficulty lyir s you short of breat ere times when you ere times when you	ve you had a n ng in your feet ng flat in bed o th? u wake up at n	or ankle or on a si night bec	ause of difficulty	e day? ise this position breathing?	0 🗌 n 0 🗌 0 🗌	Yes 1 🗌 1 🔲	Unsure 9 🗌 9 🗌
	 B. In the Particle 19. Do you 20. Do you 20. Do you 21. Are the 22. Are the active? 	st 12 months, hav a often have swellin a have difficulty lyir s you short of breat ere times when you ere times when you ?	ve you had an ng in your feet ng flat in bed o th? u wake up at n u have difficult	or ankle or on a si hight bec y breath	as at the end of the ngle pillow becau ause of difficulty ing when you are	e day? ise this position breathing? not walking or	0 [] n 0 [] 0 [] - 0 []	Yes 1 1 1	Unsure 9 [] 9 [] 9 []
	 B. In the Particle 19. Do you 20. Do you 20. Do you 21. Are the 22. Are the active? 	st 12 months, hav u often have swellin u have difficulty lyir s you short of breat ere times when you ere times when you	ve you had an ng in your feet ng flat in bed o th? u wake up at n u have difficult	or ankle or on a si hight bec y breath	as at the end of the ngle pillow becau ause of difficulty ing when you are	e day? ise this position breathing? not walking or	0 [] n 0 [] 0 [] - 0 []	Yes 1 1 1 1 1 1 1 1 No	Unsure 9 [] 9 [] 9 [] 9 [] 9 []
	 B. In the Particle 19. Do you 20. Do you makes 21. Are the active 22. Are the active 23. Has a 	st 12 months, hav u often have swellin u have difficulty lyir you short of breat ere times when you ere times when you ? doctor ever told yo	ve you had an ng in your feet ng flat in bed o th? u wake up at n u have difficult ou that you had	or ankle or on a si hight bec y breath	as at the end of the ngle pillow becau ause of difficulty ing when you are	e day? ise this position breathing? not walking or	0 [] n 0 [] 0 [] - 0 []	Yes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Unsure 9
	 B. In the Part 19. Do you 20. Do you makes 21. Are the active? 23. Has a 23a. 	st 12 months, hav a often have swellin a have difficulty lyir s you short of breat ere times when you ere times when you ? doctor ever told yo Dementia? Alzheimer's disea	ve you had an ng in your feet ng flat in bed o th? u wake up at n u have difficult ou that you had ase?	a or ankle or on a si hight bec ay breath	es at the end of th ngle pillow becau ause of difficulty ing when you are the following cond	e day? ise this position breathing? not walking or ditions that affe	0 [] n 0 [] 0 [] - 0 []	Yes 1 1 1 1 1 1 1 1 1 1 0 0 0	Unsure 9 [] 9 [] 9 [] 9 [] 9 [] Yes 1 []
	 B. In the Part 19. Do you 20. Do you makes 21. Are the active? 23. Are the active? 23. Has a 23a. 23b. 	st 12 months, hav a often have swellin a have difficulty lyir you short of breat ere times when you ere times when you doctor ever told yo Dementia?	ve you had an ng in your feet ng flat in bed o th? u wake up at n u have difficult ou that you had ase? tia or hardenin	c or ankle or on a si night bec y breath d any of t g of the a	es at the end of th ngle pillow becau ause of difficulty ing when you are the following cond	e day? ise this position breathing? not walking or ditions that affe	0 [] n 0 [] 0 [] - 0 []	Yes 1 1 1 1 1 1 1 1 1 0 0 0 0 0 0 0 0 0 0	Unsure 9 [] 9 [] 9 [] 9 [] 9 [] Yes 1 [] 1 []

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ID NUMBER:							1 CODE: MH ION: 2, 12/15		Con Occ	tact asion	0	3	Occurren	ce	0	1
23e.	Park	inson'	s Dise	ase?									0 🗌	1		
23f.	Braiı	n Tum	or?										0 🗌	1		
In the past 1	2 mon	ths h	ave yo	ou:					No	Yes						
24. Received dialysis (either hemodialysis or peritoneal dialysis)?						0 🗌	1 🗌									
25. Received a kidney transplant?						0 🗌	1 🗌									
In the past 1	2 mon	ths ha	ave yo	ou had	l or do y	ou curre	ntly have:									
26. Pain i	n your	face?							0 🗌	1 🗌						
27. Pain i	n your	jaw jo	int?						0 🗌	1 🗌						
[Complete if	Q26 ar	nd/or (Q27=Y	'es]												
In the past 6	mont	hs						Never	Some	days	Мо	st d	ays E	Every	day	
28. How o	often di	id you	have p	pain?				0 🗌	1 [2 🗌]	3 🗌]	
29. How o	often di	id pain	ı limit y	/our lif	e or work	activitie	s?	0 🗌	1 [2 🗌]	3 🗌]	

C. Other Health Questions

31.

32.

Now I'm going to ask you a few questions about getting tested for HIV. Remember, an HIV test checks whether someone has the virus that causes AIDS.

[End Form]

30. Have yo	u ever had an HIV test?	
	No	0 🗌 [End Form]
	Yes	1 🗌 Go to Question 31
	Don't Know	9 🗌 [End Form]
	Refuse to Answer	7 🗌 [End Form]
31. Have you	ever tested positive for	HIV, that is, do you have HIV?
	No	0 🗌 Go to Question 32
	Yes	1 🗌 Go to Question 33
	Don't Know	9 🗌 Go to Question 32
	Refuse to Answer	7 🗌 [End Form]
		ent HIV test? Please tell me the month and year 't know or Refusal answers).
Date of	most recent HIV test (m	m/yyyy):

33. When did you first test positive? Please tell me the month and year (Use CDART Field Status for Don't know or Refusal answers).

Date of first positive test (mm/yyyy):		/			
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