



HCHS/SOL V3: Personal Medical History- (MHE)

Q x Q

01/24/2022

General Instructions

This questionnaire asks about personal medical history. Participants are asked to provide information since the first SOL visit, from the last telephone interview, within the last 12 months, etc. Make sure you formulate the question in the specified time frame. Each question will provide the time frame to be used.

The overall layout of this form starts with a determination of doctor-diagnosed medical conditions. Age of onset is determined for select conditions.

CDART Pre-filled Fields

To assist in completing the form, the participant's sex assigned at birth, their age at Visit 3, and the date of their last SOL visit will be provided as pre-fills in CDART. Please refer to these three fields as needed when administering the questionnaire.

Question by Question Instructions

To set the stage for the interview, read the script as provided: *'Next I would like to update our records for any health issues you may have experienced. Some are questions we have asked before, but we want to make sure that 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".

Section A. Since the last SOL visit, has a doctor said that you had any of the following medical problems?

Q1. Heart Attack

With this question we want to assess whether a participant was told by a physician that they had a heart attack or myocardial infarction. The interviewer should neither define what a heart attack is, nor offer synonyms other than heart attack or myocardial infarction. A self-report of a 'physician-diagnosed heart attack' does not require that the participant experienced symptoms or was hospitalized for this event.

Q2. A balloon angioplasty, a stent, or bypass surgery to the arteries in your heart to improve the blood flow to your heart?

This question assesses if the participant has undergone one or more coronary revascularization procedures called a balloon angioplasty, placement of a stent, and/or coronary artery bypass surgery. All of these procedures are designed to restore and maintain blood flow through coronary arteries, which provide critical oxygen to the heart tissue. A balloon angioplasty involves running a catheter from an artery in the thigh to the blocked artery located on the outside wall of the heart. A small balloon attached to the catheter is then inflated to open up the passageway. Sometimes a "stent" is left to help maintain the opening.

A coronary artery stent is a small, metal mesh tube that is placed inside a coronary artery to help keep the artery open. To place the stent, a small incision is made in the groin area to reach the artery there. A catheter is guided through the groin artery into an area of the blocked

coronary artery. The stent is inserted with a balloon catheter and expands when the balloon is inflated. The stent is then left there to help keep the artery open. Occasionally, a physician may use a radial artery in the wrist instead of an artery in the groin to access the heart to complete these interventions.

A coronary artery bypass is sometimes referred to by its acronym "CABG" (pronounced 'cabbage'). This procedure uses healthy arteries harvested from other parts of the body to 'bypass' damaged arteries supplying blood to the heart. The terms double and triple bypass mean that two or three arteries supplying blood to the heart have been surgically bypassed. You should check the 'Yes' box on Q2 if the participant has had either an angioplasty or a bypass or both.

Q3. Angina?

Question assesses participant personal history of angina. Angina is chest pain or discomfort felt when there is not enough blood flow to the heart muscle. Chest pain is a hallmark symptom of angina. However, not all persons who experience chest pain have this condition. Therefore, it is important to check the Yes box on this set of questions only if they can state that a doctor has told them they have angina.

Q4. Heart failure?

Question ascertains a self-report of doctor-diagnosed heart failure. Another clinical name for this condition is congestive heart failure or congestive cardiac failure. This diagnosis covers a variety of conditions in which the heart is unable to pump enough blood through the body. Heart failure should not be confused with heart attack or myocardial infarction.

Q5. Stroke?

Question assesses personal history of doctor-diagnosed stroke. An alternate clinical name for this condition is cerebrovascular accident (CVA). There are two major forms of stroke: 1) a thrombosis or embolism is when an artery which supplies oxygen to the brain is blocked, and 2) a hemorrhage in which one of these brain arteries bursts or leaks. Both forms of stroke can cause permanent damage to the brain. Stroke should not be confused with transient ischemic attack, which is described below.

Q6. A mini-stroke or TIA (transient ischemic attack)?

Question assesses personal history of doctor-diagnosed mini-stroke or (TIA) transient ischemic attack. These mini-strokes can cause stroke-like symptoms caused by temporary blockages in the arteries supplying blood to the brain (confusion, numbness, weakness on one side of the body, etc.). The short duration of symptoms is the main difference between TIA and stroke, which is assessed in Q5. Short duration is defined as less than 24 hours.

Q7. A balloon angioplasty or surgery to the arteries of your neck to prevent or correct a stroke?

Question assesses personal history of balloon angioplasty or other surgery on the arteries of the neck to prevent a stroke. Balloon angioplasty (with or without a stent) can be used to clear blocked or partially blocked arteries in the neck that supply blood to the brain. A carotid endarterectomy, in which the arteries in the neck are surgically opened and cleaned, may also be performed.

Q8. An aortic aneurysm, an AAA, or ballooning of your aorta?

Questions assess personal history of abdominal aorta aneurysm (AAA) or ballooning of the aorta. The aorta is the largest artery in the body and is attached to the heart. All blood which has been replenished with oxygen by the heart passes through the aorta as it travels to other

parts of the body. The ballooning of the aorta is caused by a weakness in the wall of this artery. Rupture of an AAA or weakened aneurysm can cause death.

Q9. A repair of your aorta – the big artery in your abdomen?

Question assesses personal history of repair to the aorta. This is usually an invasive procedure in which the abdomen is opened and the aortic aneurysm repaired with a stent or graft. An EVAR (endovascular aneurysm repair) is another, less invasive option, in which the aorta is accessed through an artery in the groin and a stent or graft placed at the affected site.

Q10. Peripheral arterial disease (problems with circulation, blocked arteries to the legs)?

Question assesses personal history of peripheral arterial disease (PAD) or blocked arteries of the legs. This condition is sometimes referred to as peripheral vascular disease (PVD). This condition is caused by partial blockages of the large arteries which supply blood to the lower extremities. It can cause pain when walking, and in its more severe forms, pain while at rest, loss of sensation in the legs, and the need to amputate one or both legs due to gangrene (decay of tissue). If the participant indicates in Q10 that they had have PAD/PVD, administer Q10a and Q10b, which inquire about treatment for this condition.

Q10a. Question inquiries about the treatment for peripheral arterial disease. Ask this question ONLY if participant responds “Yes” to Q10.

Q10b. Question inquiries about the need of amputation treatment due to peripheral arterial disease (PAD) or blocked arteries. Ask this question ONLY if participant responds “Yes” to Q10.

Q11. Liver disease?

Question assesses personal history of doctor-diagnosed liver disease. If the participant is unsure of what you mean by liver disease, you can give examples such as hepatitis and cirrhosis. Those responding ‘Yes’ are administered Q11a-11d. If NO/UNSURE to liver disease, go to Q12.

Q11a. Hepatitis is caused by a group of viruses that cause damage to the liver. Those responding Yes to this question are asked which type they have (e.g. Type A, Type B, or Type C).

Q11b. Some participants may not know which sub-type they have. In this case check “Don’t Know”. If participant has had more than one sub-type of Hepatitis, prioritize the answer selected by choosing Type C first, Type B second, and Type A last. Make a notelog to indicate other types of Hepatitis the participant has had.

Q11c. Asks if a doctor has prescribed medication to treat Hepatitis C.

Q11d. Asks if the participant has cirrhosis (scarring of the liver). Cirrhosis is commonly caused by chronic, excessive alcohol consumption or exposure to the Hepatitis C virus.

Q12. Gallstones?

Question assesses a personal history of gallstones. Gallstones are small, hard concretions formed from bile pigments, calcium salts, and cholesterol, and are found in the gallbladder and bile ducts, causing pain. Those who answer Yes to this question are administered Q12a-12c.

Q12a. Treatments to dissolve or remove gallstones include lithotripsy (sonic treatment used to break gallstones into smaller pieces), oral medications to dissolve them, and mechanical removal (ERCP).

Q12b. If other treatments for gallstones are not effective or if there is an acute infection of the gallbladder, surgical removal of the gallbladder is a usual treatment.

Q12c. If gallbladder surgery was the treatment, what age was the participant at the time?

Q13. Weight-loss or bariatric surgery?

Weight-loss or bariatric surgery includes gastric bypass, gastric sleeve surgery, and gastric banding (stomach stapling), among others. These interventions decrease the size of the stomach or re-route the digestive tract to bypass the stomach and are usually employed when a patient has significant secondary health issues caused by morbid obesity. In case of any confusion on the participant's part, tummy-tucks and hernia repairs are not bariatric surgery.

Q13a. If Yes to Q13, at what age was the bariatric surgery done?

Q14. Since our last SOL visit 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.

This question asks the participant to recall if since their last SOL visit they had a diagnosis of COPD in an outpatient setting. **Be careful to stress that this does not include doctor visits for tuberculosis.** If the participant is unclear about the precise date but definitely knows that it was after their Visit 2 exam, 'Yes' is the best answer to this question.

It is likely that a doctor or health professional used other terms such as emphysema or chronic bronchitis. If the participant indicates they had such an event, the interviewer moves on to ask specific questions about this episode (Q14a). If the participant denies or is unsure of any outpatient diagnoses of COPD, emphysema, or chronic bronchitis then go to Q15.

Q14a Did the doctor or health care professional prescribe a medication, such as inhalers, oxygen, or pills for your lungs or prescribing a steroid pill for your lungs?

Q15. Since our last SOL visit with you on (date), has a doctor or health professional told you that you had asthma?

This question asks the participant to recall if since their last SOL visit they have been diagnosed with asthma in an outpatient setting. If the participant indicates they had such an event, the interviewer moves on to ask specific questions about this episode (Q15a). If the participant denies or is unsure of any outpatient diagnoses of asthma, then go to Q16. If the participant is unclear about the precise date but knows that it was definitely after their Visit 2 exam, 'Yes' is the best answer to this question.

Q15a Did the doctor or health care professional prescribe a medication, such as inhalers, oxygen or pills for your lungs or prescribing a steroid pill for your lungs?

Q16. Since our last SOL visit with you (on date), has a doctor or health professional told you that you had diabetes or high sugar in the blood?

Question assesses personal history of diabetes. If the participant has been diagnosed with diabetes since his/her last SOL visit, continue to 16a to inquire whether treatment was recommended, and then to 16b to specify the type of treatment(s). If the answer is NO or the participant is UNSURE, then go to Q17. If the participant is unclear about the precise date but knows that it was definitely after their Visit 2 exam, 'Yes' is the best answer to this question.

Q16a. Did the doctor recommend any treatments?

The purpose of this question is to determine whether or not the participant was treated for this reported diabetes. If treatments such as medications were recommended but

the participant didn't actually obtain and/or take the medications record YES. If the answer is No or the participant is UNSURE, then go to Q17.

Q16b. What treatment was recommended?

Do not read the response options. Mark Yes for all that apply and No if it does not apply. Listen to the participant's response and prompt if necessary for understanding. Record the treatments in the category that is most appropriate. If you are not sure whether a recalled treatment fits into a category, record other and specify the treatment in the space provided.

Q17. 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?

If 'Yes' continue to Q17a to inquire whether treatment was given. If the answer is No or the participant is UNSURE, then go to Q18. If the participant is unclear about the precise date but knows that it was definitely after their Visit 2 exam, 'Yes' is the best answer to this question.

Q17a. Did the doctor recommend any treatments?

The purpose of this question is to determine whether or not the participant was treated for this reported high blood pressure or hypertension. If treatments such as medications were recommended but the participant didn't actually obtain and/or take the medications record YES. Then continue to Q17b to specify type of treatment. If the answer is NO or the participant is UNSURE, then go to Q18.

Q17b. What treatment was recommended?

Do not read the response options. Mark all that apply. Listen to the participant's response and prompt if necessary for understanding. Record the treatments in the category that is most appropriate. If you are not sure whether the recalled treatment fits into a category, record other and specify the treatment in the space provided. Go to Q18.

Q18. Since our last SOL visit with you on (date), has a doctor or health professional told you that you had high blood cholesterol?

If 'Yes' continue to Q18a to inquire whether treatment was given. If the answer is No or the participant is UNSURE, then go to Q19. If the participant is unclear about the precise date but knows that it was definitely after their Visit 2 exam, 'Yes' is the best answer to this question.

Q18a. Did the doctor recommend any treatments?

The purpose of this question is to determine whether or not the participant was treated for this reported high blood cholesterol. If treatments such as medications were recommended but the participant didn't actually obtain and/or take the medications record YES. Then continue to Q18b to specify type of treatment. If the answer is NO or the participant is UNSURE, then go to Q19.

Q18b. What treatment was recommended?

Do not read the response options. Mark Yes for all that apply and No if it does not apply. Listen to the participant's response and prompt if necessary for understanding. Record the treatments in the category that is most appropriate. If you are not sure whether a recalled treatment fits into a category, record other and specify the treatment in the space provided.

SECTION B: In the past 12 months, have you had any of the following problems?

Q19. Do you often have swelling in your feet or ankles at the end of the day?

Do the ankles or feet (lower extremities) increase in size by evening as evidenced either in a noticeable increase in size or tightness in socks/stockings or shoes? If the participant requests guidance in defining “often” the interviewer provides a non-directive synonym, such as “frequently” or “on most days”. If based on this the participant still is unable to answer, the definition of “often” given to the participant is “on most days of the week, for at least one month.” If the swelling is unilateral (affects only one foot or ankle) record “No”.

Q20. Do you have difficulty lying flat in bed or on a single pillow because this position makes you short of breath?

Has the participant in the past 12 months had difficulty lying flat or on only one pillow on more than one occasion (e.g., ‘are there times’ means events that happened more than once)?

Q21. Are there times when you wake up at night because of difficulty breathing?

Has the participant since the last phone interview woken up because of difficulty in breathing on more than one occasion (e.g., ‘are there times’ means events that happened more than once).

Q22. Are there times when you have difficulty breathing when you are not walking or active?

This question asks about difficulty in breathing while at rest, which could be sitting, standing, or lying down.

Q23. Have you ever been told by a doctor or health professional that you had/have any of the following conditions that effect the brain?

Q23a-f. This question inquires about 6 conditions that affect the brain: dementia, Alzheimer’s disease, vascular dementia (hardening of the arteries), mild cognitive impairment, Parkinson’s, and brain tumor. Select ‘Yes’ for all that apply.

In the past 12 months have you:

Q24. Received dialysis (either hemodialysis or peritoneal dialysis)?

This question refers to the past 12 months only and includes any hemodialysis, including temporary or one-time dialysis in an acute setting or regular dialysis care.

Q25. Received a kidney transplant?

Again, this refers to transplant within the past 12 months only.

In the past 12 months have you had or do you currently have:

Q26. Pain in your face?

Has the participant experienced pain in the face in the past 12 months? If asked by the participant, this refers to pain anywhere in the face.

Q27. Pain in your jaw joint?

Pain in the jaw joint or “hinge” of the jaw is often called temporomandibular joint disorder. It can be caused by different factors. Limit the time frame for this question to the past 12 months.

Complete if Q26 and/or Q27 =Yes

In the past 6 months:

Q28. How often did you have pain?

Ask participant to make their best estimate on how often in the past 6 months they experienced face or jaw pain using: Never, Some days, Most days, or Every day.

Q29. How often did pain limit your life or work activities?

Ask participant to make their best estimate on how often face or jaw pain limited their work or life activities over the past 6 months, using: Never, Some days, Most days, or Every day.

SECTION C. Other Health Questions

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.

Remember always the participant's right to refuse to answer questions regarding their HIV testing/status. They may need reassurance of confidentiality and of how important this information is to the study.

Q30. Have you ever had an HIV test?

HIV tests usually involve a blood test, although oral fluids testing is also available. If participant denies ever being tested, doesn't know if they have been tested, or refuse to answer, thank them for their assistance with the questionnaire and move on with the visit.

Q31. Have you ever tested positive for HIV, that is, do you have HIV?

If the participant has been tested for HIV but does not know their HIV status (Don't know) go to the Q32. If the participant acknowledges having AIDS, the immunodeficiency syndrome caused by an HIV virus infection, mark Yes to this question. If the participant refuses to answer, thank them for their assistance and move on with the visit.

Q32. When did you have your most recent HIV test? Please tell me the month and year.

Record the participant's best estimate of the month of year of their last HIV test. Enter the data in MM/YYYY format. Use CDART field status choices to record Don't know or Refusal answers to this question.

Q33. When did you first test positive (to the HIV virus)? Please tell me the month and year.

Record the participant's best estimate of the month of year of their last HIV test. Enter the data in MM/YYYY format. Use CDART field status choices to record Don't know or Refusal answers to this question.