

HEALTH HISTORY PART I

SPID# \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer# \_\_\_\_\_

*This next questionnaire is about your personal health history. I will ask you if a health professional ever told you that you have or had certain general health problems in your lifetime and if so, how old you were when these occurred. For some health problems I will ask you about the treatment you received. If there is any question that you don't know the answer to let me know. If there is any question that makes you uncomfortable you may ask me to skip the question.*

HHQ.100. Has a doctor or other health professional ever told you that you had **congestive heart failure**?

HHQ 100 FMT\_YES\_NO

- Yes 1
- No 2
- Refused 77
- Don't know 99

HHQ.130 Has a doctor or other health professional ever told you that you had a **heart attack** (also called **myocardial infarction**) **OR ANGINA**?

HHQ130\_R2 FMT\_YES\_NO

- Yes 1
- No 2 (skip to HHQ.140)
- Refused 77 (skip to HHQ.140)
- Don't know 99 (skip to HHQ.140)

HHQ.131. How many heart attacks have you had?

HHQ131 FMT\_NUMERIC

- (Enter #)
- Refused 77
- Don't know 99

HHQ.132. How old were you when you were first told you had a heart attack (myocardial infarction)?

HHQ132 FMT\_NUMERIC

**HEALTH HISTORY PART I**

Enter age in years

Refused **777**

Don't know **999**

HHQ140. Have you ever had heart surgery?

HHQ 140 FMT\_YES\_NO

|            |           |                   |
|------------|-----------|-------------------|
| Yes        | <b>1</b>  |                   |
| No         | <b>2</b>  | (skip to HHQ.160) |
| Refused    | <b>77</b> | (skip to HHQ.160) |
| Don't know | <b>99</b> | (skip to HHQ.160) |

HHQ.141 Which of the following types of heart surgery have you had? (**HAND CARD**) List all that apply.

Bypass surgery **1**  
 Angioplasty **2**  
 Valve surgery **3**  
 Pacemaker **4**  
 Other (specify) \_\_\_\_\_ **5**  
 Refused **77**  
 Don't know **99**

|                |              |             |
|----------------|--------------|-------------|
| FIRST RESPONSE | HHQ141_A     | FMT_HHQ141_ |
| 2ND RESPONSE   | HHQ141_B     | FMT_HHQ141_ |
| 3RD RESPONSE   | HHQ141_C     | FMT_HHQ141_ |
| 4TH RESPONSE   | HHQ141_D     | FMT_HHQ141_ |
| 5TH RESPONSE   | HHQ141_E     | FMT_HHQ141_ |
| OTHER RESPONSE | HHQ141_OTHER | \$FMT_CHAR. |

HHQ.160. Has a doctor or other health professional ever told you that you} had a **stroke OR TIA (a TRANSIENT ISCHEMIC ATTACK?)**

HHQ160\_R2 FMT\_YES\_NO

Yes **1**

**HEALTH HISTORY PART I**

|            |           |                          |
|------------|-----------|--------------------------|
| No         | <b>2</b>  | <b>(skip to HHQ.180)</b> |
| Refused    | <b>77</b> | <b>(skip to HHQ.180)</b> |
| Don't know | <b>99</b> | <b>(skip to HHQ.180)</b> |

HHQ.162. How old were you when you were first told that you had a stroke **OR TIA**  
(a **TRANSIENT ISCHEMIC ATTACK?**)

*HHQ162\_R2**FMT\_NUMERIC*




Enter age in years

Refused **777**Don't know **999**

HHQ.180. Has a doctor or other health professional ever told you that you had **high cholesterol/hyperlipidemia?**

*HHQ180 FMT\_YES\_NO*

|            |           |                          |
|------------|-----------|--------------------------|
| Yes        | <b>1</b>  |                          |
| No         | <b>2</b>  | <b>(skip to HHQ.190)</b> |
| Refused    | <b>77</b> | <b>(skip to HHQ.190)</b> |
| Don't know | <b>99</b> | <b>(skip to HHQ.190)</b> |

HHQ.182. How old were you when you were first told that you had high  
cholesterol/hyperlipidemia?

*HHQ182**FMT\_NUMERIC*




Enter age in years

Refused **777**Don't know **999**

HHQ.183. How is your high cholesterol/hyperlipidemia currently being treated? List  
all that apply

No treatment **1**Prescribed medicine **2**Weight control/loss **3**Exercise **4**Special diet **5**

**HEALTH HISTORY PART I**

Other (specify)\_\_\_\_\_ **6**

Refused **77**

Don't know **99**

|                       |                     |                    |
|-----------------------|---------------------|--------------------|
| <b>FIRST RESPONSE</b> | <b>HHQ183_A</b>     | <b>FMT_HHQ183_</b> |
| <b>2ND RESPONSE</b>   | <b>HHQ183_B</b>     | <b>FMT_HHQ183_</b> |
| <b>3RD RESPONSE</b>   | <b>HHQ183_C</b>     | <b>FMT_HHQ183_</b> |
| <b>4TH RESPONSE</b>   | <b>HHQ183_D</b>     | <b>FMT_HHQ183_</b> |
| <b>5TH RESPONSE</b>   | <b>HHQ183_E</b>     | <b>FMT_HHQ183_</b> |
| <b>OTHER RESPONSE</b> | <b>HHQ183_OTHER</b> | <b>\$FMT_CHAR.</b> |

HHQ.184 Has your doctor or other health professional ever told you that your good cholesterol (or HDL) was too low?

**HHQ 184 FMT\_YES\_NO**

Yes **1**  
 No **2**  
 Refused **77**  
 Don't know **99**

HHQ.190. Has a doctor or other health professional ever told you that you} had **diabetes?**

**HHQ 190 FMT\_YES\_NO**

Yes **1**  
 No **2** (skip to HHQ.200)  
 Refused **77** (skip to HHQ.200)  
 Don't know **99** (skip to HHQ.200)

HHQ.191. Which type of diabetes have you had? (Pick only one)

**HHQ191 FMT\_HHQ191\_**

Type I **1**  
 Type II **2**  
 Only when pregnant **3**  
 Borderline diabetes  
 (also called pre-diabetes) **4**  
 Refused **77**

**HEALTH HISTORY PART I**

Don't know **99**

HHQ.192. How old were you when you were first told you had diabetes?  
*HHQ192 FMT\_NUMERIC*

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Enter age in years

Refused **777**

Don't know **999**

HHQ 193. How is your diabetes currently being treated or controlled?

No treatment **1**

Insulin **2**

Oral anti-diabetics (pills) **3**

Weight control/loss **4**

Exercise **5**

Special Diet **6**

Other (specify) **7**

Refused **77**

Don't Know **99**

|                       |                     |                    |
|-----------------------|---------------------|--------------------|
| <i>FIRST RESPONSE</i> | <i>HHQ193_A</i>     | <i>FMT_HHQ193_</i> |
| <i>2ND RESPONSE</i>   | <i>HHQ193_B</i>     | <i>FMT_HHQ193_</i> |
| <i>3RD RESPONSE</i>   | <i>HHQ193_C</i>     | <i>FMT_HHQ193_</i> |
| <i>4TH RESPONSE</i>   | <i>HHQ193_D</i>     | <i>FMT_HHQ193_</i> |
| <i>5TH RESPONSE</i>   | <i>HHQ193_E</i>     | <i>FMT_HHQ193_</i> |
| <i>6TH RESPONSE</i>   | <i>HHQ193_F</i>     | <i>FMT_HHQ193_</i> |
| <i>OTHER RESPONSE</i> | <i>HHQ193_OTHER</i> | <i>\$FMT_CHAR.</i> |

HHQ.200. Has a doctor or other health professional ever told you that you had **high blood pressure/hypertension?**

*HHQ200 FMT\_YES\_NO*

Yes **1**

No **2** (skip to HHQ.210)

Refused **77** (skip to HHQ.210)

**HEALTH HISTORY PART I**

Don't know **99**

**(skip to HHQ.210)**

HHQ.202. How old were you when you were first told that you had **high blood pressure/hypertension**?

*HHQ202 FMT\_NUMERIC*

Enter age in years

Refused **777**

Don't know **999**

HHQ.203 How is your **high blood pressure/hypertension** currently treated? List all that apply.

No treatment **1**

Prescribed medicine **2**

Weight control/loss **3**

Exercise **4**

Special diet **5**

Other (specify)\_\_\_\_\_ **6**

Refused **77**

Don't know **99**

|                       |                     |                    |
|-----------------------|---------------------|--------------------|
| <i>FIRST RESPONSE</i> | <i>HHQ203_A</i>     | <i>FMT_HHQ203_</i> |
| <i>2ND RESPONSE</i>   | <i>HHQ203_B</i>     | <i>FMT_HHQ203_</i> |
| <i>3RD RESPONSE</i>   | <i>HHQ203_C</i>     | <i>FMT_HHQ203_</i> |
| <i>4TH RESPONSE</i>   | <i>HHQ203_D</i>     | <i>FMT_HHQ203_</i> |
| <i>5TH RESPONSE</i>   | <i>HHQ203_E</i>     | <i>FMT_HHQ203_</i> |
| <i>OTHER RESPONSE</i> | <i>HHQ203_OTHER</i> | <i>\$FMT_CHAR.</i> |

HHQ.210. {Has a doctor or other health professional ever told you that you have} **asthma?**

*HHQ210 FMT\_YES\_NO*

Yes **1**

No **2** **(skip to HHQ.230)**

Refused **77** **(skip to HHQ.230)**

Don't know **99** **(skip to HHQ.230)**

## HEALTH HISTORY PART I

HHQ. 212. How old were you when you were first told you have asthma?

*HHQ212 FMT\_NUMERIC*

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Enter age in years

Refused **777**

Don't know **999**

HHQ.214. Do you still have asthma?

*HHQ214 FMT\_YES\_NO*

Yes **1**

No **2**

Refused **77**

Don't know **99**

HHQ.215 During the last 12 months, have you had an episode of asthma or an asthma attack?

*HHQ215 FMT\_YES\_NO*

Yes **1**

No **2**

Refused **77**

Don't know **99**

HHQ.216 During the past 12 months, have you visited an emergency room or urgent care because of your asthma?

*HHQ216 FMT\_YES\_NO*

Yes **1**

No **2**

Refused **77**

Don't know **99**

**HEALTH HISTORY PART I**

HHQ.217 How is your asthma currently being treated or controlled?  
**[List all that apply]**

- Use nothing/no treatment **1**
- Inhaled bronchodilator **2**
- Inhaled steroid **3**
- Oral medication **4**
- Injected Medications **5**
- Controlling allergies and/or asthma triggers **6**
- Weight control/loss/exercise/special diet **7**
- Other (Specify) **8**
- Refused **77**
- Don't Know **99**

|                |              |             |
|----------------|--------------|-------------|
| FIRST RESPONSE | HHQ217_A     | FMT_HHQ217_ |
| 2ND RESPONSE   | HHQ217_B     | FMT_HHQ217_ |
| 3RD RESPONSE   | HHQ217_C     | FMT_HHQ217_ |
| 4TH RESPONSE   | HHQ217_D     | FMT_HHQ217_ |
| 5TH RESPONSE   | HHQ217_E     | FMT_HHQ217_ |
| 6TH RESPONSE   | HHQ217_F     | FMT_HHQ217_ |
| 7TH RESPONSE   | HHQ217_G     | FMT_HHQ217_ |
| OTHER RESPONSE | HHQ217_OTHER | \$FMT_CHAR. |

HHQ. 218 During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

- |            |               |                    |
|------------|---------------|--------------------|
|            | <b>HHQ218</b> | <b>FMT_HHQ218_</b> |
| NEVER      | <b>1</b>      |                    |
| 1-14 days  | <b>2</b>      |                    |
| 15-24 days | <b>3</b>      |                    |
| 25-30 days | <b>4</b>      |                    |
| Refused    | <b>77</b>     |                    |



**HEALTH HISTORY PART I**Don't know **99**

HHQ 219 During the past 30 days, how many days did you take a prescription asthma medication (inhaler) DURING AN ASTHMA ATTACK to stop it?

*HHQ219 FMT\_HHQ219\_*

NEVER 1

1-4 times (in the past 30 days) 2

5-14 times (in the past 30 days) 3

15-29 times (in the past 30 days) 4

30-59 times (in the past 30 days) 5

60-99 times (in the past 30 days) 6

More than 100 times (in the past 30 days) 7

Refused 77

Don't Know 99

HHQ.230. {Has a doctor or other health professional ever told you that you} had **chronic bronchitis OR EMPHYSEMA?**

*HHQ 230\_R2 FMT\_YES\_NO*

Yes 1

No 2

Refused 77

Don't know 99

HHQ.240. Do you usually cough on most days for **3 consecutive months or more** during the year?

*HHQ 240 FMT\_YES\_NO*

Yes 1

No 2 (Skip to HHQ.260)

Refused 77 (Skip to HHQ.260)

Don't know 99 (Skip to HHQ.260)

HHQ.242 For how many years have you had this cough? IF LESS THAN 1 YEAR, ENTER 1.

**HEALTH HISTORY PART I**

*HHQ242 FMT\_NUMERIC*

|\_|\_|\_|  
Enter number of years

Refused **777**

Don't know **999**

HHQ.260. In the **past 12 months** have you had wheezing or whistling in {your/his/her} chest?

*HHQ 260 FMT\_YES\_NO*

Yes **1**

No **2** (Skip to HHQ.270)

Refused **77** (Skip to HHQ.270)

Don't know **99** (Skip to HHQ.270)

HHQ.262. In the **past 12 months**, how many attacks of wheezing or whistling have you had? **[If 12 or more episodes, enter 12]**

*HHQ262 FMT\_NUMERIC*

|\_|\_|  
Enter number of episodes

Refused **77**

Don't know **99**

HHQ.270 Has a doctor or other health professional ever told you that you had **allergies** or **hay fever**?

*HHQ 270 FMT\_YES\_NO*

Yes **1**

No **2** (end of this questionnaire)

Refused **77** (end of this questionnaire)

Don't know **99** (end of this questionnaire)

HHQ.271. Which types of allergies have you had? **[HAND CARD, Indicate ALL THAT APPLY]**

Trees, grasses, plants, pollen **1**

Medicines **2**

**HEALTH HISTORY PART I**

Foods **3**  
 Chemicals/scents **4**  
 Molds **5**  
 Animals/dander **6**  
 Dust mites **7**  
 Stinging insects **8**  
 Other \_\_\_\_\_ **9**  
 Refused **77**  
 Don't know **99**

|                |              |             |
|----------------|--------------|-------------|
| FIRST RESPONSE | HHQ271_A     | FMT_HHQ271_ |
| 2ND RESPONSE   | HHQ271_B     | FMT_HHQ271_ |
| 3RD RESPONSE   | HHQ271_C     | FMT_HHQ271_ |
| 4TH RESPONSE   | HHQ271_D     | FMT_HHQ271_ |
| 5TH RESPONSE   | HHQ271_E     | FMT_HHQ271_ |
| 6TH RESPONSE   | HHQ271_F     | FMT_HHQ271_ |
| 7TH RESPONSE   | HHQ271_G     | FMT_HHQ271_ |
| 8TH RESPONSE   | HHQ271_H     | FMT_HHQ271_ |
| 9TH RESPONSE   | HHQ271_I     | FMT_HHQ271_ |
| OTHER RESPONSE | HHQ271_OTHER | \$FMT_CHAR. |

HHQ.274. Where do allergy symptoms occur?  
**[List all that apply]**

In breathing **1**  
 In digestion **2**  
 On skin **3**  
 In eyes **4**  
 In nose/sinuses **5**  
 Other \_\_\_\_\_ **6**  
 Refused **77**

HEALTH HISTORY PART I

Don't know **99**

|                |              |             |
|----------------|--------------|-------------|
| FIRST RESPONSE | HHQ274_A     | FMT_HHQ274_ |
| 2ND RESPONSE   | HHQ274_B     | FMT_HHQ274_ |
| 3RD RESPONSE   | HHQ274_C     | FMT_HHQ274_ |
| 4TH RESPONSE   | HHQ274_D     | FMT_HHQ274_ |
| 5TH RESPONSE   | HHQ274_E     | FMT_HHQ274_ |
| 6TH RESPONSE   | HHQ274_F     | FMT_HHQ274_ |
| OTHER RESPONSE | HHQ274_OTHER | \$FMT_CHAR. |

HHQ.275 How old were you when you were first told you had allergies or hay fever?

HHQ275 FMT\_NUMERIC

Enter age in years

Refused **777**

Don't know **999**

HHQ.276 Do you still have allergies or hay fever?

HHQ276 FMT\_YES\_NO

Yes **1**

No **2**

Refused **77**

Don't know **99**