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Write Participant ID Here
6

HEART ATTACK PREVENTION PROGRAM – MEDICAL HISTORY QUESTIONNAIRE

A complete and accurate medical history is essential in evaluating your health status. This questionnaire is intended to help you become more aware of your physical well-being and to help our staff with your examination at the next visit. The answers you give are treated completely confidentially and will become part of your medical record.

Please follow these directions when completing this questionnaire:

1. Read every question carefully and answer every one. Unless otherwise indicated, only one response should be selected for each question. PLEASE USE BALLPOINT PEN AND PRESS FIRMLY.
2. It is essential that you bring this completed questionnaire with you to your scheduled appointment. A protective envelope is enclosed for your convenience. PLEASE DO NOT FOLD THE QUESTIONNAIRE.

This is a questionnaire for:

CC USE ☐ 17

NAME _____

DATE QUESTIONNAIRE COMPLETED 18 MONTH ☐☐ DAY ☐☐ YEAR ☐☐

PLEASE BRING ALL MEDICINES THAT YOU ARE CURRENTLY TAKING, OR HAVE TAKEN DURING THE PAST TWO WEEKS, TO THE NEXT VISIT SO THAT THE DOCTOR CAN IDENTIFY THEM.

DO NOT USE

Answer the following questions using pages 3 and 4 of this questionnaire.

1. Is "YES" checked in question 62? 1 ☐ yes 2 ☐ no
2. Is "YES" checked for either question 64 or 65? 1 ☐ yes 2 ☐ no
3. Is "Stop" or "Slow down" checked for question 66? 1 ☐ yes 2 ☐ no
4. Is "YES" checked for question 67? 1 ☐ yes 2 ☐ no
5. Is "10 minutes or less" checked for question 68? 1 ☐ yes 2 ☐ no
6. Is either a) X placed in sternum (upper, middle, or lower) or b) X in both left anterior chest **and** X in left arm of diagram of question 69? 1 ☐ yes 2 ☐ no

If "YES" is checked for each of the above six questions check "YES" for item 4. a. ii. in FORM 20, otherwise check "NO".

1. Is "YES" checked for question 71? 1 ☐ yes 2 ☐ no
2. Is "NO" checked for question 72? 1 ☐ yes 2 ☐ no
3. Is "YES" checked for question 73? 1 ☐ yes 2 ☐ no
4. Is "YES" checked for either question 74 or 75? 1 ☐ yes 2 ☐ no
5. Is "NO" checked for question 76? 1 ☐ yes 2 ☐ no
6. Is "Stop" or "Slowdown" checked for question 77? 1 ☐ yes 2 ☐ no
7. Is "Usually disappears in 10 minutes or less" checked for question 78? 1 ☐ yes 2 ☐ no

If "YES" is checked for each of the above seven questions check "YES" for item 4. e. on FORM 20, otherwise check "NO".

DO NOT KEY

MRFIT—MULTIPLE RISK FACTOR INTERVENTION TRIAL
SPONSORED BY NATIONAL HEART AND LUNG INSTITUTE
OFFICE OF MANAGEMENT AND BUDGET NO. 68-R1378, APPROVAL EXPIRES SEPT. 1, 1979

HAS A DOCTOR EVER TOLD YOU THAT YOU HAD ANY OF THE FOLLOWING?

(Check either yes, no, or not sure for each item. Print clearly all responses. Use ball point pen.)

MHQ01V2S	1. High blood pressure (hypertension)	1 ☐ yes	2 ☐ no	3 ☐ not sure	24
MHQ02V2S	2. Heart attack (myocardial infarction, coronary occlusion or coronary thrombosis)	1 ☐ yes	2 ☐ no	3 ☐ not sure	25
MHQ03V2S	3. Angina	1 ☐ yes	2 ☐ no	3 ☐ not sure	26
MHQ04V2S	4. Congenital heart disease (born with heart defect)	1 ☐ yes	2 ☐ no	3 ☐ not sure	27
MHQ05V2S	5. Rheumatic fever, chorea (St. Vitus Dance)	1 ☐ yes	2 ☐ no	3 ☐ not sure	28
MHQ06V2S	6. Rheumatic heart disease	1 ☐ yes	2 ☐ no	3 ☐ not sure	29
MHQ07V2S	7. Stroke	1 ☐ yes	2 ☐ no	3 ☐ not sure	30
MHQ08V2S	8. Diabetes (sugar in the blood or urine)	1 ☐ yes	2 ☐ no	3 ☐ not sure	31
MHQ09V2S	9. Gout	1 ☐ yes	2 ☐ no	3 ☐ not sure	32
MHQ10V2S	10. Kidney disease (nephritis, pyelonephritis, glomerulonephritis, kidney infection)	1 ☐ yes	2 ☐ no	3 ☐ not sure	33
MHQ11V2S	11. Kidney stones	1 ☐ yes	2 ☐ no	3 ☐ not sure	34
MHQ12V2S	12. Prostate infection, enlargement or other prostate disease	1 ☐ yes	2 ☐ no	3 ☐ not sure	35
MHQ13V2S	13. Urinary tract infection, bladder infection, other bladder disease	1 ☐ yes	2 ☐ no	3 ☐ not sure	36
MHQ14V2S	14. Bronchitis	1 ☐ yes	2 ☐ no	3 ☐ not sure	37
MHQ15V2S	15. Pneumonia	1 ☐ yes	2 ☐ no	3 ☐ not sure	38
MHQ16V2S	16. Pleurisy	1 ☐ yes	2 ☐ no	3 ☐ not sure	39
MHQ17V2S	17. Emphysema	1 ☐ yes	2 ☐ no	3 ☐ not sure	40
MHQ18V2S	18. Tuberculosis	1 ☐ yes	2 ☐ no	3 ☐ not sure	41
MHQ19V2S	19. Thyroid problem or disease	1 ☐ yes	2 ☐ no	3 ☐ not sure	42
MHQ20V2S	20. Colitis or inflammation of the colon	1 ☐ yes	2 ☐ no	3 ☐ not sure	43
MHQ21V2S	21. Ulcer (stomach or duodenal), or intestinal bleeding	1 ☐ yes	2 ☐ no	3 ☐ not sure	44
MHQ22V2S	22. Hepatitis	1 ☐ yes	2 ☐ no	3 ☐ not sure	45
MHQ23V2S	23. Cirrhosis or other liver disease	1 ☐ yes	2 ☐ no	3 ☐ not sure	46
MHQ24V2S	24. Anemia	1 ☐ yes	2 ☐ no	3 ☐ not sure	47
MHQ25V2S	25. Cancer	1 ☐ yes	2 ☐ no	3 ☐ not sure	48
MHQ26V2S	26. Nervous, emotional or mental disorder	1 ☐ yes	2 ☐ no	3 ☐ not sure	49
MHQ27V2S	27. Rheumatoid arthritis	1 ☐ yes	2 ☐ no	3 ☐ not sure	50
MHQ28V2S	28. Other arthritis	1 ☐ yes	2 ☐ no	3 ☐ not sure	51
	29. Epilepsy or seizures or fits	1 ☐ yes	2 ☐ no	3 ☐ not sure	52
MHQ30V2S	30. Allergies	1 ☐ yes	2 ☐ no	3 ☐ not sure	53
MHQ31V2S	31. Asthma	1 ☐ yes	2 ☐ no	3 ☐ not sure	54
MHQ32V2S	32. Hives or hay fever	1 ☐ yes	2 ☐ no	3 ☐ not sure	55
	33. Other major diseases (specify) _____	1 ☐ yes	2 ☐ no	3 ☐ not sure	56
	34. Have you ever been told by a doctor that you have gallstones or gall bladder disease?	1 ☐ yes	2 ☐ no	3 ☐ not sure	57
	35. Have you ever had x-rays taken of your gall bladder?	1 ☐ yes	2 ☐ no	3 ☐ not sure	58
	36. Have you ever had surgery for gall bladder disease?	1 ☐ yes	2 ☐ no	3 ☐ not sure	59

DURING THE PAST YEAR, HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?

	37. Skin rash or unusual bruises?	1 ☐ yes	2 ☐ no	3 ☐ not sure	60
	38. Headaches that were so bad you had to stop what you were doing?	1 ☐ yes	2 ☐ no	3 ☐ not sure	61
	39. Headache attack, racing heart and sweating, all at the same time?	1 ☐ yes	2 ☐ no	3 ☐ not sure	62
	40. Faintness or light headedness when you stand up quickly?	1 ☐ yes	2 ☐ no	3 ☐ not sure	63
	41. Your heart beating unusually fast or skipping beats?	1 ☐ yes	2 ☐ no	3 ☐ not sure	64
	42. Blacking out or losing consciousness?	1 ☐ yes	2 ☐ no	3 ☐ not sure	65
	43. Frequent stomach pains?	1 ☐ yes	2 ☐ no	3 ☐ not sure	66
	44. Waking up early, having trouble getting back to sleep?	1 ☐ yes	2 ☐ no	3 ☐ not sure	67
	45. Black or tarry stools?	1 ☐ yes	2 ☐ no	3 ☐ not sure	68
	46. Bright red blood in your stools?	1 ☐ yes	2 ☐ no	3 ☐ not sure	69
	47. Allergies to medicines?	1 ☐ yes	2 ☐ no	3 ☐ not sure	70
	48. Unexplained weight loss?	1 ☐ yes	2 ☐ no	3 ☐ not sure	71

49. During the past 12 months, about how many times have you seen or talked to a medical doctor for health reasons? (check one)

72 1 ☐ zero times during past year 2 ☐ one - two times during past year 3 ☐ three - five times during past year 4 ☐ six or more times during past year

50. During the past 12 months, about how many visits have you made to the dentist? (check one)

73 1 ☐ zero time during past year 2 ☐ one time during past year 3 ☐ two times during past year 4 ☐ three or more times during past year

51. About how many days during the past 12 months were you kept in bed for all or most of the day because of illness, disability or injury?

74 1 ☐ zero – three days during past year 2 ☐ four – six days during past year 3 ☐ seven – nine days during past year 4 ☐ ten or more days during past year

PLEASE ANSWER THE FOLLOWING QUESTIONS AS DIRECTED

52. Do you usually cough first thing in the morning in the winter? (If you cough with your first smoke or when first going outside, you should mark "yes". Do not respond "yes" for clearing of throat or a single cough.) 75 1 ☐ yes 2 ☐ no

COUGH2S

53. Do you usually cough during the day or at night in the winter? (Do not respond "yes" for a single cough.)

76 1 ☐ yes → 54. Do you cough like this on most days for as much as 3 months each year? 77 1 ☐ yes 2 ☐ no

76 2 ☐ no ↓

55. Do you usually bring up any phlegm (mucus) from your chest first thing in the morning in the winter? 78 1 ☐ yes 2 ☐ no

PHLEGM2S

56. Do you usually bring up any phlegm from your chest during the day – or at night – in the winter?

79 1 ☐ yes → 57. Do you bring up phlegm like this on most days for as much as 3 months each year? 80 1 ☐ yes 2 ☐ no

58. In the past 3 years, have you had a period of increased cough and phlegm lasting for 3 weeks or more? 81 1 ☐ yes, once 2 ☐ yes, more than once 3 ☐ no

79 2 ☐ no ↓

DYSPNE2S

59. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 82 1 ☐ yes 2 ☐ no

60. Do you get short of breath walking with other people of your own age on level ground? 83 1 ☐ yes 2 ☐ no

61. Have you ever had asthma? 84 1 ☐ yes 2 ☐ no

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

85 1 ☐ yes → 64. Do you get it when you walk uphill or hurry? 87 1 ☐ yes 2 ☐ no

85 2 ☐ no ↓

65. Do you get it when you walk at an ordinary pace on the level? 88 1 ☐ yes 2 ☐ no

66. When you get it in your chest what do you do?

89 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

ROSEAN2S
ROSEMI2S

63. Have you ever had any pressure or heaviness in your chest?

86 1 ☐ yes → 67. Does it go away when you stand still?

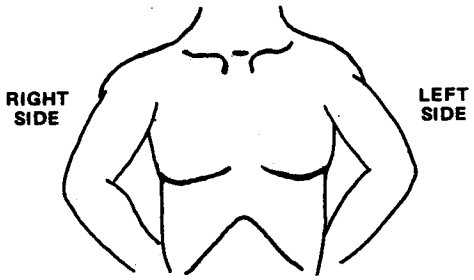
86 2 ☐ no ↓

90 1 ☐ yes → 68. How soon? 91 1 ☐ 10 min. or less 2 ☐ more than 10 min.

Continue with question 69.

90 2 ☐ no ↓

69. Where do you get this pain or discomfort? (Mark the place or places with an "X" on the diagram.)



DO NOT USE

92 1 ☐ yes 2 ☐ no

93 1 ☐ yes 2 ☐ no

94 1 ☐ yes 2 ☐ no

70. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? 95 1 ☐ yes 2 ☐ no

Continue with question 71.

71. Do you get a pain in either leg on walking?

ROSEIC2S

96 1 ☐ yes → 2 ☐ no

72. Does this pain ever begin when you are standing still or sitting? 97 1 ☐ yes 2 ☐ no

73. Do you get this pain in your calf? (or calves?) 98 1 ☐ yes 2 ☐ no

74. Do you get it when you walk uphill or hurry? 99 1 ☐ yes 2 ☐ no

75. Do you get it when you walk at an ordinary pace on the level? 100 1 ☐ yes 2 ☐ no

76. Does the pain ever disappear while you are still walking? 101 1 ☐ yes 2 ☐ no

77. What do you do if you get it when you are walking?
102 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

78. What happens to it if you stand still?
103 1 ☐ usually continues more than 10 min. 2 ☐ usually disappears in 10 min. or less

79. Has any medicine you may be taking now, or have taken in the past, ever caused you to have a skin rash or other kind of allergic reaction? 104 1 ☐ yes 2 ☐ no

If "yes", describe medicines, reaction and circumstances: _____

_____

CC USE ☐ 105

80. Have you taken any medicine in the past two weeks? 106 1 ☐ yes 2 ☐ no

Please bring all medicines that you are currently taking or have taken during the past 2 weeks, to the next visit so that the doctor can identify them.

ASPIR2S

81. During the past four weeks, how often did you take aspirin or similar drugs such as Alka-Seltzer, Anacin, APC, Bufferin, Darvon, Dristan, Empirin, or Excedrin? (check one)
107 1 ☐ daily 2 ☐ four, five, six days per week 3 ☐ one, two, three days per week 4 ☐ occasionally - less often than one day per week 5 ☐ not at all

HOSPSO2S

82. Have you ever had a surgical operation requiring hospitalization? 108 1 ☐ yes 2 ☐ no

If "yes", list the operation, name and address of the hospital, and the year in which the operation was performed:

Operation	Year	Name of Hospital, City and State

CC USE ☐ 109

HOSPOR2S

83. Have you ever been hospitalized for any reason other than surgery? 110 1 ☐ yes 2 ☐ no

If "yes", list the reason, the name and address of the hospital, and the year of the hospitalization:

Reason	Year	Name of Hospital, City and State

CC USE ☐ 111

FAMILY HISTORY — please answer the following question in terms of your natural mother and father.

MALIVE2S

84. Is your mother living?
112 1 ☐ yes → 2 ☐ no 3 ☐ not sure

MDAGE2S

85. Approximately how old was your mother when she died? 113 ☐☐ years

86. What was the cause of your mother's death? (check one)
115 1 ☐ accident 2 ☐ cancer 3 ☐ heart attack 4 ☐ stroke 5 ☐ other 6 ☐ unknown

Continue with question 87. MCAUSE2S

87. Does your mother have, or did she have, any of the following diseases or conditions? (answer each item)

Diabetes	MDIAB2S☐	116	1 ☐ yes 2 ☐ no 3 ☐ not sure
High blood pressure	MHYPER2S☐	117	1 ☐ yes 2 ☐ no 3 ☐ not sure
Heart attack	MHRTAT2S☐	118	1 ☐ yes 2 ☐ no 3 ☐ not sure
Any other heart trouble	MHRTOD2S☐	119	1 ☐ yes 2 ☐ no 3 ☐ not sure
Stroke	MSTROK2S	120	1 ☐ yes 2 ☐ no 3 ☐ not sure

FALIVE2S

88. Is your father living?
121 1 ☐ yes → 2 ☐ no 3 ☐ not sure

FDAGE2S

89. Approximately how old was your father when he died? 122 ☐☐ years

90. What was the cause of your father's death? (check one)
124 1 ☐ accident 2 ☐ cancer 3 ☐ heart attack 4 ☐ stroke 5 ☐ other 6 ☐ unknown

Continue with question 91. FCAUSE2S

91. Does your father have, or did he have, any of the following diseases or conditions? (answer each item)

Diabetes	FDIAB2S☐	125	1 ☐ yes 2 ☐ no 3 ☐ not sure
High blood pressure	FHYPER2S☐	126	1 ☐ yes 2 ☐ no 3 ☐ not sure
Heart attack	FHRTAT2S☐	127	1 ☐ yes 2 ☐ no 3 ☐ not sure
Any other heart trouble	FHRTOD2S☐	128	1 ☐ yes 2 ☐ no 3 ☐ not sure
Stroke	FSTROK2S	129	1 ☐ yes 2 ☐ no 3 ☐ not sure

SKIP 130-END