

Cohort, Exam 4**Health History Form: FORM CODE=HHX VERSION=D**

Instructions: This form is completed during the participant's visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.

A. AFU CHEST PAIN CONFIRMATION

<i>HHXD1</i>		<i>Did the participant report positive Rose angina in the Annual Follow-up call preceding this visit? Q1</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
381	Y	Yes
11182	N	No [skip to Q4]
93		Missing

<i>HHXD2</i>		<i>In the ARIC telephone call you mentioned having some pain or discomfort in your chest in the past year. Could you tell me where it was? Q2</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
378	Y	Yes
2	P	No-pain not recalled [skip to Q4]
5	L	No-location not recalled [skip to Q3]
11271		Missing

<i>HHXD2A</i>		<i>Sternum (upper or middle) Q2a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
290	Y	Yes
88	N	No
11278		Missing

<i>HHXD2B</i>		<i>Sternum (lower) Q2b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
83	Y	Yes
295	N	No
11278		Missing

<i>HHXD2C</i>		<i>Left anterior chest Q2c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
125	Y	Yes
253	N	No
11278		Missing

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<i>HHXD2D</i>		<i>Left arm</i>	<i>Q2d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
35	Y	Yes	
342	N	No	
11279		Missing	

<i>HHXD2E</i>		<i>Other</i>	<i>Q2e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
70	Y	Yes	
308	N	No [<i>skip to Q3</i>]	
11278		Missing	

<i>HHXD3</i>		<i>In the past two months has your chest discomfort either occurred more often, lasted longer when it occurs, or come on at rest? Q3</i>	
<i>N</i>	<i>Value</i>	<i>Description</i>	
95	Y	Yes	
288	N	No	
11273		Missing	

B. INVASIVE PROCEDURES

<i>HHXD4</i>		<i>Since your last ARIC visit, have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins? Q4</i>	
<i>N</i>	<i>Value</i>	<i>Description</i>	
342	Y	Yes	
11225	N	No [<i>skip to Q6</i>]	
89		Missing	

<i>HHXD5A</i>		<i>Coronary bypass:</i>	<i>Q5a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>	
1	U		
159	Y	Yes	
182	N	No	
11314		Missing	

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<i>HHXD5B</i>		<i>Other heart procedure:</i> <i>Q5b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
129	Y	Yes
212	N	No [<i>skip to Q5.c.</i>]
11315		Missing

<i>HHXD5C</i>		<i>Carotid endarterectomy:</i> <i>Q5c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
58	Y	Yes
283	N	No [<i>skip to Q5.e.</i>]
11315		Missing

<i>HHXD5D</i>		<i>Site:</i> <i>Q5d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
24	R	Right
27	L	Left
7	B	Both
11598		Missing

<i>HHXD5E</i>		<i>Other arterial revascularization:</i> <i>Q5e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
35	Y	Yes
304	N	No [<i>skip to Q5.f.</i>]
11317		Missing

<i>HHXD5F</i>		<i>Any other type of surgery on your heart or the arteries of your neck or legs?</i> <i>Q5f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
27	Y	Yes
313	N	No
11316		Missing

<i>HHXD6</i>		<i>Since your last visit to the ARIC clinic, have you had a balloon angioplasty on the arteries of your heart, neck, or legs?</i> <i>Q6</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
161	Y	Yes
11401	N	No [<i>skip to Q8</i>]
94		Missing

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<i>HHXD7A</i>		<i>Angioplasty of the coronary arteries: Q7a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
150	Y	Yes
15	N	No
11491		Missing

<i>HHXD7B</i>		<i>Angioplasty in the arteries of your neck: Q7b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
7	Y	Yes
157	N	No
11492		Missing

<i>HHXD7C</i>		<i>Angioplasty of lower extremity arteries: Q7c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
16	Y	Yes
149	N	No
11491		Missing

<i>HHXD8A</i>		<i>Heart catheterization: Q8a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
428	Y	Yes
11132	N	No
96		Missing

<i>HHXD8B</i>		<i>Carotid artery catheterization: Q8b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
56	Y	Yes
11504	N	No
96		Missing

<i>HHXD8C</i>		<i>Other arterial catheterization: Q8c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
43	Y	Yes
11512	N	No [<i>skip to Q9.a.</i>]
101		Missing

Cohort, Exam 4**C. DIAGNOSTIC PROCEDURES**

Since your last visit to the ARIC clinic, have you had any of the following procedures performed for a medical reason? Please do not include any procedures done for research studies or a fitness program.

<i>HHXD9A</i>		<i>Echocardiogram: Q9a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1064	Y	Yes
10472	N	No
120		Missing

<i>HHXD9B</i>		<i>Electrocardiogram: Q9b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
4466	Y	Yes
7079	N	No
111		Missing

<i>HHXD9C</i>		<i>Treadmill or cardiac stress test: Q9c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1594	Y	Yes
9963	N	No [skip to Q9.e.]
99		Missing

<i>HHXD9D</i>		<i>Thallium scan of the heart: Q9d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
456	Y	Yes
1116	N	No
10084		Missing

<i>HHXD9E</i>		<i>Holter monitor: Q9e</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
568	Y	Yes
10996	N	No
92		Missing

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<i>HHXD9F</i>		<i>Heart rhythm and conduction studies: Q9f</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
226	Y	Yes
11305	N	No
125		Missing

<i>HHXD9G</i>		<i>Carotid ultrasound studies: Q9g</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
517	Y	Yes
11039	N	No
100		Missing

<i>HHXD9H</i>		<i>MRI exam of the brain: Q9h</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
573	Y	Yes
10974	N	No
109		Missing

<i>HHXD9I</i>		<i>CAT scan of the brain: Q9i</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
559	Y	Yes
10984	N	No
113		Missing

D. HEAD INJURIES

<i>HHXD10</i>		<i>Have you ever had a major head injury? That is, one that resulted in your losing consciousness, no matter how briefly, or that led you to see a physician or seek hospital care? Q10</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1609	Y	Yes
9957	N	No [skip to Q11]
90		Missing

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<i>HHXD10A</i>		<i>How many times has this happened? Q10a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1366	1	
181	2	
45	3	
6	4	
2	5	
1	6	
3	8	
1	9	
10051		Missing

<i>HHXD10B</i>		<i>How many of these head injuries resulted in your losing consciousness, no matter how briefly? Q10b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
256	0	
1151	1	
140	2	
28	3	
2	4	
2	5	
1	6	
3	8	
10073		Missing

<i>HHXD10C</i>		<i>In what year was your last head injury for which you lost consciousness or sought medical care? Q10c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1588	Range	1925 - 1998 (median=1960 mean=1964.1 std=19.2)
10068		Missing

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<i>HHXD11</i>		<i>Have you ever received a blood transfusion? This includes whole or fresh blood or red blood cells, but NOT plasma or an IV without blood. Q11</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2042	Y	Yes
9190	N	No [skip to Q17]
335	U	Unknown [skip to Q17]
89		Missing

<i>HHXD12</i>		<i>How many times have you received a blood transfusion? Q12</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2022	Range	0 - 99 (median=1 mean=1.7 std=2.7)
9634		Missing

<i>HHXD13</i>		<i>How old were you when you had your first transfusion? Q13</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2016	Range	0 - 73 (median=36 mean=38.8 std=16.6)
9640		Missing

<i>HHXD14</i>		<i>What was the reason for your first transfusion? Q14</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
128	A	Injury (car accident, fall, etc.)
425	B	Childbirth
99	C	Bleeding ulcer
1051	D	Surgery
123	E	Anemia
214	F	Other
9616		Missing

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Was the blood for your first transfusion: Q15

<i>HHXD15A</i>		<i>Your own</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
174	Y	Yes
1840	N	No
20	U	Unknown
9622		Missing

<i>HHXD15B</i>		<i>From a blood relative Q15b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
81	Y	Yes
1917	N	No
35	U	Unknown
9623		Missing

<i>HHXD15C</i>		<i>From a non-blood relative Q15c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
115	Y	Yes
1877	N	No
41	U	Unknown
9623		Missing

<i>HHXD15D</i>		<i>From a blood bank Q15d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
1681	Y	Yes
303	N	No
49	U	Unknown
9623		Missing

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Was the blood for your other transfusions: Q16

<i>HHXD16A</i>		<i>Your own</i> <i>Q16a</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
73	Y	Yes
563	N	No
4	U	Unknown
11016		Missing

<i>HHXD16B</i>		<i>From a blood relative</i> <i>Q16b</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
12	Y	Yes
621	N	No
6	U	Unknown
11017		Missing

<i>HHXD16C</i>		<i>From a non-blood relative</i> <i>Q16c</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
27	Y	Yes
604	N	No
6	U	Unknown
11019		Missing

<i>HHXD16D</i>		<i>From a blood bank</i> <i>Q16d</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
516	Y	Yes
117	N	No
5	U	Unknown
11018		Missing

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Have you ever received any other blood products, such as clotting factors, white blood cells, platelets or plasma? Q17

<i>HHXD17</i>		
<i>N</i>	<i>Value</i>	<i>Description</i>
118	Y	Yes
11341	N	No
95	U	Unknown
102		Missing

F. WALKING/STANDING

<i>HHXD18</i>		
<i>Does the participant use a wheelchair, crutches, or walker? Q18</i>		
<i>N</i>	<i>Value</i>	<i>Description</i>
58	Y	Yes [skip to Q20]
11509	N	No
89		Missing

<i>HHXD19</i>		
<i>Does the participant walk with a cane? Q19</i>		
<i>N</i>	<i>Value</i>	<i>Description</i>
134	Y	Yes
11375	N	No
147		Missing

G. ADMINISTRATIVE INFORMATION

<i>HHXD20</i>		
<i>Date of data collection: Q20</i>		
<i>N</i>	<i>Value</i>	<i>Description</i>
11567	Range	09/12/1995 - 01/30/1999
89		Missing

<i>HHXD21</i>		
<i>Method of data collection: Q21</i>		
<i>N</i>	<i>Value</i>	<i>Description</i>
11469	C	Computer
98	P	Paper form
89		Missing

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<i>HHXD22</i>		<i>Code number of person completing this form Q22</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11567	Present	Text suppressed
89		Missing

<i>HHXDCY</i>		<i>Contact Year</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	10	

<i>HHXDFLAG</i>		<i>1= HHXD Form Is Present</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	1	

<i>ID</i>		<i>ARIC Participant ID</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
11656	Present	Text suppressed