

Cardiovascular Disease - Extended

Collection date for extended cardiovascular disease information:

(DD-MM-YYYY)

ANGINA

Has the participant ever been told by a doctor, nurse, or other healthcare worker that they have angina (chest pain due to heart disease)?

☐ Yes
☐ No

Has the participant ever received treatment for chest pain due to heart disease prescribed by a doctor, nurse or other healthcare worker?

☐ Yes
☐ No

Is the participant currently taking any medication for angina prescribed by a doctor or other healthcare worker?

☐ Yes
☐ No

Is the participant currently taking any herbal or traditional remedy for angina?

☐ Yes
☐ No

(If Yes) Specify prescribed or herbal/traditional medication being used for angina:

During the last 12 months, has the participant experienced any pain or discomfort in their chest, or pain going to the left arm or neck, when they walk uphill or hurry?

☐ Yes
☐ No

Is the pain or discomfort relieved if the participant stands still?

☐ Yes
☐ No

HEART ATTACK

Has the participant ever been told by a doctor, nurse, or other healthcare worker that they have had a heart attack?

☐ Yes
☐ No

Has the participant ever received medical treatment for a heart attack?

☐ Yes
☐ No

Is the participant currently on treatment to prevent heart attack prescribed by a doctor, nurse, or other healthcare worker?

☐ Yes
☐ No

Is the participant currently taking any herbal or traditional remedy for a heart attack?

☐ Yes
☐ No

(If Yes) Specify prescribed or herbal/traditional medication being used for heart attack:

CONGESTIVE HEART FAILURE

Has the participant ever been told by a doctor, nurse, or other healthcare worker that they have heart failure?

- ☐ Yes
☐ No

Has the participant ever received medical treatment for heart failure prescribed by a doctor, nurse, or other healthcare worker?

- ☐ Yes
☐ No

Is the participant currently on treatment for heart failure prescribed by a doctor, nurse, or other healthcare worker?

- ☐ Yes
☐ No

Is the participant currently taking any herbal or traditional remedy for heart failure?

- ☐ Yes
☐ No

(If Yes) Specify prescribed or herbal/traditional medication being used for congestive heart failure:

THYROID DISEASE

Has a doctor ever told the participant that they have thyroid disease?

- ☐ Yes
☐ No

(If Yes) Type of thyroid disease known?

- ☐ Yes
☐ No

(If Yes) Specify type of thyroid disease:

- ☐ Hyperthyroidism
☐ Hypothyroidism
☐ Hashimoto's thyroiditis
☐ Graves' disease
☐ Goiter
☐ Thyroid nodules
☐ Other

(If Other) Specify other type of thyroid disease:

Has the participant ever been treated for thyroid disease?

- ☐ Yes
☐ No

(If Yes) Specify treatment used for thyroid disease:

- ☐ Antithyroid drugs
☐ Radioactive Iodine
☐ Surgery
☐ Thyroid hormone
☐ Other

(If Other) Specify other treatment used:

Have either of the participant's parents ever had thyroid disease?

- ☐ Yes
☐ No

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