

Protocol ID: _____

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BLSA Medical Interview - HV ver 1.0**Section Title: Medical History****Instructions:**

Date Completed

☐ Blank

Tester ID

(0) Interview was conducted with: ☐ Participant only**NOTE:** *Proxy Only* - only answer questions with **(bracket)**☐ Participant and proxy☐ Proxy only☐ Telephone interview☐ Interview not done**(1)** Have you seen a MD, PA or NP ☐ Yes

for any reason within the past 2 years?

☐ No☐ Don't know☐ Refused

(2) How often do you have a routine physical examination for a general check up?

- ☐ At least annually
☐ At least biannually
☐ At least every 5 years
☐ Less than every 5 years
☐ Does not get routine exams
☐ Don't know
☐ Refused

(3) Has a doctor (or other health professional) ever said you had a heart attack or myocardial infarction?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

3a. How long ago was your most recent heart attack?

- ☐ Within 1 year
☐ Within 2 years
☐ Within 5 years
☐ Over 5 years
☐ Don't know
☐ Refused

(4) Has a doctor (or other health professional) ever said you had heart failure or congestive heart failure?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

(5) Has doctor ever said you had angina (pectoris), chest pain due to heart disease or coronary artery disease?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

(6) Has a doctor (or other health professional) ever said you had chronic bronchitis, emphysema, chronic obstructive pulmonary disease, or COPD?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

(7) Has a doctor (or other health professional) ever said you had asthma?

☐ Yes

☐ No

☐ Don't know

☐ Refused

7a Do you still have asthma?

☐ Yes

☐ No

☐ Don't know

☐ Refused

(8) Has a doctor (or other health professional) ever said you had cirrhosis or liver disease?

☐ Yes

☐ No

☐ Don't know

☐ Refused

(9) Has a doctor (or other health professional) ever said you had hepatitis?

☐ Yes

☐ No

☐ Don't know

☐ Refused

(10) Has a doctor (or other health professional) ever said you had HIV or AIDS?

☐ Yes

☐ No

☐ Don't know

☐ Refused

(11) Has doctor ever said you had kidney disease, nephritis, or renal insufficiency?

☐ Yes

☐ No

☐ Don't know

☐ Refused

(12) Has doctor ever said you had a stroke, mini-stroke or slight stroke?

☐ Yes
☐ No
☐ Don't know
☐ Refused

12a. How long ago was your most recent stroke?

☐ Within 1 year
☐ Within 2 years
☐ Within 5 years
☐ Over 5 years
☐ Don't know
☐ Refused

(13) Has doctor ever said you had a transient ischemic attack or TIA?

☐ Yes
☐ No
☐ Don't know
☐ Refused

13a How long ago was your most recent TIA?

☐ Within 1 year
☐ Within 2 years
☐ Within 5 years
☐ Over 5 years
☐ Don't know
☐ Refused

(14) Has doctor ever said you had peripheral neuropathy or nerve damage in your lower legs, feet or hands?

☐ Yes
☐ No
☐ Don't know
☐ Refused

High Blood Pressure

(15) Has doctor ever said you had high blood pressure or hypertension?

☐ Yes
☐ No
☐ Don't know
☐ Refused

15a. Are you currently taking prescribed medication to treat your high blood pressure?

☐ Yes
☐ No
☐ Don't know
☐ Refused

15b. If not taking medication, do you still have high blood pressure?

☐ Yes
☐ No
☐ Don't know
☐ Refused

- 15c. Are you following lifestyle recommendations to treat or manage your high blood pressure?
- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

Diabetes - Glucose Intolerance - High Blood Sugar

- (16)** Has doctor ever said you had diabetes, glucose intolerance or high blood sugar?
- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

- 16a. Are you currently taking prescribed medication or therapies to treat your diabetes?
- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

- 16b. If not taking medication, do you still have high blood sugar?
- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

- 16c. Are you following lifestyle recommendations to treat or manage your high blood sugar?
- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

High Cholesterol (Lipids)

- (17)** Has doctor ever said you had high cholesterol, triglycerides, (dyslipidemia or hypercholesterolemia)?
- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

- 17a. Are you currently taking prescribed medication to treat your high cholesterol (lipids)?
- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

- 17b. If not currently taking medication, do you still have high cholesterol?
- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

17c. Are you following lifestyle recommendations to treat or manage your high cholesterol?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

(18) Have you ever had any of the following procedures:

Bypass surgery or (balloon) angioplasty on your coronary (heart), leg, or femoral arteries, carotid endarterectomy (surgery on neck arteries) or aortic aneurysm repair?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

(18a) If yes, which procedure did you have?

Coronary bypass surgery, heart bypass, or CABG? ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

Angioplasty (balloon) of coronary arteries? ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

Bypass Surgery on leg or femoral arteries? ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

Angioplasty (balloon) on leg or femoral arteries? ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

Carotid endarterectomy, surgery on your neck arteries? ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

Repair of aortic aneurysm? ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

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Section Title: Cancer History**Instructions:****(19)** (Has a doctor or other health professional) ever said you had cancer, a malignant growth or malignant tumor?☐ Yes ☐ No ☐ Don't know ☐ Refused Click to deselect entry19a What kind of cancer or malignant growth did you have? (Only mark "Yes" for named sites as "No" is the default response)19b How old were you when a doctor first told you that you had this cancer?**19a** Type: Bladder☐ No☐ Yes**19b** Age first diagnosed

(years)

Brain

☐ No☐ Yes

Age first diagnosed

(years)

Breast

☐ No☐ Yes

Age first diagnosed

(years)

Cervical

☐ No☐ Yes

Age first diagnosed

(years)

Colon/Rectal

☐ No☐ Yes

Age first diagnosed

(years)

Endometrial

☐ No
☐ Yes

Age first diagnosed

(years)

Leukemia

☐ No
☐ Yes

Age first diagnosed

(years)

Liver

☐ No
☐ Yes

Age first diagnosed

(years)

Lung

☐ No
☐ Yes

Age first diagnosed

(years)

Lymphoma

☐ No
☐ Yes

Age first diagnosed

(years)

Melanoma

☐ No
☐ Yes

Age first diagnosed

(years)

Ovarian

☐ No
☐ Yes

Age first diagnosed

(years)

Pancreatic

☐ No
☐ Yes

Age first diagnosed

(years)

Prostate

☐ No
☐ Yes

Age first diagnosed

(years)

Skin-Basal

☐ No
☐ Yes

Age first diagnosed

(years)

Age first diagnosed

(years)

Skin-Squamous

- ☐ No
☐ Yes

Stomach

- ☐ No
☐ Yes

Age first diagnosed (years)

Thyroid

- ☐ No
☐ Yes

Age first diagnosed (years)

Other

- ☐ No
☐ Yes

Age first diagnosed (years)

Other - Specify:

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Section Title: Medical Hx Continued**Instructions:**

(20) Has a doctor (or other health professional) ever said you had arthritis or osteoarthritis?

☐ Yes
☐ No
☐ Don't know
☐ Refused

20a. In which of the following areas have you been told you have arthritis?Knee(s) ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)Hip(s) ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)Hand(s) ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)Back ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)Neck ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)Feet ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)Shoulder(s) ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

(21) Has a doctor (or other health professional) ever said you had spinal stenosis? ☐ Yes
☐ No
☐ Don't know
☐ Refused

(22) Has a doctor (or other health professional) ever said you had osteoporosis or thinning of the bones? ☐ Yes *Do not include osteopenia*
☐ No
☐ Don't know
☐ Refused

(23) Has a doctor (or other health professional) ever said you had connective tissue disease such as rheumatoid arthritis, gout, psoriatic arthritis, anklosing spondylitis, lupus, ulcerative colitis, Chron's disease, scleroderma, vasculitis or polymyositis? ☐ Yes
☐ No
☐ Don't know
☐ Refused

(24) Has a doctor (or other health professional) ever said you had Parkinsons? ☐ Yes
☐ No
☐ Don't know
☐ Refused

(25) Has a doctor (or other health professional) ever said you had Intermittent Claudication, peripheral arterial disease or PAD? ☐ Yes
☐ No
☐ Don't know
☐ Refused

(26) Has a doctor (or other health professional) ever said you had varicose veins, damage to the veins in your lower legs, phlebitis, or venous insufficiency? ☐ Yes
☐ No
☐ Don't know
☐ Refused

(27) Has a doctor (or other health professional) ever said you had any of the following eye conditions:

Cataract in both eyes at the same time? ☐ Yes

☐ No

☐ Don't know

Cataract in only one eye? ☐ Yes ☐ No ☐ Don't know

[Click to deselect entry](#)

Glaucoma? ☐ Yes ☐ No ☐ Don't know

[Click to deselect entry](#)

Problems with our retina, retinopathy or retinal changes? ☐ Yes ☐ No ☐ Don't know

[Click to deselect entry](#)

Macular degeneration? ☐ Yes ☐ No ☐ Don't know

[Click to deselect entry](#)

(28) Has a doctor (or other health professional) ever said you had a stomach, gastric or duodenal ulcer? ☐ Yes

☐ No

☐ Don't know

☐ Refused

28a. Do you still have this condition?

☐ Yes

☐ No

☐ Don't know

☐ Refused

(29) Has a doctor (or other health professional) ever said you had depression? ☐ Yes

☐ No

☐ Don't know

☐ Refused

29a. Have you ever received treatment, medications and/or counseling for depression?

☐ Yes

☐ No

☐ Don't know

☐ Refused

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Section Title: Cardiovascular and Respiratory**Instructions:**

INTRODUCTION: "The following questions concern symptoms related to the functioning of your heart, lungs and other major body systems."

(1) Have you ever had any pain or
discomfort in your chest

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

1a. Have you had any pain or
discomfort in your chest [since
your last BLSA visit / within the
past 2 years (*for new
participants*)]?

- ☐ Yes
☐ No
☐ Don't
know
☐ Refused

**If No, Don't know, Refused, Go
to Question 2)**

1b. Do you get it when you walk
uphill or hurry?

If No, go to 1h.

- ☐ Yes
☐ Never hurry/walk uphill
☐ No
☐ Don't know
☐ Refused

1c. Do you get it when you walk at
an ordinary pace on a level
surface?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

1d. What do you do if you get any
pain or discomfort in your chest
while you are walking?

- ☐ Stop/slow down
☐ Take nitroglycerine
☐ Continue at same pace
☐ Don't know
☐ Refused

1e. If you stand still, what happens to the pain? Is it relieved or not relieved?

☐ Relieved
☐ Not relieved
☐ Don't know
☐ Refused

If Not relieved, Don't know or Refused, Go to Question 1g.

1f. How soon is it relieved?

☐ 10 minutes or less
☐ More than 10 minutes
☐ Don't know

1g. Where do you get this pain or discomfort (have the participant point to the area(s) on their upper torso where they feel this pain)?

Middle or upper sternum ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

Lower sternum ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

Left anterior chest ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

Left arm ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

Anywhere else ☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

1h. When was your most recent episode of pain or discomfort in your chest?

☐ Past month
☐ Past 3 months
☐ Past 6 months
☐ Past 12 months
☐ Over 12 months ago
☐ Don't know

1i. [Since your last BLSA visit / Within the past 2 years], have you had a severe pain across the front of your chest lasting half an hr or more? **If No, Don't know, Refused, Go to Question 2)**

☐ Yes
☐ No
☐ Don't know
☐ Refused

If Yes, Go to Question 1j

1j. What did your doctor say it was?

☐ Did not see doctor
☐ Angina
☐ Heart attack
☐ Gas/Indigestion
☐ Don't know
☐ Refused

(2) Do you get pain or discomfort in either leg when you walk?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

2a. Does this pain ever begin when you are standing still or sitting?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

2b. Do you get this pain in your calf (calves)?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

2c. Do you get this pain if you walk uphill or hurry?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

2d. Do you get this pain when you walk at an ordinary pace on a level surface?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

2e. Does this pain ever disappear while you are still walking?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

2f. What happens to the pain if you stop walking and stand still? Does it usually....

- ☐ Disappear in 10 minutes or less
☐ Continue for more than 10 minutes
☐ Don't know
☐ Refused

(3) Do you get shortness of breath when you walk uphill, hurry or climb a single flight of stairs?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

If No or Refused, Go to Question 4

3a. Do you ever get shortness of breath when walking at your own pace on a level surface?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

3b. Do you ever get shortness of breath when you are lying down flat?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

(4) In the past 12 months, were there times when you had a cough almost every morning?

☐ Yes
☐ No
☐ Don't know
☐ Refused

(5) In the past 12 months, have you had wheezing or whistling in your chest at any time?

☐ Yes
☐ No
☐ Don't know
☐ Refused

5a. Does your chest sound wheezy or whistling most days or nights?

☐ Yes
☐ No
☐ Don't know
☐ Refused

(6) In the past 12 months, have you had to sleep on 2 or more pillows to help you breathe?

☐ Yes
☐ No
☐ Don't know
☐ Refused

(7) In the past 12 months, have you been awakened at night by trouble breathing?

☐ Yes
☐ No
☐ Don't know
☐ Refused

(8) In the past 12 months, have you had swelling in your feet or ankles (*excluding pregnancy*)?

☐ Yes
☐ No
☐ Don't know
☐ Refused

4a. Did you have this morning cough for a total of 3 months or more out of the last 12 months? (*Note: Months do not have to be consecutive.*)

☐ Yes
☐ No
☐ Don't know
☐ Refused

5b. Have you required medicine or treatment for any episodes of wheezing or whistling?

☐ Yes
☐ No
☐ Don't know
☐ Refused

8a. Does this swelling tend to come on during the day and go down overnight?

☐ Yes
☐ No
☐ Don't know
☐ Refused

(9) Since your last BLSA visit / within the past 2 years, have you had any sudden loss of or changes in speech?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

9a. During this time how many episodes of loss of or changes in speech have you had?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more ☐ Don't know ☐ Refused [Click to deselect entry](#)

9b. How long did the (longest) episode last?

- ☐ Less than 1 hour
☐ At least 1 but < 24hr
☐ 24 or more hours
☐ Don't know
☐ Refused

(10) Since your last BLSA visit / within the past 2 years, have you had any sudden loss of vision, complete or partial?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

10a. During this time how many episodes of loss of vision have you had?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more ☐ Don't know ☐ Refused [Click to deselect entry](#)

10b. How long did the (worst) episode last?

- ☐ Less than 1 hour
☐ At least 1 but < 24hr
☐ 24 or more hours
☐ Don't know
☐ Refused

10c. During the (worst) episode,
which eye was affected

- ☐ Right eye only
☐ Left eye only
☐ Both eyes
☐ Don't know
☐ Refused

(11) Since your last BLSA visit /
within the past 2 years, have you
had any sudden spells of double
vision?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

11a. During this time how many
episodes of double vision have you
had?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more ☐ Don't know ☐ Refused

[Click to deselect entry](#)

11b. How long did the (worst)
episode last?

- ☐ Less than 1 hour
☐ At least 1 but < 24hr
☐ 24 or more hours
☐ Don't know
☐ Refused

(12) Since your last BLSA visit /
within the past 2 years, have you
had any sudden numbness,
tingling or loss of feeling on one
side of your body?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

12a. During this time how many
episodes of numbness, tingling or
loss of sensation have you had?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more ☐ Don't know ☐ Refused

[Click to deselect entry](#)

12b. How long did the (worst) episode last?

- ☐ Less than 1 hour
☐ At least 1 but < 24hr
☐ 24 or more hours
☐ Don't know
☐ Refused

12c. During this (the worst) episode, which side was affected?

- ☐ Right side only
☐ Left side only
☐ Both sides
☐ Don't know
☐ Refused

12d. During this (the worst) episode, did the abnormal sensation start in one part of the body and spread to another or did it stay in the same place?

- ☐ Spread ☐ Stayed ☐ Don't know ☐ Refused [Click to deselect entry](#)

(13) Since your last BLSA visit / within the past 2 years, have you had any sudden paralysis or weakness on one side of your body?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

13a. During this time how many episodes of paralysis or weakness have you had?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more ☐ Don't know ☐ Refused [Click to deselect entry](#)

13b. How long did the (worst) episode last?

- ☐ Less than 1 hour
☐ At least 1 but < 24hr
☐ 24 or more hours
☐ Don't know
☐ Refused

13c. During this (the worst) episode, which side was affected?

- ☐ Right side only
☐ Left side only
☐ Both sides
☐ Don't know
☐ Refused

13d. During this (the worst) episode, did the paralysis or weakness start in one part of the body and spread to another or did it stay in the same place?

- ☐ Spread ☐ Stayed ☐ Don't know ☐ Refused [Click to deselect entry](#)

(14) Since your last BLSA visit /
within the past 2 years, have you
had any sudden spells of dizziness,
loss of balance, or sensation of
spinning?

- ☐ Yes
☐ No
☐ Don't know
☐ Refused

14a. During this time, how many
episodes of dizziness, loss of
balance or sensation of spinning
have you had?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more ☐ Don't know ☐ Refused [Click to deselect entry](#)

14b. How long did the (longest)
episode last?

- ☐ Less than 1 hour
☐ At least 1 but < 24hr
☐ 24 or more hours
☐ Don't know
☐ Refused

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Section Title: Urinary Problems**INTRODUCTION: "Now I would like to ask you some questions about urinary incontinence."**

- (10) Many people complain that they accidentally leak urine. In the past week, did you leak even a small amount of urine? ☐ Yes ☐ No ☐ Don't know ☐ Refused
- If proxy go to question 12

During the past week (7 days), how many times did you leak urine under the following conditions? Examiner Note: Enter 99 if all the time, 88 if don't know and 77 if refused.

10a. With an activity like coughing, lifting or exercise? (times past wk)

10b. When you had a sense of urgency and could not get to a toilet fast enough? (times past wk)

10c. Unrelated to an activity or urge to urinate? (times past wk)

If Yes to Question 10, Skip Question 11

- (11) In the past 12 months, did you leak even a small amount of urine? ☐ Yes ☐ No ☐ Don't know ☐ Refused
- If proxy go to question 12

11a. In the past 12 months, how often have you leaked urine?

- ☐ Less than once per month
- ☐ One or more times per month
- ☐ One or more times per week
- ☐ Every day
- ☐ Don't know
- ☐ Refused

11b. When did you usually leak urine?

- ☐ With an activity like coughing lifting or exercising
- ☐ When you have the urge to urinate but can't get to a toilet fast enough
- ☐ Both with activity and inability to get to toilet fast enough
- ☐ You leak urine unrelated to an activity or urge
- ☐ Don't know
- ☐ Refused

(12) In the past 12 months, did you ever lose control of normal bowel movements so that you soiled yourself?

- ☐ Yes If proxy end here
- ☐ No
- ☐ Don't know
- ☐ Refused

12a. In the past 12 months, how often have you lost control of normal bowel movements?

- ☐ Less than once per month
- ☐ One or more times per month
- ☐ One or more times per week
- ☐ Every day
- ☐ Don't know
- ☐ Refused

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Section Title: Medical History**Instructions:**