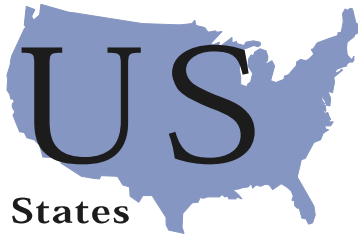


MIDUS

Midlife in the United States



A National Study of Health & Well-Being

MIDUS 3 BIOMARKER PROJECT

MEDICAL HISTORY

ID: _____

SITE ID #: _____

INTERVIEWER NAME: _____

INTERVIEWER NUMBER: _____

DATE: ____/____/____

START TIME: _____

END TIME: _____

INTRODUCTION

I want to thank you for participating in our MIDUS Biomarker Project. For the first part of this interview, I'll be asking you about your health status and past medical history. There will also be questions about your current health and nutritional practices. At the end of the interview I'll be asking you about losses you have experienced and other significant events, either positive or negative, that have happened in your life since your previous telephone interview with the MIDUS project.

Please feel free to interrupt me at any time if you have any questions. I would like to remind you that this study is entirely voluntary and you are under no obligation to answer all of the questions. If any of the questions make you feel uncomfortable, please let me know and we can move on to the next one.

Symptoms and Conditions

You may recognize some of these questions from questionnaires you've filled out before. We're asking them again to be sure we have the most current information.

1. Have you ever had any of the following conditions/illnesses?

Interviewer: If R responds YES or BORDERLINE to having a condition, probe if the condition was diagnosed or undiagnosed.

[C4H1A to C4H1AAS]

	Yes			Borderline	
Condition/Symptom	Diagnosed	Undiagnosed	No	Diagnosed	Undiagnosed
a. Heart disease	1	2	3	4	5
Interviewer: Heart disease broadly describes a range of heart issues/diseases including: coronary artery disease, rhythm problems, heart infections, and birth defects related to the heart. Note: While heart disease elevates the risk of heart attack, having had a heart attack does not necessarily mean the person has heart disease. If the participant has had a heart attack but there is no indication that they have heart disease, record the heart attack as a circulation problem in 1c.					
b. High blood pressure	1	2	3	4	5
c. Circulation problems	1	2	3	4	5
Some examples of diagnosed circulation problems include peripheral arterial disease and Raynaud's syndrome. Interviewer: Varicose veins are not circulation problems.					
d. Blood clots	1	2	3	4	5
e. Heart murmur	1	2	3	4	5
f. TIA or stroke	1	2	3	4	5
Interviewer: TIA = Transient Ischemic Attack or "mini stroke," where a person has temporary symptoms of a stroke that pass quickly.					
g. Anemia or other blood disease	1	2	3	4	5
h. Cholesterol problems	1	2	3	4	5

[C4H1A to C4H1AAS] cont.	Yes			Borderline	
Condition/Symptom	Diagnosed	Undiagnosed	No	Diagnosed	Undiagnosed
i. Diabetes	1	2	3	4	5
<i>Type 1 diabetes (i.e. juvenile-onset or insulin-dependent diabetes) usually develops in childhood and cannot be prevented. Type 2 diabetes (i.e. adult-onset or non-insulin-dependent diabetes) can develop at any age and can be delayed or prevented.</i>					
If Yes to Diabetes...	Type 1	Type 2			
it. Type 1 or Type 2 diabetes?	1	2			
iy. Year of diagnosis?	_____				
j. Asthma	1	2	3	4	5
k. Emphysema/COPD	1	2	3	4	5
Interviewer: COPD = Chronic Obstructive Pulmonary Disease. Also known as emphysema, it is a chronic respiratory disorder generally caused by prolonged inhalation of irritants (smoking, asbestos, chemicals, etc.).					
l. Tuberculosis	1	2	3	4	5
m. Positive TB skin test	1	2	3	4	5
Interviewer: This only refers to having a positive reaction to the TB skin test. We are not asking if they ever had TB/Tuberculosis. Note: The TB skin test consists of getting an injection of TB serum just under the skin of the forearm which creates a small "bump." In 2-3 days the site needs to be "read" or looked at by a doctor or nurse. If a bump remains, it would be measured and depending on the size of it, follow-up exam or treatment is usually recommended.					
n. Thyroid disease	1	2	3	4	5
o. Peptic ulcer disease	1	2	3	4	5
p. Cancer	1	2	3	4	5
q. Colon polyp	1	2	3	4	5
r. Arthritis	1	2	3	4	5
s. Glaucoma	1	2	3	4	5

[C4H1A to C4H1AAS] cont.	Yes			Borderline	
Condition/Symptom	Diagnosed	Undiagnosed	No	Diagnosed	Undiagnosed
t. Cirrhosis/Liver disease	1	2	3	4	5
u. Alcoholism	1	2	3	4	5
v. Depression	1	2	3	4	5
w. Blood transfusion before 1993	1	2	3	4	5
x. Parathyroid disease or elevated blood calcium	1	2	3	4	5
y. Cushing Syndrome or elevated cortisol	1	2	3	4	5
z. Other? Please specify:	1	2	3	4	5
aa. Other? Please specify:	1	2	3	4	5

Major Health Events

The next set of questions is about injuries or other health events you may have experienced over the course of your life.

2. Have you ever broken a bone? [C4H2]

Yes.....(go to 2a).....1

No.....(go to 3).....2

Interviewer: 9996 = Childhood; 9997 = Don't Know; 9999=INAPP

R's birthday is (_____). If bone was never broken, how many times = 0.

Which of the following bones have you broken?

	HOW MANY TIMES?	MOST RECENT YEAR BROKEN
a. HIP	[C4H2AF]	[C4H2AY]
b. LEG	[C4H2BF]	[C4H2BY]
c. ANKLE	[C4H2CF]	[C4H2CY]
d. FOOT	[C4H2DF]	[C4H2DY]
e. TOE	[C4H2EF]	[C4H2EY]
f. COLLAR BONE	[C4H2FF]	[C4H2FY]
g. ARM	[C4H2GF]	[C4H2GY]
h. WRIST	[C4H2HF]	[C4H2HY]
i. HAND	[C4H2IF]	[C4H2IY]
j. FINGER	[C4H2JF]	[C4H2JY]
k. VERTEBRA (BACK OR NECK)	[C4H2KF]	[C4H2KY]
l. PELVIS	[C4H2LF]	[C4H2LY]
m. RIB(S) (INCLUDE CRACKED)	[C4H2MF]	[C4H2MY]
n. ANY OTHER BONE: Specify [C4H2NS] :	[C4H2NF]	[C4H2NY]

3. As an adult, have you ever broken a bone from a simple fall (i.e., a fall from standing height or less that did not involve trauma or loss of consciousness)? [C4H3]

Note: A simple fall is a fall from standing height or less that was NOT the result of being pushed down or being hit by a moving object (such as a kid on a bike or a moving car). For example, the respondent may have tripped on a crack in the sidewalk and fell, slipped on ice, tripped over an object on the floor, or have fallen off a chair or bed. Simple falls do not include trauma or loss of consciousness.

Yes.....(go to 3a).....1

No.....(go to 4).....2

	Bone broken	Please describe the circumstances	Age when this occurred
a.	[C4H3A1]	[C4H3A2]	[C4H3A3]
b.	[C4H3B1]	[C4H3B2]	[C4H3B3]
c.	[C4H3C1]	[C4H3C2]	[C4H3C3]

4. How many times have you fallen in the last year? [C4H4] _____ (If 0, go to 5)

4a. How many of those falls were simple falls? [C4H4A] _____

5. Has one of your immediate family members, that is, blood relatives, had a broken bone from a simple fall as an adult? [C4H5]

Interviewer: Immediate Family includes only parents and siblings. It does not include grandparents, aunts, or uncles.

Yes

No (go to 6)

	Hip Fracture	Vertebral Fracture (Back bone)	Fracture elsewhere
Mother [C4H5A1- C4H5A3]	Yes No Don't Know	Yes No Don't Know	Yes No Don't Know
Father [C4H5B1- C4H5B3]	Yes No Don't Know	Yes No Don't Know	Yes No Don't Know
Sibling [C4H5C1- C4H5C3]	Yes No Don't Know	Yes No Don't Know	Yes No Don't Know

Medical Conditions

The next set of questions are about treatments or medications you are taking that may affect bone health.

6. Have you ever received any medication(s) for osteoporosis treatment, such as alendronate (Fosamax), risedronate (Actonel), zoledronic acid (Zometa), calcitonin (Miacalcin), raloxifene (Evista), teriparatide (Forteo)? [C4H6]

Yes(go to 6a) 1

No(go to 7)..... 2

6a. If YES, what medication(s) and for how long?

Interviewer: If R is still taking the medication, enter R's current age here and select 'YES' to 'Ongoing?' below.

Name of Medication [C4H6A1A-C4H6A3A]	Begin Age [C4H6A1B- C4H6A3B]	End Age [C4H6A1C- C4H6A3C]	Ongoing? [C4H6A1CO- C4H6A3CO]	
			Yes	No
1.			1	2
2.			1	2
3.			1	2

7. Have you ever taken/had any of the following medications/treatments?

	Yes [C4H7A1- C4H7F1]	No [C4H7A2-C4H7F2]	If Yes:	
			Name of medication(s) [C4H7A3-C4H7F3]	When? Ex: Age 47-54 [C4H7A3-C4H7F3]
a. Medication to treat seizures or epilepsy	1	2		
b. Chemotherapy for cancer	1	2		
c. Immunosuppressive therapy to treat auto-immune diseases or to prevent transplant rejection	1	2		
d. A cortisone medication like Prednisone	1	2		
Interviewer: Probe for the reason why they took Prednisone or other cortisone medication. Only include medications that are injected (i.e. a cortisone shot) or ingested (i.e. taken orally or inhaled). Do NOT include topicals (creams, lotions).				
FOR WOMEN ONLY: e. Have you ever taken birth control pills or used any other form of hormonal contraceptives (i.e. NuvaRing, patches, implants, injections)	1	2		
f. Post-menopausal hormone therapy (estrogen, progesterone) OR FOR MEN: testosterone	1	2		
Note: Hormone therapy may be oral ('hormone pills'), topical (such as estrogen patches and testosterone gels), or injected (e.g., 'testosterone shots').				

Metal Implants

The following questions are about metal joints or other metal devices that you may have in your body.

8. Do you have a pacemaker? [C4H8]

Yes 1

No 2

9. Do you have an implanted pump? [C4H9]

Yes 1

No 2

10. Do you have any artificial joints? [C4H10]

Yes.....(go to 10a).....1

No.....(go to 11).....2

a. Knee [C4H10A]	Yes 1	No 2
b. Hip [C4H10B]	1	2
c. Other [C4H10C]	1	2

11. Do you have any rods, plates, screws, or pins in your bones or joints? [C4H11]

Yes 1

No(go to 12)..... 2

Where are these located?	Yes	No
a. Lower extremity [C4H11A]	1	2
b. Upper extremity [C4H11B]	1	2
c. Spine [C4H11C]	1	2
d. Elsewhere [C4H11D]	1	2
Do you have any pins located...		
e. In hands or feet? [C4H11E]	1	2
f. Elsewhere? [C4H11F]	1	2

12. Do you have any other metal in your body that cannot be removed (includes rings, body piercings, etc)? [C4H12]

Yes 1

No(go to 13)..... 2

If YES, what is the metal type and where is it located?

Type of other metal [C4H12A1-C4H12C1]	Where is it located? [C4H12A2-C4H12C2]
a.	
b.	
c.	

Surgical History

The next set of questions are about surgeries, injuries, and other major health events you may have experienced over the course of your life.

13. Have you ever had surgery? [C4H13]

Yes.....(go to 13a).....1

No.....(go to 14).....2

Interviewer: If needed, state "Surgery refers to anything that is cut, removed, or repaired". Office visit includes Surgical Suite.

Describe each surgery	Where was it performed?			Year
	Office Visit	Outpatient Clinic	Inpatient (Overnight)	
a. [C4H13A-C4H13AY]	1	2	3	
b. [C4H13B-C4H13BY]	1	2	3	
c. [C4H13C-C4H13CY]	1	2	3	
d. [C4H13D-C4H13DY]	1	2	3	
e. [C4H13E-C4H13EY]	1	2	3	
f. [C4H13F-C4H13FY]	1	2	3	
g. [C4H13G-C4H13GY]	1	2	3	
h. [C4H13H-C4H13HY]	1	2	3	
i. [C4H13I-C4H13IY]	1	2	3	
j. [C4H13J-C4H13JY]	1	2	3	

14. Have you ever had a Head injury? [C4H14]

Yes.....(go to 14a).....1

No.....(go to 15).....2

Whiplash is not a head injury. If someone had whiplash due to a motor vehicle injury, it should only be reported at Question 16 (i.e. Motor Vehicle Accident).

Describe each Head injury	Overnight hospital stay required?		Year
	Yes	No	
a. [C4H14A1-C4H14AY]	1	2	
b. [C4H14B1-C4H14BY]	1	2	
c. [C4H14C1-C4H14CY]	1	2	

15. Have you ever had a Joint injury? [C4H15]

Yes.....(go to 15a).....1

No.....(go to 16).....2

A joint injury refers to muscle, tendon, ligament injuries or injuries directly to the joint itself such as a sports injury to the knee (ACL/MCL: anterior or medial cruciate ligament) injury, shoulder (rotator cuff) injury, etc. It does NOT include broken bones. Arthritis is a joint disorder or disease, not an injury.

Describe Joints (knee, shoulder, etc.) and injury	Overnight hospital stay required?		Year
	Yes	No	
a. [C4H15A1-C4H15AY]	1	2	
b. [C4H15B1-C4H15BY]	1	2	
c. [C4H15C1-C4H15CY]	1	2	

16. Have you ever been injured in a Motor Vehicle accident? [C4H16]

Yes.....(go to 16a).....1

No.....(go to 17).....2

Describe injury	Overnight hospital stay required?		Year
	Yes	No	
a. [C4H16A1-C4H16AY]	1	2	
b. [C4H16B1-C4H16BY]	1	2	
c. [C4H16C1-C4H16CY]	1	2	
d. [C4H16D1-C4H16DY]	1	2	

17. Have you ever permanently lost all or part of a limb (including tip of a finger or toe)? [C4H17]

Yes.....(go to 17a).....1

No.....(go to 18).....2

Describe amputation	Overnight hospital stay required?		Year
	Yes	No	
a. [C4H17A1-C4H17AY]	1	2	
b. [C4H17B1-C4H17BY]	1	2	
c. [C4H17C1-C4H17CY]	1	2	

18. Have you had any other major injuries, illnesses, or other health events that may or may not have required hospitalization? [C4H18]

Yes.....(go to 18a).....1

No.....(go to 19).....2

Describe other injuries/illnesses	Overnight hospital stay required?		Year
	Yes	No	
a. [C4H18A1-C4H18AY]	1	2	
b. [C4H18B1-C4H18BY]	1	2	
c. [C4H18C1-C4H18CY]	1	2	
d. [C4H18D1-C4H18DY]	1	2	

19. Have you ever had radiation therapy to your head or neck? [C4H19]

Yes.....(go to 19a).....1

No.....(go to 20).....2

a. If YES, please specify: [C4H19A]

Immune Function: Immunizations

20. The next questions are about typical illnesses and immunizations that you may have received. [C4H20]

Have you ever had.....			
<i>Interviewer: If yes, probe if R was a child or an adult.</i>			
Type	Yes, Child	Yes, Adult	No
a. German Measles? (Rubella) [C4H20A]	1	2	3
<i>Also called rubella, German measles is a mild, three day infection with a spotted pink or light red rash.</i>			
<i>Interviewer: If yes, probe if R was a child or an adult.</i>			
b. Measles? (Hard Measles, Rubeola) [C4H20B]	1	2	3
<i>Regular measles (Rubeola) is more serious than German measles and has a full-body red or reddish-brown rash.</i>			
c. Mumps? [C4H20C]	1	2	3
d. Chicken Pox? (Varicella) [C4H20D]	1	2	3
e. Shingles? (if Yes, Child or Yes, Adult (go to 20ei)) [C4H20E]	1	2	3
ei. Have you ever been immunized for shingles? [C4H20EI]			
<i>Available since May 2006. Recommended for adults 60 and over, but available for adults at age 50.</i>			
ea. How old were you when you either had or were immunized for shingles? (96 = Childhood) (97 = Don't Know) [C4H20EA]	Age _____		

21. Now we have some questions about immunizations you may have received as an adult. [C4H21]

***Interviewer:** If Don't Know was selected in 21by, there should be comments in this field. Try probing R for approximately how many years ago or what general time in their life they may have been immunized. For example, R might say something like "when I was in my 20's" or "10 to 15 years ago," etc.*

Have you ever been immunized for...				What is the year you were last immunized?
Type	Yes	No	Don't Know	
a. Hepatitis B (available since 1986) [C4H21A-C4H21AMC]	1	2	7	
b. Tetanus & Diphtheria [C4H21B-C4H21BMC]	1	2	7	
c. Pneumonia (available since late 2005) [C4H21C-C4H21CMC]	1	2	7	

22. How often do you get an influenza vaccination (flu shot)? [C4H22]

- Every year.....1
- Almost every year.....2
- Every couple of years.....3
- Rarely.....4
- Only once (had reaction).....5
- Never.....6
- Other(go to 22a).....7
- a. Specify: [C4H22A]**
- Only once, no reaction.....8

Current Health Practices: Health Care, Screening & Prevention

The next questions are about health care practices.

23a. How often do you receive dental care? [C4H23A]

- Never.....(go to 24a).....1
- Every 6 months.....2
- Once a year.....3
- Other.....(go to Specify).....4

b. Specify [C4H23BS] _____

b. When was your last dental exam? [C4H23BM-C4H23BY] Date _____ (Month/Year)

24a. How often do you get eye exams? [C4H24A]

- Never.....(go to 24d).....1
- Every 6 months..... (go to 24c)2
- Once a year.....(go to 24c).....3
- Other.....(go to 24b).....4

b. Specify [C4H24BS] _____

c. When was your last eye exam? [C4H24CM-C4H24CY] Date _____ (Month/Year)

d. Have you been diagnosed with an eye disease or disorder? [C4H24D]

Interviewer: If R reported an eye disease previously in the symptoms and conditions section, be sure to record it here.

- Yes.....(go to 24e).....1
- No.....(go to 25).....2

e. If yes, please specify [C4H23E]: _____

25. Now I want to ask you about other screening procedures you may have had. For each procedure that you've had, please tell me when it was performed and the results.

Have you ever.....	Yes	No	When was that (month/yr)? What was the result?
a. had your cholesterol level checked? [C4H25A-C4H25AR]	1	2	
b. been asked to complete a stool card to test for blood in your stool? [C4H25B-C4H25BR]	1	2	
c. had a flexible sigmoidoscopy*? [C4H25C-C4H25CR]	1	2	
d. Have you ever had a colonoscopy**? [C4H25D-C4H25DR]	1	2	
* <u>Sigmoidoscopy</u> – an examination of the lower 1/3 of colon typically done at the doctor's office without anesthesia. ** <u>Colonoscopy</u> - an examination of the entire colon typically done as an outpatient procedure under anesthesia.			

Women's Health

25 (continued). The next set of questions will be about women's health.

(if subject is male circle N/A and skip to 34)

The next set of questions are about women's health.	Yes	No	When was that (month/yr)? What was the result?
e. Do you do a monthly breast self-exam? [C4H25E]	1	2	N/A
f. Have you ever had a mammogram? [C4H25F-C425FR]	1	2	N/A
g. Have you ever had a pap test and a pelvic exam? [C4H25G-C425GR]	1	2	N/A

26. Have you ever been pregnant? [C4H26]

Yes 1

No(go to 28)..... 2

27. How many pregnancies did you carry to term? [C4H27] _____

27a. How many total months did you breast feed? (Add up over all pregnancies) [C427A] _____

28. Have you had a menstrual period in the last year? [C4H28]

Yes 1

No(go to 31)..... 2

29. Have you had a menstrual period in the last 3 months? [C4H29]

Yes 1

No(go to 31)..... 2

30. Compared to a year ago, has your menstrual cycle length (the number of days between the start of one menstrual period and the start of the next menstrual period) become less predictable or regular (i.e., differences in cycle length more than 7 days)? [C4H30]

Yes(go to 33) 1

No (go to 35)..... 2

31. When was your last menstrual period? [C4H31AM-C4H31AY] _____ years and _____ months ago

32. Did your menstrual periods stop because of a reason other than natural menopause? [C4H32]

Yes1

No.....(go to 33).....2

Pregnancy/Breast feeding.....(go to 33).....3

32a. If YES, indicate ALL SUSPECTED reasons:

[C4H32A1-C4H32A5]

	Yes	No
1. Medication, chemotherapy, or radiation	1	2
2. Severe weight loss	1	2
3. Hysterectomy (surgical removal of uterus)	1	2
4. Surgical removal of <u>both</u> ovaries	1	2
5. Endometrial or ovarian ablation	1	2

33. Did you ever notice irregularity in your menstrual cycle length (the number of days between the start of one menstrual period and the start of the next menstrual period) or did your menstrual cycle ever become less predictable or regular (i.e., differences in cycle length more than 7 days)? [C4H33]

Yes1

No.....(go to 35).....2

33a. When did you first notice irregularity in your menstrual cycle length (cycle length variability 7 days or more)? [C4H33A]

[C4H33AM-C4H33AY] _____ Month _____ Year

The following question is for <u>MEN</u> (if subject is female circle NA and skip to 35):				When was that (month/yr)? What was the result?
	Yes	No		
34. Have you ever had a prostate/rectal exam? [C4H34-C4H34R]	1	2	N/A	

Immune Function: Allergies

35. The following questions are about allergies that you may have.

Interviewer:

Select “YES, ALL DIAGNOSED” in response to these questions if all allergies have been diagnosed by a physician.

Select “YES, SOME DX, SOME NOT DX” (DX= Diagnosed) in response to these questions if some of R’s allergies in the category have been diagnosed, and some have not.

Select “YES, ALL UNDIAGNOSED” if a physician is treating the respondent for allergies, but the allergies have not been formally diagnosed (e.g. R has not gone through allergy testing) or if R believes they have allergies.

Are you allergic to any...	YES			No	Type/Reaction
	All Diagnosed	Some DX/ Some Not DX	All Undiagnosed		
a. Foods? [C4H35A-C4H35AT1]	1	2	3	4	
b. Air borne substances? (e.g. ragweed, pollen, dust, mold) [C4H35B-C4H35BT1]	1	2	3	4	
c. Animal dander? [C4H35C-C4H35CT1]	1	2	3	4	
d. Insect bites? [C4H35D-C4H35DT1]	1	2	3	4	
e. Environmental substances? (e.g. chemicals, perfumes) [C4H35E-C4H35ET1]	1	2	3	4	
f. Other? [C4H35F-C4H35FT1]	1	2	3	4	
Interviewer: Do NOT record medication allergies here. Instead, it should be noted in the Allergy section of the Medication Chart.					

Current Health Practices: Diet and Exercise

The next set of questions are about your dietary habits.

36. Do you follow a special diet? [C4H36]

Note: "Special diet" refers to any diet that does not fit the perception of the "typical" American diet (e.g. vegan or vegetarian, diabetic, low fat, Atkins, low carb, Weight watchers, gluten free, etc.).

Yes.....(go to 36a).....1

No.....(go to 37).....2

a. [IF YES] Please specify: [C4H36A]

37a. Please estimate your daily calcium intake.

a. Milk _____ # of servings (8 oz. = 1 serving) [C4H37AF-C4H37AT]

b. Yogurt (including frozen yogurt) _____ # of servings (8 oz. = 1 serving)
[C4H37BF-C4H37BT]

c. Cheese _____ # of servings (1 oz. = 1 serving) [C4H37CF-C4H37CT]

38. Taking the above into account, on an average DAY how many servings (1 serving = 1 cup, 8 ounces) of low fat, non-fat, or fermented dairy products (i.e. kefir, yogurt) do you consume? [C4H38]

Less than 1 serving per day.....1

1 serving per day.....2

2 servings per day.....3

3 servings per day.....4

4 or more servings per day.....5

39a. On an average DAY, how many 8 ounce cups or glasses do you drink of...

a. Coffee with caffeine? _____ # of servings (8 oz. = 1 serving) [C4H39AF-C4H39AT]

b. Tea with caffeine? _____ # of servings (8 oz. = 1 serving) [C4H39BF-C4H39BT]

c. Other beverages with caffeine (e.g. Coke) _____ # of servings (8 oz. = 1 serving)
[C4H39CF-C4H39CT]

40. On an average DAY, how many glasses of water do you drink (1 glass= 8 oz.)? [C4H40]

- None.....1
- Less than once/day.....2
- 1-3 glasses/day.....3
- 4-7 glasses/day.....4
- 8 or more glasses/day.....5

41. On an average DAY, how many sugared beverages do you drink (e.g. soda, sports drinks, bottled drinks, fruit drinks)? [C4H41]

- None.....1
- Less than once/day.....2
- 1-3 glasses/day.....3
- 4-7 glasses/day.....4
- 8 or more glasses/day.....5

42. On an average DAY how many servings of butter, margarine, or cream do you eat (1 serving = 12 grams =0.42 ounces = 0.85 tablespoons)? [C4H42]

- Less than 1 serving per day.....1
- 1-2 servings/day.....2
- 3-4 servings/day.....3
- 5 or more servings/day.....4

43. What type of oil or fat do you typically use when cooking? (select one) [C4H43]

- Butter/Margarine.....1
- Olive Oil.....2
- Canola Oil.....3
- Bacon/Lard.....4
- Other (Specify) _____.....5 [C4H43S]

44. On an average DAY how much olive oil do you consume (include oil used for frying, salads, meals away from home, etc.)? [C4H44]

- None.....1
- Less than 1 tablespoons/day.....2
- 1-3 tablespoons/day.....3
- 4 or more tablespoons/day.....4

45. On an average DAY, how many servings of fruit and vegetables do you eat (include 100% juice)?[C4H45]

- None.....1
- Less than once/day.....2
- 1-2 servings/day.....3
- 3-4 servings/day.....4
- 5 or more servings/day.....5

46. On an average DAY, how many servings of whole grain do you eat (e.g. oatmeal, whole grain bread or bagels, whole wheat cereal, brown rice, whole wheat pasta)? [C4H46]

- None.....1
- Less than once/day.....2
- 1-2 servings/day.....3
- 3-4 servings/day.....4
- 5 or more servings/day.....5

47. In an average WEEK, how often do you eat
[C4H47A-C4H47D]

	Never	Less than 1x /week	1-2 x per week	3-4 x per week	5 or more x per week
a. Ocean (oily) fish? (tuna, salmon, mackerel)	1	2	3	4	5
b. Beef or high fat meat (e.g. fried chicken, ribs, sausage)	1	2	3	4	5
c. Lean Meat (white meat chicken or poultry, lean beef or pork)	1	2	3	4	5
d. Non-Meat protein foods (e.g. eggs, tofu, seitan, soy or other bean/legumes, nuts, or nut butters)	1	2	3	4	5

48. In an average WEEK, how often do you eat at a fast food restaurant or order food for takeout or delivery? [C4H48]

Never.....1
 Less than 1/week.....2
 1-3 x/week.....3
 4-6 x/week.....4
 7 or more x/week.....5

49. In an average WEEK, how many glasses of wine (5 oz) do you drink? [C4H49]

None.....1
 Less than 1/week.....2
 1-2/week.....3
 4-6/week.....4
 7 or more/week.....5

Alcohol Consumption

Previously, I asked about the amount of wine you drink. In this section we are interested in learning about all types of alcoholic beverages you drink.

50. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? [C4H50]

Yes.....1
No.....(go to 55).....2
R Never Drinks.....(go to 60).....3

51. During the past month, how often did you drink any alcoholic beverages, on the average? [C4H51]

Everyday.....(go to 53).....1
5 or 6 days/week.....(go to 53).....2
3 or 4 days/week.....(go to 53).....3
1 or 2 days/week.....(go to 53).....4
Less than one day/week?.....(go to 52).....5
Never Drinks (VOLUNTEERED)....(go to 60).....6

52. [IF LESS THAN 1 DAY/WEEK] Would that be three or four days a month, one or two days a month, or less often than that? [C4H52]

3 or 4 days/month.....1
1 or 2 days/month.....2
Less than one day/month.....3
Never Drinks (VOLUNTEERED).....(go to 60).....4

53. Now think about the types of alcohol you drink. We define one 'drink', as either a 12 ounce can or bottle of beer, a wine cooler, a 5 ounce glass of wine, a 1.5 ounce shot of liquor, or a mixed drink made with 1.5 ounces of hard liquor. With this definition in mind, on an average day when you drink how much... [C4H53A-C4H53D]

- a. Beer do you drink? # OF Beers (12 oz) _____
- b. Wine do you drink? # OF glasses of Wine (5 oz) _____
- c. Liquor shots or mixed drinks do you drink? # OF Liquor shots /Mixed Drink (1.5 oz) _____
- d. How much of any other type of alcohol do you drink? # of Other Drinks _____ **[C4H53DS]**
Interviewer: Some examples of "other" types of alcohol include mead, cider, fortified malt beverages etc.

54. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on the same occasion? [C4H54]

NUMBER OF TIMES _____

55. Think about the period in your life, NOW OR IN THE PAST, when you drank most. During that time, how often did you TYPICALLY have at least one drink? [C4H55]

Everyday.....(go to 57).....1
 5 or 6 days/week.....(go to 57).....2
 3 or 4 days/week.....(go to 57).....3
 1 or 2 days/week.....(go to 57).....4
 Less than one day/week (go to 56).....5
 Never Drank (VOLUNTEERED)....(go to 60).....6

56. [IF LESS THAN 1 DAY/WEEK] Would that be three or four days a month, one or two days a month, or less often than that? [C4H56]

3 or 4 days/month.....1
 1 or 2 days/ month.....2
 Less than one day/month.....3
 Never Drinks (VOLUNTEERED).....(go to 60).....4

57. During the period you drank most, about how many drinks would you usually have on the days that you drank? [C4H57]

DRINKS _____

58. How old were you when you started to drink that much? [C4H58]

AGE IN YEARS _____

59. For how many years did you drink that much? [C4H59]

Interviewer: *If less than 1 year, probe for the approximate amount of time and record the appropriate fraction (e.g. 3 months=0.25, 6 months=0.5).*

NUMBER OF YEARS _____

Tobacco and Cigarette Use

60. The next questions are about tobacco use. Have you now or in the past used tobacco regularly? [C4H60]

Yes.....1

No.....(go to 68).....2

61. The next questions are about smoking cigarettes. Have you ever smoked cigarettes regularly -- that is, at least a few cigarettes every day? [C4H61]

Yes.....1

No.....(go to 66).....2

61a. Do you currently smoke cigarettes regularly? [C4H61A]

Yes.....1

No.....(go to 63).....2

62. Since we last interviewed you in () have you tried to quit smoking? [C4H62]

Yes.....1

No.....2

63. For how many years did you smoke regularly (at least a few cigarettes every day)? [C4H63] _____

64. During this period, how many cigarettes did you smoke per day, on average? (There are 20 cigarettes in a pack) [C4H64] _____

65. How old were you the last time you smoked regularly (at least a few cigarettes every day)? [C4H65]

AGE IN YEARS _____

66. Have you ever smoked a pipe, cigars, or hookah, or used snuff or chewing tobacco regularly? [C4H66]

Yes.....1

No.....(go to 68).....2

66a. Do you currently smoke a pipe, cigars, or hookah, or use snuff or chewing tobacco regularly? [C4H66A]

Yes.....1

No.....2

**67. For how many years did you regularly smoke a pipe, cigars, or hookah, or use snuff or chewing tobacco?
Years _____ [C4H67]**

**68. In the past (as an adult), did anyone in your household smoke tobacco *inside* your home
regularly (at least a few cigarettes, 1 cigar, or 1 pipe bowl every day)? [C4H68]**

Yes.....1

No.....2

**69. At the current time, does anyone (other than yourself) regularly smoke cigarettes or other tobacco
products **INSIDE** your home? [C4H69]**

Yes.....1

No.....2

**70. At your current job, does anyone (other than yourself) regularly smoke cigarettes or other tobacco
products in your immediate work area? [C4H70]**

Yes.....1

No.....2

Don't Currently have a job.....3

**71. In the past, at your current job or in a previous job, did anyone (other than yourself) regularly smoke
cigarettes or other tobacco products in your immediate work area? [C4H71]**

Yes.....1

No.....2

Never had a job.....3

Exercise

The next set of questions are about sports and exercise.

72. When you were aged 14-18, how many years did you participate in... [C4H72A-C4H72C]

- | | |
|--------------------------------------|-------------|
| a. Competitive Sports | _____ years |
| b. Recreational Sports | _____ years |
| c. Little exercise beyond PE classes | _____ years |

(Interviewer: Every year in high school (9th-12th grades) without participation in competitive or recreational sports should be counted in the 3rd category: little exercise beyond PE.)

For the next set of questions, we will be asking about regular exercise or activity you may have engaged in.

We define 3 general types of regular exercise or activity.

VIGOROUS- Which causes your heart to beat so rapidly you can feel it in your chest and you perform it long enough to work up a good sweat and breathe heavily (e.g., competitive sports, running, vigorous swimming, high intensity aerobics, digging in the garden, or lifting heavy objects).

MODERATE- Which causes your heart rate to increase slightly and you typically work up a sweat (e.g., leisure sports like light tennis, slow or light swimming, low intensity aerobics or golfing without a power cart, brisk walking, mowing the lawn with a walking lawnmower).

LIGHT - Which requires little physical effort (e.g., light housekeeping like dusting or laundry, bowling, archery, easy walking, golfing with a power cart or fishing)

73. Keeping in mind our definitions of vigorous, moderate and light levels of activity, in general, do you engage in regular exercise, or activity, of any type for 20 minutes or more at least 3 times/week? [C4H73]

Yes.....1

No.....(go to 74).....2

What type of exercise/activity?	Is this a seasonal activity? If so, which season(s)?	# of times per day	# of days per week	Average # of minutes/session	Intensity?		
					Vigorous	Moderate	Light
a. [C4H73A-C4H73AI]					1	2	3
b. [C4H73B-C4H73BI]					1	2	3
c. [C4H73C-C4H73CI]					1	2	3
d. [C4H73D-C4H73DI]					1	2	3
e. [C4H73E-C4H73EI]					1	2	3
f. [C4H73F-C4H73FI]					1	2	3
g. [C4H73G-C4H73GI]					1	2	3
h. [C4H73H-C4H73HI]					1	2	3

Family Medical History

Now I have some questions about the medical history for your natural (or biological) family.

74. Are you adopted? [C4H74]

Yes..... (go to 74a).....1
 No.....(go to 75).....2
 Unsure.....(go to 75).....7

74a. [IF YES] Do you know the medical history of your natural (or biological) mother, father, sisters, or brothers? [C4H74A]

Yes..... (go to 75).....1
 No.....(go to 76).....2
 Unsure.....(go to 75).....7

75. The next section asks about the medical history of your biological family. Conditions do not need to be diagnosed by a physician to mention. Has anyone in your immediate family (blood relatives only) ever had any of the following conditions/illnesses:

Which family member(s)? (circle all that apply)

				Immediate Family			Maternal		Paternal	
	Yes	No	Unsure	Mother	Father	Sibling	Grand Parents	Aunt/ Uncle	Grand Parents	Aunt/ Uncle
a. Heart disease [C4H75A-A7]	1	2	7	1	2	3	4	5	6	7

Interviewer: Heart disease broadly describes a range of heart issues/diseases including: coronary artery disease, rhythm problems, heart infections, and birth defects related to the heart.

Note: While heart disease elevates the risk of heart attack, having had a heart attack does not necessarily mean the person has heart disease.

b.High blood pressure [C4H75B-B7]	1	2	7	1	2	3	4	5	6	7
c. Cholesterol problems [C4H75C-C7]	1	2	7	1	2	3	4	5	6	7
d. Circulation problems [C4H75D-D7]	1	2	7	1	2	3	4	5	6	7

Some examples of diagnosed circulation problems include Peripheral arterial disease and Raynaud's syndrome. Varicose veins are not considered circulation problems.

				Immediate Family			Maternal		Paternal	
	Yes	No	Unsure	Mother	Father	Sibling	Grand Parents	Aunt/ Uncle	Grand Parents	Aunt/ Uncle
e. Stroke [C4H75E-E7]	1	2	7	1	2	3	4	5	6	7
f. Diabetes [C4H75F-F7]	1	2	7	1	2	3	4	5	6	7
g. Alcoholism [C4H75G-G7]	1	2	7	1	2	3	4	5	6	7
h. Depression [C4H75H-H7]	1	2	7	1	2	3	4	5	6	7
i. Suicide [C4H75I-I7]	1	2	7	1	2	3	4	5	6	7
j. Other psychiatric illness [C4H75J-J7]	1	2	7	1	2	3	4	5	6	7
<i>Note: Alzheimer's disease and other degenerative brain diseases or dementia should be listed under "Other", they are NOT psychiatric illnesses.</i>										
k. Colon cancer [C4H75K-K7]	1	2	7	1	2	3	4	5	6	7
l. Breast cancer [C4H75L-L7]	1	2	7	1	2	3	4	5	6	7
m. Prostate cancer [C4H75M-M7]	1	2	7	1	2	3	4	5	6	7
n. Ovarian/ uterine cancer [C4H75N-N7]	1	2	7	1	2	3	4	5	6	7
o. Melanoma [C4H75O-O7]	1	2	7	1	2	3	4	5	6	7
p. Osteoporosis [C4H75P-P7]	1	2	7	1	2	3	4	5	6	7
q. Tuberculosis [C4H75Q-Q7]	1	2	7	1	2	3	4	5	6	7

				Immediate Family			Maternal		Paternal	
	Yes	No	Unsure	Mother	Father	Sibling	Grand Parent s	Aunt/ Uncle	Grand Parents	Aunt/ Uncle
r. Other? [C4H75R-R7] Specify:	1	2	7	1	2	3	4	5	6	7
s. Other? [C4H75S-S7] Specify:	1	2	7	1	2	3	4	5	6	7

Protective Health Practices

The next set of questions are about protective health practices you may follow.

76. Are you exposed to excessive noise on a regular basis? [C4H76]

Yes 1

No(go to 77)..... 2

a. What type of noise are you typically exposed to? [C4H76A]

b. Where are you exposed to this noise? [C4H76B]

c. How often are you exposed to this noise? [C4H76C]

Daily.....1

Weekly2

Monthly.....3

d. How long are you typically exposed to this noise? [C4H76D]

of Hours _____

77. Do you typically use a seat belt? [C4H77]

Yes 1

No 2

78. Do you ever ride a bicycle or motorcycle? [C4H78]

Yes, with Helmet..... 1

Yes, without Helmet 2

No 3

79. Have you ever had excessive sun exposure (e.g., a really bad sunburn or chronic exposure in the summer because you worked outside)? [C4H79]

Yes 1

No..... 2

80. Do you regularly use sunscreen? [C4H80]

Yes 1

No 2

Intervening Events

INTERVIEWER: THE FOLLOWING INFORMATION SHOULD BE PRE-LOADED.

81a. WHAT IS THE DATE OF THE PROJECT 1 PHONE INTERVIEW? ____/____/____

81b. IS MARITAL STATUS DATA AVAILABLE FROM PROJECT 1?

YES(go to 82)1

NO (go to 83) 2

81c. AT PROJECT 1 PHONE INTERVIEW R WAS (SEE COVER SHEET)

MARRIED1

SEPARATED.....2

DIVORCED3

WIDOWED.....4

NEVER MARRIED.....5

LIVING WITH SOMEONE IN STEADY, MARRIAGE-LIKE RELATIONSHIP.....6

82. The next set of questions are about experiences you may have had since you completed the MIDUS phone interview on (_____). At that time, you indicated that you were (STATUS at 81c). Is this still the case? [C4H82]

Yes(go to 86) 1

No(go to 84)..... 2

83. [IF MARITAL STATUS UNKNOWN] Now I'd like to ask about experiences you've had since you completed the MIDUS phone interview in (_____).

Since that time, have you gotten married, separated, divorced, become widowed, or begun living with someone in a steady, marriage-like relationship? [C4H83]

Yes(go to 84) 1

No(go to 85)..... 2

84. When did your marital status change? [C4H84M-C4H84Y]

DATE ____/____/____ (month/day/year)

85. What is your current marital status? [C4H85-C4HMARR]

- Married 1
- Separated 2
- Divorced 3
- Widowed 4
- Never Married..... 5
- Living with someone in committed relationship..... 6

86. Now, I'd like to ask about (other/any) losses you may have experienced. Has anyone close to you, a close friend or relative, passed away since we last interviewed you in (____)? [C4H86]

Yes(go to 86a).....1

No(go to 87)..... 2

What was their relationship to you?	Gender	Date of Death	
		Month	Year
a. [C4H86A-C4H86AY]	Male 1 Female 2		
b. [C4H86B-C4H86BY]	1 2		
c. [C4H86C-C4H86CY]	1 2		
d. [C4H86D-C4H86DY]	1 2		
e. [C4H86E-C4H86EY]	1 2		

87. Are there any other things, either positive or negative, that have happened to you or your family or close friends since you completed the MIDUS Phone Interview in (_____) that stand out in your memory? [C4H87]

YES 1

NO.....(Medical History is complete)..... 2

87a. Please describe the event including when it happened, as well as who was involved.

[INTERVIEWER: CHECK THAT EVENT OCCURRED SINCE PROJECT 1 PHONE INTERVIEW. PROBE FOR DETAILS ABOUT WHO WAS INVOLVED AND WHETHER IT WAS AN ACUTE EVENT OR AN ONGOING EVENT. ENTER 96 FOR MONTH IF THE EVENT IS ONGOING.]

[IF MORE THAN 5 RECORD THE MOST SIGNIFICANT EVENTS.]

[IF OTHERS ARE INVOLVED SPECIFY NAME, GENDER & RELATIONSHIP TO RESPONDENT AS APPROPRIATE.]

(1) Describe Event 1: [C4H87A1D-C4H87A1Y]

In what MONTH _____ and YEAR _____ did the event occur?

(2) Describe Event 2: [C4H87A2D-C4H87A2Y]

In what MONTH _____ and YEAR _____ did the event occur?

(3) Describe Event 3: [C4H87A3D-C4H87A3Y]

In what MONTH _____ and YEAR _____ did the event occur?

(4) Describe Event 4: [C4H87A4D-C4H87A4Y]

In what MONTH _____ and YEAR _____ did the event occur?

(5) Describe Event 5: [C4H87A5D-C4H87A5Y]

In what MONTH _____ and YEAR _____ did the event occur?

INTERVIEWER: PRE-LOAD THE INFORMATION IN THIS SECTION.

88. Participant mode of travel was (Check all that apply): [C4H88A-C4H88E]

Mode of Travel	Yes	No
a. Air	1	2
b. Drove themselves	1	2
c. Came by taxi/car (as passenger)	1	2
d. Came by bus	1	2
e. Came by train	1	2

89. Distance Traveled: _____ Miles (calculate from Google starting location to research center) [C4H89]

90. Now, I am going to ask you to think about your experiences related to your travel to this research center. Some people have to make various arrangements in order to be able to come for this visit, including arranging time off from work, arranging child-care or for someone to take care of any pets or bring in the mail or water plants. What preparations did you have to make in order to be able to be away from home to participate in this research project? (Interviewer – Check all that apply) [C4H90A-C4H90GS]

Preparations	YES	NO
a. arrange child care/dependent care	1	2
b. arrange care of animals	1	2
c. arrange time off or coverage for work/volunteer work	1	2
d. arrange care of house (mail, newspaper, plants, etc.)	1	2
e. arrange transportation (that is arrangements other than those our staff made for you)	1	2
f. other (1): _____ other (2): _____	1	2
g. NO Arrangements – SKIP to Q91	1	2

91. Did you experience any problems during your trip to this research center? [C4H91]

Yes.....1
No.....2

INTERVIEWER COMMENTS: