MULTIPLE RISK FACTOR INTERVENTION TRIAL

SECOND ANNUAL MEDICAL HISTORY AND BEHAVIOR QUESTIONNAIRE

Year of Follow-up **2**

Attach ID Label Here

The following set of questions includes a Medical History Questionnaire and some questions to study the relationship between the occurrence of heart disease and behavioral characteristics. These questions are arranged in five parts. They are as follows:

Part I – Medical History
Part II – Nutrition
Part III – Interests and Feelings
Part IV – Activity Survey
Part V – Events During the Past Year

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.

   The answers you give are treated completely confidentially and will become part of your study record.

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.

Your present address and telephone number:

CC USE 1☐

ADDRESS: _____
Street Apartment No.

_____
City State Zip Code

_____
Telephone Number

If you wish the results of the tests, the ECG and physical examination sent to your physician, please give his name and address below and check the box. ☐

CC USE 1☐

NAME: _____

ADDRESS: _____
Street Apartment No.

_____
City State Zip Code

Please give the name and address of someone who is not living in your household but who will know where you are if we should need to contact you. If this person is a married woman, please give her husband's name also in the space provided.

CC USE 1☐

Name: First Last Husband

_____
Street No. and Name

_____
City State Zip Code

MULTIPLE RISK FACTOR INTERVENTION TRIAL
SPONSORED BY NATIONAL HEART AND LUNG INSTITUTE
OFFICE OF MANAGEMENT AND BUDGET NO. 68 R0376. APPROVAL EXPIRES SEPT. 1, 1979

PART I – 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.

DURING THE PAST 12 MONTHS HAS A DOCTOR TOLD YOU THAT YOU HAD ANY OF THE FOLLOWING?
(Check either yes, no, or not sure for each item.)

MHQ01V24	1. High blood pressure (hypertension)	28	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ02V24	2. Heart attack (myocardial infarction, coronary occlusion or coronary thrombosis)	29	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ03V24	3. Angina	30	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ04V24	4. Congenital heart disease (born with heart defect)	31	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ05V24	5. Rheumatic fever, chorea (St. Vitus Dance)	32	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ06V24	6. Rheumatic heart disease	33	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ07V24	7. Stroke	34	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ08V24	8. Diabetes (sugar in the blood or urine)	35	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ09V24	9. Gout	36	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ10V24	10. Kidney disease (nephritis, pyelonephritis, glomerulonephritis, kidney infection)	37	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ11V24	11. Kidney stones	38	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ12V24	12. Prostate infection, enlargement or other prostate disease	39	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ13V24	13. Urinary tract infection, bladder infection, other bladder disease	40	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ14V24	14. Bronchitis	41	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ15V24	15. Pneumonia	42	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ16V24	16. Pleurisy	43	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ17V24	17. Emphysema	44	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ18V24	18. Tuberculosis	45	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ19V24	19. Thyroid problem or disease	46	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ20V24	20. Colitis or inflammation of the colon	47	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ21V24	21. Ulcer (stomach or duodenal), or intestinal bleeding	48	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ22V24	22. Hepatitis	49	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ23V24	23. Cirrhosis or other liver disease	50	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ24V24	24. Anemia	51	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ25V24	25. Cancer	52	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ26V24	26. Nervous, emotional or mental disorder	53	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ27V24	27. Rheumatoid arthritis	54	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ28V24	28. Other arthritis	55	1 ☐ yes 2 ☐ no 3 ☐ not sure
☐	29. Epilepsy or seizures or fits	56	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ30V24	30. Allergies	57	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ31V24	31. Asthma	58	1 ☐ yes 2 ☐ no 3 ☐ not sure
MHQ32V24	32. Hives or hay fever	59	1 ☐ yes 2 ☐ no 3 ☐ not sure
	33. Other major diseases (specify) _____	60	1 ☐ yes 2 ☐ no 3 ☐ not sure
	34. During the past 12 months have you been told by a doctor that you have gallstones or gall bladder disease?	61	1 ☐ yes 2 ☐ no 3 ☐ not sure
	35. During the past 12 months have you had x-rays taken of your gall bladder?	62	1 ☐ yes 2 ☐ no 3 ☐ not sure
	36. During the past 12 months have you had surgery for gall bladder disease?	63	1 ☐ yes 2 ☐ no 3 ☐ not sure
CASURG24	37. During the past 12 months have you had surgery on your heart or arteries?	64	1 ☐ yes 2 ☐ no 3 ☐ not sure

DURING THE PAST 12 MONTHS HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?

	38. Skin rash or unusual bruises?	65	1 ☐ yes 2 ☐ no 3 ☐ not sure
	39. Headaches that were so bad you had to stop what you were doing?	66	1 ☐ yes 2 ☐ no 3 ☐ not sure
	40. Headache attack, racing heart and sweating, all at the same time?	67	1 ☐ yes 2 ☐ no 3 ☐ not sure
	41. Faintness or light-headedness when you stand up quickly?	68	1 ☐ yes 2 ☐ no 3 ☐ not sure
	42. Your heart beating unusually fast or skipping beats?	69	1 ☐ yes 2 ☐ no 3 ☐ not sure
	43. Blacking out or losing consciousness?	70	1 ☐ yes 2 ☐ no 3 ☐ not sure
	44. Frequent stomach pains?	71	1 ☐ yes 2 ☐ no 3 ☐ not sure
	45. Waking up early, having trouble getting back to sleep?	72	1 ☐ yes 2 ☐ no 3 ☐ not sure
	46. Black or tarry stools?	73	1 ☐ yes 2 ☐ no 3 ☐ not sure
	47. Bright red blood in your stools?	74	1 ☐ yes 2 ☐ no 3 ☐ not sure
	48. Allergies to medicines?	75	1 ☐ yes 2 ☐ no 3 ☐ not sure
	49. Unexplained weight loss?	76	1 ☐ yes 2 ☐ no 3 ☐ not sure

50. Were you hospitalized for any reason in the past 12 months?

HOSP24 77

1 ☐ yes → Please give the name and address of the hospital you visited.

2 ☐ no

A. Hospital

Street

City - State

B. Hospital

Street

City - State

C. Hospital

Street

City - State

51. During the past 12 months, about how many times have you seen or talked to a medical doctor for health reasons? Do not count the MRFIT physicians. (check one)

78 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

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

79 1 ☐ zero times during past year 2 ☐ one time during past year 3 ☐ two times during past year 4 ☐ three or more times during past year

53. 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? (check one)

80 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

RATACT24 54. Considering all the things you do, how would you rate yourself as to the amount of physical activity you get compared with other men your age? (check one)

81 1 ☐ I am much less active than others 2 ☐ I am somewhat less active than others 3 ☐ I am about the same 4 ☐ I am somewhat more active 5 ☐ I am much more active

ASPIR24 55. During the past four weeks, how often did you take aspirin or similar drugs containing aspirin such as Alka-Seltzer, Anacin, APC, Bufferin, Darvon Compound, Dristan, Empirin, or Excedrin? (check one)

82 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

THINKING ABOUT THE LAST 12 MONTHS PLEASE ANSWER THE FOLLOWING QUESTIONS:

CHF24 56. Have you ever awakened at night gasping for breath? 83 1 ☐ yes 2 ☐ no

57. 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.) 84 1 ☐ yes 2 ☐ no

COUGH24 58. Do you usually cough during the day or at night in the winter? (Do not respond "yes" for a single cough.)

1 ☐ yes → 59. Do you cough like this on most days for as much as 3 months each year? 86 1 ☐ yes 2 ☐ no

2 ☐ no

Continue with question 60.

60. Do you usually bring up any phlegm (mucus) from your chest first thing in the morning in the winter? 87 1 ☐ yes 2 ☐ no

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

88 1 ☐ yes → 62. Do you bring up phlegm like this on most days for as much as 3 months each year? 89 1 ☐ yes 2 ☐ no

PHLEGM24

2 ☐ no

63. In the past 3 years, have you had a period of increased cough and phlegm lasting for 3 weeks or more? 90 1 ☐ yes, once 2 ☐ yes, more than once 3 ☐ no

64. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 91 1 ☐ yes 2 ☐ no

DYSPNE24

65. Do you get short of breath walking with other people of your own age on level ground? 92 1 ☐ yes 2 ☐ no

66. Have you ever had asthma? 93 1 ☐ yes 2 ☐ no

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

1 ☐ yes → 69. Do you get it when you walk uphill or hurry? 1 ☐ yes 2 ☐ no

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

2 ☐ no

ROSEAN24

ROSEMI24

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

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

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

1 ☐ yes → 72. Does it go away when you stand still?

1 ☐ yes → 73. How soon? 1 ☐ 10 min. or less 2 ☐ more than 10 min.

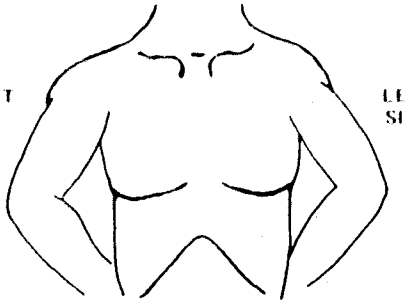
Continue with question 74

2 ☐ no

1 ☐ yes

2 ☐ no

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



DO NOT USE

1 ☐ yes 2 ☐ no

1 ☐ yes 2 ☐ no

1 ☐ yes 2 ☐ no

75. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? 104 1 ☐ yes 2 ☐ no

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

105 1 ☐ yes → 77. Does this pain ever begin when you are standing still or sitting? 106 1 ☐ yes 2 ☐ no

2 ☐ no

ROSEIC24

78. Do you get this pain in your calf? (or calves?) 107 1 ☐ yes 2 ☐ no

79. Do you get it when you walk uphill or hurry? 108 1 ☐ yes 2 ☐ no

80. Do you get it when you walk at an ordinary pace on the level? 109 1 ☐ yes 2 ☐ no

81. Does the pain ever disappear while you are still walking? 110 1 ☐ yes 2 ☐ no

82. What do you do if you get it when you are walking?

111 1 ☐ stop 2 ☐ slow down 3 ☐ continue at same pace

83. What happens to it if you stand still?

112 1 ☐ usually continues more than 10 min. 2 ☐ usually disappears in 10 min. or less

Continue with question 84.

PLEASE ANSWER THE FOLLOWING QUESTIONS AS DIRECTED

84. In the past 12 months, have you had any sudden feeling of numbness, tingling or loss of feeling in either arm, hand, leg, foot or face?

1 ☐ yes → 85. How many attacks of such numbness or tingling have you had? (Check one)

1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

86. How long did the attack(s) usually last? (Check one)

115 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours
4 ☐ from 6 to 24 hours 5 ☐ more than a day

87. Did you see a doctor for the numbness or tingling? 1 ☐ yes 2 ☐ no

2 ☐ no

NDNUMB24

88. During the past 12 months, have you had any sudden attacks of paralysis or loss of use of either arm, hand, leg or foot?

117 1 ☐ yes → 89. How many attacks of such paralysis have you had? (Check one)

118 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

90. How long did the attack(s) usually last? (Check one)

119 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours
4 ☐ from 6 to 24 hours 5 ☐ more than a day

91. Did you see a doctor for this paralysis? 1 ☐ yes 2 ☐ no

2 ☐ no

NDPARL24

92. In the past 12 months, have you had any sudden loss of eyesight or blurring of vision for a short period of time?

121 1 ☐ yes → 93. What part of your vision was affected? (Check one)

122 1 ☐ right eye 2 ☐ left eye 3 ☐ both eyes
4 ☐ vision to the right side 5 ☐ vision to the left side

94. How many attacks of loss of eyesight or blurring of vision have you had? (Check one)

123 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

95. How long did the attack(s) usually last? (Check one)

124 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours
4 ☐ from 6 to 24 hours 5 ☐ more than a day

96. Did you see a doctor for this vision problem?

2 ☐ no

NDANOP24

97. In the past 12 months, have you had any sudden attacks of changes in speech, loss of speech or inability to say words for more than two minutes?

126 1 ☐ yes → 98. How many attacks of loss of speech have you had? (Check one)

127 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

99. How long did the attack(s) usually last? (Check one)

128 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour 3 ☐ from 1 to 6 hours
4 ☐ from 6 to 24 hours 5 ☐ more than a day

100. Did you see a doctor for your speech problem?

2 ☐ no

NDDYSP24

Continue with question 101.

101. During the past 12 months, have you had any spells of dizziness, difficulty in walking, lightheadedness or loss of balance? Check yes or no for each condition to indicate whether an attack occurred or not.

		Yes	No
Dizziness	130	1 ☐	2 ☐
Spinning sensation (vertigo)	131	1 ☐	2 ☐
Loss of balance	132	1 ☐	2 ☐
Difficulty walking	133	1 ☐	2 ☐
Blackouts or fainting	134	1 ☐	2 ☐

102. Is "yes" checked one or more times in question 101?

135
1 ☐ yes → 103. About how many total attacks of all conditions checked do you think you have had in the past 12 months? (Check one)

136 1 ☐ only one 2 ☐ two 3 ☐ three - five 4 ☐ more than five

104. How long did attack(s) usually last? (Check one)

137 1 ☐ usually less than 5 minutes 2 ☐ from 5 minutes to an hour
3 ☐ from 1 to 6 hours 4 ☐ from 6 to 24 hours 5 ☐ more than a day

105. Did you see a doctor for any of these spells? 138 1 ☐ yes 2 ☐ no

Continue with Part II

2 ☐ no

NDATAX24

Continue with Part II

NDALL24

CC USE

1☐
139

SKIP 140-END

PART II – NUTRITION

The questions in this section concern changes you may (or may not) have made in the food you eat during the past year. Approximately 12 months ago you answered similar questions regarding food changes you had made in the first year of the study. Your answers to the following questions should be based on food changes you have made since the first annual visit or during the past year.

1. During the past 12 months has your personal physician (other than MRFIT physician) advised you to follow any special diet or to make any changes in the food you eat?

25 1 ☐ yes → 2 ☐ no ↓

2. Did you personally request the diet information from your physician? 26 1 ☐ yes 2 ☐ no

3. Please summarize the food changes your physician advised you to make.

_____ **CC USE**

_____ 1 ☐ 27

_____

4. For each item below indicate whether it was for that reason that the physician asked you to follow the special diet. **Answer each item yes or no.**

a. Diabetes	28	1 ☐ yes 2 ☐ no
b. Overweight	29	1 ☐ yes 2 ☐ no
c. High Blood Pressure	30	1 ☐ yes 2 ☐ no
d. High Blood Fat or Cholesterol	31	1 ☐ yes 2 ☐ no
e. Food Allergy	32	1 ☐ yes 2 ☐ no
f. Ulcer	33	1 ☐ yes 2 ☐ no
g. Other	34	1 ☐ yes 2 ☐ no

Specify _____

5. Were you given printed instructions describing the special diet? 35 1 ☐ yes 2 ☐ no

6. Was the special diet explained to you by the physician or his staff?

36 1 ☐ yes → 2 ☐ no ↓

7. Check the following people who explained the diet to you. **Answer each item yes or no.**

a. Physician	37	1 ☐ yes 2 ☐ no
b. Nurse	38	1 ☐ yes 2 ☐ no
c. Dietitian or Nutritionist	39	1 ☐ yes 2 ☐ no
d. Other Staff	40	1 ☐ yes 2 ☐ no

Specify _____

8. How well did you understand the diet changes the physician advised you to make? (Check one)

41 1 ☐ Very well. I understood what changes to make 2 ☐ Fairly well. I understood some of the changes required but had further questions 3 ☐ Not very well. I didn't know what changes to make

9. Have you begun to make the diet changes the physician advised you to follow?

42 1 ☐ yes → 2 ☐ no ↓

10. Approximately how many months during the past 12 months did you follow these food changes? (Check one)

43 1 ☐ less than one month 2 ☐ one-three months 3 ☐ four-six months 4 ☐ seven-nine months 5 ☐ ten-twelve months 6 ☐ more than twelve months

11. In general, how closely have you been following this diet during the past year? (Check one)

44 1 ☐ have changed eating habits consistent with diet and very rarely go off diet 2 ☐ follow diet most of the time 3 ☐ have not been able to stick to the diet consistently

Continue with question 12.

12. We are interested in knowing how much the following reasons influence the choice of food you eat. (Check one box after each reason.)

		Little or no influence	Some influence	A great deal of influence
a. Written information media – such as newspapers, magazines, books and ads.	45	1 ☐	2 ☐	3 ☐
b. Audio-visual information media – such as radio and television.	46	1 ☐	2 ☐	3 ☐
c. Advice from MRFIT staff.	47	1 ☐	2 ☐	3 ☐
d. Joining a nutrition education group (other than c above) such as Weight Watchers – Specify group _____	48	1 ☐	2 ☐	3 ☐
e. Family influence.	49	1 ☐	2 ☐	3 ☐
f. Advice from acquaintances or friends.	50	1 ☐	2 ☐	3 ☐
g. Personal concern over own health.	51	1 ☐	2 ☐	3 ☐
h. Other, specify _____	52	1 ☐	2 ☐	3 ☐

13. Which answer best describes the total number of meals you usually eat on a typical work day? (Check one)

53 1 ☐ 1 meal a day 2 ☐ 2 meals a day 3 ☐ 3 meals a day 4 ☐ 4 or more meals a day 5 ☐ retired or unemployed (question 13 does not apply)

14. Which answer best describes the total number of meals you usually eat away from home on a typical work day? (Check one)

54 1 ☐ 0 meals away from home 2 ☐ 1 meal away from home 3 ☐ 2 meals away from home 4 ☐ 3 or more meals away from home 5 ☐ retired or unemployed (question 14 does not apply)

15. Which answer best describes the total number of meals you usually eat on a typical non-work day? (Check one)

55 1 ☐ 1 meal a day 2 ☐ 2 meals a day 3 ☐ 3 meals a day 4 ☐ 4 or more meals a day 5 ☐ retired or unemployed (question 15 does not apply)

16. Which answer best describes the total number of meals you usually eat away from home on a typical non-work day? (Check one)

56 1 ☐ 0 meals away from home 2 ☐ 1 meal away from home 3 ☐ 2 meals away from home 4 ☐ 3 or more meals away from home 5 ☐ retired or unemployed (question 16 does not apply)

17. Which answer best describes the total number of meals you eat out (e.g. meals purchased at a restaurant, cafeteria, snack bar, delicatessen, vending machine, drive-in or take-out food store) in a typical week? (Check one)

57 1 ☐ 0 meals 2 ☐ 1-3 meals 3 ☐ 4-6 meals 4 ☐ 7-9 meals 5 ☐ 10-12 meals 6 ☐ 13 or more meals

18. Would you consider your answer to question 17 above a change from a year ago of the number of meals you ate out?

58 1 ☐ yes → 19. If yes, how much of a change? (Check one)
59 1 ☐ eat out less often 2 ☐ eat out more often

2 ☐ no

20. When you go to work do you usually carry a lunch prepared at home?

60 1 ☐ yes → 21. If yes, how long have you been carrying a lunch? (Check one)
61 1 ☐ less than 1 year 2 ☐ 1-2 years 3 ☐ more than 2 years

2 ☐ no

3 ☐ retired or unemployed (question 20 does not apply)

Please answer the following questions about your usual pattern of drinking the following beverages: Decaffeinated coffee, coffee, tea, cola and alcoholic beverages.

22. Do you usually drink decaffeinated coffee (hot or iced)?

DDCAF24 62 1 ☐ yes → 23. Which answer best describes the number of cups of decaffeinated coffee you usually drink in a typical day? (Check one) ADCAF24
63 1 ☐ less than 1 cup a day 2 ☐ 1-3 cups a day 3 ☐ 4-6 cups a day 4 ☐ 7-9 cups a day 5 ☐ 10-15 cups a day 6 ☐ 16 or more cups a day

2 ☐ no

24. Do you drink coffee (hot or iced)?

DCOFF24 64 1 ☐ yes → 25. Which answer best describes the number of cups of coffee you usually drink in a typical day? (Check one) ACOFF24
65 1 ☐ less than 1 cup a day 2 ☐ 1-3 cups a day 3 ☐ 4-6 cups a day 4 ☐ 7-9 cups a day 5 ☐ 10-15 cups a day 6 ☐ 16 or more cups a day

2 ☐ no

26. Do you drink tea (hot or iced)?

DTEA24 66 1 ☐ yes → 27. Which answer best describes the number of cups of tea you usually drink in a typical day? (Check one) ATEA24
67 1 ☐ less than 1 cup a day 2 ☐ 1-3 cups a day 3 ☐ 4-6 cups a day 4 ☐ 7-9 cups a day 5 ☐ 10-15 cups a day 6 ☐ 16 or more cups a day

2 ☐ no

Continue with question 28.

28. Do you drink cola beverages (e.g. Coke, Pepsi, Tab, Diet Pepsi, Shasta Cola)?

DCOLA24 68

1 ☐ yes → 29. Which answer best describes the number of glasses of cola beverages you usually drink in a typical day? Consider one glass to be about 12 ounces. (Check one) ACOLA24

69 1 ☐ less than 1 glass a day 2 ☐ 1-2 glasses a day 3 ☐ 3-5 glasses a day 4 ☐ 6-9 glasses a day 5 ☐ 10 or more glasses a day

2 ☐ no

30. Do you drink wine, beer, whiskey or liquor (cocktails, gin, vodka, scotch, bourbon, rum, etc.)?

DRKALC24 70

1 ☐ yes → 31. Which answer best describes how often you drink wine, beer, whiskey or liquor? (Check one) OFTALC24

71 1 ☐ less than once per week 2 ☐ 1 to 2 times a week 3 ☐ 3 to 4 times a week 4 ☐ nearly every day 5 ☐ every day

32. When you drink alcoholic beverages, how many do you usually drink in a day?

72 ☐☐ number of drinks per day ALCD24

2 ☐ no

Continue with Part III

DRINKS24

PART III – INTERESTS AND FEELINGS

Please place a ✓ in one box for each question.

1. Taking into account the way your life is, are you satisfied with the opportunities you have to develop your interests, talents, and abilities the way you would like?	74	1 ☐ yes	2 ☐ no	3 ☐ not sure
2. Does the work you do give you a feeling of self-importance and success?	75	1 ☐ yes	2 ☐ no	3 ☐ not sure
3. Do you have any special interest, talent, or hobby that gives you a feeling of success?	76	1 ☐ yes	2 ☐ no	3 ☐ not sure
4. Do you feel sure of your social acts and manners?	77	1 ☐ yes	2 ☐ no	3 ☐ not sure
5. Do you think that your looks and appearances have tended to help you?	78	1 ☐ yes	2 ☐ no	3 ☐ not sure
6. Do you feel sure that people are interested in your ideas and what you are going to do?	79	1 ☐ yes	2 ☐ no	3 ☐ not sure
7. Do you feel satisfied in your relations with members of the opposite sex?	80	1 ☐ yes	2 ☐ no	3 ☐ not sure
8. Do you wonder whether people like and respect you?	81	1 ☐ yes	2 ☐ no	3 ☐ not sure
9. On the whole, does life tend to be happy for you?	82	1 ☐ yes	2 ☐ no	3 ☐ not sure
10. Do you feel left out of the groups you go with?	83	1 ☐ yes	2 ☐ no	3 ☐ not sure
11. Are you sure you know what you most want out of life?	84	1 ☐ yes	2 ☐ no	3 ☐ not sure
12. Does the work you do bring out your best talents and abilities, and give you a chance to try out ideas of your own?	85	1 ☐ yes	2 ☐ no	3 ☐ not sure
13. Have you done anything outside of work that someone you admire has thought worthwhile?	86	1 ☐ yes	2 ☐ no	3 ☐ not sure
14. Do you feel as successful as the people you go with in the things you do outside of work?	87	1 ☐ yes	2 ☐ no	3 ☐ not sure
15. Are you bothered by wanting to do things you do not feel mentally or intellectually able to do?	88	1 ☐ yes	2 ☐ no	3 ☐ not sure
16. Do you feel satisfied with your present social standing?	89	1 ☐ yes	2 ☐ no	3 ☐ not sure

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90 END

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PART IV: ACTIVITY SURVEY

For each question please place a ✓ in the box for the answer that is true **for you** from the time you entered the study. Each person is different so there are no "right" or "wrong" answers. Of course, all you tell us is **strictly confidential** to be seen only by the program team. Do not ask anyone else about how to reply to the items. It is your personal opinion that we want. Although there are several questions which are similar to some you have already answered, please answer these questions once again.

If a sudden change in your health has recently led you to change your job or your usual way of living, please answer the Activity Survey the way you would have **before** this health change occurred.

Please place a ✓ in <u>one</u> box for each question.

1. Do you ever have trouble finding time to get your hair cut? (check one)
   25 1 ☐ never 2 ☐ occasionally 3 ☐ almost always

2. Does your job "stir you into action"? (check one)
   26 1 ☐ less often than most people's jobs 2 ☐ about average 3 ☐ more often than most people's jobs

3. Is your everyday life filled mostly by —
   27 1 ☐ problems needing solution? 2 ☐ challenges needing to be met? 3 [ ] a rather predictable routine of events? 4 [ ] not enough things to keep me interested or busy?

4. Some people live a calm, predictable life. Others find themselves often facing unexpected changes, frequent interruptions, inconveniences or "things going wrong". How often are you faced with these minor (or major) annoyances or frustrations?
   28 1 ☐ several times a day 2 ☐ about once a day 3 [ ] a few times a week 4 [ ] once a week 5 [ ] once a month or less

5. When you are under pressure or stress, do you usually
   29 1 ☐ do something about it immediately? 2 ☐ plan carefully before taking any action?

6. Ordinarily, how rapidly do you eat?
   30 1 ☐ I'm usually the first one finished 2 ☐ I eat a little faster than average 3 [ ] I eat at about the same speed as most people 4 [ ] I eat more slowly than most people

7. Has your spouse or some friend ever told you that you eat too fast?
   31 1 ☐ yes, often 2 ☐ yes, once or twice 3 ☐ no, no one has told me this

8. How often do you find yourself doing more than one thing at a time, such as working while eating, reading while dressing, figuring out problems while driving?
   32 1 ☐ I do two things at once whenever practical 2 [ ] I do this only when I'm short of time 3 [ ] I rarely or never do more than one thing at a time

9. When you listen to someone talking, and this person takes **too long** to come to the point, do you feel like hurrying him along?
   33 1 ☐ frequently 2 ☐ occasionally 3 [ ] almost never

10. How often do you actually "put words in his mouth" in order to speed things up?
    34 1 ☐ frequently 2 ☐ occasionally 3 [ ] almost never

11. If you tell your wife or a friend that you will meet them somewhere at a definite time, how often do you arrive late?
    35 1 ☐ once in a while 2 ☐ rarely 3 ☐ I am never late

12. Do you often find yourself hurrying to get places even when there is plenty of time?
    36 1 ☐ often 2 ☐ occasionally 3 ☐ rarely or never

13. Suppose you are to meet someone at a public place (street corner, building lobby, restaurant) and the other person is already 10 minutes late. Will you —
    37 1 ☐ sit and wait? 2 ☐ walk about while waiting? 3 ☐ usually carry some reading matter or writing paper so you can get something done while waiting?

14. When you have to "wait in line", such as at a restaurant, a store, or the post office, do you
    38 1 ☐ accept it calmly? 2 ☐ feel impatient but do not show it? 3 ☐ feel so impatient that someone watching could tell you were restless? 4 ☐ refuse to wait in line and find ways to avoid such delays?

15. When you play games with young children about 10 years old (or when you used to do so when your children were younger) how often did you purposely let them win?
    39 1 ☐ most of the time 2 ☐ half the time 3 ☐ only occasionally 4 ☐ never

16. When you were younger, did most people consider you to be –

40 1 ☐ definitely hard-driving and competitive? 2 ☐ probably hard-driving and competitive? 3 ☐ probably more relaxed and easy going? 4 ☐ definitely more relaxed and easy going?

17. Nowadays, do you consider yourself to be –

41 1 ☐ definitely hard-driving and competitive? 2 ☐ probably hard-driving and competitive? 3 ☐ probably more relaxed and easy going? 4 ☐ definitely more relaxed and easy going?

18. How would your wife (or closest friend) rate you?

42 1 ☐ definitely hard-driving and competitive? 2 ☐ probably hard-driving and competitive? 3 ☐ probably more relaxed and easy going? 4 ☐ definitely more relaxed and easy going?

19. How would your wife (or best friend) rate your general level of activity?

43 1 ☐ too slow. Should be more active 2 ☐ about average. Is busy much of the time 3 ☐ too active. Needs to slow down

20. Would people who know you well agree that you **take your work too seriously?**

44 1 ☐ definitely yes 2 ☐ probably yes 3 ☐ probably no 4 ☐ definitely no

21. Would people who know you well agree that you **have less energy than most people?**

45 1 ☐ definitely yes 2 ☐ probably yes 3 ☐ probably no 4 ☐ definitely no

22. Would people who know you well agree that you tend to get irritated easily?

46 1 ☐ definitely yes 2 ☐ probably yes 3 ☐ probably no 4 ☐ definitely no

23. Would people who know you well agree that you **tend to do most things in a hurry?**

47 1 ☐ definitely yes 2 ☐ probably yes 3 ☐ probably no 4 ☐ definitely no

24. Would people who know you well agree that you enjoy **"a contest" (competition) and try hard to win?**

48 1 ☐ definitely yes 2 ☐ probably yes 3 ☐ probably no 4 ☐ definitely no

25. Would people who know you well agree that you **get a lot of fun out of your life?**

49 1 ☐ definitely yes 2 ☐ probably yes 3 ☐ probably no 4 ☐ definitely no

26. How was your "temper" when you were younger?

50 1 ☐ fiery and hard to control 2 ☐ strong, but controllable 3 ☐ no problem 4 ☐ I almost never get angry

27. How is your "temper" nowadays?

51 1 ☐ fiery and hard to control 2 ☐ strong, but controllable 3 ☐ no problem 4 ☐ I almost never get angry

28. When you are in the midst of a job and someone (not your boss) interrupts you, how do you usually feel inside?

52 1 ☐ I feel O.K. because I work better after an occasional break 2 ☐ I feel only mildly annoyed 3 ☐ I really feel irritated because most such interruptions are unnecessary

29. How often are there deadlines on your job? (If job deadlines occur irregularly, please check the closest answer below)

53 1 ☐ daily or more often 2 ☐ weekly 3 ☐ monthly 4 ☐ never

30. Do these deadlines usually –

54 1 ☐ carry minor pressure because of their routine nature? 2 ☐ carry considerable pressure since delay would upset your entire work group?

31. Do you ever set deadlines **for yourself** at work or at home?

55 1 ☐ no 2 ☐ yes, but only occasionally 3 ☐ yes, once a week or more often

32. When you have to work against a deadline, is the **quality** of your work –

56 1 ☐ better? 2 ☐ worse? 3 ☐ the same? (Pressure makes no difference)

33. At work do you ever keep two jobs moving forward at the same time by shifting back and forth rapidly from one to the other?

57 1 ☐ no, never 2 ☐ yes, but only in emergencies 3 ☐ yes, regularly

34. Are you content to remain at your present job level for the next five years?

58 1 ☐ yes 2 ☐ no, I want to advance 3 ☐ definitely no. I strive to advance and would be dissatisfied if not promoted in that length of time

35. If you had your choice, would you rather get –

59 1 ☐ a small increase in pay **without** a promotion to a higher level job? 2 ☐ a promotion to a higher level job **without** an increase in pay?

36. In the past three years have you ever taken less than your alloted number of vacation days?

60 1 ☐ yes 2 ☐ no 3 ☐ my type of job does not provide regular vacations

37. In the last three years my personal income –

61 1 ☐ has remained the same or gone down 2 ☐ has gone up slightly (such as would occur from cost-of-living increases or automatic raises based on years of service 3 ☐ has gone up considerably

38. How often do you bring your work home with you at night or study materials related to your job?
62 1 ☐ rarely or never 2 ☐ once a week or less often 3 ☐ more than once a week

39. How often do you go to your place of work when it is officially closed (such as nights or weekends)?
63 1 ☐ this is not possible in my job 2 ☐ rarely or never 3 ☐ occasionally (less than once a week) 4 ☐ once or more a week

40. When you find yourself getting tired on the job, do you usually -
64 1 ☐ slow down for a while until your strength comes back? 2 ☐ keep pushing yourself at the same pace in spite of the tiredness?

41. When you are in a group, do the other people tend to look to you to provide leadership?
65 1 ☐ rarely 2 ☐ about as often as they look to others 3 ☐ more often than they look to others

42. Do you make yourself written lists of "things to do" to help you remember what needs to be done?
66 1 ☐ never 2 ☐ occasionally 3 ☐ frequently

In each of the following questions, please compare yourself with the average worker in your present occupation and check the box corresponding to the most accurate description.

43. In amount of **effort** put forth, I give —
67 1 ☐ much more effort 2 ☐ a little more effort 3 ☐ a little less effort 4 ☐ much less effort

44. In sense of **responsibility**, I am —
68 1 ☐ much more responsible 2 ☐ a little more responsible 3 ☐ a little less responsible 4 ☐ much less responsible

45. I find it necessary to **hurry** —
69 1 ☐ much more of the time 2 ☐ a little more of the time 3 ☐ a little less of the time 4 ☐ much less of the time

46. In being **precise** (careful about detail), I am —
70 1 ☐ much more precise 2 ☐ a little more precise 3 ☐ a little less precise 4 ☐ much less precise

47. I approach **life in general** —
71 1 ☐ much more seriously 2 ☐ a little more seriously 3 ☐ a little less seriously 4 ☐ much less seriously

Please compare your work setting of ten years ago with your present work. For each item check the box corresponding to the work setting which had more of the factors stated.

48. I worked more hours per week
72 1 ☐ present work 2 ☐ work of 10 years ago 3 ☐ cannot decide

49. Carried more responsibility
73 1 ☐ present work 2 ☐ work of 10 years ago 3 ☐ cannot decide

50. Considered "higher level" (in prestige or social position)
74 1 ☐ present work 2 ☐ work of 10 years ago 3 ☐ cannot decide

51. How many **different** job titles have you had in the last 10 years? (be sure to count all shifts in **kind** of work and to new employers, as well as all shifts up and down in the firm(s) for which you have worked.)
75 1 ☐ zero or one 2 ☐ two 3 ☐ three 4 ☐ four 5 ☐ five or more

52. Please check the box which indicates the amount of schooling you received. (Check one only)

1. Fourth grade or less	76 1 ☐
2. 5th to 8th grade	2 ☐
3. Some high school	3 ☐
4. Graduated from high school	4 ☐
5. Trade school or business college	5 ☐
6. Some college (including completion of junior college)	6 ☐
7. Graduated from 4-year college	7 ☐
8. Post-graduate work at a university	8 ☐

53. When you were in school were you an officer in any activities or groups, such as student council, glee club, 4-H Club, sorority/fraternity, or captain of an athletic team?
77 1 ☐ no 2 ☐ yes, one such position 3 ☐ yes, two or more such positions

54. In recent years have you been an officer in any groups, such as civic clubs, business or professional associations, religious, fraternal, or social organizations?
78 1 ☐ no 2 ☐ yes, one such position 3 ☐ yes, two or more such positions

SKIP
79-END

PART V — EVENTS DURING THE PAST YEAR

Read down the list of events and put a ✓ after any event which you have experienced within the past 12 months.

Events Concerning Your Health

Within the past 12 months, have you experienced:

1. A physical illness or injury which kept you in bed for a week or more, or sent you to the hospital? 25 1 ☐
2. Worries about physical symptoms which the doctor couldn't explain? 26 1 ☐
3. Mental illness or problems that required hospitalization? 27 1 ☐
4. The realization that you are an alcoholic or a drug addict? 28 1 ☐
5. A major change in eating, sleeping, or smoking habits? 29 1 ☐
6. A change in your physical appearance such as the development of scars, major weight change, or limp? 30 1 ☐
7. Not being able to do things you used to because of age? 31 1 ☐
8. A change in your usual level of physical activity? 32 1 ☐

Events Concerning You and Your Work

Within the past 12 months, have you experienced:

9. Success and/or awards at work? 33 1 ☐
10. A change to a new type of work? 34 1 ☐
11. More responsibilities? 35 1 ☐
12. Fewer responsibilities? 36 1 ☐
13. A promotion? 37 1 ☐
14. A demotion? 38 1 ☐
15. A transfer? 39 1 ☐
16. More hours? 40 1 ☐
17. Fewer hours? 41 1 ☐
18. A major career decision? 42 1 ☐
19. Going into business for yourself? 43 1 ☐
20. Major reorganization of your business? 44 1 ☐
21. A business failure? 45 1 ☐
22. Personal troubles with your boss, fellow workers, or people working under your supervision? 46 1 ☐
23. Not being able to work because of a disability? 47 1 ☐
24. Being fired or laid off work? 48 1 ☐
25. Quitting your job? 49 1 ☐
26. Problems getting a new job? 50 1 ☐
27. Retirement from work? 51 1 ☐
28. Becoming more involved in creative hobbies or sports? 52 1 ☐

Events Concerning Your Feelings and Thoughts

Within the past 12 months, have you experienced:

29. Feelings of being overwhelmed by difficult life situations? 53 1 ☐
30. The realization that you will never attain an important goal? 54 1 ☐
31. More thoughts about dying than usual? 55 1 ☐
32. Planning a suicide? 56 1 ☐
33. Unpleasant thoughts or images which keep coming back? 57 1 ☐
34. Feeling confused for over 3 days? 58 1 ☐
35. Feeling very angry, nervous, or sad for over 3 days? 59 1 ☐
36. Feeling worried about financial security? 60 1 ☐
37. Feelings of intense loneliness? 61 1 ☐
38. Feelings of being intensely disliked by someone? 62 1 ☐
39. Feelings of being uninvolved, distant from others, or very shy? 63 1 ☐

Events Concerning Your Marriage

Within the last 12 months, have you experienced:

40. Getting married? 64 1 ☐
41. In-law problems? 65 1 ☐
42. Separation from your wife because of marital problems? 66 1 ☐
43. Starting to live with your wife again after having been separated? 67 1 ☐
44. Problems because of your wife's health? 68 1 ☐
45. Getting divorced? 69 1 ☐

Events Concerning You and Your Children

Within the last 12 months, have you experienced:

46. Serious concern over your child's health? 70 1 ☐
47. Having your child doing very poorly in school? 71 1 ☐
48. Being persistently disobeyed by your child? 72 1 ☐
49. Having your child run away or get into serious trouble? 73 1 ☐
50. Intense arguments or disagreements with an older child? 74 1 ☐
51. Loss of contact with, or separation on bad terms from your child? 75 1 ☐

Events Concerning You and Others Not of Your Family

Within the last 12 months, have you experienced:

52. Doing something that caused another person's injury? 76 1 ☐
53. A "falling-out" of a close friendship? 77 1 ☐
54. Discrimination because of your race, age, religion, or appearance? 78 1 ☐
55. Fewer social activities than before? 79 1 ☐

Other Important Events

Within the last 12 months, have you experienced:

56. A change in where you live? 80 1 ☐
57. Involvement in a law suit (other than divorce) or a court appearance on a serious charge? 81 1 ☐
58. Serious or persistent financial difficulties? 82 1 ☐
59. Giving up a hobby or sport? 83 1 ☐
60. Being the victim of a crime such as assault or burglary? 84 1 ☐
61. An accident (automobile, at work, home, etc.)? 85 1 ☐
62. A vacation? 86 1 ☐

If any question on this form is not clear, ask for clarification at the time of your examination. If you have not answered questions on this form, please inform someone at the clinic at the time of your examination.

SKIP
87-END