

Multi-Ethnic Study of Atherosclerosis

Exam 2



Family History

Interviewer-Administered

Participant Id#:

Acrostic:

fhxdt2

Date: / /
 Month Day Year

Please answer these questions on the medical history of your relatives to the best of your ability. For each specific disease or condition, you are asked if the person has had it, and, if they have, the age at which it occurred. This page asks for information on your spouse, mother and father. If response to "blood relation is "Yes" or "Don't Know", continue and obtain history. If "No", skip to the next relation. Always bubble in appropriate response.

Enter Y for YES, N for NO, D for DON'T KNOW. If YES to specific disease or condition, enter approximate AGE at first diagnosis, first occurrence, or first cancer.

Relation	Blood Relation?	Sex	Age at last birthday or age at death	Heart attack or M.I.	Cardiac Procedures (coronary bypass surgery, balloon angioplasty)	Stroke, cerebral hemorrhage, or brain attack	Hypertension or high blood pressure	Diabetes or high blood sugar	Cancer (excluding non-melanoma skin cancer)	Other heart diseases	Asthma	
Spouse	fhxbrel2	M <input type="radio"/>	fhxage2	fhxmi2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxcrd2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxstk2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxhbp2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxdb2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxcnc2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxcnca2 Age <input type="text"/>	fhxhd2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxast2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>
		F <input type="radio"/>		fhxmia2 Age <input type="text"/>	fhxcrda2 Age <input type="text"/>	fhxstka2 Age <input type="text"/>	fhxhpta2 Age <input type="text"/>	fhxdba2 Age <input type="text"/>	fhxctyp2 Type of cancer <input type="text"/>	fhxhda2 Age <input type="text"/>	fhxasta2 Age <input type="text"/>	
Mother	fhxbrel2	Y <input type="radio"/>	fhxage2	fhxmi2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxcnd2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxstk2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxhbp2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxdb2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxcnc2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxcnca2 Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>
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Father	fhxbrel2	Y <input type="radio"/>	fhxage2	fhxmi2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxcrd2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxstk2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxhbp2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxdb2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxcnc2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	fhxcnca2 Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>
		N <input type="radio"/>		fhxmia2 Age <input type="text"/>	fhxcrda2 Age <input type="text"/>	fhxstka2 Age <input type="text"/>	fhxhpta2 Age <input type="text"/>	fhxdba2 Age <input type="text"/>	fhxctyp2 Type of cancer <input type="text"/>	<input type="text"/>	Age <input type="text"/>	Age <input type="text"/>
Father	fhxbrel2	D <input type="radio"/>										

Exam 2 -- Family History

Page 2

Please answer these questions on the medical history of your brothers and sisters to the best of your ability. Use additional pages as needed if you have more than six siblings. (Enter Y for YES, N for NO, D for DON'T KNOW. If YES to specific disease or condition, enter approximate AGE at first diagnosis or at first occurrence.)

All rows on the next three pages contain the same variable names.

Relation	Blood Relation?	Sex	Age at last birthday or age at death	Heart attack or M.I.	Cardiac Procedures (coronary bypass surgery, balloon angioplasty)	Stroke, cerebral hemorrhage, or brain attack	Hypertension or high blood pressure	Diabetes or high blood sugar	Cancer (excluding non-melanoma skin cancer)	Other heart diseases	Asthma
Sibling	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	M <input type="radio"/> F <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	fhxmi2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> Age <input type="text"/> fhxmi2	fhxcrd2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> Age <input type="text"/> fhxcrd2	fhxstk2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> Age <input type="text"/> fhxstk2	fhxhbp2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> Age <input type="text"/> fhxhbp2	fhxdb2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> Age <input type="text"/> fhxdb2	fhxcnc2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> Age <input type="text"/> fhxcnc2	fhxcnc2 Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> Age <input type="text"/> fhxcnc2	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>
Sibling	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	M <input type="radio"/> F <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>
Sibling	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	M <input type="radio"/> F <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/> <input type="text"/> Age <input type="text"/>
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Exam 2 -- Family History

Page 3

Please answer these questions on the medical history of your children to the best of your ability. Use additional pages as needed if you have more than six children. (Enter Y for YES, N for NO, D for DON'T KNOW. If YES to specific disease or condition, enter approximate AGE at first diagnosis or at first occurrence.)

Relation	Blood Relation?	Sex	Age at last birthday or age at death	Heart attack or M.I.	Cardiac Procedures (coronary bypass surgery, balloon angioplasty)	Stroke, cerebral hemorrhage, or brain attack	Hypertension or high blood pressure	Diabetes or high blood sugar	Cancer (excluding non-melanoma skin cancer)	Other heart diseases	Asthma
Child	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	M <input type="radio"/> F <input type="radio"/>	<input type="text"/>	fhxmi2 <input type="text"/>	fhxcnd2 <input type="text"/>	fhxstk2 <input type="text"/>	fhxhbp2 <input type="text"/>	fhxdb2 <input type="text"/>	fhxcnc2 Age <input type="text"/>	<input type="text"/>	<input type="text"/>
Child	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	M <input type="radio"/> F <input type="radio"/>	<input type="text"/>	fhxmi2 <input type="text"/>	fhxcnd2 <input type="text"/>	fhxstk2 <input type="text"/>	fhxhbp2 <input type="text"/>	fhxdb2 <input type="text"/>	fhxcnc2 Age <input type="text"/>	<input type="text"/>	<input type="text"/>
Child	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	M <input type="radio"/> F <input type="radio"/>	<input type="text"/>	fhxmi2 <input type="text"/>	fhxcnd2 <input type="text"/>	fhxstk2 <input type="text"/>	fhxhbp2 <input type="text"/>	fhxdb2 <input type="text"/>	fhxcnc2 Age <input type="text"/>	<input type="text"/>	<input type="text"/>
Child	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	M <input type="radio"/> F <input type="radio"/>	<input type="text"/>	fhxmi2 <input type="text"/>	fhxcnd2 <input type="text"/>	fhxstk2 <input type="text"/>	fhxhbp2 <input type="text"/>	fhxdb2 <input type="text"/>	fhxcnc2 Age <input type="text"/>	<input type="text"/>	<input type="text"/>
Child	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	M <input type="radio"/> F <input type="radio"/>	<input type="text"/>	fhxmi2 <input type="text"/>	fhxcnd2 <input type="text"/>	fhxstk2 <input type="text"/>	fhxhbp2 <input type="text"/>	fhxdb2 <input type="text"/>	fhxcnc2 Age <input type="text"/>	<input type="text"/>	<input type="text"/>
Child	Y <input type="radio"/> N <input type="radio"/> D <input type="radio"/>	M <input type="radio"/> F <input type="radio"/>	<input type="text"/>	fhxmi2 <input type="text"/>	fhxcnd2 <input type="text"/>	fhxstk2 <input type="text"/>	fhxhbp2 <input type="text"/>	fhxdb2 <input type="text"/>	fhxcnc2 Age <input type="text"/>	<input type="text"/>	<input type="text"/>

Exam 2 -- Family History

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Continue for additional children or siblings. (Enter Y for YES, N for NO, D for DON'T KNOW. If YES to specific disease or condition, enter approximate AGE at first diagnosis or at first occurrence.)

Relation	Blood Relation?	Sex	Age at last birthday or age at death	Heart attack or M.I.	Cardiac Procedures (coronary bypass surgery, balloon angioplasty)	Stroke, cerebral hemorrhage, or brain attack	Hypertension or high blood pressure	Diabetes or high blood sugar	Cancer (excluding non-melanoma skin cancer)	Other heart diseases	Asthma
Child <input type="radio"/>	Y <input type="radio"/>	M <input type="radio"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> D	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> D	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> D	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> D	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> D	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> D Age <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> D	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> D
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For MESA Field Center Use Only:

Interviewer ID: **FHXIID2**

Reviewer ID: **FHXRID2**

Data Entry ID: **FHXDID2**