

BIENNIAL VISIT

77



The ACT Project
 BIENNIAL Medical History
 University of Washington
 April 11, 2001

PAGE 1

SUBJECT
 CHARSUB

VISIT
 VTYPE 19

INT

FORM 2 3

4 ACT No.: 7 8 9

CharID: 12

13 14 Date: 16 17 18 DATE/MO

0 1 Visit No.: DATE_DAY

TYPE: Biennial In-Person

Biennial Remote Visit - 6

Interviewer No.: _____

CODER: CODE FROM THIS COLUMN

Variable added 09/2020
 Type: 6 Remote Visit

Perceived Health

1. In general, how would you rate your health at this time?

(Circle appropriate number):

- Excellent.....1
- Very good.....2
- Good.....23 **MEDI** 3
- Fair.....4
- Poor.....5

Yes No ?

1A. Have you been a Group Health member for the past 12 months?

1 24 **GHC_MEM** 9

If YES, go to question 3. (New Variable added 04/2008)

2. Since your last visit, how many different times were you in the hospital, at least overnight?..... times

PAGE3 VISIT 1 FORM 2 3 (77) ACT No. 4 5 6 7 8 9

If hospitalized at least overnight, please specify the name of the hospital(s) and the location(s): **MED2A1**

2A1. Name of hospital _____

2A2. Hospital location: City: **MED2A2C** State: **MED2A2S**

2B1. Name of hospital **MED2B1**

2B2. Hospital location: City: **MED2B2C** State: **MED2B2S**

(New Variables added 01/2006 #2A1-2B2)

OFFICE USE			
Code Hospital	10	11	12
City	13 - 27	ST	28 29
OFFICE USE			
Code Hospital	30	31	32
City	33 - 47	ST	48 49

3. Have you used any of the following services since your last ACT visit?

(Circle appropriate number)

Yes No ? # of days

- A. Adult day care center..... **MED3A1** 27 1 0 9 28 29 30 **MED3A2**
- B. Home health care/visiting nurse..... **MED3B1** 31 1 0 9 32 33 34 **MED3B2**
- C. Nursing home..... **MED3C1** 35 1 0 9 36 37 38 **MED3C2**
- C1. Admit date..... **ADM_MO/ADM_DAY/ADM_YR** 39 40 /41 42 /43 44
- C2. Discharge date..... **DISC_MO/DISC_DAY/DISC_YR** 45 46 /47 48 /49 50
- C3. Is this admission permanent?..... **NH_PERM** 51 1 0 9

- If YES, give reason(s) for entry:
- C3a. Due to mental deterioration..... **NH_MEN** 52 1 0 9
 - C3b. Due to physical deterioration..... **NH_PHY** 53 1 0 9
 - C3c. Change in caregiver situation..... **NH_CARE** 54 1 0 9
 - C3d. Bed became available..... **NH_BED** 55 1 0 9
 - C3e. Other (describe _____) **NH_OTH** 56 1 0 9

Q. 2A1-2B2 New Variable added 12/2005

10/21/2015

Q. 2-2B2 removed

Q. 3A-3CE removed

D.	Rehabilitation hospital.....	MED3D1	57	1	0	9	58 59 60 MED3D2
E.	Handivan/handicab.....	MED3E1	61	1	0	9	62 63 64 MED3E2

Cardiovascular History

SINCE YOUR LAST ACT VISIT:

10/21/2015
Q. 3D-3E removed
Q. 4A-4D removed
Q. 4L removed
Q. 4E removed

			Yes	No	?	
4A.	Do you experience any pain, discomfort, pressure, or heaviness in your chest when you walk uphill or hurry?		1	0	9	65 MED4A
4B.	Do you experience any pain, discomfort, pressure, or heaviness in your chest when you walk at an ordinary pace on level ground?.....		1	0	9	66 MED4B
	If A and B are NO, skip to question 4L					
4C.	What do you do when this happens while you are walking?					
	1. Stop/slow down.....	67 MED4C1	1	0	8	
	2. Go at same pace.....	68 MED4C2	1	0	8	
4D.	Does it go away when you stand still?.....	69 MED4D	1	0	9	8
4L.	Do you use nitroglycerin?.....	70 MED4L	1	0	9	8
	If NO, skip to question 4F					
4E.	Does it go away if you use nitroglycerin?.....	71 MED4E	1	0	9	8
	If NO, skip to question 4F					
	If YES, in how many minutes.....	MED4E1	72	73	or 88	
4F.	Have you had a severe pain across your chest lasting for half an hour or more?.....	74 MED4F1	1	0	9	8

SINCE YOUR LAST VISIT, have you experienced:

4G.	Sudden weakness/paralysis of an arm or leg for more than 24 hours?.....		1	0	9	75 MED4G1
4H.	Sudden tingling/numbness/loss of sensation over an arm or leg for 24 hours?.....		1	0	9	76 MED4H1
4I.	Sudden blindness, blurring of vision or double vision for 24 hours?.....		1	0	9	77 MED4I1
4J.	Sudden disturbance of speech for more than 24 hours?...		1	0	9	78 MED4J1
4K.	Sudden dizziness or loss of balance for more than 24 hours?.....		1	0	9	79 MED4K1

Blood Sugar

Yes No ? Starting

5. Has your doctor told you that you have developed diabetes mellitus or high blood sugar?.....**80** **MED5_1** 1 0 9 81 - 84 **MED5_Y**
(yr)

If NO, skip to question 7A

A. Do you take insulin for your diabetes now? **85** **MED5A**... 1 0 9 8

D. Do you take pills for your diabetes now?.....**86** **MED5D_96** 1 0 9 8

6. SINCE YOUR LAST VISIT, have you had any complications of diabetes, such as: **(#6A -6F Removed 04/2008)**

A. Coma?.....**87** **MED6A1** 1 0 9 8

B. Kidney disease?.....**88** **MED6B1** 1 0 9 8

C. Poor circulation in the feet?.....**89** **MED6C1** 1 0 9 8

D. Amputation?.....**90** **MED6D1** 1 0 9 8

E. Blindness?.....**91** **MED6E1** 1 0 9 8

F. Other?.....**92** **MED6F1** 1 0 9 8

Please list other complications: _____

MED6O

OFFICE USE
96
93 94 95 97 98
(CODE PROBLEM)

Medications

Yes No ?

7A. Are you taking prescribed medication for blood pressure now?.....**99** **MED7A** 1 0 9

8A. Are you taking prescribed medications to lower your cholesterol now?.....**100** **MED8A** 1 0 9

9A. Are you participating in a research study where you take a drug?.....**101** **MED9A** 1 0 9
If NO, go to question 9C.

9B. If YES, please specify: _____

9C. Please list the prescription drugs you are taking now and also list the over-the-counter medications (i.e. Tylenol, aspirin, not vitamins):

				Yes	No	?	Office use only
1.	RX9C1	102	Rx1.	1	0	9	1. 103-106 MED9C1
2.	RX9C2	107	Rx2.	1	0	9	2. 108-111 MED9C2
3.	RX9C3	112	Rx3.	1	0	9	3. 113-116 MED9C3
4.	RX9C4	117	Rx4.	1	0	9	4. 118-121 MED9C4
5.	RX9C5	122	Rx5.	1	0	9	5. 123-126 MED9C5
6.	RX9C6	127	Rx6.	1	0	9	6. 128-131 MED9C6
7.	RX9C7	132	Rx7.	1	0	9	7. 133-136 MED9C7
8.	RX9C8	137	Rx8.	1	0	9	8. 138-141 MED9C8
9.	RX9C9	142	Rx9.	1	0	9	9. 143-146 MED9C9
10.	RX9C10	147	Rx10.	1	0	9	10. 148-151 MED9C10
11.	RX9C11	152	Rx11.	1	0	9	11. 153-156 MED9C11
12.	RX9C12	157	Rx12.	1	0	9	12. 158-161 MED9C12
13.	RX9C13	162	Rx13.	1	0	9	13. 163-166 MED9C13
14.	RX9C14	167	Rx14.	1	0	9	14. 168-171 MED9C14
15.	RX9C15	172	Rx15.	1	0	9	15. 173-176 MED9C15
16.	RX9C16	177	Rx16.	1	0	9	16. 178-181 MED9C16
17.	RX9C17	182	Rx17.	1	0	9	17. 183-186 MED9C17
18.	RX9C18	187	Rx18.	1	0	9	18. 188-191 MED9C18
19.	RX9C19	192	Rx19.	1	0	9	19. 193-196 MED9C19
20.	RX9C20	197	Rx20.	1	0	9	20. 198-201 MED9C20
21.	RX9C21	202	Rx21.	1	0	9	21. 203-206 MED9C21
22.	RX9C22	207	Rx22.	1	0	9	22. 208-211 MED9C22
23.	RX9C23	212	Rx23.	1	0	9	23. 213-216 MED9C23

Entry part of PAGE 1

9D. In the last two years, when you received prescription medications, how much of your prescriptions did you receive from the GHC pharmacy? (Circle One)

(New Variable (9D) added 01/2008)

- | | | |
|---------------------------|--------------------|-----------------------------------|
| 1. All - 100% | RXATGHC 217 | 5. None or very little - 0 to 20% |
| 2. Almost all - 81 to 99% | | 6. No care received at GHC |
| 3. Most - 51 to 80% | | 9. Don't know |
| 4. Some - 21 to 50% | | |

Vitamins

Yes No ?

10. Have you taken vitamin or dietary supplements for at least one week in the past month? (check appropriate box)..... **218 MED10**
 If YES, complete questions below.

10/21/2015
 Q.10A-I
 Removed
 Now adding
 Vit. and sup
 to Q9C.

If NO, go to question 11.

A. Vitamin A.....	1	0	9	219 MED10A
B. Vitamin C.....	1	0	9	220 MED10B
C. Vitamin E.....	1	0	9	221 MED10C
D. Vitamin – Multi.....	1	0	9	222 MED10D
E. Minerals/Calcium.....	1	0	9	223 MED10E
F. Fish Oil Supplements.....	1	0	9	224 MED10F
G. Other Vitamin & Food Supplements				
Other 1 _____	1	0	9	225 MED10G
H. Other 2 _____	1	0	9	226 MED10H
I. Other 3 _____	1	0	9	227 MED10I //

End of PAGE 1

Physical Activity

PAGE 2 VISIT 1 FORM 23 (77) ACT No. 4 5 6 7 8 9

11. During the last year, how many days per week did you do each of the following for at least 15 minutes at a time? **0 = none**

7 = daily 15 min 16-30min 31-45 min 46-60min

Added DURATIONS for 11A-H. 10/21/2015 Need new variable names and set column

A. Walking for exercise.....	MED11A 10	1	2	3	4	MED11A_D 11
B. Hiking.....	MED11B 12	1	2	3	4	MED11B_D 13
C. Bicycling or exercycle....	MED11C 14	1	2	3	4	MED11C_D 15
D. Aerobics and calisthenics.	MED11D 16	1	2	3	4	MED11D_D 17
E. Swimming.....	MED11E 18	1	2	3	4	MED11E_D 19
F. Water aerobics.....	MED11F 20	1	2	3	4	MED11F_D 21
G. Weight training or strengthening....	MED11G 22	1	2	3	4	MED11G_D 23
H. Other exercise (specify): _____	MED11H 24	1	2	3	4	MED11H_D 25

(09/2020 Change coding and error check program for Q.12. If yes, answer Q.12D1-F2.

Entry part of PAGE 2

For Women Only		If MALE, skip to question 13		YES	NO	?	
12.	BCSQ completed since your last visit? (If YES, skip to question 13)	1	0	9	26		MED12
If No or don't know, please continue:							
D1.	SINCE YOUR LAST VISIT, have you had a hysterectomy? If NO, go to question F1.	1	0	9	27		MED12D1
D2.	If YES, what year was it?.....	28	29	30	31		MED12D2
(Q.12 added 01/20006)	F1. Are you taking hormone replacement therapy such as estrogen or progesterone now?.....	1	0	9	32		MED12F1
F2.	SINCE YOUR LAST VISIT, have you ever taken estrogen or progesterone hormones in the past (for 6 months or more)?....	1	0	9	33		MED12F2A

Fractures

13.	SINCE YOUR LAST VISIT, have you had a:	Yes	No	?	Yr. of fracture	
A.	Fracture of the hip?..... 34 MED13A1	1	0	9	35 36 37 38	MED13AY
B.	Fracture of the spine?..... 39 MED13B1	1	0	9	40 41 42 43	MED13BY
C.	Fracture of the forearm?.... 44 MED13C1	1	0	9	45 46 47 48	MED13CY
D.	Other fractures SINCE YOUR LAST VISIT?.... If NO, go to question 14.	1	0	9	49	MED13D1

If YES, please list other fractures and the year they occurred:

FRACTURES		YEAR				CODE FRACTURES	
1.	MED13DY1	50	51	52	53	MED13DF1	57
2.	MED13DY2	59	60	61	62	MED13DF2	66
3.	MED13DY3	68	69	70	71	MED13DF3	75
4.	MED13DY4	77	78	79	80	MED13DF4	84
5.	MED13DY5	86	87	88	89	MED13DF5	93
6.	MED13DY6	95	96	97	98	MED13DF6	102
							103

Q.14A Removed 04/2008

Special Diets		Yes	No	?	
14.	A. SINCE YOUR LAST VISIT, have you been following a diabetic diet?.....	1	0	9	104 MED14A1

Sleep

Entry part of PAGE 2

15. A. SINCE YOUR LAST VISIT, when you are sleeping, how often do you snore loudly?
- Never.....0
- Rarely.....1
- Sometimes.....2
- Often.....3
- Always.....4
- Don't Know.....9

10/21/2015
Q. 15 removed

105 MED15

Leg cramps

Yes No ?

16. A. SINCE YOUR LAST VISIT, do you get cramps in your calves while you're in bed at night?.....

1	0	9
---	---	---

106 MED16A

If NO, go to question 16C.

Q. 16 Removed
(04/2008)

- B. If YES, how often does this happen?
- Every night.....1
- 2-6 times per week.....2
- Once a month or less.....3

107 MED16B

- C. SINCE YOUR LAST VISIT, do you regularly have feet that are cold and that just can't seem to warm up?.....

1	0	9
---	---	---

108 MED16C

Other diagnoses

17. Has a doctor told you that you have **ever** had any of the following conditions?

Neurological

Yes No ?

- A1. Epilepsy:.....

1	0	9
---	---	---

109 MED17A1A

- A2. Parkinson's Disease:.....

1	0	9
---	---	---

110 MED17A2A

- A3. **Since your last visit, have you taken medications for Parkinson's.....**

1	0	9
---	---	---

111 MED17A3A

- A4. Huntington's Chorea:.....

1	0	9
---	---	---

112 MED17A4A

Q. A3 Removed
10/21/2015
Q. A4 Removed
01/2006

- A5. Sleep Apnea.....

1	0	9
---	---	---

113 MED17A5A

- A6. Other neurological (specify): _____

1	0	9
---	---	---

114 MED17A6A

MED17AO

OFFICE USE		
118		
115	116	117, 119 120
CODE DISEASE		

Entry part of PAGE 2

Viral

			Yes	No	?		
B1.	Mononucleosis:.....	121	MED17B1A	1	0	9	Removed 01/2006
B2.	Shingles:.....	122	MED17B2A	1	0	9	Removed 04/2008
B3.	Meningitis/encephalitis:.....	123	MED17B3A	1	0	9	Removed 01/2006
B4.	Other viral (specify):_____	124	MED17B4A	1	0	9	Removed 04/2008

	_____	MED17BO					

OFFICE USE
128
125 126 127 . 129 130
CODE DISEASE

10/21/2015 Q.17 C1-C4 Removed

Joint Disease

C1.	Osteoarthritis (DJD).....	131	MED17C1A	1	0	9	
C2.	Gout.....	132	MED17C2A	1	0	9	
C3.	Osteoporosis.....	133	MED17C3A	1	0	9	
C4.	Other joint disease (excluding cancer):_____			1	0	9	134 MED17C4A

	_____	MED17CO					

OFFICE USE
138
135 136 137 . 139 140
CODE DISEASE

Allergies

			Yes	No	?		
D1.	Hay fever.....	141	MED17D1A	1	0	9	Removed 01/2006
D2.	Eczema.....	142	MED17D2A	1	0	9	Removed 01/2006
D3.	Hives.....	143	MED17D3A	1	0	9	Removed 01/2006
D4.	Drug allergy (specify):_____	144	MED17D4A	1	0	9	Removed 04/2008

	_____	MED17D4O					

D5.	Food allergy (specify):_____	151	MED17D5A	1	0	9	Removed 04/2008

	_____	MED17D5O					

OFFICE USE
149
145 146 147 148 . 150
CODE DISEASE

OFFICE USE
153
152 . 154
CODE DISEASE

Q. E1-E5 Removed 10/21/2015

Q. F1-F2 Removed 10/21/2015

Entry part of PAGE 2

Digestive Problems

		Yes	No	?		
E1.	Cholecystitis or gall stones.....	1	0	9	155	MED17E1A
E2.	Hepatitis or cirrhosis of the liver.....	1	0	9	156	MED17E2A
E3.	Diverticulosis or diverticulitis of the large bowel.....	1	0	9	157	MED17E3A
E4.	Polyps of the large bowel.....	1	0	9	158	MED17E4A
E5.	Ulcer (stomach or peptic).....	1	0	9	159	MED17E5A

Thyroid Disease

Q. F3 & F4
Removed
04/2008

Q. F5
Removed
01/2006

F1.	Hyperthyroid disease (overactive thyroid).....	1	0	9	160	MED17F1A
F2.	Hypothyroid disease (underactive thyroid)..... (synthroid, thyroxin, levothyroxin)	1	0	9	161	MED17F2A
F3.	Thyroid disease – goiter.....	1	0	9	162	MED17F3A
F4.	Do you take medication for thyroid disease now ?.....	1	0	9	163	MED17F4A
F5.	Have you ever taken thyroid medication?.....	1	0	9	164	MED17F5A

Coronary

Q. G10
Removed
04/2008

G1.	Congestive heart failure.....	1	0	9	165	MED17G1A
G2.	Heart attack/coronary.....	1	0	9	166	MED17G2A
G3.	Angina pectoris.....	1	0	9	167	MED17G3A
G4.	High blood pressure/hypertension.....	1	0	9	168	MED17G4A
G5.	Stroke, cerebral hemorrhage or apoplexy.....	1	0	9	169	MED17G5A
G6.	Small strokes/TIA's.....	1	0	9	170	MED17G6A
G7.	Coronary bypass surgery.....	1	0	9	171	MED17G7A
G8.	Balloon angioplasty or cardiac stent.....	1	0	9	172	MED17G8A
G9.	Surgery on arteries of neck.....	1	0	9	173	MED17G9A
G10.	Heart rhythm difficulties.....	1	0	9	174	ME17G10A
G11.	Pacemaker.....	1	0	9	175	ME17G11A

Entry part of PAGE 2

Respiratory

**Q. H1
removed
04/2008
Q. H2-H5
Removed
10/21/2015**

			Yes	No	?		
H1.	Acute bronchitis:.....	176	MED17H1A	1	0	9	
H2.	Chronic bronchitis:.....	177	MED17H2A	1	0	9	
H3.	Pneumonia:.....	178	MED17H3A	1	0	9	
H4.	Emphysema (COPD).....	179	MED17H4A	1	0	9	
H5.	Asthma:.....	180	MED17H5A	1	0	9	
H6.	Pulmonary tuberculosis (TB).....	181	MED17H6A	1	0	9	Removed 01/2006

Other

**Q. I1 – I3
Removed
04/2008**

I1.	Prostate problems (Men Only).....	182	MED17I1A	1	0	9	8
I2.	Kidney disease (other than cancer).....	183	MED17I2A	1	0	9	
I3.	Kidney failure:.....	184	MED17I3A	1	0	9	
I4.	Cancer (except non-melanoma skin cancer):.....			1	0	9	185 MED17I4A
I5.	Tonsil- adenoidectomy:.....	186	MED17I5A	1	0	9	Removed 01/2006
I6.	Congenital defects.....	187	MED17I6A	1	0	9	Removed 01/2006
I7.	Migraine headaches:.....	188	MED17I7A	1	0	9	
I9.	Eye Disease or injury (specify), (example: cataract, glaucoma, macular degeneration, injury – not simply poor vision requiring correction):.....			1	0	9	189 MED17I9A

OFFICE USE 193
190 191 192 . 194 195
CODE DISEASE

I11.	Venereal disease (specify):	196	ME17I11A	1	0	9	

	_____		ME17I11O				

I12.	Other diagnosis (not procedure) (specify):			1	0	9	203 ME17I12A

	_____		ME17I12O				

OFFICE USE 200
197 198 199 . 201 202
CODE DISEASE

OFFICE USE 207
204 205 206 . 208 209
CODE DISEASE

**Q #I11
Removed
01/2006**

Entry part of PAGE 2

		Yes	No	?	
I13.	Other diagnosis (not procedure) (specify): <u>210</u>	1	0	9	ME17I13A

_____ **ME17I13O**

OFFICE USE
214
211 212 213 . 215 216
CODE DISEASE

		1	0	9	
I14.	Other diagnosis (not procedure) (specify): <u>217</u>				ME17I14A

_____ **ME17I14O**

OFFICE USE
221
218 219 220 . 222 223
CODE DISEASE

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End of PAGE 2