

Medical History

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① Have you ever snored (now or at anytime in the past)? Yes No Don't know

SLSNORE



How often do you snore now?

SLOFTSNO

0 Do not snore anymore

3 Frequently (3 to 5 nights a week)

1 Rarely (less than 1 night a week)

4 Always or almost always (6 or 7 nights a week)

2 Sometimes (1 or 2 nights a week)

Don't know

② Are there times when you stop breathing during your sleep?

Yes

No

Don't know

SLSTOPBR



How often do you have times when you stop breathing during your sleep?

1 Rarely (less than one night a week)

4 Always or almost always (6 or 7 nights a week)

2 Sometimes (1 or 2 nights a week)

8 Don't know

3 Frequently (3 to 5 nights a week)

SLSBTIMS

③ Has a doctor or health care provider ever told you that you have sleep apnea (a condition in which breathing stops briefly during sleep)?

Yes

No

Don't know

SLSA



a. Do you sleep with either a pressure mask ("CPAP") or a mouthpiece as treatment for your sleep apnea?

Yes

No

SLSCAP

b. Have you had surgery as treatment for your sleep apnea?

Yes

No

SLSSURG

④ Has a doctor or health care provider ever told you that you have a sleep disorder other than sleep apnea?

Yes

No

Don't know

SLSLPDIS



What other sleep disorder? Check all that apply.

1 Insomnia

1 Restless legs

1 Periodic leg movements

1 Narcolepsy

SLINSOMN

SLRESTLG

SLPERLEG

SLNARC

1 Other Please describe: _____

SLSDOTH

⑤ Do you usually use oxygen therapy (oxygen delivered by a mask or nasal cannula) during your sleep?

Yes

No

Don't Know

SLOXOTHER

⑥ Do you ever drink alcohol to help you sleep?

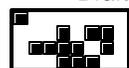
Yes

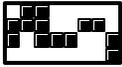
No

Don't know

SLSLALC

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7) During the past 12 months, have you fallen and landed on the floor or ground, or fallen and hit an object like a table or chair? Yes No *MHFALL*



1 2 3 4
 1 2-3 4-5 6 or more

MHFALLTM

a. How many times have you fallen in the past 12 months?

b. Which of the following injuries did you have? (Mark all that apply)

- | | | |
|--|---|---|
| <i>MHFRACT</i> <input type="radio"/> I broke or fractured a bone | <i>MHBRUISE</i> <input type="radio"/> I had a bruise or bleeding | 1 |
| <i>MHHEAD</i> <input type="radio"/> I hit or injured my head | <i>MHOTHER</i> <input type="radio"/> I had some other kind of injury | 1 |
| <i>MHSPRAIN</i> <input type="radio"/> I had a sprain or a strain | <i>MHNOINJR</i> <input type="radio"/> I did not have any injuries from a fall in the past 12 months | 1 |

8) Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

0 None 1 1 time 2 2 times 3 3 times 4 4 times 5 5 times or more

PSUP

9) Has a doctor or other health care provider ever told you that you had:

a. Diabetes?

Yes No *MHDIAB*



Are you currently being treated for this by a doctor? Yes No

MHDIABT

b. High thyroid, Graves disease or an overactive thyroid gland?

Yes No *MHHTHY*



Are you currently being treated for this by a doctor? Yes No

MHHTHYT

f. Rheumatoid arthritis?

Yes No *MHRHEU1*



Are you currently being treated for this by a doctor? Yes No

MHRHEUT

c. Low thyroid or an under active thyroid gland?

Yes No *MHLTHY*



Are you currently being treated for this by a doctor? Yes No

MHLTHYT

d. Osteoporosis, sometimes called thin or brittle bones?

Yes No *MHOSTEO*



Are you currently being treated for this by a doctor? Yes No

MHOSTEOT

e. Osteoarthritis or degenerative arthritis?

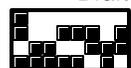
Yes No *MHOA*



Are you currently being treated for this by a doctor? Yes No

MHOAT

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9 Has a doctor or other health care provider ever told you that you had (continued):

g. Prostatitis (inflammation or infection of the prostate)?

Yes No

MHPROST

Are you currently being treated for this by a doctor? Yes No

h. Parkinson's disease?

Yes No

MHPARK

Are you currently being treated for this by a doctor? Yes No

i. Liver disease?

Yes No

MHLIVER

Are you currently being treated for this by a doctor? Yes No

j. Chronic kidney (renal) disease or kidney (renal) failure?

Yes No

MHRENAL

Do you currently undergo dialysis? Yes No

k. COPD, chronic obstructive lung disease, or emphysema?

Yes No

MHCOBPD

Are you currently being treated for this by a doctor? Yes No

MHCOBPDT

l. Chronic bronchitis?

Yes No

MHBRONC

Are you currently being treated for this by a doctor? Yes No

MHBRONCT

m. Asthma?

Yes No

MHASTHM

Are you currently being treated for this by a doctor? Yes No

MHASTHMT

n. Hayfever or seasonal allergies?

Yes No

MHALLER

Are you currently being treated for this by a doctor? Yes No

MHALLERT

o. Glaucoma?

Yes No

MHGLAU

Are you currently being treated for this by a doctor? Yes No

MHGLAUT

p. Cataracts?

Yes No

MHCAT

*MHAFIB MHAFIBS
MHHR MHHR*

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Cardiovascular History

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- ① **Has a doctor or other health care provider ever told you that you had:**
- a. Heart attack, coronary or myocardial infarction? Yes No *MHMI*
- e. TIA, transient ischemic attack, or mini-stroke? Yes No *CVTIA*

Are you currently being treated for this by a doctor? Yes No *MHMIT*

Are you currently being treated for this by a doctor? Yes No *CVTIAT*

- b. Angina (chest pain)? Yes No *MHANGIN*

- f. A stroke, blood clot in the brain or bleeding in the brain? Yes No *MHSTRK*

Are you currently being treated for this by a doctor? Yes No *MHANGINT*

Are you currently being treated for this by a doctor? Yes No *MHSTRKT*

- c. Congestive heart failure or enlarged heart? Yes No *MHCHF*

- g. Rheumatic heart disease or valvular heart disease? Yes No *CVRHD*

Are you currently being treated for this by a doctor? Yes No *MHCHFT*

Are you currently being treated for this by a doctor? Yes No *CVRHDT*

- d. Intermittent claudication or pain in your legs from a blockage of the arteries? Yes No *CVBLKA*

- h. Hypertension or high blood pressure? Yes No *MHBP*

Are you currently being treated for this by a doctor? Yes No *CVBLKAT*

Are you currently being treated for this by a doctor? Yes No *MHBPT*

- ② **Have you ever had any medical or surgical procedure in your heart, neck or blood vessels, such as angioplasty or bypass surgery?**

Yes No Don't Know *CVSURG*

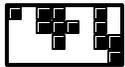
- a. Coronary bypass surgery, heart bypass or CABG? *CVCABG*
 Yes No Don't Know
- b. Angioplasty of coronary arteries, which is a dilation of arteries of the heart with a balloon? *CVAPCORA*
 Yes No Don't Know
- c. Repair of aortic aneurysm? *CVAORANE*
 Yes No Don't Know
- d. Bypass procedure on the arteries of your legs? Yes No Don't Know

- e. Angioplasty of lower extremity arteries, which is dilation of arteries of the leg with a balloon? *CVAPLOW*
 Yes No Don't Know
- f. Carotid endarterectomy, which is surgery on the blood vessels in your neck? *CVSURGBV*
 Yes No Don't Know
- g. Pacemaker implant? *CVPACE*
 Yes No Don't Know
- h. Replacement of a heart valve? *CVVALVE*
 Yes No Don't Know

CVBPLEGS

*CVCHD
CVCER
CVCPPA*





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Cardiovascular History

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

Yes No Don't Know *CVCHPAIN*

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CVROSE
CVROSEGR

a. Do you get it when you walk up a hill or hurry?

Yes No Don't Know *CVCPHILL*



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

Yes No Don't Know *CVCPWALK*

2. What do you do if you get it while you are walking? *CVCPDO*

Stop or slow down Continue at same pace Don't Know

3. If you stand still, is the pain relieved or not relieved?

Relieved Not relieved Don't Know *CVCPREL*



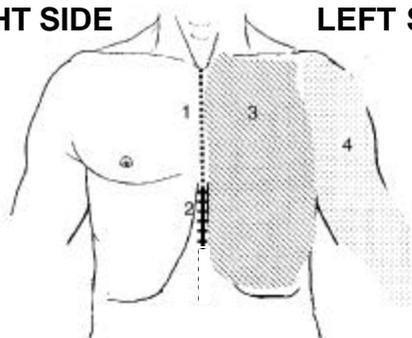
How soon is it relieved? *CVCPRELT*

10 minutes or less More than 10 minutes Don't Know

4. Where do you get this pain or discomfort? Mark any areas that apply with an X.

RIGHT SIDE

LEFT SIDE



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SUM *CVLOCSUM*
 SL *CVLOCSL*
 LC *CVLOCLC*
 LA *CVLOCLA*
 OT *CVLOCOT*
 DK *CVLOCDK*

b. Have you ever had a severe pain across the front of your chest lasting for half an hour or more? Yes No Don't Know *CVCP30M*



1. Did you see a doctor because of this pain?

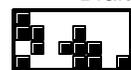
Yes No Don't Know *CVCPDOC*

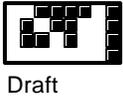


What did your doctor say this was? *CVCPDSAY*

Angina Heart attack Other Don't Know

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5 Do you get a pain or discomfort in your legs when you walk?

Yes No Don't Know *CVLGPAIN*



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

Yes No Don't Know *CVLPSTIL*

b. Do you get it if you walk uphill or hurry?

Yes No Don't Know *CVLPHILL*

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

Yes No Don't Know *CVLPWALK*

d. What happens if you stand still? *CVLPSTST*

Usually continues for more than 10 minutes

Usually disappears in 10 minutes or less

Don't Know

e. Do you get this pain in your calf (or calves)?

Yes No Don't Know *CVLPCALF*

f. Were you hospitalized for this problem in your legs?

Yes No Don't Know *CVLPHOSP*

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