

HEALTH STATUS UPDATE (SHORT) QUESTIONNAIRE

ID subj_id,visit_number

table: interview_short

Since your last sleep study on **interview_date**, have you been **told by a physician** that you have any of these conditions:

Heart Disease:

Coronary artery disease? Yes No

coronary_ynd (if y: **coronary_year**,**coronary_tx**) CODE_MEDICAL_TREATMENT

Atherosclerosis (hardening of the arteries)? Yes No

atheroscl_ynd (if y: **atheroscl_year**, **atheroscl_tx**) CODE_MEDICAL_TREATMENT

Irregular heartbeat or arrhythmia? Yes No

arrhythmia_ynd (if y: **arrhythmia_year**, **arrhythmia_tx**) CODE_MEDICAL_TREATMENT

Heart attack or infarct? Yes No

heartattack_ynd (if y: **heartattack_year**, **heartattack_tx**) CODE_MEDICAL_TREATMENT

Congestive heart failure? Yes No

congestivehf_ynd (if y: **congestivehf_year**, **congestivehf_tx**)
CODE_MEDICAL_TREATMENT

Angina? Yes No

angina_ynd (if y: **angina_year**, **angina_tx**) CODE_MEDICAL_TREATMENT

Have you had any of the following surgical procedures? Yes No

(not entered)

If yes, check all that apply:

Coronary bypass surgery **coronarybypass_ynd**

Coronary or balloon angioplasty **angioplasty_ynd**

Insertion of pacemaker or defibrillator **pacemaker_ynd**

Other heart surgery (*please describe*) **other_heart_surgery_ynd** if y:

(**other_heart_surg_code1**, **other_heart_surg_code2**, **other_heart_surg_code3**

)
CODE_MEDICAL_TREATMENT

High blood pressure? Yes No

hypertension_ynd (if y: **hypertension_year**, **hypertension_tx**)

CODE_MEDICAL_TREATMENT

Stroke? Yes No

stroke_ynd (if y: **stroke_year**, **stroke_tx**)

CODE_MEDICAL_TREATMENT

Diabetes? Yes No

diabetes_ynd (if y: **diabetes_year**, **diabetes_tx**)

CODE_MEDICAL_TREATMENT

Emphysema or Obstructive Lung Disease? Yes No

emphysema_ynd (if y: emphysema_year, emphysema_tx)

CODE_MEDICAL_TREATMENT

Thyroid problem? Yes No

thyroid_ynd (if y: thyroid_year, thyroid_problem_code, thyroid_tx)

CODE_MEDICAL_TREATMENT

Since your last overnight study have you had any major illness or hospitalization?

Yes No

illness (if y: ill_code1, ill_year1, ill_code2, ill_year2)

CODE_MAJOR_ILLNESS

Technician instructions: Complete appropriate section of full questionnaire for all "yes" responses.