

Cardiovascular Diseases - Questions list

Question 1: Has a physician ever told you that you had a heart attack (a myocardial infarction)?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: (Yes->2 No->3 I do not know->3)

Question 2: If yes, was the heart attack in the past 12 months?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 3: Has your mother and/or father ever had a heart attack?

- Mother
- Father
- Mother and Father
- Neither
- I do not know

Gender specific: None

Routing rule: None

Question 4: How many of your brothers or sisters have had a heart attack, that you know of?

Please choose a number:

Gender specific: None

Routing rule: None

Question 5: How many brothers and sisters do you have?

Please choose a number:

Gender specific: None
Routing rule: None

Question 6: Has a physician ever said that you have high cholesterol?

- Yes
- No
- I do not know

Gender specific: None
Routing rule: (Yes->7 No->8 I do not know->8)

Question 7: Do you take medication for high cholesterol, or have you taken such medication in the past (such as statins)?

- Yes
- No
- I do not know

Gender specific: None
Routing rule: None

Question 8: Has a physician ever said that you have high blood pressure (also called hypertension)?

- Yes
- No
- I do not know

Gender specific: None
Routing rule: (Yes->9 No->13 I do not know->10)

Question 9: Was the period of high blood pressure during pregnancy only?

- Yes

No

I do not know

Gender specific: female

Routing rule: None

Question 10: Have you ever taken medication for high blood pressure?

Yes

No

I do not know

Gender specific: None

Routing rule: None

Question 11: Have you ever taken anticoagulants (blood thinning medications such as Warfarin)?

Yes

No

I do not know

Gender specific: None

Routing rule: None

Question 12: Have you ever taken any other heart medication, such as antiarrhythmics (Quinidine, Procainamide, Norpace, Disopyramide,etc)?

Yes

No

I do not know

Gender specific: None

Routing rule: None

Question 13: Have you ever been told by a physician that you had a stroke?

Yes

No

I do not know

Gender specific: None
Routing rule: (Yes->14 No->17 I do not know->17)

Question 14: Did you have more than one stroke?

- Yes, I have had more than one stroke
- No, I have only had one stroke
- I do not know

Gender specific: None
Routing rule: None

Question 15: How old were you when the (first) stroke occurred?

Gender specific: None
Routing rule: None

Question 16: What type of stroke did you have?

- Ischemic stroke (as a result of an obstruction within a blood vessel supplying blood to the brain)
- Hemorrhagic stroke (when a weakened blood vessel ruptures)
- TIA (transient ischemic attack or "mini stroke" caused by a temporary clot)
- I do not know

Gender specific: None
Routing rule: None

Question 17: Have you been diagnosed with other types of cardiovascular diseases other than heart attack or stroke?

- Yes
- No
- I do not know

Gender specific: None
Routing rule: (Yes->18 No->20 I do not know->20)

Question 18: What types of cardiovascular disease do you have?

- Coronary artery disease (also known as coronary heart disease and ischemic heart disease)
- Cardiomyopathy - diseases of cardiac muscle
- Hypertensive heart disease - diseases of the heart second to high blood pressure
- Heart failure - the heart cannot pump enough blood to the rest of the body
- Cor pulmonale - a failure at the right side of the heart with respiratory system involved
- Cardiac dysrhythmias - abnormalities of heart rhythm
- Inflammatory heart disease
- Valvular heart disease
- Peripheral arterial disease - disease of blood vessels that supply blood to the arms and legs
- Congenital heart disease - heart structure malformations existing at birth
- Rheumatic heart disease - heart muscles and valves damage due to rheumatic fever
- Not listed above
- I do not know

Gender specific: None

Routing rule: (Not listed above@->19 SKIPTO->20)

Question 19: You said your cardiovascular disease was not listed.

Please tell us what kind of cardiovascular disease you have:


Gender specific: None

Routing rule: None

Question 20: How would you rate this survey?

- No comment.
- I can imagine it is useful for research.

 It was interesting.

 It could use some work.

Gender specific: None
Routing rule: (END)