MIDUS Biomarker Project
Bone Supplement to Medical History

ID #:___________     Site:___________     Date:______________

History of Falls and Broken Bones

1. As an adult, have you ever broken a bone from a simple fall (i.e., a fall from standing height or less that did not involve trauma or loss of consciousness)?     Yes    No (Go To 2)

<table>
<thead>
<tr>
<th>Bone broken</th>
<th>Please describe the circumstances</th>
<th>Age when this occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
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</tr>
</tbody>
</table>

2. Has one of your immediate family members (blood relatives) had a broken bone from a simple fall as an adult?     Yes    No (Go to 3)    Don’t Know (Go to 3)

<table>
<thead>
<tr>
<th></th>
<th>Hip Fracture</th>
<th>Vertebral Fracture (Back bone)</th>
<th>Fracture elsewhere</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>Yes   No</td>
<td>Yes   No</td>
<td>Yes   No</td>
</tr>
<tr>
<td>Father</td>
<td>Yes   No</td>
<td>Yes   No</td>
<td>Yes   No</td>
</tr>
<tr>
<td>Sibling</td>
<td>Yes   No</td>
<td>Yes   No</td>
<td>Yes   No</td>
</tr>
</tbody>
</table>

3. How many times have you fallen in the last year? _________ (If 0 go to Q4)

3a. How many of those falls were simple falls? _______________
Medical Conditions

4. Have you ever had any of the following conditions?
   - Parathyroid disease or elevated blood calcium  Yes  No  Unsure
   - Cushing syndrome (or elevated cortisol)  Yes  No  Unsure

Medication History

5. Have you ever received any medication(s) for osteoporosis treatment, such as alendronate (Fosamax), risedronate (Actonel), zoledronic acid (Zometa), calcitonin (Miacalcin), raloxifene (Evista), teriparatide (Forteo)?

   Yes (Go To 5a)  No (Go To 6)

5a) If YES, what medication(s) and for how long (Ex. Ages 47 – now)?

<table>
<thead>
<tr>
<th>Medication</th>
<th>Begin Age</th>
<th>End Age</th>
</tr>
</thead>
</table>

6. Have you ever taken/had any of the following medications/treatments?

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>When? Ex: Age 47-54</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes:</td>
<td></td>
</tr>
<tr>
<td>a. Medication to treat seizures or epilepsy</td>
<td>No  Yes  Unsure</td>
</tr>
<tr>
<td>b. Chemotherapy for cancer</td>
<td>No  Yes  Unsure</td>
</tr>
<tr>
<td>c. Immunosuppressive therapy (to treat autoimmune diseases or to prevent transplant rejection)</td>
<td>No  Yes  Unsure</td>
</tr>
<tr>
<td>d. Prednisone (cortisone)</td>
<td>No  Yes  Unsure</td>
</tr>
<tr>
<td>e. Birth control pills (oral)</td>
<td>No  Yes  Unsure</td>
</tr>
<tr>
<td>f. Post-menopausal hormone therapy (estrogen, progesterone) or in men: testosterone therapy</td>
<td>No  Yes  Unsure</td>
</tr>
</tbody>
</table>
Smoking, Passive Smoking, and Exercise History

7. Have you now or in the past used tobacco regularly?  
   Yes  No (Go To Q11)

8. For how many years did you smoke regularly (at least a few cigarettes every day)?  

9. During this period, how many cigarettes did you smoke per day, on average?  

10. For how many years did you regularly smoke a pipe or cigars, or use snuff or chewing tobacco?  

11. In the past (as an adult), did anyone in your household smoke tobacco inside your home regularly (at least a few cigarettes, 1 cigar, or 1 pipe bowl every day)?  
   Yes  No

12. When you were aged 14-18, how many years did you participate in...  
   a. Competitive Sports  
      ________ years  
   b. Recreational Sports  
      ________ years  
   c. Little exercise beyond PE classes  
      ________ years  

   (Interviewer: Every year in high school without participation in competitive or recreational sports should be counted in the 3rd category: little exercise beyond PE.)

13. After high school, between the ages of 20 and 35, were there periods when you engaged in regular physical activity (for at least 20 minutes at a time, at least 3 times a week), either at work, at home/garden, in sports, or for exercise?  
   Yes  No (Go To 15)

   We define 3 general types of regular exercise or activity. It can be:  
   VIGOROUS- Which causes your heart to beat so rapidly you can feel it in your chest and you perform it long enough to work up a good sweat and breathe heavily (e.g., competitive sports, running, vigorous swimming, high intensity aerobics, digging in the garden, or lifting heavy objects).
   MODERATE- Which causes your heart rate to increase slightly and you typically work up a sweat (e.g., leisurely sports like light tennis, slow or light swimming, low intensity aerobics or golfing without a power cart, brisk walking, mowing the lawn with a walking lawn mower).  
   LIGHT - Which requires little physical effort (e.g., light housekeeping like dusting or laundry, bowling, archery, easy walking, golfing with a power cart or fishing)

14. When you were between the ages of 20 and 35 how many years did you participate in regular physical activity (for at least 20 minutes at a time, at least 3 times a week)…  
   a. Vigorous level  
      ________ years  
   b. Moderate level  
      ________ years  
   c. Light level  
      ________ years
ID#_______

Is R female? Yes No (Stop)

Women’s Health (For women only)
15. Have you ever been pregnant? Yes No (Go To 17)

16. How many pregnancies did you carry to term? __________

16a. How many total months did you breast feed? (Add up over all pregnancies): __________

17. Have you had a menstrual period in the last year? Yes No (Go To 20)

18. Have you had a menstrual period in the last 3 months? Yes No (Go To 20)

19. Compared to a year ago, has your menstrual cycle length (the number of days between the start of one menstrual period and the start of the next menstrual period) become less predictable / regular (i.e., differences in cycle length more than 7 days)?

   Yes (Go to 22) No (STOP)

20. When was your last menstrual period? ______ years and ______ months ago
21. Did your menstrual periods stop because of a reason other than natural menopause?

   Yes   No   Unsure
   21a. If yes or unsure, indicate ALL SUSPECTED reasons:
   1. Medication, chemotherapy, or radiation  □
   2. Severe weight loss  □
   3. Hysterectomy (surgical removal of uterus)  □
   4. Surgical removal of both ovaries  □

22. When did you first notice irregularity in your menstrual cycle length (cycle length variability 7 days or more)? ______ years and ______ months ago