



FOLLOW-UP VISIT 16

CODEBOOK

ARCHIVED DATASET 2019

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1. *Who is included in the frozen dataset:*

The dataset contains follow-up Visit 16 information for 813 participants from three of the seven clinical sites who participated in the SWAN longitudinal study. The sites include Detroit, MI, Boston, MA, and Los Angeles, CA.

2. *How this codebook is constructed:*

Following this documentation section are copies of each of the questionnaires that were used at Visit 16. A list of additional variables is also provided. The questionnaires include the variables available for public use next to the question in bold red uppercase underlined letters. Those variables not available for public use have a # before the variable and are in blue. Any special notes are indicated with footnotes at the bottom of the page.

The assigned participant ID has been replaced with a randomly generated ARCHID in order to protect participant privacy. The *baseline* interview date is denoted as day 0 and is used as the basis for all other dates. All other questionnaires or data collected that have a date attached have been converted to the number of days from the baseline interview. For example, if the Visit 16 Interim Bone Visit Self-Administered Questionnaire was collected 15 years after the baseline interview, the day for the Interim Bone Visit Self-Administered Questionnaire would be day 3,650 and the Baseline Interview would be day 0.

All variables for visit 16 have a 16 at the end of the variable name.

3. *Missing data coding:*

Original missing codes (-1: not applicable, -7: refused, -8: don't know, -9: missing) have been recoded to SAS missing codes (.B: not applicable, .D: refused, .C: don't know, and .A: missing).

4. *Ways this data can be used and additional notes*

Interim Bone Visit Self-Administered Questionnaire

The Interim Bone Visit Self-Administered Questionnaire form is a combination of questions asked at previous SWAN visits: the Visit 15 Annual FU interview, the Visit 15 Self-Administered Part-A, and Visit 14 Interim Visit Contact Form. The Interim Medication form is a self-administered form that has questions from the Visit 14 Interim contact form, Visit 15 RX/OTC/Vitamin/Supplement Medication Form, and the Visit 15 Annual FU Interview. In addition, the Supplemental Bleeding form was a separate form asked only of the women who were still menstruating.

- In general, most 'Other, specify' text fields are not included in the dataset.
- Age (AGE16) was calculated from date of birth to when the interview form was completed, and is rounded to the next lowest integer.
- CES-D scores can be created from the questions in E.3.

Physical Measures

Visit 16 physical measures forms were entered for participants for whom we have at least one physical measurement. This single measurement could be self-reported.

- In addition to the variables on the form, BMI16 was calculated as weight in kilograms divided by the square of height in meters.
- Self-reported weight and height were collected, along with the reason for using self-reported measures.

Bioimpedance

- Body composition was measured using bioimpedance equipment. Percent body fat (equation provided by Dr. MaryFran Sowers), skeletal muscle mass (Janssen, 2000), fat free mass, total body water, and percent body fat (all provided by RJL Systems and validated using NHANES III data (Chumlea, 2002)) are also provided.
- Variable MISSPHY16 flags missing physical measures that caused created variables to be missing, and MISSCON16 flags where conductance was missing. A flag (FLAGSRP15) indicates where self-reported physical measures were used in calculations.
- The two bioimpedance measurement variables conductance/resistance and reactance/impedance were saved as both a "raw" and frozen variable to account for (a) unlikely/incorrect values, (b) measurement values that

may have been inadvertently flipped by interviewers and (c) additional values were that were provided in the comments field. The raw variables represent what was originally entered into the database with only minimal cleaning applied. The frozen variables are fully cleaned, fall within more applicable ranges and have been used in the equations for the created variables

- CONDRAW16: the “raw” conductance/resistance variable value: (i) had to be within the range of 0 to 999, (ii) was set to missing if taken with the Participant sitting (instead of lying down) and (iii) included if listed in the comments field.
- CONDFRZ16: the frozen conductance/resistance variable value: (i) had to be within the range of 246 to 863, (ii) was set to missing if taken with the Participant sitting or contained presumably flipped values, and (iii) included if listed in the comments field and within range.
- IMPERAW16: the “raw” reactance/impedance variable value: (i) had to be within the range of 0 to 500, (ii) was set to missing if taken with the Participant sitting and (iii) included if listed in the comments field.
- IMPEFRZ16: the frozen reactance/impedance variable value: (i) had to be within the range of 10 to 170, (ii) was set to missing if taken with the Participant sitting or contained presumably flipped values, and (iii) included if listed in the comments field and within range.

Physical Functioning

This dataset includes physical functioning data from participants who completed at least one physical functioning repetition (response 2 to item A8) of a physical functioning assessment [e.g., completing one right hand grip strength repetition (RTGRIP116)] on the Visit 16 Physical Functioning Assessment form and who were also in the Source dataset. At Visit 16, 813 subjects were available to participate in the Physical Functioning Assessment. Of these subjects, 33 did not complete any physical functioning repetitions – leaving 780 participants in the frozen dataset. The 33 subjects who did not complete any physical functioning repetitions were dropped from the dataset. The reasons for non-completion are documented in the Variables section.

In order to offer clarity regarding the components of and participation in the Visit 16 physical functioning protocol, the following provides a summary of the Visit 16 physical functioning assessments. There are six physical functioning assessments: (1) grip strength, (2) balance tests, (3) timed 4-meter walk (gait speed), (4) chair stands, (5) timed 40-foot walk, and (6) timed stair climb assessment. **Physical function assessment was only completed at three sites: Detroit, MI (11) completed all physical function protocols, Boston, MA (12) completed all physical function protocols except the stair climb assessment, and Los Angeles, CA (15) completed the grip strength protocol only.**

Specifically, the **grip strength** assessment, measured in kilograms (kg) using a dynamometer, is comprised of three right hand repetitions and three left hand repetitions. The **balance tests** are comprised of a side-by-side stand, semi-tandem stand, and tandem stand—performed in this order. A stand is successfully completed if the position is held for 10 seconds. Times are also recorded to the nearest hundredth of a second for participants holding a stand for less than 10 seconds. Participation in a balance test is contingent on the successful completion of the previous test. In other words, the semi-tandem stand is only attempted if the side-by-side stand is held for 10 seconds; the tandem stand is only attempted if the semi-tandem stand is held for 10 seconds. The **timed 4-meter walk**, also known as gait speed, is comprised of two repetitions, performed with or without assistance, and recorded to the nearest hundredth of a second. The **chair stands** are comprised of the single-chair stand and the repeated-chair stand and each recorded to the nearest hundredth of a second. The repeated-chair stand is only attempted if the single-chair stand is successfully completed (without using arms). The **timed 40-foot walk** assessment is comprised of two repetitions, performed with or without assistance, and recorded to the nearest tenth of a second. The **timed stair climb assessment** is comprised of four standard stairs which includes steps that are 10 inches deep and 6 inches in height. It was performed by a tape marker placed on the floor approximately 2 inches from the participant’s first step serving as a starting point for this task.

Created variables:

- Flag for Ninety Days Before or After Interview (FUNCFLG16) is a flag variable created using item A4 for subjects who completed the Physical Functioning Assessment form ninety days before or ninety days after the completion of the Visit 16 Interim Bone Visit and Self-Administered Questionnaire (Visit 16 BVSA). (FUNCFLG16=1 if physical functioning completion date is ninety days before or after Visit 16 bvsa completion date; else FUNCFLG16=0).
- Total Time of 40-Foot Walk Assessments (WLKTIM116 and WLKTIM216) is the completion time, in seconds, for each of the two timed 40-foot walk assessments, which combines the associated minutes (items in F2: WALKMI116-WALKMI216) and seconds variables (items in F2: WALKSE116-WALKSE216).

- Average of Right Hand Grip Strength Assessment (RGRPAVG16) is the average of all three right hand grip strength assessment repetitions (items in B4) for each subject completing the right hand strength assessment, rounded to the nearest integer.
- Average of Left Hand Grip Strength Assessment (LGRPAVG16) is the average of all three left hand grip strength assessment repetitions (items in B6) for each subject completing the left hand strength assessment, rounded to the nearest integer.
- Average of Timed 40-Foot Walk Assessment (WALKAVG16) is the average of both timed 40-foot walk assessment repetitions (items in F2) for each subject completing the timed 40-foot walk assessment, rounded to the nearest tenth of a second.
- Maximum of Right Hand Grip Strength Assessment (RGRPMAX16) is the maximum of the three right hand grip strength assessment repetitions (items in B4) for each subject completing the right hand strength assessment.
- Maximum of Left Hand Grip Strength Assessment (LGRPMAX16) is the maximum of the three left hand grip strength assessment repetitions (items in B6) for each subject completing the left hand strength assessment.
- Minimum of Timed 40-Foot Walk Assessment (WALKMIN16) is the minimum of the two timed 40-foot walk assessment repetitions (items in F2) for each subject completing the timed 40-foot walk assessment.
- Dynamometer Size Setting Change: Visit 13 to Visit 16 (DYNFLG16) is a flag that indicates if the dynamometer size setting for a participant changed between Visits 13, 15 and 16 (DYNFLG16=0 if dynamometer size setting did not change; DYNFLG16=1 if small hand size setting at both Visit 13 and Visit 15 but non-small hand size setting at Visit 16; DYNFLG16=2 if non-small hand size setting at both Visit 13 and Visit 15 but small hand size setting at Visit 16; DYNFLG16=. if participant was missing dynamometer data at Visit 13 and/or Visit 15 and/or Visit 16).
- Dominant Hand Change: Visit 13 to Visit 16 (DOMHFLG16) is a flag that indicates if the dominant hand for a participant changed between Visits 13, 15 and 16 (DOMHFLG16=0 if dominant hand did not change; DOMHFLG16=1 if right-hand dominant at both Visit 13 and Visit 15 but left-hand dominant at Visit 16; DOMHFLG16=2 if left-hand dominant at both Visit 13 and Visit 15 but right-hand dominant at Visit 16; DOMHFLG16=. if participant was missing hand dominance data at Visit 13 and/or Visit 15 and/or Visit 16).

In addition, Short Physical Performance Battery (SPPB) variables may be created from the physical function variables provided in the dataset, using the following references:

- To impute SPPB component scores:
Ostir GV, Volpato S, Fried LP, Chaves P, Guralnik JM. Reliability and sensitivity to change assessed for a summary measure of lower body function: results from the Women's Health and Aging Study. *Journal of Clinical Epidemiology*. 2002;55(9):916-921.
- To calculate the continuous SPPB summary score (NIA method):
Time cutoffs used for scoring each SPPB component were derived from the Short Physical Performance Battery Protocol and Score Sheet (<https://www.nia.nih.gov/research/labs/leps/short-physical-performance-battery-sppb>).
Guralnik JM, Simonsick EM, Ferrucci L, et al. A short physical performance battery assessing lower extremity function: association with self-reported disability and prediction of mortality and nursing home admission. *Journal of Gerontology*. 1994;49(2):M85-M94.
- To calculate the SPPB categorical variables:
Guralnik JM, Ferrucci L, Simonsick EM, Salive ME, Wallace RB. Lower-extremity function in persons over the age of 70 years as a predictor of subsequent disability. *New England Journal of Medicine*. 1995;332(9):556-562.
Puthoff ML. Outcome Measures in Cardiopulmonary Physical Therapy: Short physical performance battery. *Cardiopulmonary Physical Therapy Journal*. 2008;19(1):17.

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Date Data Entered / Initials _____

Date Verified / Initials _____

INTERIM BONE VISIT SELF-ADMINISTERED QUESTIONNAIRE

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID~**

A2. SWAN STUDY VISIT # 16 **VISIT**

A3. FORM VERSION: 06/13/2016 **#FORM_V**

A4. INTERVIEWER'S INITIALS: _ _ _ **#INITS**

A5. RESPONDENT'S DOB: / / **#DOB**
M M / D D / Y Y Y Y

VERIFY WITH RESPONDENT

A6. COMPLETED IN: **#MAILLOC16**

- RESPONDENT'S HOME / VIA MAIL1
- CLINIC / OFFICE2
- RESPONDENT'S HOME W/ PROXY3
- CLINIC/OFFICE W/ PROXY4
- TELEPHONE5
- TELEPHONE BY PROXY6

A7. INTERVIEW LANGUAGE: **LANGUAG16**

- ENGLISH1
- JAPANESE4

A8. INTERVIEWER ADMINISTERED? **INTADMN16**

- NO1
- YES2

~ A randomly generated ID will be provided that is different from the original ID.

PLEASE do not write anything on this page. This page is for OFFICE USE ONLY.

We are interested in learning more about women's health during their early 60's and beyond. We have some questions that we are asking you to complete on your own. These questions will help to further the knowledge about this crucial time period in a woman's life. Please take as much time as you need with each question. It is very important to us that you complete the entire questionnaire. Please find the most appropriate response to each question and circle the number for the answer you choose.

Please pay careful attention to the time frames of these questions, such as, **since your last study visit**, in the **past 4 weeks**, in the **past 2 weeks**, etc. The date of your last study visit is written at the top of page 3. Please refer to this date when answering questions that ask "**Since your last study visit**".

Please remember that this information will remain confidential.

Thank you for your participation in this important study.

You were last interviewed on _____ [DATE]. We would like to know what has happened to you since then. Please use this date when answering questions that ask “since your last study visit”.

B1. Please enter today’s date: _____ **BVSADAY16†**
M M D D Y Y Y Y

This first set of questions ask about your health, medical conditions, procedures/surgeries and use of health care.

B2. Since your last study visit, has a doctor, nurse practitioner or other health care provider told you that you had any of the following conditions or treated you for them?
(PLEASE CIRCLE ONE RESPONSE FOR EACH QUESTION.)

Were you told you had or treated for:		(PLEASE CIRCLE ONE RESPONSE.)		
a.	Anemia?s <u>ANEMIA16</u>	No (1)	Yes (2)	Don’t know (-8)
b.	Diabetes? <u>DIABETE16</u>	No (1)	Yes (2)	Don’t know (-8)
c.	High blood pressure or hypertension? <u>HIGHBP16</u>	No (1)	Yes (2)	Don’t know (-8)
d.	High cholesterol? <u>HBCHOLE16</u>	No (1)	Yes (2)	Don’t know (-8)
e.	Migraines? <u>MIGRAIN16</u>	No (1)	Yes (2)	Don’t know (-8)
f.	Arthritis or osteoarthritis (degenerative joint disease)? <u>OSTEOAR16</u>	No (1)	Yes (2)	Don’t know (-8)
g.	Rheumatoid arthritis? <u>RHEUM16</u>	No (1)	Yes (2)	Don’t know (-8)
h.	Hip fracture? <u>HIPFX16</u>	No (1)	Yes (2)	Don’t know (-8)
i.	Any other bone fracture? <u>OTBONE16</u>	No (1)	Yes (2)	Don’t know (-8)
j.	Osteoporosis (brittle or thinning bones)? <u>OSTEOPR16</u>	No (1)	Yes (2)	Don’t know (-8)
k.	Overactive or underactive thyroid <u>THYROID16</u>	No (1)	Yes (2)	Don’t know (-8)
l.	Parkinson’s disease? <u>PARKSN16</u>	No (1)	Yes (2)	Don’t know (-8)
m.	Alzheimer’s Disease? <u>ALZHEIM16</u>	No (1)	Yes (2)	Don’t know (-8)
n.	Dementia other than Alzheimer’s (including mixed or unknown type)? <u>DEMENT16</u>	No (1)	Yes (2)	Don’t know (-8)
o.	Mild cognitive impairment? <u>MLDCOG16</u>	No (1)	Yes (2)	Don’t know (-8)

† This date is given in days since the initial baseline interview, which is day zero.

B2. (continued) **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had any of the following conditions or treated you for them? **(PLEASE CIRCLE ONE RESPONSE FOR EACH QUESTION.)**

Were you told you had or treated for:

(PLEASE CIRCLE ONE RESPONSE.)

p.	Emphysema, asthma, chronic bronchitis or chronic obstructive pulmonary disease (COPD)? EMPHYS16	No (1)	Yes (2)	Don't know (-8)
q.	Skin cancer? SKCNCER16	No (1)	Yes (2)	Don't know (-8)
		(If No, Please Skip to Question B3.)		(If Don't know, Please Skip to Question B3.)
q1. If YES , what type of cancer were you told you had?				
a.	Melanoma? MECNCER16	No (1)	Yes (2)	Don't know (-8)
b.	Non melanoma skin cancer? NMECNCER16	No (1)	Yes (2)	Don't know (-8)

B3. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had cancer other than skin cancer or treated you for it? **(PLEASE CHECK ONE BOX.)**

- No (1) **(If No, Please Skip to Question B4 on Page 5.)** **CANCERS16**
- Yes (2)
- Don't know (-8) **(If Don't know, Please Skip to Question B4 on Page 5.)**

B3a. **If YES**, what is/was the primary site of the cancer? **(PLEASE CHECK ONE BOX.)** **PSITECA16**

- One Breast (1)
- Both Breasts (2)
- Ovary (3)
- Uterus (4)
- Cervix (5)
- Leukemia (6)
- Lung (7)
- Colon (8)
- Rectum (9)
- Throat (10)
- Vulva (12)
- Renal Cell (13)
- None of the Above/Other (11)
- Specify **#SITESPE16** _____
- Don't know (-8)

B4. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had any of the following conditions or treated you for them?

(PLEASE CIRCLE ONE RESPONSE FOR EACH QUESTION.)

Were you diagnosed or treated for:

(PLEASE CIRCLE ONE RESPONSE.)

- | | | | | | |
|----|--|----------------|--------|---------|-----------------|
| a. | Angina? | <u>CVANG16</u> | No (1) | Yes (2) | Don't know (-8) |
| b. | Blood clots in your <u>lungs</u> (Pulmonary embolism or PE)? | <u>CVPE16</u> | No (1) | Yes (2) | Don't know (-8) |
| c. | Blood clots in your <u>legs</u> (deep vein thrombosis or DVT)? | <u>CVDVT16</u> | No (1) | Yes (2) | Don't know (-8) |
| d. | A heart attack (coronary myocardial infarction or MI)? | <u>CVMI16</u> | No (1) | Yes (2) | Don't know (-8) |
| e. | A stroke? | <u>CVCVA16</u> | No (1) | Yes (2) | Don't know (-8) |
| f. | Heart failure (congestive heart failure/CHF)? | <u>CVCHF16</u> | No (1) | Yes (2) | Don't know (-8) |

Since your last study visit, have you had any of the following surgeries or procedures?

B5. **Since your last study visit** have you had a hysterectomy (an operation to remove your uterus or womb)? (PLEASE CHECK ONE BOX.) HYSTERE16

No (1) (If No, Please Skip to Question B6.)

Yes (2)

Don't know (-8) (If Don't know, Please Skip to Question B6.)

HYSTDAY16[†]

B5a. **If Yes to B5**, give date of the hysterectomy:
(PLEASE CHECK BOX IF UNKNOWN.)

M		M	

Y		Y	

Don't know (-8)

B6. **Since your last study visit**, did you have one or both ovaries removed (an oophorectomy)? (PLEASE CHECK ONE BOX.) OOPHORE16

No (1) (If No, Please Skip to Question B7 on Page 6.)

Yes (2)

Don't know (-8) (If Don't know, Please Skip to Question B7 on Page 6.)

B6a. Was one ovary removed or were both ovaries removed? (PLEASE CHECK ONE BOX.)

ONEOVAR16

One Ovary Removed (1)

Both Ovaries Removed (2)

Don't know (-8)

[†] This date is given in days since the initial baseline interview, which is day zero.

B7. Have you broken or fractured one or more bones other than fingers or toes **since your last study visit?** (PLEASE CIRCLE ONE RESPONSE.)

BONEBRK16

- No (1) (If No, Please Skip to Question B8.)
- Yes (2)
- Don't know (-8) (If Don't know, Please Skip to Question B8.)

If you answered "Yes", to Question B7, you will be asked more information about the fracture(s) at your clinic visit. Please be prepared to provide the date of your fracture, the location where you received evaluation and treatment (for example, the name and address of the emergency room or doctor's office you went to), and the bone(s) you fractured.

B8. In general, would you say your health is excellent, very good, good, fair or poor? (PLEASE CHECK ONE BOX.)

OVERHLT16

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)
- Don't know (-8)

The next questions ask about your hearing and vision.

B9. Do you feel that you have hearing loss? (PLEASE CHECK ONE BOX.)

HEARLOS16

- No (1)
- Yes (2)
- Don't know (-8)

B10. At the present time, would you say your eyesight using both eyes (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind? (PLEASE CHECK ONE BOX.)

EYESGHT16

- Excellent (1)
- Good (2)
- Fair (3)
- Poor (4)
- Very poor (5)
- Completely blind (6)

B11. How much difficulty do you have reading the small print in a telephone book, on a medicine bottle, or on legal forms (with glasses or contact lenses, if you wear them)? (PLEASE CHECK ONE BOX.)

READSML16

- No difficulty at all (1)
- A little difficulty (2)
- Moderate difficulty (3)
- Extreme difficulty (4)
- Stopped doing this because of your eyesight (5)
- Stopped doing this because of other reasons or not interested (6)

B12. Because of your eyesight, how much difficulty do you have recognizing people you know from across a room (with glasses or contact lenses, if you wear them)? (PLEASE CHECK ONE BOX.)

RECOG16

- No difficulty at all (1)
- A little difficulty (2)
- Moderate difficulty (3)
- Extreme difficulty (4)
- Stopped doing this because of your eyesight (5)
- Stopped doing this because of other reasons or not interested (6)

B13. Have you **EVER** been told by a doctor, nurse practitioner or other health care provider that you had any of the following eye diseases or have you been treated for them?
(PLEASE CIRCLE ONE RESPONSE FOR EACH ITEM.)

a.	Macular Degeneration <u>MACDEG16</u>	No (1)	Yes (2)	Don't know (-8)
b.	Glaucoma <u>GLAUC16</u>	No (1)	Yes (2)	Don't know (-8)
c.	Diabetic retinopathy <u>DIABRET16</u>	No (1)	Yes (2)	Don't know (-8)
d.	Cataracts <u>CATAR16</u>	No (1)	Yes (2)	Don't know (-8)
	If Yes, did you have the cataracts removed? <u>CATARM16</u>	No (1)	Yes (2)	Don't know (-8)

We are interested in learning more about your health care decisions.

B14. Have your health care costs been covered by Medicaid (MediCal) in the past year?
(PLEASE CHECK ONE BOX.)

MEDICYR16

- No (1)
- Yes (2)
- Don't know (-8)

B15. Do you currently have insurance that covers any part of your **doctor bills**?
(PLEASE CHECK ONE BOX.)

INSURDR16

- No (1)
- Yes (2)
- Don't know (-8)

B16. Do you currently have insurance that covers any part of your **prescription medication bills**?
(PLEASE CHECK ONE BOX.)

INSURME16

- No (1)
- Yes (2)
- Don't know (-8)

B17. Do you currently have insurance that covers any part of your **hospital bills**?
(PLEASE CHECK ONE BOX.)

INSURHO16

- No (1)
- Yes (2)
- Don't know (-8)

B18. **Since your last study visit**, are there any health services that you needed but did not receive?
(PLEASE CHECK ONE BOX.)

HLTHSER16

- No (1)
- Yes (2)

The next question asks about your smoking habits.

B19. **Since your last study visit**, have you smoked cigarettes regularly (at least one cigarette a day)?
(PLEASE CHECK ONE BOX.)

SMOKERE16

- No (1) **(If No, Please Skip to Question B20 on Page 9.)**
- Yes (2)

B19a. If YES: How many cigarettes, on average, do you smoke per day now?
(If NONE, please indicate with a (0) zero and answer B19b.)

_____ CIGARETTES PER DAY

AVCIGDA16

B19b. If you stopped smoking **since your last study visit**, what was the last month and year you smoked? (PLEASE CHECK BOX IF UNKNOWN)

#SMOKEMO16

#SMOKEYR16

M	M

Y	Y	Y	Y

- Don't know (-8)

The next questions are about your consumption of alcoholic beverages.

B20. **Since your last study visit**, did you drink any beer, wine, liquor or mixed drinks?
(PLEASE CHECK ONE BOX.)

DRNKBEE16

- No (1) **(If No, Please Skip to Question C1 on Page 10.)**
- Yes (2)

B21. How many glasses of beer (a medium glass or serving of beer is twelve ounces) did you drink on average per day, week or month? **(PLEASE CHECK ONE BOX.)**

GLASBEE16

- None or less than one per month (1)
- 1-3 per month (2)
- 1 per week (3)
- 2-4 per week (4)
- 5-6 per week (5)
- 1 per day (6)
- 2-3 per day (7)
- 4 per day (8)
- 5 or more per day (9)

B22. How many glasses of wine or wine coolers (a medium glass or serving of wine is 4 to 6 ounces) did you drink on average per day, week or month? **(PLEASE CHECK ONE BOX.)**

GLASWIN16

- None or less than one per month (1)
- 1-3 per month (2)
- 1 per week (3)
- 2-4 per week (4)
- 5-6 per week (5)
- 1 per day (6)
- 2-3 per day (7)
- 4 per day (8)
- 5 or more per day (9)

B23. How many glasses of liquor or mixed drinks (a medium serving is one shot), did you drink on average, per day, week or month? **(PLEASE CHECK ONE BOX.)**

GLASLIQ16

- None or less than one per month (1)
- 1-3 per month (2)
- 1 per week (3)
- 2-4 per week (4)
- 5-6 per week (5)
- 1 per day (6)
- 2-3 per day (7)
- 4 per day (8)
- 5 or more per day (9)

The next series of questions ask about your regular physical activities outside of your job: that is, other than the activities you do for pay.

We want to know about your activities at home, not including activities you may do for pay at your home or other people's homes. Please circle only one answer to each question.

During the past year (in the last 12 months), how much time did you spend on average....

C1. Caring for a child or children 5 years of age or less, a disabled child or an elderly person? Only count time actually spent doing physical activities like feeding, dressing, moving, playing or bathing. (If child turned 6 less than 6 months ago, consider him/her age 5 for the whole year.) (PLEASE CHECK ONE BOX.) **CARING16**

- None or less than one hour per week (1)
- At least 1 hour but less than 20 hours per week (2)
- 20 hours or more per week (3)

C2. During the past year (in the last 12 months), how much time did you spend preparing meals or cleaning up from meals? (PLEASE CHECK ONE BOX.) **MEALS16**

- 1 hour or less per day (1)
- Between 1 and 2 hours per day (2)
- More than 2 hours per day (3)

C3. During the past year (in the last 12 months), how often did you do routine chores requiring light physical effort, such as dusting, laundry, changing linens, grocery shopping or other shopping? (PLEASE CHECK ONE BOX.) **ROUTNCH16**

- Once per week or less (1)
- More than once per week but less than daily (2)
- Daily or more (3)

C4. During the past year (in the last 12 months), how often did you do chores requiring moderate physical effort, such as vacuuming, washing floors, or gardening /yard work such as mowing the lawn or raking leaves? (PLEASE CHECK ONE BOX.) **MODERAT16**

- Once a month or less (1)
- 2-3 times per month (2)
- 4 or more times per month (3)

C5. During the past year (in the last 12 months), how often did you do chores at home requiring vigorous physical effort, such as chopping wood, tilling soil, shoveling snow, shampooing carpets, washing walls or windows, plumbing, tiling or outdoor painting? (PLEASE CHECK ONE BOX.) **VIGOROU16**

- Once a month or less (1)
- 2-3 times per month (2)
- 4 or more times per month (3)

Now we want to ask about the general level of physical activity involved in your daily routine.

C6. In comparison with other women of your own age, do you think your recreational physical activity is...(PLEASE CHECK ONE BOX.) **PHYSACT16**

- Much less (1)
- Somewhat less (2)
- The same (3)
- Somewhat more (4)
- Much more (5)

During the **past year**, when you were not working or doing chores around the house...

C7. Did you watch television or use a computer or other device for watching entertainment... (PLEASE CHECK ONE BOX.) **WATCHTV16**

- Never or less than 1 hour a week (1)
- At least 1 hour/week but less than 1 hour a day (2)
- 1-2 hours a day (3)
- 2-4 hours a day (4)
- More than 4 hours a day (5)

During the **past year**...

C8. Did you walk or bike to and from work, school or errands... (PLEASE CHECK ONE BOX.) **WALKBIK16**

- Never or less than 5 minutes per day (1)
- 5-15 minutes per day (2)
- 16-30 minutes per day (3)
- 31-45 minutes per day (4)
- More than 45 minutes per day (5)

C9. Did you sweat from exertion... (PLEASE CHECK ONE BOX.) **SWEATPA16**

- Never or less than once a month (1)
- Once a month (2)
- 2-3 times a month (3)
- Once a week (4)
- More than once a week (5)

During the past year...

C10. Did you play sports or exercise... (PLEASE CHECK ONE BOX.)

SPORTS16

- Never (1) (If Never, Please Skip to Question D1 on Page 14.)
- Less than once a month (2)
- Once a month (3)
- 2-3 times a month (4)
- Once a week (5)
- More than once a week (6)

The following questions are about your participation in sports and exercise during the past year.

C11. Which sport or exercise did you do most frequently during the past year? (SPECIFY ONLY ONE.)

SPOREX116

C12. When you did this activity, did your heart rate and breathing increase?
(PLEASE CHECK ONE BOX.)

RATEIN116

- No (1)
- Yes, a small increase (2)
- Yes, a moderate increase (3)
- Yes, a large increase (4)

C13. How many months in this past year did you do this activity?
(PLEASE CHECK ONE BOX.)

MTHSAC116

- Less than 1 month (1)
- 1-3 months (2)
- 4-6 months (3)
- 7-9 months (4)
- More than 9 months (5)

C14. During these months, on average, how many hours a week did you do this activity?
(PLEASE CHECK ONE BOX.)

HRSACT116

- Less than 1 hour (1)
- At least 1 but less than 2 hours (2)
- At least 2 but less than 3 hours (3)
- At least 3 but less than 4 hours (4)
- More than 4 hours (5)

C15. Did you do any other exercise or play any other sport in this past year?
(PLEASE CHECK ONE BOX.)

OTHSPOR16

No (1) (If No, Please Skip to Question D1 on Page14.)

Yes (2)

C16. What was the second most frequent sport or exercise you did **during the past year?**
(SPECIFY ONLY ONE.)

SPOREX216

C17. When you did this activity, did your heart rate and breathing increase?
(PLEASE CHECK ONE BOX.)

RATEIN216

No (1)

Yes, a small increase (2)

Yes, a moderate increase (3)

Yes, a large increase (4)

C18. How many months in this past year did you do this activity?
(PLEASE CHECK ONE BOX.)

MTHSAC216

Less than 1 month (1)

1-3 months (2)

4-6 months (3)

7-9 months (4)

More than 9 months (5)

C19. During these months, on average, how many hours a week did you do this activity?
(PLEASE CHECK ONE BOX.)

HRSACT216

Less than 1 hour (1)

At least 1 but less than 2 hours (2)

At least 2 but less than 3 hours (3)

At least 3 but less than 4 hours (4)

More than 4 hours (5)

We would now like to know more about your falls in the past year, your family history of hip fractures and your current level of physical activity.

The next questions ask about falls that may have happened in the past year.

D1. In the past year, have you fallen and landed on the floor or ground (or fallen and hit an object like a table or stair)? (PLEASE CHECK ONE BOX.) **FALLEN16**

No (1) (If No, Please Skip to Question D2 on Page 15.)

Yes (2)



a. If Yes, how many times have you fallen in the past year? (PLEASE CHECK ONE BOX.) **NUMFALL16**

Once (1)

2 Times (2)

3 Times (3)

4 Times (4)

More than 4 Times (5)

b. During the past year, were you injured in any of these falls? (PLEASE CHECK ONE BOX.) **INJURED16**

No (1) (If No, Please Skip to Question D2 on Page 15.)

Yes (2)



b1. If Yes and you were injured in any of the falls you had during the past year, which of the following injuries did you experience? (PLEASE CIRCLE ONE RESPONSE FOR EACH QUESTION.)

(PLEASE CIRCLE ONE RESPONSE.)

a.	Broken or fractured bone?	INJFXBN16	No (1)	Yes (2)	Don't know (-8)
b.	Hit or injured head?	INJHEAD16	No (1)	Yes (2)	Don't know (-8)
c.	Sprain or strain?	INJSPRN16	No (1)	Yes (2)	Don't know (-8)
d.	Bruises?	INJBRUI16	No (1)	Yes (2)	Don't know (-8)
e.	Bleeding?	INJBLEE16	No (1)	Yes (2)	Don't know (-8)
f.	Other kind of injury (please describe below)?	OINJ16 #OINJS16	No (1)	Yes (2)	Don't know (-8)

D2. Are you afraid of falling? Would you say...
(PLEASE CHECK ONE BOX.)

FEARFAL16

- No (1)
- A little fearful (2)
- Moderately fearful (3)
- Very fearful (4)

The next questions ask about parental history of hip fractures and prior or current uses of steroid medication.

D3. Has your mother ever broken a hip?
(PLEASE CHECK ONE BOX.)

HIPMOMFX16

- No (1) (If No, Please Skip to Question D4.)
- Yes (2)
- Don't know (-8) (If Don't know, Please Skip to Question D4.)

a. **If Yes:** Approximately what year did the first broken hip occur if more than one hip fracture?
(PLEASE CHECK BOX IF UNKNOWN.)

Don't Know (-8)

#HIPMOMYR16

D4. Has your father ever broken a hip? (PLEASE CHECK ONE BOX.)

HIPDADFX16

- No (1) (If No, Please Skip to Question D5.)
- Yes (2)
- Don't know (-8) (If Don't know, Please Skip to Question D4.)

b. **If YES:** Approximately what year did the first broken hip occur if more than one hip fracture?
(PLEASE CHECK BOX IF UNKNOWN.)

#HIPDADYR16

Don't Know (-8)

D5. **Have you ever** taken steroid pills (e.g., prednisone, prednisolone, dexamethasone) for **more than 3 months**? (PLEASE CHECK ONE BOX.)

STER3M16

- No (1)
- Yes (2)
- Don't know (-8)

D6. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (PLEASE CIRCLE ONE NUMBER FOR EACH QUESTION.)

Activities	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports <u>V ACT16</u>	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf <u>M ACT16</u>	1	2	3
c. Lifting or carrying groceries <u>LIFTING16</u>	1	2	3
d. Climbing several flights of stairs <u>CLIMBS16</u>	1	2	3
e. Climbing one flight of stairs <u>CLIMB116</u>	1	2	3
f. Bending, kneeling, or stooping <u>BENDING16</u>	1	2	3
g. Walking more than a mile <u>WALKM16</u>	1	2	3
h. Walking several blocks <u>WALKS16</u>	1	2	3
i. Walking one block <u>WALK116</u>	1	2	3
j. Bathing or dressing yourself <u>BATHING16</u>	1	2	3

The next questions focus on some other personal aspects of your life.

E1. Thinking about your quality of life at the present time, we'd like you to give it a rating where 0 represents the worst possible quality for you and 10 represents the best possible quality for you. How would you rate your overall quality of life **at the present time?** (PLEASE CIRCLE ONLY ONE NUMBER.)

QLTYLIF16

0 1 2 3 4 5 6 7 8 9 10

Worst possible quality Best possible quality

E2. These next questions ask about how much you agree with the following statements as they apply to you over **the last month**. If a particular situation has not occurred recently, answer according to how you think you would have felt. **(PLEASE CIRCLE ONE NUMBER FOR EACH QUESTION.)**

Over the last month I have felt that ...		Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
a.	I am able to adapt when changes occur. <u>TOADAPT16</u>	0	1	2	3	4
b.	I can deal with whatever comes my way. <u>CANDEAL16</u>	0	1	2	3	4
c.	I try to see the humorous side of things when I am faced with problems. <u>SEEHUMR16</u>	0	1	2	3	4
d.	Having to cope with stress can make me stronger. <u>COPESTR16</u>	0	1	2	3	4
e.	I tend to bounce back after illness, injury or other hardships. <u>BOUNCBK16</u>	0	1	2	3	4
f.	I believe I can achieve my goals, even if there are obstacles. <u>MYGOALS16</u>	0	1	2	3	4
g.	Under pressure, I stay focused and think clearly. <u>FOCUSED16</u>	0	1	2	3	4
h.	I am not easily discouraged by failure. <u>DISCFAI16</u>	0	1	2	3	4
i.	I think of myself as a strong person when dealing with life's challenges and difficulties. <u>STRGPER16</u>	0	1	2	3	4
j.	I am able to handle unpleasant or painful feelings like sadness, fear and anger. <u>PAINFEE16</u>	0	1	2	3	4

E3. Here is a list of ways you might have felt or behaved recently. How often have you have felt or behaved **this way during the past week**. (PLEASE CIRCLE ONE NUMBER FOR EACH QUESTION.)

During the past week:		Rarely or none of the time (less than 1 DAY)	Some or a little of the time (1-2 DAYS)	Occasionally or a moderate amount of the time (3-4 DAYS)	Most or all of the time (5-7 DAYS)
a.	I was bothered by things that usually don't bother me <u>BOTHER16</u>	1	2	3	4
b.	I did not feel like eating; my appetite was poor <u>APPETIT16</u>	1	2	3	4
c.	I felt that I could not shake off the blues even with help from my friends <u>BLUES16</u>	1	2	3	4
d.	I felt that I was just as good as other people <u>GOOD16</u>	1	2	3	4
e.	I had trouble keeping my mind on what I was doing <u>KEEPMIN16</u>	1	2	3	4
f.	I felt depressed <u>DEPRESS16</u>	1	2	3	4
g.	I felt that everything I did was an effort <u>EFFORT16</u>	1	2	3	4
h.	I felt hopeful about the future <u>HOPEFUL16</u>	1	2	3	4
i.	I thought my life had been a failure <u>FAILURE16</u>	1	2	3	4
j.	I felt fearful <u>FEARFUL16</u>	1	2	3	4
k.	My sleep was restless <u>RESTLES16</u>	1	2	3	4
l.	I was happy <u>HAPPY16</u>	1	2	3	4
m.	I talked less than usual <u>TALKLES16</u>	1	2	3	4
n.	I felt lonely <u>LONELY16</u>	1	2	3	4
o.	People were unfriendly <u>UNFRNDL16</u>	1	2	3	4
p.	I enjoyed life <u>ENJOY16</u>	1	2	3	4
q.	I had crying spells <u>CRYING16</u>	1	2	3	4
r.	I felt sad <u>SAD16</u>	1	2	3	4
s.	I felt that people disliked me <u>DISLIKE16</u>	1	2	3	4
t.	I could not get going <u>GETGOIN16</u>	1	2	3	4

E4. These questions ask you about your feelings **over the past two weeks**. How often you have felt or thought this way. (PLEASE CIRCLE ONE NUMBER FOR EACH QUESTION.)

In the past two weeks you have:	Never	Almost never	Sometimes	Fairly often	Very often
a. Felt unable to control important things in your life? CONTROL16	1	2	3	4	5
b. Felt confident about your ability to handle your personal problems? ABILITY16	1	2	3	4	5
c. Felt that things were going your way? YOURWAY16	1	2	3	4	5
d. Felt difficulties were piling so high that you could not overcome them? PILING16	1	2	3	4	5

The following questions are about specific health problems you may have had over the past two weeks.

Thinking back over the past two weeks, how often have you had... **HOTFLAS16**

F1. Hot flashes or flushes? (CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.)

Not at all ⁽¹⁾ (Please Skip to F2 on Page 20)

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



F1a. On the days that you have hot flashes or flushes, how many times each day do you usually have them?

NUMBER OF TIMES PER DAY: **NUMHOTF16** (Please answer F1b.)

F1b. How much are you usually bothered by hot flashes or flushes? (PLEASE CHECK ONE BOX.) **BOTHOTF16**

Not at all ⁽¹⁾

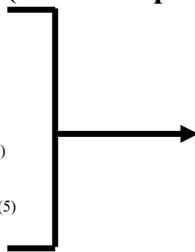
Very little ⁽²⁾

Moderately ⁽³⁾

A lot ⁽⁴⁾

F2. Over the past two weeks, how often have you had **night sweats**? (CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.) **NUMNITS16**

- Not at all ⁽¹⁾ (Please Skip to F3.)
- 1-5 days ⁽²⁾
- 6-8 days ⁽³⁾
- 9-13 days ⁽⁴⁾
- Every day ⁽⁵⁾



F2a. On the days that you have night sweats, how many times each night do you usually have them?
 NUMBER OF TIMES PER NIGHT: **NITESWE16** (Please answer F2b.)

F2b. How much are you usually bothered by night sweats? (PLEASE CHECK ONE BOX.) **BOTNITS16**

- Not at all (1)
- Very little (2)
- Moderately (3)
- A lot (4)

F3. Below is a list of common problems which affect us from time to time in our daily lives.

Thinking back over the **past two weeks**, please circle the number corresponding to how often you experienced any of the following. (PLEASE CIRCLE ONE NUMBER FOR EACH ITEM.)

How often have you had...	Not at all	1-5 days	6-8 days	9-13 days	Every day
a. Back aches or pains? ACHES16	1	2	3	4	5
b. Knee pain? KNEEPAI16	1	2	3	4	5
c. Headaches? HDACHE16	1	2	3	4	5
d. Breast pain/tenderness? BRSTPAI16	1	2	3	4	5
e. Stiffness or soreness in joints, neck or shoulder? STIFF16	1	2	3	4	5
f. Feeling blue or depressed? FEELBLU16	1	2	3	4	5
g. Dizzy spells? DIZZY16	1	2	3	4	5
h. Forgetfulness? FORGET16	1	2	3	4	5
i. Frequent mood changes? MOODCHG16	1	2	3	4	5
j. Heart pounding or racing? HARTRAC16	1	2	3	4	5
k. Feeling fearful for no reason? FEAR16	1	2	3	4	5
l. Irritability or grouchiness? IRRITAB16	1	2	3	4	5
m. Tense or nervous? NRVOUS16	1	2	3	4	5
n. Vaginal dryness? VAGINDR16	1	2	3	4	5

o.	Vaginal irritation/itching? VAGIRRT16	1	2	3	4	5
p.	Vaginal discharge? VAGDISH16	1	2	3	4	5
q.	Vaginal soreness/pain? VAGSORE16	1	2	3	4	5

F4. These questions are about how much you were bothered **during the past 2 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. (CIRCLE ONE NUMBER FOR EACH ITEM.)

How much of the time during the past 2 weeks	Not at all	Several days	More than half the days	Nearly everyday
a. Feeling nervous, anxious or on edge? ONEDGE16	0	1	2	3
b. Not being able to stop or control worrying? STOPWOR16	0	1	2	3
c. Worrying too much about different things? WORRY16	0	1	2	3
d. Trouble relaxing? RELAX16	0	1	2	3
e. Being so restless that it is hard to sit still? SITSTIL16	0	1	2	3
f. Becoming easily annoyed or irritable? ANNOY16	0	1	2	3
g. Feeling afraid as if something awful might happen? AFRAID16	0	1	2	3

The next questions are about your sleep habits...

G1. **During the past month**, how many hours of **actual sleep** did you typically get at night? (This may be different than the number of hours you spend in bed.) _____ **hours/night** **HRSSLEE16**

G2. Are you currently working for pay? (PLEASE CHECK ONE BOX.) **CURWRK16**

No (1) (If No, Please ANSWER Questions a and b.)

Yes (2) (If Yes, Please ANSWER Questions c and d.)

a. **If NOT working for pay**, how many hours of **actual sleep** do you typically get on a **week night** (Sunday through Thursday)? _____ **hours/night**

NHRSLPW16

b. **If NOT working for pay**, how many hours of **actual sleep** do you typically get on a **weekend night** (Friday and Saturday)? _____ **hours/night**

NHRSLPWE16

c. **If working for pay**, how many hours of **actual sleep** do you typically get on a **work night**? _____ **hours/night**

WHRSLPW16

d. **If working for pay**, how many hours of **actual sleep** do you typically get on a **non-work night**? _____ **hours/night**

WHRSLPNW16

G3. Have you ever worked for pay at a job where you **worked a night shift for at least 3 years**? [By night shift, we mean being at work overnight, for example, between 11 pm to 7 am.] (PLEASE CHECK ONE BOX.)

No (1) (If No, Please Skip to Question G4.)

SHFT3Y16

Yes (2)

a. How many years did you work night shift? _____ years

SHFTDUR16

b. Are you still working the night shift? (PLEASE CHECK ONE BOX.)

No (1)

SHFTNOW16

Yes (2) (If Yes, Please Skip to Question G4.)

c. If No, how long has it been since you last worked the night shift? _____ years

SHFTLNG16

G4. These questions ask more about your sleep habits. (PLEASE CIRCLE ONE RESPONSE FOR EACH ITEM.)
(PLEASE CIRCLE ONE RESPONSE)

a. Do you snore? **SNORE16** No (1) Yes (2) Don't know (-8)

b. Do you often feel tired, fatigued or sleepy during the day? **SLEEPY16** No (1) Yes (2) Don't know (-8)

c. Has anyone observed you stop breathing in your sleep? **STPBREA16** No (1) Yes (2) Don't know (-8)

G5. Are you currently being treated for sleep apnea? (PLEASE CHECK ONE BOX.)

No (1) (If No, Please Skip to Question G6.)

SLPAP16

Yes (2)

a. Do you use a machine or oral device to help you breathe at night? (PLEASE CHECK ONE BOX.)

No (1)

SLPAPDEV16

Yes (2)

G6. These questions (a - c) are about your sleep habits **over the past two weeks**. Please **CIRCLE ONE NUMBER** for each of the following questions. Pick the answer that best describes how often you experienced the situation in the **past 2 weeks**.

In the past two weeks...	No, not in the past 2 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
a. Did you have trouble falling asleep? <u>TRBLSLE16</u>	1	2	3	4	5
b. Did you wake up several times a night? <u>WAKEUP16</u>	1	2	3	4	5
c. Did you wake up earlier than you had planned to, and were unable to fall asleep again? <u>WAKEARL16</u>	1	2	3	4	5

G7. How satisfied are you with your current sleep? (PLEASE CIRCLE ONE NUMBER.)

0 1 2 3 4
Very satisfied Very dissatisfied **SATSLP16**

The next questions ask about personal aspects of your life.

H1. How safe do you feel in your neighborhood? (PLEASE CHECK ONE BOX.) **SAFENEI16**

- Very safe (1)
- Mostly safe (2)
- Somewhat safe (3)
- Not very safe (4)
- Not safe at all (5)

We would like to ask you some additional questions that will help us to understand your answers better. Please remember that this information will remain confidential.

H2. What is your total family income (before taxes) from all sources within your household in the last year? (PLEASE CHECK THE BOX THAT IS YOUR BEST GUESS.) **#INCOME15^{\$}**

- LESS THAN \$19,999 (1)
- \$20,000 to \$49,999 (2)
- \$50,000 to \$99,999 (3)
- \$100,000 OR MORE (4)
- Refused (-7)
- Don't know (-8)

H3. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is... (PLEASE CHECK ONE BOX.) **HOW HAR16**

- Very hard (1)
- Somewhat hard (2)
- Not hard at all (3)
- Don't know (-8)

**Thank you for your time. This ends this questionnaire.
Please give it to the study personnel.**

^{\$}Note that the 200% poverty indicator variable created for other visit years is not applicable at Visit 13 because household size was not collected. INCOME13 has been excluded from the public dataset due to small cell size.

Date Data Entered / Initials _____

Date Verified / Initials _____

ANNUAL FOLLOW UP SUPPLEMENTAL BLEEDING PATTERN FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

A1.	RESPONDENT ID:	AFFIX ID LABEL HERE <input type="text"/>	ARCHID[~]																				
A2.	SWAN STUDY VISIT #	16	VISIT																				
A3.	FORM VERSION:	02/25/2015	#FORM_V_BL																				
A4.	DATE FORM COMPLETED:	<table border="0"> <tr> <td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>__</td><td>__</td> </tr> <tr> <td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	__	__	/	__	__	/	__	__	__	__	M	M		D	D		Y	Y	Y	Y	BCOMPDAY16[†]
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A5.	INTERVIEWER'S INITIALS:	__ __ __	#INITS																				
A6.	RESPONDENT'S DOB:	<table border="0"> <tr> <td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>__</td><td>__</td> </tr> <tr> <td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	__	__	/	__	__	/	__	__	__	__	M	M		D	D		Y	Y	Y	Y	#DOB
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M	M		D	D		Y	Y	Y	Y														
A7.	INTERVIEW COMPLETED IN:		#MAILLOCBL16																				
	RESPONDENT'S HOME.....	1																					
	CLINIC / OFFICE.....	2																					
	RESPONDENT'S HOME W/ PROXY.....	3																					
	CLINIC/OFFICE W/ PROXY.....	4																					
	TELEPHONE.....	5																					
	TELEPHONE BY PROXY.....	6																					
A8.	INTERVIEW LANGUAGE:		#LANGUAGE																				
	ENGLISH.....	1																					
	JAPANESE.....	4																					

[~] A randomly generated ID will be provided that is different from the original ID

[†] This completion day is the same as the Visit 16 self-administered interview.

We last interviewed you on _____[DATE]. According to our study records, you were not yet postmenopausal (by that, we mean that you had not yet gone 12 months without bleeding). The next questions are about your menstrual periods since _____[DATE].

Now I would like to ask you about your menstrual periods.

B1. Did you have any menstrual bleeding since _____[DATE]? **BLEEDNG16**
 NO.....1 (END)
 YES.....2

B2. Did you have any menstrual bleeding in the last **3 months**? **BLD3MON16**
 NO.....1
 YES.....2

B3. What was the date that you started your most recent menstrual bleeding? [PROMPT FOR MONTH AND YEAR, EVEN IF DAY IS UNKNOWN. ENTER -8 FOR DAY FIELD IF UNKNOWN.]

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</td> </tr> </table>	M	M	/	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</td> </tr> </table>	D	D	/	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	Y	Y	Y	Y
M	M											
D	D											
Y	Y	Y	Y									

LMPDAY†

For the next two questions, I would like to ask you to think about your periods since _____[DATE], during times when you were not using birth control pills or other hormone medications.

B4. Which of the following best describes your menstrual periods since _____[DATE]? **DESCPER16**
Have they... [HAND RESPONDENT CARD "H."]
 Become farther apart?1
 Become closer together?2
 Occurred at more variable intervals?3
 Stayed the same?4
 Become more regular?5
 DON'T KNOW-8
 NOT APPLICABLE-1 (END)

B5. A menstrual cycle is the period of time from the beginning of bleeding from one menstrual period to the beginning of bleeding of the next menstrual period. Since your last study visit, what was the usual length of your menstrual cycles? **LENGCYC16**

LESS THAN 24 DAYS1
 24-35 DAYS2
 MORE THAN 35 DAYS3
 TOO VARIABLE OR IRREGULAR TO SAY4
 DON'T KNOW

† This date is given in days since the baseline interview and is found in the Longitudinal Menopausal Status dataset.

PLEASE do not write anything on this page. This page is for OFFICE USE ONLY.

Date Data Entered / Initials _____

Date Verified / Initials _____

INTERIM MEDICATION FORM
SELF-ADMINISTERED ANNUAL FOLLOW-UP FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

- A1. RESPONDENT ID: **ARCHID~**
- A2. SWAN STUDY VISIT # 16 **VISIT**
- A3. FORM VERSION: 05/25/2016 **#FORM_V**
- A4. INTERVIEWER'S INITIALS: ___ ___ ___ **#INITS**
- A5. RESPONDENT'S DOB: / / **#DOB**
M M D D Y Y Y Y

VERIFY WITH RESPONDENT

- A6. COMPLETED IN: **#LOCATIO16**
- RESPONDENT'S HOME/VIA MAIL1
 - CLINIC/OFFICE2
 - RESPONDENT'S HOME W/ PROXY3
 - CLINIC/OFFICE W/ PROXY4
 - TELEPHONE5
 - TELEPHONE BY PROXY6
- A7. INTERVIEW LANGUAGE: **#LANGUAG16**
- ENGLISH1
 - JAPANESE4
- A8. INTERVIEWER ADMINISTERED? **#INTADMIN**
- NO1
 - YES2

PLEASE do not write anything on this page. This page is for OFFICE USE ONLY.

~ A randomly generated ID will be provided that is different from the original ID.

The next questions ask about prescribed osteoporosis medication usage.

Since your last study visit have you taken...

(PLEASE CIRCLE ONE RESPONSE.)

B12. An **infused** (into the vein) or **injected** (under the skin) medication to prevent or treat osteoporosis (brittle or thinning bones) such as:

a. Zoledronic acid (Reclast or Zometa): 20 – 30 minute intravenous infusion once yearly? ZOLDRNC16	No (1)	Yes (2)	Don't know (-8)
b. Ibandronate (Boniva): 1-2 minute intravenous infusion every 3 months? BONIVA16	No (1)	Yes (2)	Don't know (-8)
c. Denosumab (Prolia): injection under the skin every 6 months? PROLIA16	No (1)	Yes (2)	Don't know (-8)
d. Teriparatide (Forteo): daily self-administered injection under the skin? FORTEO16	No (1)	Yes (2)	Don't know (-8)

B13. **Oral** medications to prevent or treat osteoporosis (brittle or thinning bones), such as:

a. Alendronate (Fosamax): by mouth - once weekly pill? FOSAMX16	No (1)	Yes (2)	Don't know (-8)
b. Ibandronate (Boniva): by mouth - once monthly pill? BONIVA116	No (1)	Yes (2)	Don't know (-8)
c. Risedronate (Actonel): by mouth - once weekly, once monthly, or twice monthly pill? ACTNEL16	No (1)	Yes (2)	Don't know (-8)
d. Raloxifene (Evista): by mouth - once daily pill? EVISTA16	No (1)	Yes (2)	Don't know (-8)

B14. **Nasal** medications to prevent or treat osteoporosis (brittle or thinning bones), e.g., Calcitonin (Miacalcin) - once daily nasal spray?
MIACLNC16

No (1) Yes (2) Don't know (-8)

The next questions ask about prescribed hormone medication usage taken since your last study visit.

B15. Birth Control pills? **BCP116** No (1) Yes (2) Don't know (-8)

B16. Estrogen pills (such as Premarin, Estrace, Ogen, etc.)? **ESTROG116** No (1) Yes (2) Don't know (-8)

B17. Estrogen by patch (such as Estraderm)? **ESTRNJ116** No (1) Yes (2) Don't know (-8)

B18. Combination estrogen/progestin (such as Premphase or Prempro)? **COMBIN116** No (1) Yes (2) Don't know (-8)

B19. Progestin pills (such as Provera)? **PROGES116** No (1) Yes (2) Don't know (-8)

B20. Any other prescription hormones that we haven't asked you about, for example vaginal rings (such as Femring), progestin injections (such as Depo-Provera), estrogen/testosterone combinations (such as Estratest), or vaginal creams?
OHRM_116 No (1) Yes (2) Don't know (-8)

(PLEASE CIRCLE ONE RESPONSE.)

B21. Were you using any prescription medications containing estrogen or progestin **at the time of your last study visit?**

ESTLASTV16

No (1)

Yes (2)

Don't know (-8)

B22. **If you are taking hormones, have you taken any hormones in the past 3 months? (PLEASE CHECK ONE BOX.)**

HORMON316

- Not applicable, not taking hormones (1) **(If not applicable, please Skip to Question B23.)**
- No, have NOT taken in past 3 months (2) **(If No, please Skip to Question B23.)**
- Yes, have taken in past 3 months (3) **(If Yes, please answer Question B22.1)**
- Don't know (4) **(If Don't know, please Skip to Question B23.)**

B22.1. If you are taking hormones, in what month and year did you last take them?
(CHECK BOX IF DATE UNKNOWN.)

HORMDAY16⁺

M	M	/	Y	Y	Y	Y	Don't know (-8)	<input type="checkbox"/>
---	---	---	---	---	---	---	-----------------	--------------------------

B23. **Since your last study visit** have you taken prescription medications to prevent or treat breast cancer?
(PLEASE CIRCLE ONE RESPONSE FOR EACH ITEM.)

Since your last study visit, have you taken...					(PLEASE CIRCLE ONE RESPONSE.)			
(PLEASE CIRCLE ONE RESPONSE.)								
a.	Nolvadex <u>NOLVAD16</u> (Tamoxifen)?	No (1)	Yes (2) (If YES, please answer Q.a1.) →	Don't know (-8)	a1. If YES, have you taken within the last 3 months? <u>NOLVAD316</u>	No (1)	Yes (2)	Don't know (-8)
b.	Arimidex (Anastrozole)? <u>ARIMID16</u>	No (1)	Yes (2) (If YES, please answer Q.b1.) →	Don't know (-8)	b1. If YES, have you taken within the last 3 months? <u>ARIMID316</u>	No (1)	Yes (2)	Don't know (-8)
c.	Femara (Letrozole)? <u>FEMARA16</u>	No (1)	Yes (2) (If YES, please answer Q.c1.) →	Don't know (-8)	c1. If YES, have you taken within the last 3 months? <u>FEMARA316</u>	No (1)	Yes (2)	Don't know (-8)
d.	Aromasin (Exemestane)? <u>AROMAS16</u>	No (1)	Yes (2) (If Yes, please answer Q.d1.) →	Don't know (-8)	d1. If YES, have you taken within the last 3 months? <u>AROMAS316</u>	No (1)	Yes (2)	Don't know (-8)
e.	Herceptin (Trastuzumab)? <u>HERCEPT16</u>	No (1)	Yes (2) (If YES, please answer Q.e1.) →	Don't know (-8)	e1. If YES, have you taken within the last 3 months? <u>HERCEP316</u>	No (1)	Yes (2)	Don't know (-8)

The next questions ask about the use of prescribed or over the counter medication.

Since your last study visit have you taken...

(PLEASE CIRCLE ONE RESPONSE.)

B24. Prescription or over-the-counter medicine to block stomach acid:

a. Cimetidine (Tagamet), famotidine (Pepcid), nizatidine (Axid), or ranitidine (Zantac) **ZANTAC16** No (1) Yes (2) Don't know (-8)

b. Esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), or rabeprazole (Aciphex) **NEXIUM16** No (1) Yes (2) Don't know (-8)

B25. Have you used any prescription or over-the-counter vitamins?

RXOTC3M16

No (1) Yes (2) Don't know (-8)

B26. Have you used any prescription or over-the-counter medication to help you sleep?

SLEEP3MO16

No (1) Yes (2) Don't know (-8)

**Thank you for your time. This ends this questionnaire.
Please give it to the study personnel.**

PHYSICAL MEASURES
Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID:	AFFIX ID LABEL HERE <div style="border: 1px solid black; width: 200px; height: 40px; margin: 5px 0;"></div>	<u>ARCHID~</u>																				
A2. SWAN STUDY VISIT #	16	<u>VISIT</u>																				
A3. FORM VERSION:	01/31/2015	#FORM_V																				
A4. DATE FORM COMPLETED:	<table border="0"> <tr> <td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>__</td><td>__</td> </tr> <tr> <td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	__	__	/	__	__	/	__	__	__	__	M	M		D	D		Y	Y	Y	Y	<u>PHYDAY16†</u>
__	__	/	__	__	/	__	__	__	__													
M	M		D	D		Y	Y	Y	Y													
A5. RESPONDENT'S DOB:	<table border="0"> <tr> <td>__</td><td>__</td><td>/</td><td>__</td><td>__</td><td>/</td><td>1</td><td>9</td><td>__</td><td>__</td> </tr> <tr> <td>M</td><td>M</td><td></td><td>D</td><td>D</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <p align="center">VERIFY WITH RESPONDENT</p>	__	__	/	__	__	/	1	9	__	__	M	M		D	D		Y	Y	Y	Y	#DOB
__	__	/	__	__	/	1	9	__	__													
M	M		D	D		Y	Y	Y	Y													
A6. MEASUREMENTS COMPLETED IN:	<p align="right">RESPONDENT'S HOME.....1 CLINIC/OFFICE.....2</p>	#LOCATIO16																				
A7. TECHNICIAN'S INITIALS																						
a. BLOOD PRESSURE	__ __ __	#INITSA16																				
b. HEIGHT/WEIGHT	__ __ __	#INITSB16																				
c. WAIST/HIP	__ __ __	#INITSC16																				
d. NECK	__ __ __	#INITSD16																				
A8. WERE PHYSICAL MEASURES COMPLETED?		#PHYCOMP16																				
NO.....1																					
YES.....2	(B1)																				
A8.1. IF NO (i.e. PHYSICAL MEASURES NOT DONE), SPECIFY REASON:		#PHYNOT																				
UNWILLING/UNABLE TO COME TO OFFICE	1	(END)																				
OUTSIDE OF 90-DAY WINDOW	2	(END)																				
OTHER	3	(END)																				
IF OTHER, SPECIFY _____		#PHYNOTS																				
REFUSED	-7	(END)																				

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 † This date is given in days since the initial baseline interview, which is day zero.

BIOIMPEDANCE*Study of Women's Health Across the Nation***SECTION A. GENERAL INFORMATION**

AFFIX ID LABEL HERE

A1. RESPONDENT ID:

ARCHID~

A2. SWAN STUDY VISIT #

16

VISIT

A3. FORM VERSION:

03/03/2003

#FORM_V

A4. DATE FORM COMPLETED:

		/			/				
M	M		D	D		Y	Y	Y	Y

BIODAY16[†]

A5. OPERATOR'S INITIALS:

____ _

#INITS

A6. RESPONDENT'S DOB:

		/			/	1	9		
M	M		D	D		Y	Y	Y	Y

#DOB**VERIFY WITH RESPONDENT**

A7. INTERVIEW COMPLETED IN:

#LOCATIO16

RESPONDENT'S HOME1

CLINIC/OFFICE2

A8. INTERVIEW LANGUAGE:

LANGBIO16

ENGLISH1

SPANISH.....2

CANTONESE.....3

JAPANESE4

A9. WAS BIOIMPEDANCE MEASUREMENT COMPLETED?

COMPBIA16

NO.....1

YES.....2 (B1)

A9.1. IF NO (i.e. BIOIMPEDANCE NOT DONE), SPECIFY REASON:

#BIONOT16

UNWILLING/UNABLE TO COME TO OFFICE 1 (END)

OUTSIDE OF 90-DAY WINDOW 2 (END)

OTHER..... 3 (END)

IF OTHER, SPECIFY _____

#BIONOTS16

INELIGIBLE (B1 = YES or DON'T KNOW).....4 (END)

REFUSED-7 (END)

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SECTION B. BIOIMPEDANCE MEASUREMENT

Now I would like to measure your body composition using this bioimpedance equipment. Body composition is the amount of body fluids, fat, and lean body mass, including your muscles and organs found in your body.

B1. Do you have an insulin pump, pacemaker or automatic implantable cardiac defibrillator (AICD)? **AICDPUM16**

- NO.....1
- YES.....2 (A9)
- DON'T KNOW..... -8 (A9)

IF YES OR DON'T KNOW, **STOP**. SUBJECT INELIGIBLE FOR BIOIMPEDANCE. CODE Q.A9 AS "NO=1" AND Q.A9.1 AS "REASON=4."

If you have not recently done so, I would like you to use the bathroom before we take this measurement. For this measurement, you will need to remove metal jewelry and your right sock and shoe. Two sticky pads called electrodes will be placed on your right hand at the wrist and knuckles and two more will be placed on your right foot at the toes and ankle. Once the electrodes are attached, it will take less than one minute for the equipment to measure your body composition.

Before we begin the bioimpedance measurement I need to ask you a few questions that will help us interpret the results.

B2. Have you exercised intensely for at least half an hour or taken a sauna within the last 12 hours?
That is, since ___ : ___ a.m. / p.m.? **EXER12H16**

- NO.....1
- YES.....2
- REFUSED..... -7

B3. Have you had anything to eat or drink, apart from water, in the last 5 hours?
That is, since ___ : ___ a.m. / p.m.? **EAT5HR16**

- NO.....1
- YES.....2
- REFUSED..... -7

B4. Have you had more than 2 alcohol drinks in the last 24 hours?
That is, since ___ : ___ a.m. / p.m.? **ALCO24H16**

- NO.....1
- YES.....2
- REFUSED..... -7

B5. Do you have any embedded medical devices, metal pins or plates, clips or beads used to treat cancer, braces, staples from surgery or any other type of embedded metal? **EMBDDEV16**

- NO.....1
- YES.....2
- DON'T KNOW.....-8

Please remove all metal jewelry. Although you won't feel anything, metal removal is encouraged for more accurate results. Now please remove your right shoe and sock before lying down on a table for the test. **METJEWL16**

B6. DID PARTICIPANT WEAR ANY METAL JEWELRY DURING MEASUREMENT?

- NO.....1 (B7)
- YES.....2

B6.1. IF YES, WERE THERE ANY RINGS, BRACELETS, WATCHES OR ANKLE JEWELRY ON THE MEASURED SIDE? **ONMEASS16**

- NO.....1
- YES.....2

LEGS SHOULD BE FAR ENOUGH APART SO THAT THE THIGHS DO NOT TOUCH. HANDS AND ARMS SHOULD BE FAR ENOUGH APART SO THAT THE HANDS AND ARMS DON'T TOUCH THE TORSO.

IF THE SKIN IS OILY, CLEAN IT WITH AN ALCOHOL SWAB BEFORE ATTACHING ELECTRODES.

IF THE SKIN IS DRY, APPLY A SMALL AMOUNT OF ECG OR CONDUCTIVE PASTE BEFORE ATTACHING ELECTRODES.

B7. ON WHICH SIDE OF THE BODY WERE THE ELECTRODES PLACED? **SIDE16**

- RIGHT.....1
- LEFT.....2

THE **VALID RANGE** FOR THE CONDUCTANCE VALUE IS **-800 TO 800 OHMS**. THE VALID RANGE FOR THE REACTANCE VALUE IS **-150 TO 150 OHMS**. IF AN '*OUT OF RANGE*' CONDUCTANCE OR REACTANCE OR *NEGATIVE* CONDUCTANCE VALUE IS DETECTED PLEASE SEE INSTRUCTIONS ON THE NEXT PAGE.

B8. RECORD THE CONDUCTANCE / RESISTANCE VALUE THAT APPEARS ON THE IMPEDANCE METER:

(+ OR -) _____ OHMS **CONDUCT16**

B9. RECORD THE REACTANCE / IMPEDANCE VALUE THAT APPEARS ON THE IMPEDANCE METER:

(+ OR -) _____ OHMS **REACT16**

B10. WAS THE MEASUREMENT RE-RUN? **BIORRUN16**

- NO.....1
- YES.....2

B11. COMMENTS: [#OPERCO116](#)

[#OPERCO216](#)

REMOVE AND DISPOSE OF THE ELECTRODES, BE SURE NOT TO INJURE THE SUBJECT'S SKIN. IF YOU HAVEN'T ALREADY DONE SO, COMPLETE QUESTION A9 = "YES (2)."

Thank you for your participation in this study.

IF AN '**OUT OF RANGE**' CONDUCTANCE OR REACTANCE IS DETECTED, IMMEDIATELY CHECK THE QUALITY OF THE ATTACHMENT OF THE ALLIGATOR CLAMPS AND THE SECURITY OF THE ELECTRODES TO THE SKIN. THEN, RE-DO THE PROCEDURE.

IF THE *SECOND* MEASUREMENT FALLS WITHIN THE VALID RANGE, IT SHOULD BE ENTERED INTO THE FIELD FOR Q.B8 OR Q.B9. THE *INITIAL* MEASUREMENT SHOULD BE RECORDED IN THE COMMENTS (Q.B11) AND Q.B10 SHOULD BE CODED "2=YES" RE-RUN.

IF THE SECOND ATTEMPT ALSO RESULTS IN AN INVALID RANGE, THEN VALIDATE WITH 500 OHM RESISTOR AND RE-RUN A THIRD ATTEMPT. IF THE *THIRD* MEASUREMENT FALLS WITHIN THE VALID RANGE, IT SHOULD BE ENTERED INTO THE FIELD FOR Q.B8 OR Q.B9. IF *THIRD* ATTEMPT VALUES ARE STILL INVALID, CODE "-2222" INSTEAD OF OUT OF RANGE VALUE. THE *INITIAL* AND *SECOND* MEASUREMENTS SHOULD BE RECORDED IN THE COMMENTS (Q.B11) AND Q.B10 SHOULD BE CODED "2=YES" RE-RUN.

THE ABOVE PROCEDURES SHOULD ALSO BE FOLLOWED IF A ***VALID BUT NEGATIVE VALUE*** (BETWEEN -1 AND -800) IS DETECTED FOR CONDUCTANCE (Q.B8). IF THE SECOND OR THIRD CONDUCTANCE MEASUREMENT RESULTS IN A POSITIVE VALUE, IT SHOULD BE ENTERED INTO Q.B8 AND THE INITIAL MEASUREMENT(S) SHOULD BE RECORDED IN THE COMMENTS (Q.B11) AND Q.B10 SHOULD BE CODED "2=YES" RE-RUN. IF ALL THREE MEASUREMENTS RESULT IN A NEGATIVE VALUE, THEN THE FINAL VALID MEASUREMENT (BETWEEN -1 AND -800) SHOULD BE ENTERED INTO Q.B8.

Date Data Entered / Initials _____

Date Verified / Initials _____

PHYSICAL FUNCTIONING ASSESSMENT FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

ARCHID~

A1. RESPONDENT ID:

A2. SWAN STUDY VISIT #

16

VISIT

A3. FORM VERSION:

05/12/2016

#FORM_V

A4. DATE FORM COMPLETED:

____ / ____ / ____

M M / D D / Y Y Y Y

FUNCDAY16†

A5. INTERVIEWER'S INITIALS:

#INITS

A6. RESPONDENT'S DOB:

____ / ____ / ____

M M / D D / 1 9 Y Y Y Y

#DOB

VERIFY WITH RESPONDENT

A7. MEASUREMENTS ATTEMPTED/COMPLETED IN:

#LOCATIO16

RESPONDENT'S HOME1

CLINIC/OFFICE2

A8. WHAT PHYSICAL FUNCTION MEASURES WERE COMPLETED?

PHYFCOM16

NO.....1 (A8.1)

YES.....2 (B1)

A8.1. IF NO (i.e. NO PHYSICAL FUNCTION MEASURES COMPLETED), SPECIFY REASON:

#NOPHYF16

UNWILLING/UNABLE TO COME TO OFFICE 1 (END)

OTHER..... 3 (END)

IF OTHER, SPECIFY _____

#NOPHYFS16

REFUSED..... -7 (END)

DETROIT will complete ALL PHYSICAL FUNCTION Protocols;
BOSTON will complete ALL PHYSICAL FUNCTION Protocols EXCEPT the STAIR CLIMB ASSESSMENT;
LOS ANGELES will complete the GRIP STRENGTH Protocol, ONLY

~ A randomly generated ID will be provided that is different from the original ID.

† This date is given in days since the initial baseline interview, which is day zero.

GRIP STRENGTH ASSESSMENT

B1. Identify the Dynamometer size setting: 1 = I (Small hands) **DYNAMSE16**
 (CIRCLE ONE RESPONSE.) 2 = III (Non-small hands)

B2. Dominant hand? (hand used to write with) 1 = RIGHT HAND **DOMHAND16**
 (CIRCLE ONE RESPONSE.) 2 = LEFT HAND

B3. Was right hand grip strength attempted? 1 = NO **RTGRIP16** **→** **B3a.** Why not attempted? **NORGRIP16** **→**

1 = PHYSICALLY UNABLE
 2 = OTHER, SPECIFY **#NORGRPS16**
 -7 = REFUSED

B4. **RIGHT HAND: Round up to nearest kilogram.**
 (Enter -1 if not completed.)

#1 ___ kgs **RTGRIP116**

#2 ___ kgs **RTGRIP216**

#3 ___ kgs **RTGRIP316**

B4a. If any assessments were not completed on **RIGHT** hand, why unable to complete the task? (CIRCLE ONE RESPONSE.) **NORHAND16**

1 = PHYSICALLY UNABLE
 2 = OTHER, SPECIFY _____ **#NORHNDS16**
 -7 = REFUSED

B5. Was left hand grip strength attempted? 1 = NO **LTGRIP16** **→** **B5a.** Why not attempted? **NOLGRIP16** **→**

1 = PHYSICALLY UNABLE
 2 = OTHER, SPECIFY **#NOLGRPS16**
 -7 = REFUSED

B6. **LEFT HAND: Round up to nearest kilogram.**
 (Enter -1 if not completed.)

#1 ___ kgs **LTGRIP116**

#2 ___ kgs **LTGRIP216**

#3 ___ kgs **LTGRIP316**

B6a. If any assessments were not completed on **LEFT** hand, why unable to complete the task? (CIRCLE ONE RESPONSE.) **NOLHAND16**

1 = PHYSICALLY UNABLE
 2 = OTHER, SPECIFY _____ **#NOLHNDS16**
 -7 = REFUSED

**IF NON-PARTICIPATING SITE (LOS ANGELES), SKIP C1 – G6 AND GO TO H1
(PHYSICAL FUNCTION COMMENTS) ON PAGE 11 AND THEN END FORM**

I would now like you to try to move your body in different movements. I will first describe and show each movement to you. Then I'd like you to try to do it. If you cannot do a particular movement, or if you feel it would be unsafe to try to do it, tell me and we'll move on to the next one. Let me emphasize that I do not want you to try to do any exercise that you feel might be unsafe. Any questions before we begin?

BALANCE TESTING:

The participant must be able to stand unassisted without the use of a cane or walker. You may help the participant to get up. Stand next to the participant to help her into the position. Supply just enough support to the participant's arm to prevent loss of balance. When the participant is in position (and secure), let go before you begin timing.

Now I will show you the first movement. [Demonstrate.] I want you to try to stand with your feet together, side-by-side, for about 10 seconds.

You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. Are you ready? [If supporting participant, let go.] Ready, begin. Stop [Stop the stopwatch after 10 seconds OR when the participant steps out of position OR grabs your arm.]

SBSSTND16

C1. SIDE-BY-SIDE STAND (Circle one number.)

1 = Held for <u>less than 10 seconds</u> :	
Number of seconds held	___ . ___ sec
2 = Held for 10 seconds	SBSSE16
-1 = <u>Not</u> attempted	

SBSSTND16

C1a. Why held for less than 10 seconds or not attempted?

("1" or "-1" to C1)

- 1 = TRIED BUT UNABLE
- 2 = COULD NOT HOLD POSITION UNASSISTED
- 3 = INTERVIEWER FELT UNSAFE
- 4 = PARTICIPANT FELT UNSAFE
- 5 = UNABLE TO UNDERSTAND INSTRUCTIONS
- 6 = OTHER, SPECIFY #SBSSTND16
- 7 = REFUSED

**IF PARTICIPANT IS UNABLE TO HOLD THE POSITION FOR 10 SECONDS ("1" to C1) GO TO C4, PAGE 5.
IF THE MEASURE WAS NOT ATTEMPTED ("-1" TO C1), GO TO D1, PAGE 5 (TIMED 4 METER WALK),
OTHERWISE GO TO C2, PAGE 4.**

Now I will show you the second movement. [Demonstrate.] I want you to try to stand with the heel of one foot touching the big toe of the other foot, for about 10 seconds. You may put either foot in front, whichever is more comfortable for you.

You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. Are you ready? [If supporting participant, let go] Ready, begin. Stop [Stop the stopwatch after 10 seconds OR when the participant steps out of position OR grabs your arm.]

SEMTSTD16

C2. SEMI-TANDEM STAND (Circle one number.)

1 = Held for less than 10 seconds: _____ →
 Number of seconds held ____ . ____ sec
 2 = Held for 10 seconds **SEMTSEC16** →
 -1 = Not attempted _____ →

SEMTS1016
C2a. Why held for less than 10 seconds or not attempted?
 ("1" or "-1" to C2)

- 1 = TRIED BUT UNABLE
- 2 = COULD NOT HOLD POSITION UNASSISTED
- 3 = INTERVIEWER FELT UNSAFE
- 4 = PARTICIPANT FELT UNSAFE
- 5 = UNABLE TO UNDERSTAND INSTRUCTIONS
- 6 = OTHER, SPECIFY #SEMT10S16 _____
- 7 = REFUSED

**IF PARTICIPANT IS UNABLE TO HOLD THE POSITION FOR 10 SECONDS ("1" to C2) GO TO C4, PAGE 5.
 IF THE MEASURE WAS NOT ATTEMPTED ("-1" TO C2), GO TO C4, OTHERWISE GO TO C3.**

Now I will show you the third movement. [Demonstrate.] I want you to try to stand with the heel of one foot in front of and touching the toes of the other foot, for about 10 seconds. You may put either foot in front, whichever is more comfortable for you.

You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. Are you ready? [If supporting participant, let go] Ready, begin. Stop [Stop the stopwatch after 10 seconds OR when the participant steps out of position OR grabs your arm.]

C3. TANDEM STAND (Circle one number.)

TANDSD16
 1 = Held for less than 10 seconds: _____ →
 Number of seconds held ____ . ____ sec
 2 = Held for 10 seconds **TANDSE16** →
 -1 = Not attempted _____ →

TAND1016
C3a. Why held for less than 10 seconds or not attempted?
 ("1" or "-1" to C3)

- 1 = TRIED BUT UNABLE
- 2 = COULD NOT HOLD POSITION UNASSISTED
- 3 = INTERVIEWER FELT UNSAFE
- 4 = PARTICIPANT FELT UNSAFE
- 5 = UNABLE TO UNDERSTAND INSTRUCTIONS
- 6 = OTHER, SPECIFY #TAND10S16 _____
- 7 = REFUSED

C4. WHAT TYPE OF WALKING SURFACE? (CIRCLE ONE RESPONSE.)

- 1 = Linoleum surface **STDSUR16**
- 2 = Wood surface
- 3 = Commercial low-level nap carpet
- 4 = Concrete or cement surface
- 5 = Other type surface, Specify _____ **#STDSURS16**

C5. WHAT TYPE OF FOOT COVERING? (CIRCLE ONE RESPONSE.)

- 1 = Regular socks **STDCOV16**
- 2 = Non-skid socks
- 3 = Bare feet
- 4 = Flat walking/running shoes
- 5 = Other foot covering, Specify _____ **#STDCOV16**

GAIT SPEED: TIMED 4 METER WALK ASSESSMENT

Now I am going to observe how you normally walk. If you use a cane or other walking aid and you feel you need it to walk a short distance, then you may use it. You will be asked to complete this walk 2 times.

This is our walking course. I want you to walk to the other end of the course at your usual speed, just as if you were walking down the street to the store. [Demonstrate.] Walk all the way past the other end of the tape before you stop. I will walk with you. Do you feel this would be safe? [If participant feels safe, have her stand with both feet touching the starting line.] Ready, begin.

D1. Timed Walk Assistance/Completion?
(CIRCLE ONE RESPONSE.) **WLK4M116**

- 1 = Completed without assistance
- 2 = Completed with assistance
Specify _____ **#WLK4M1S16**
- 3 = Not completed
- 4 = Not attempted

D1a. WALK TIME

WKSE4M116
#1 _____ . _____ sec

(GO TO D2, PAGE 6)

D1b. Why not completed/attempted? **NO4MW116**

- 1 = TRIED BUT UNABLE
- 2 = COULD NOT WALK UNASSISTED
- 3 = INTERVIEWER FELT UNSAFE
- 4 = PARTICIPANT FELT UNSAFE
- 5 = UNABLE TO UNDERSTAND INSTRUCTIONS
- 6 = OTHER, SPECIFY _____ **#NO4MW1S16**
- 7 = REFUSED

PROCEED TO THE NEXT PAGE TO COMPLETE THE SECOND TIMED WALK.

Variable Excluded from Public Use Data File

Visit 16 Physical Functioning Form

Now I want you to repeat the walk. Remember to walk at your usual pace, and go all the way past the other end of the tape.

D2. Timed Walk Assistance/Completion?

(CIRCLE ONE RESPONSE.) **WLK4M216**

1 = Completed without assistance

2 = Completed with assistance

Specify _____ **#WLK4M2S16**

3 = Not completed

4 = Not attempted

D2a. WALK TIME

WKSE4M216

#2 _____ . _____ sec

(GO TO D3)

D2b. Why not completed/attempted?

NO4MW216

1 = TRIED BUT UNABLE

2 = COULD NOT WALK UNASSISTED

3 = INTERVIEWER FELT UNSAFE

4 = PARTICIPANT FELT UNSAFE

5 = UNABLE TO UNDERSTAND INSTRUCTIONS

6 = OTHER, SPECIFY _____ **#NO4MW2S16**

-7 = REFUSED

D3. WHAT TYPE OF WALKING SURFACE? (CIRCLE ONE RESPONSE.)

1 = Linoleum surface

WSUR4M16

2 = Wood surface

3 = Commercial low-level nap carpet

4 = Concrete or cement surface

5 = Other type surface, Specify _____ **#WSUR4MS16**

D4. WHAT TYPE OF FOOT COVERING? (CIRCLE ONE RESPONSE.)

1 = Regular socks

W4MCOV16

2 = Non-skid socks

3 = Bare feet

4 = Flat walking/running shoes

5 = Other foot covering, Specify _____ **#W4MCOVS16**

SIT-TO-STAND ASSESSMENTS

The next test measures the strength in your legs. Ask participant if she thinks it would be safe for her to stand up from a chair without using her arms. If “NO” ask if she thinks it would be safe for her to stand up from a chair using her arms. [If participant does not feel safe with either option she will be unable to complete any of the sit-to-stand assessments. Circle “Not attempted” in E1 and circle reason in E1b.]

SINGLE CHAIR STAND:

[Demonstrate and explain the procedure.] *First, fold your arms across your chest and sit so that your feet are on the floor; then stand up keeping your arms folded across your chest. When fully upright drop your hands to your sides.* [If Participant cannot rise without using arms, ask her to stand using arms on chair or thighs to assist.] *This test will be timed. Wait until I tell you to start. Okay, try to stand up using your arms.*

E1. Result of single chair stand:

(CIRCLE ONE RESPONSE.) **SCSTD16**

1 = Participant stood without using arms

2 = Participant used arms to stand

3 = Not completed

4 = Not attempted

E1a. Single chair stand time in seconds:

SCSTDSE16
 ____ . ____ sec

(IF E1 =1, GO TO E2, PAGE 8)

(IF E1 =2, GO TO E3, PAGE 8)

E1b. Why not completed/attempted? **NOSCSTD16**

- 1 = TRIED BUT UNABLE
- 2 = COULD NOT STAND UNASSISTED
- 3 = INTERVIEWER FELT UNSAFE
- 4 = PARTICIPANT FELT UNSAFE
- 5 = UNABLE TO UNDERSTAND INSTRUCTIONS
- 6 = OTHER, SPECIFY _____ **#NOSCSDS16**
- 7 = REFUSED

(GO TO F1, PAGE 9)

REPEATED CHAIR STAND:

Ask participant if she thinks it would be safe for her to stand up from a chair 5 times without using her arms. [If participant does not feel safe she will be unable to complete the repeated chair stand. Circle “Not attempted” in E2 and circle reason in E2b.]

[Demonstrate and explain the procedure.] *Please stand up straight as quickly as you can five times without stopping in between. After standing up each time, sit down and then stand up again. Keep your arms folded across your chest. Do not drop your hands to your sides. I'll be timing you with a stopwatch.* [When Participant is properly seated begin timing.] *Ready? Stand.* [Count out loud as the participant arises each time, up to five times.]

E2. REPEATED CHAIR STAND RESULTS:

(CIRCLE ONE RESPONSE.) **RCSTD16**

1 = Five stands done successfully

2 = Not completed

3 = Not attempted

E2a. REPEATED CHAIR STAND TIME:

_____ . _____ sec
RCSTDSE16

(GO TO E3)

E2b. Why not completed/attempted? **NORCSTD16**

1 = TRIED BUT UNABLE

2 = COULD NOT STAND UNASSISTED

3 = INTERVIEWER FELT UNSAFE

4 = PARTICIPANT FELT UNSAFE

5 = UNABLE TO UNDERSTAND INSTRUCTIONS

6 = OTHER, SPECIFY _____ **#NORCSDS16**

-7 = REFUSED

E3. WHAT TYPE OF FLOOR SURFACE? (CIRCLE ONE RESPONSE.)

1 = Linoleum surface

2 = Wood surface

3 = Commercial low-level nap carpet

4 = Concrete or cement surface

5 = Other type surface, Specify _____ **#CHRSURS16**

CHRSUR16

E4. WHAT TYPE OF FOOT COVERING? (CIRCLE ONE RESPONSE.)

1 = Regular socks

2 = Non-skid socks

3 = Bare feet

4 = Flat walking/running shoes

5 = Other foot covering, Specify _____ **#CHRCOV16**

CHRCOV16

#CHRCOV16

TIMED 40 FOOT WALK ASSESSMENT (OPTIONAL) Instruct the participant: *walk in a comfortable but steady, brisk pace as in the manner of showing purpose, but not being late.*

F1. Were 40 foot timed walk assessments attempted? 1 = NO → **F1a.** Why not attempted? →
 (CIRCLE ONE RESPONSE.) **WALK16** 2 = YES **NOWALK16**

F2. **WALK TIME (Enter -1 if not completed.)** **F2a.** **Timed Walk Assistance?**
 (CIRCLE ONE RESPONSE.)

1 = PHYSICALLY UNABLE
 2 = OTHER,
 SPECIFY **#NOWALKS16** _____
 -7 = REFUSED

<p># 1 ___ ___ ___ . ___ min seconds WALKMI116 WALKSE116</p>	<p>1 = Not assisted WALKAS116 2 = Assisted, Specify #WLKAS1S16 _____</p>
<p># 2 ___ ___ ___ . ___ min seconds WALKMI216 WALKSE216</p>	<p>1 = Not assisted WALKAS216 2 = Assisted, Specify #WLKAS2S16 _____</p>

F3. If any 40 foot timed walk assessments were not completed, why unable to complete the task? →
 (CIRCLE ONE RESPONSE.) **UNABWLK16**

1 = PHYSICALLY UNABLE
 2 = OTHER,
 SPECIFY **#UNABWLS16** _____
 -7 = REFUSED

F4. **WHAT TYPE OF WALKING SURFACE? (CIRCLE ONE RESPONSE.)** →

1 = Linoleum surface **SURFACE16**
 2 = Wood surface
 3 = Commercial low-level nap carpet
 4 = Concrete or cement surface
 5 = Other type surface, Specify _____ **#SURFACS16**

F5. **WHAT TYPE OF FOOT COVERING? (CIRCLE ONE RESPONSE.)**

1 = Regular socks **W40FCOV16**
 2 = Non-skid socks
 3 = Bare feet
 4 = Flat walking/running shoes
 5 = Other foot covering, Specify _____ **#W40FCVS16**

IF NON-PARTICIPATING SITE (BOSTON), SKIP G1 – G6 AND GO TO H1.

TIMED STAIR CLIMB ASSESSMENT

This assessment is our timed stair climb. I would like you to walk up and down the stairs three times without stopping. Once you go up the stairs, allow both feet to land on the top stair before returning back down. I will count each complete up and down cycle until you finish three full cycles. Although the measurement is being timed, please use the same pace you typically would when walking any set of stairs. You may use the rails for support or balance, if needed. Please start with your toes on the line. Ready and begin.

G1. Was the timed stair climb assessment attempted? 1 = NO → **G1a.** Why not attempted?
STRCLM16 2 = YES NOSTR16

1 = PHYSICALLY UNABLE
 2 = OTHER,
 SPECIFY #NOSTRS16
 -7 = REFUSED (GOTO H1)

STAIR CLIMB SPLIT TIMES For G2a and G2c, record the split time (in seconds) for each ascent and descent if the cycle was completed. For G2a and G2d, record whether the participant used the handrail for that ascent or descent. If the ascents and descents were completed but the interviewer is unable to provide the times, please enter the time as -8.

G2. CYCLE COMPLETED?	ASCENT		DESCENT	
	G2a. TIME	G2b. HANDRAIL?	G2c. TIME	G2d. HANDRAIL?
1 ST <u>CYCLE116</u> 1 = NO (G4) 2 = YES	<u>ASCEN116</u> ____ . ____ (seconds)	1 = NO 1 = YES <u>ASCRL116</u>	<u>DESCEN116</u> ____ . ____ (seconds)	1 = NO 2 = YES <u>DESRL116</u>
2 ND <u>CYCLE216</u> 1 = NO (G4) 2 = YES	<u>ASCEN216</u> ____ . ____ (seconds)	1 = NO 2 = YES <u>ASCRL216</u>	<u>DESCEN216</u> ____ . ____ (seconds)	1 = NO 2 = YES <u>DESRL216</u>
3 RD <u>CYCLE316</u> 1 = NO (G4) 2 = YES	<u>ASCEN316</u> ____ . ____ (seconds)	1 = NO 2 = YES <u>ASCRL316</u>	<u>DESCEN316</u> ____ . ____ (seconds)	1 = NO 2 = YES <u>DESRL316</u>

G3. CUMULATIVE STAIR CLIMB TIME (Record time if all 3 cycles are completed.)

G4. ____ . ____ (seconds) **(GO TO G5)** **TOTSTR16**
NO3CYC16

- 1 = TRIED BUT UNABLE
- 2 = INTERVIEWER FELT UNSAFE
- 3 = PARTICIPANT FELT UNSAFE
- 4 = PARTICIPANT TOO FATIGUED TO COMPLETE
- 5 = UNABLE TO UNDERSTAND INSTRUCTIONS
- 6 = OTHER, SPECIFY #NO3CYCS16
- 7 = REFUSED

G5. ASK PARTICIPANT:

Please rate your perception of exertion during the stair climb. This feeling should reflect how the exercise felt to you, combining all sensations and feelings of physical stress, effort, and fatigue. [HAND RESPONDENT RESPONSE CARD “V”]

Look at the rating scale on the card; it ranges from 6 to 20, where 6 means “no exertion at all” and 20 means “maximal exertion”. Choose the number that best describes your level of exertion. **EXRTION16**

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

No Exertion **Maximal Exertion**

G6. ASK PARTICIPANT: “During the stair climb task, did you experience any of the following difficulties that were not present before beginning the task?”

		NO	YES
a. Pain	STRPAIN16	1	2
b. Shortness of breath	STRSHRT16	1	2
c. Dizziness	STRDIZY16	1	2

PHYSICAL FUNCTION COMMENTS:

H1. Comments _____ **#COMMEN116, #COMMEN216 #COMMEN316**