



FOLLOW-UP VISIT 14

CODEBOOK

ARCHIVED DATASET 2018

PAGE INTENTIONALLY BLANK

TABLE OF CONTENTS

Documentation for the SWAN Visit 14 Dataset.....	4
Abbreviated Interview Questionnaire	6
Additional Measures.....	16

DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 14 DATASET

1. Who is included in the public use dataset:

The dataset contains follow-up visit 14 information for the 3,302 women from the 7 clinical sites participating in the SWAN longitudinal study. The sites include Boston, MA, Pittsburgh, PA, Oakland and Los Angeles, CA, Detroit, MI, Chicago, IL, and Newark, NJ.

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 14. 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.

All variables for visit 14 have a 14 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 Contact Follow-up Form

- The variables in this 'visit 14 Interim Contact' (IRM) data are mostly found in 'Interviewer-Administered' data (abbreviated as *INT*) for the previous visits. On the other hands, smoking-related variables and vasomotor symptoms' variables (such as *hotfla14*) are found in Self-Administered Questionnaire Part A (SAA) for the previous visits.
- In general, most 'Other, specify' text fields are not included in the dataset.
- Age (*AGE14*) was calculated from date of birth to when the interview form was completed, and is rounded to the next lowest integer.
- *FORMFLG14* was created indicating whether the data come from Interim Contact Follow-up (IRM), Interim Contact form AND Bleeding Pattern form (IRMBLD), or Bleeding Pattern form only (BLD).
- *OUTOF14* (Out of Visit Collection Window Flag) is a flag variable for the 29 cases where the questionnaire was completed after the study-wide Visit 14 cut-off date of 01/31/2014 (*OUTOF14* = 1). Visit 14 officially began on 05/17/2013 when Los Angeles saw its first participants. The Los Angeles site saw 256 participants before the other sites started on 09/25/2013.
- **Los Angeles participants completed a different site-specific version of the Visit 14 Interim Form. Questions NOT asked by this site are indicated in GREEN on the data collection form.**
 - Questions that were not asked of the Los Angeles women were set to .B (Not applicable) in the dataset.
 - The Los Angeles site-specific interim form collected hormone use with five questions using a timeframe of "since your last study visit". The SWAN interim form collected information about hormone use using a single question with a timeframe of "during the past 2 weeks".
 - Hysterectomy and oophorectomy data were collected on the Los Angeles site-specific bleeding form and not on the interim form. Seven women completed the Los Angeles site-specific bleeding form, and none reported a hysterectomy or oophorectomy.

- Los Angeles started four months before the other sites. 256 women were contacted in the timeframe between their startup and that of the other sites.

Bleeding form

The few participants that were not yet postmenopausal at their last study visit were administered questions concerning menstruation via the Bleeding Pattern form.

Additional Measures

A variable describing the race/ethnicity of participants (RACE) and study site (SITE) were added from the Screener dataset. See the Additional Measures section at the end of the codebook for descriptions.

Date of completion variables (IRMDAY14, PHYDAY14, HYSTDAY14, etc.) are given in days from interview date at baseline. Note that for 5 participants, interview completion dates at baseline were not available and alternative dates were substituted either from the Self-Administered Questionnaire-A or Physical Measures completion dates at baseline.

Longitudinal Measures

Please note that additional study measures are provided in separate longitudinal datasets. These datasets include: Menopausal Status, Bone Mineral Density, Medication Drug Groups, and Vitamin D.

C2. **Since your last study visit**, have you had a hysterectomy (an operation to remove your uterus or womb)? (CIRCLE ONE RESPONSE.) **HYSTERE14** (LA asked on bleeding pattern form)

- No..... 1 (GO TO C3)
- Yes2
- Don't Know-8 (GO TO C3)

C2a. **If YES**, please give date of the hysterectomy: (CHECK BOX IF DATE UNKNOWN.)

#HYSTERMO

M	M

#HYSTERYR

Y	Y	Y	Y

#HYSTDAY14[†]
 Don't Know (-8)

C3. **Since your last study visit**, did you have one or both ovaries removed (an oophorectomy)? (CIRCLE ONE RESPONSE.) **OOPHORE14**(LA asked on bleeding pattern form)

- No..... 1 (GO TO C4)
- Yes2
- Don't Know-8 (GO TO C4)

C3a. Was one ovary removed or were both ovaries removed? **ONEOVAR14**

- One Ovary Removed..... 1
- Both Ovaries Removed.....2
- Don't Know-8

C4. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had breast cancer? (CIRCLE ONE RESPONSE.) **LVBRST14**

- No..... 1 (GO TO C5)
- Yes2
- Don't Know-8 (GO TO C5)

C4a. **If YES**, what was the primary site of the breast cancer? (CIRCLE ONE RESPONSE.)

- Both breasts 1 **PSBRST14**
- Right breast, only..... 2
- Left breast, only 3

C4b. Please record the date of the breast cancer diagnosis: (CHECK BOX IF DATE UNKNOWN.)

#BRSTMO14 / #BRSTYR14

M	M

Y	Y	Y	Y

Don't Know (-8)
BRSTDAY14[†]

C5. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had colon cancer? (CIRCLE ONE RESPONSE.) **LVCOL14**

- No..... 1 (GO TO C6, PAGE 4)
- Yes2
- Don't Know-8 (GO TO C6, PAGE 4)

C5a. Please record the date of the colon cancer diagnosis: (CHECK BOX IF DATE UNKNOWN.)

#COLNMO14 / #COLYR14

M	M

Y	Y	Y	Y

Don't Know (-8)
COLDAY14[†]

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

Cardiovascular Events

C6. **Since your last study visit**, have you been diagnosed or treated for heart problems, blocked or narrowed blood vessels, stroke, or other problems with your blood circulation (for example, blood clots in your legs or lungs)? (CIRCLE ONE RESPONSE.) **LDXHRT14**

- No 1 (GO TO C7, PAGE 5)
 Yes..... 2
 Don't Know.....-8 (GO TO C7, PAGE 5)

IF YES, PLEASE COMPLETE QUESTION C6a. (BELOW), OTHERWISE GO TO C7, PAGE 5.

† Dates are given in days since the initial baseline interview, which is day zero.

C6a. IF YES, which event(s), if any, occurred since your last study visit ? (CIRCLE ONE RESPONSE FOR EACH QUESTION.)	NO	YES →	IF YES, PLEASE PROVIDE THE DATE OF MOST RECENT EVENT (IF MORE THAN ONE EVENT). (CHECK BOX IF DATE UNKNOWN.)		
Have you been or had...					
Diagnosed with or treated for a <u>heart attack</u> (myocardial infarction or MI)? HEARTAT14	1	2 →	#RMIMO14 M M	#RMIYR14 Y Y Y Y	RMIDAY14 † Don't Know <input type="checkbox"/>
A <u>heart bypass operation</u> (CABG, coronary artery bypass graft surgery)? BYPASS14	1	2 →	#RCABGMO14 M M	#RCABGYR14 Y Y Y Y	RCABGDAY14 † Don't Know <input type="checkbox"/>
A procedure to unblock narrowed vessels to your <u>heart</u> (opening the arteries of the heart with a balloon or other device, some-times called a PTCA, coronary angioplasty, coronary stent, atherectomy or rotoablation)? UNBLKH14	1	2 →	#RPCIMO14 M M	#RPCIYR14 Y Y Y Y	RPCIDAY14 † Don't Know <input type="checkbox"/>
Diagnosed with or treated for a <u>stroke</u> ? STROKE14	1	2 →	#RCVAMO14 M M	#RCVAYR14 Y Y Y Y	RCVADAY14 † Don't Know <input type="checkbox"/>
Diagnosed with or treated for <u>heart failure</u> ? HTFAIL14	1	2 →	#RCHFMO14 M M	#RCHFYR14 Y Y Y Y	RCHFDAY14 † Don't Know <input type="checkbox"/>
A procedure or operation to unblock narrowed blood vessels in your <u>neck</u> (carotid endarterectomy, carotid angioplasty, or carotid stent) UNBLKN14	1	2 →	#RNECKMO14 M M	#RNECKYR14 Y Y Y Y	RNECKDAY14 † Don't Know <input type="checkbox"/>
Poor blood circulation or blocked or narrowed blood vessels to your <u>legs or feet</u> (claudication, peripheral arterial disease or PAD, peripheral vascular disease or PVD)? UNBLKL14	1	2 →	#RPADMO14 M M	#RPADYR14 Y Y Y Y	RPADDAY14 † Don't Know <input type="checkbox"/>
Blood clots in your legs (deep vein thrombosis or DVT)? DVT14	1	2 →	#RDVTMO14 M M	#RDVTYR14 Y Y Y Y	RDVTDAY14 † Don't Know <input type="checkbox"/>
Blood clots in your lungs (pulmonary embolism or PE)? PE14	1	2 →	#RPEMO14 M M	#RPEYR14 Y Y Y Y	RPEDAY14 † Don't Know <input type="checkbox"/>

Variable Excluded from Public Use Data File

Broken Bones

C7. Have you broken any bones other than fingers or toes **since your last study visit?** (CIRCLE ONE RESPONSE.) **BONEBRK14**

- No 1 (GO TO D1, PAGE 6)
 Yes..... 2
 Don't know -8 (GO TO D1, PAGE 6)

C7a. IF YES, which bones were broken since your last study visit? (CIRCLE ONE RESPONSE FOR EACH BONE.)		NO	YES →	IF YES, PLEASE PROVIDE MOST RECENT DATE BONE WAS BROKEN. (CHECK BOX IF DATE UNKNOWN.)		
Wrist	<u>BRWRIST14</u>	1	2 →	#RWRTMO14 M M /	#RWRTYR14 Y Y Y Y	<u>RWRTYR14</u> [†] Don't Know <input type="checkbox"/>
Hip	<u>BRHIP14</u>	1	2 →	#RHIPMO14 M M /	#RHIPYR14 Y Y Y Y	<u>RHIPDT14</u> [†] Don't Know <input type="checkbox"/>
Spine	<u>BRSPINE14</u>	1	2 →	#RBACKMO14 M M /	#RBACKYR14 Y Y Y Y	<u>RBACKDT14</u> [†] Don't Know <input type="checkbox"/>
Pelvis	<u>BRPELVS14</u>	1	2 →	#RPELMO14 M M /	#RPELYR14 Y Y Y Y	<u>RPELDT14</u> [†] Don't Know <input type="checkbox"/>
Ribs	<u>BRRIBS14</u>	1	2 →	#RRIBMO14 M M /	#RRIBYR14 Y Y Y Y	<u>RRIBDT14</u> [†] Don't Know <input type="checkbox"/>
Remainder of arm (other than wrist)	<u>BRARM14</u>	1	2 →	#RARMMO14 M M /	#RARMYR14 Y Y Y Y	<u>RARMDT14</u> [†] Don't Know <input type="checkbox"/>
Remainder of leg (other than hip)	<u>BRLEG14</u>	1	2 →	#RLEGMO14 M M /	#RLEGYR14 Y Y Y Y	<u>RLEGDT14</u> [†] Don't Know <input type="checkbox"/>
Other, please specify which bone:	<u>BROTH14</u>			#ROTHMO14 M M /	#ROTHYR14 Y Y Y Y	<u>ROTHDT14</u> [†] Don't Know <input type="checkbox"/>
	<u>#BROTHS14</u>	1	2 →			

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

Falls

The next questions ask about falls you may have had 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)? (CIRCLE ONE RESPONSE.) **FALLEN14**

- No 1 (GO TO D2)
- Yes..... 2



D1a. **IF YES**, how many times have you fallen in the past year? (CIRCLE ONE RESPONSE.) **NUMFALL14**

- Once 1
- 2 times..... 2
- 3 times..... 3
- 4 times..... 4
- More than 4 times..... 5

D1b. **During the past year**, were you injured in any of these falls? (CIRCLE ONE RESPONSE.)

- NO 1 (GO TO D2) **INJURED14**
- YES..... 2



D1b1. **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?

(CIRCLE ONE RESPONSE FOR EACH QUESTION.)

	NO	YES	DON'T KNOW
1. Broken or fractured bone? INJFXBN14	1	2	-8
2. Hit or injured head? INJHEAD14	1	2	-8
3. Sprain or strain? INJSPRN14	1	2	-8
4. Bruises? INJBRUI14	1	2	-8
5. Bleeding? INJBLEE14	1	2	-8
6. Other kind of injury (please describe below)? OINJ14	1	2	-8
#OINJS14 _____			

D2. Are you afraid of falling? (CIRCLE ONE RESPONSE.) **FEARFAL14**

- No 1
- A little fearful 2
- Moderately fearful..... 3
- Very fearful..... 4

D3. How much do you weigh? _____ (lbs) **WGHTLBS14**

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

E1. **Over the past two weeks**, how often have you had hot flashes or flushes? **HOTFLAS14**
(CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.)

Not at all ⁽¹⁾ **(GO TO E2)**

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾

E1a. On the days that you have hot flashes or flushes, how many times each day do you usually have them? **NUMHOTF14**

NUMBER OF TIMES PER DAY: ___ ___ **(GO TO E1b)**

E1b. How much are you usually bothered by hot flashes or flushes?
(CIRCLE ONE RESPONSE.) **BOTHOTF14**

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

E2. **Over the past two weeks**, how often have you had cold sweats? **COLDSWE14**
(CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.)

Not at all ⁽¹⁾ **(GO TO E3)**

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾

E2a. On the days that you have cold sweats, how many times each day do you usually have them? **NUMCLDS14**

NUMBER OF TIMES PER DAY: ___ ___ **(GO TO E2b)**

E2b. How much are you usually bothered by cold sweats?
(CIRCLE ONE RESPONSE.) **BOTCLDS14**

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

E3. **Over the past two weeks**, how often have you had night sweats? **NITESWE14**
(CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.)

Not at all ⁽¹⁾ **(GO TO E4, PAGE 8)**

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾

E3a. On the days that you have night sweats, how many times each night do you usually have them? **NUMNITS14**

NUMBER OF TIMES PER NIGHT: ___ ___ **(GO TO E3b)**

E3b. How much are you usually bothered by night sweats?
(CIRCLE ONE RESPONSE.) **BOTNITS14**

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

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

E4. Stiffness or soreness in joints, neck or shoulders? **STIFF14**
(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

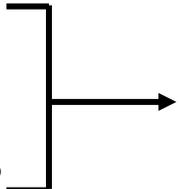
Not at all ⁽¹⁾ (GO TO E5)

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



E4a. How much are you usually bothered by stiffness or soreness in joints, neck or shoulders? (CIRCLE ONE RESPONSE.) **BOTSTIF14**

Not at all	1
Very little.....	2
Moderately.....	3
A lot	4

E5. Vaginal dryness? **VAGINDR14**
(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

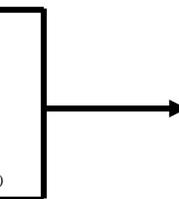
Not at all ⁽¹⁾ (GO TO F1)

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



E5a. How much are you usually bothered by vaginal dryness? (CIRCLE ONE RESPONSE.) **BOTVAGD14**

Not at all	1
Very little.....	2
Moderately.....	3
A lot	4

The following question about hormone therapy refers to the past two weeks.

F1. During the past 2 weeks, have you used prescription hormone therapy (such as, estrogen, estrogen/progesterone pill or patch)? (CIRCLE ONE RESPONSE.) **RXHRT2W14**

No 1 (END)
Yes..... 2

All of the SWAN Investigators and Staff thank you most sincerely for your many valuable contributions over the last 15 years. We hope to see you at another SWAN visit soon!

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

Date Data Entered / Initials _____

Date Verified / Initials _____

INTERIM SUPPLEMENTAL BLEEDING PATTERN FORM

INTERIM FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

- A1. RESPONDENT ID: AFFIX ID LABEL HERE **ARCHID**
- A2. SWAN STUDY VISIT # 14 **VISIT**
- A3. FORM VERSION: 09/13/2013 **#FORM_V_BL**
- A4. INTERVIEWER'S INITIALS: ___ ___ ___ **#INITS**
- A5. RESPONDENT'S DOB:

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

 #DOB
- A6. INTERVIEW COMPLETED IN: **#MAILLOCBL**
- RESPONDENT'S HOME / VIA MAIL.....1
 - CLINIC / OFFICE2
 - RESPONDENT'S HOME W/ PROXY.....3
 - CLINIC/OFFICE W/ PROXY4
 - TELEPHONE5
 - TELEPHONE BY PROXY6
- A7. INTERVIEW LANGUAGE:
- ENGLISH1
 - SPANISH2
 - CANTONESE.....3
 - JAPANESE4
- A8. INTERVIEWER ADMINISTERED? **#INTADM_BL**
- NO1
 - YES.....2

ADDITIONAL MEASURES COLLECTED

RACE/ETHNICITY

RACE Participant race/ethnicity is provided from the Screener dataset, coded as:

- 1= Black
- 2= Chinese/Chinese American
- 3= Japanese/Japanese American
- 4= White Non-Hispanic
- 5= Hispanic

SITE

SITE Participant study site is provided from the Screener dataset, coded as:

- 11= Detroit, MI
- 12= Boston, MA
- 13= Chicago, IL
- 14= Oakland, CA
- 15= Los Angeles, CA
- 16= Newark, NJ
- 17= Pittsburgh, PA