



FOLLOW-UP VISIT 02

CODEBOOK

ARCHIVED DATASET 2018

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DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 02 DATASET

1. Who is included in the public use dataset:

The dataset contains follow-up visit 2 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, Newark, NJ, and Chicago, IL.

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 2. 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 2 Self-Administered Questionnaire Part A was collected two years after the baseline interview, the day for the Self-Administered Part A would be day 730 and the Baseline Interview would be day 0.

All variables for visit 2 have a 2 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

Interview Questionnaire

An osteoporosis variable was created based on text fields in the other prescription medication questions. In general, most 'Other, specify' text fields are not included in the dataset.

- A social support score can be calculated from the questions in C.9.a-d after recoding them from a 1-5 range to a 0-4 range.
- CES-D scores can be created from the questions in C.11.
- A perceived stress score can be created from questions in C.10.
- The flag FLGINTV2 is set for the five participants who completed the interview after the 01/31/2000 cutoff.

Self-Administered Questionnaire Part A

- In general, any 'Other, specify' text field is not included in the dataset.
- The income question I.1 was condensed into a dichotomous variable (THPPOV1) representing above/below the 200% poverty threshold. Poverty was defined using the US Census Bureau's "Poverty thresholds by Size of Family and Number of Children: 1995" and incorporates family size. To stay consistent with previous SWAN papers using income data, the lower level of each income category reported in the original income question was used as threshold.
- The health services needed specify text fields under section B.7a (HLTHSV12, HLTHSV22, HLTHSV32) were categorized by type of service and included as HLSCAT12, HLSCAT22, and HLSCAT32.
- Current smoking is defined as anyone who answered 'yes' to question B.8 (SMOKERE2) and an answer greater than 0 for B.8.a (AVGCIGDA2).
- SF-36 scores can be derived based on questions B.14-20 according to the SF-36 User's Manual. Responses may need to be reversed where necessary so that all items are positively scored, so that a higher value indicates better functioning. The Role-Physical scale uses the variables from question B.14a-d. The Bodily Pain Score is calculated from questions B.17 and B.18. Item recoding depends on whether both questions were answered or

one of the items has missing data. After recoding, all the items are positively scored so that a higher score indicates less pain. The SF-36 Vitality Score is calculated from questions B.19a-d. Questions B.19.a and B.19.b should be reversed so that all items are positively scored; for the resulting index a higher score indicates greater energy (and less fatigue). The Social Functioning Score is calculated using questions B.16 and B.20. Question B.16 is reversed so that all items are positively scored; for the resulting index a higher score indicates better social functioning. The Role-Emotional Score is calculated using questions B.15a-c. All items are positively scored, so a higher score indicates better role-emotional functioning.

- The flag FLGSAAV2 is set for the four participants who completed the interview after the 01/31/2000 cutoff.

Self-Administered Questionnaire Part B

The flag FLGSABV2 is set for the four participants who completed the interview after the 01/31/2000 cutoff.

Physical Measures

In addition to the variables on the form, BMI2 was also calculated as weight in kilograms divided by the square of height in meters.

Additional Measures

Additional variables

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 (INTDAY2, SAADAY2, SABDAY2, SACDAY2, PHYDAY2, HRMDAY2, SPEDAY2, and HYSTDAY2) 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.

Serum Hormone Measures

The Visit 2 hormone results are included. Of special note is that the estradiol assay was run in duplicate. The average (E2AVE2) is the within-person arithmetic average of the two assays. A flag indicates if the estradiol results differed by > 10 pg/mL where one or both results \leq 20 pg/mL. Hormone results below the lower level of detection (LLD - see table in the Additional Measures section) were recoded to an .L value. Note that neither estradiol measurement nor FSH had any values below the LLD.

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.

Study of Women's Health Across the Nation

ANNUAL FOLLOW-UP INTERVIEW

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

- A1. RESPONDENT ID: **ARCHID~**
- A2. SWAN STUDY VISIT # _____ **VISIT**
- A3. FORM VERSION: 02/01/1998 **#FORM_V**
- A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ **INTDAY2†**
M M / D D / Y Y Y Y
- A5. INTERVIEWER'S INITIALS: ___ ___ ___ **#INITS**
- A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / ___ ___ **#DOB**
M M / D D / Y Y

VERIFY WITH RESPONDENT

- A7. INTERVIEW COMPLETED IN: **#LOCATIO2**
 - RESPONDENT'S HOME 1
 - CLINIC/OFFICE 2
 - RESPONDENT'S HOME BY PROXY 3
 - CLINIC/OFFICE BY PROXY 4

- A7.1 INTERVIEW LANGUAGE: **LANGINT2**
 - ENGLISH 1
 - SPANISH 2
 - CANTONESE 3
 - JAPANESE 4

- A8. Are you currently pregnant? **PREGNAN2**
 - NO 1
 - YES 2
 - DON'T KNOW -8

- A9. WAS BLOOD FOR THIS ANNUAL FOLLOW-UP DRAWN PREVIOUS TO THIS INTERVIEW DATE? **PREVBLO2**
 - NO 1
 - YES 2

(GO TO

PAGE 3)

~ 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.

Variable Excluded from Public Use Data File

Before we draw a blood sample I need to ask you a few questions.

A10. Have you had anything to eat or drink, other than water, in the last 12 hours? That is, since ___ : ___ last night? **EATDRIN2**

NO 1
YES..... 2

A11. Did you start a menstrual period in the last 5 days? **STRTPER2**

NO 1
YES..... 2 (A12)

A12. What is the date that you started to bleed? **DAYBLE2†**

___ / ___ / ___
M M D D Y Y Y Y

A13. BLOOD DRAW ATTEMPTED? **BLDRWAT2**

YES, AS PER PROTOCOL 1 (A14)
YES, MENSES TOO VARIABLE..... 2 (A14)
YES, LAST ATTEMPT 3 (A14)
YES, RESPONDENT PREGNANT 4 (A14)
NO, NOT FASTING AND/OR NOT IN WINDOW - RESCHEDULE 5 (A13.1)

A13.1 Unfortunately this is not the best time to draw a blood sample. In order to get the best possible information for this study, we need you to fast for 12 hours and to be within 5 days of starting a menstrual period. We need to reschedule a good day to draw your blood.
[INTERVIEWER HAND INSTRUCTION CARD TO RESPONDENT AND EXPLAIN]
GO TO SECTION B ON THE NEXT PAGE

A14. FOLLOW BLOOD DRAW PROTOCOL
RECORD COLLECTION TUBES FILLED ON SPECIMEN COLLECTION FORM

A15. BLOOD DRAWN? **BLDDRAW2**

NO 1
YES..... 2

† This date is given in days since the initial baseline interview.

ASK RESPONDENT TO GATHER PRESCRIPTION MEDICATIONS SO THEY ARE WITHIN REACH.
REMEMBER, DO NOT READ OUT LOUD ANY SCRIPT IN CAPITAL LETTERS.

I would like to begin the interview by asking you some questions about medications.

The medications you take, both those prescribed and from over-the-counter (OTC), can have a major influence on how well you feel, how you respond to events in your life, and the continued maintenance of your health. We want to know about any medications you have taken since your last study visit.

I will start by asking about any pills or medicines, including patches, suppositories, injections, creams and ointments which are prescribed by your doctor or other health care provider, that you have taken since your last study visit.

IF YES TO ANY, RECORD
MEDICATION NAME IN THE SPACES
PROVIDED

PRESCRIPTION DRUGS
IF YES:

			a.		b.		c.	
	NO	YES	What is the name of the medication?	Have you been taking it at least two times per week for the last month?	Have you been taking it at least two times per week for the last month?	INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	NO	YES
Since your last study visit....								
B1. Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)?	1	2	_____	1	2	1	2	
			<u>#ACOAMD12</u>	<u>ACOATW12</u>	<u>ACOATW12</u>	<u>#ACOAVR12</u>		
	1	2	_____	1	2	1	2	
			<u>#ACOAMD22</u>	<u>ACOATW22</u>	<u>ACOATW22</u>	<u>#ACOAVR22</u>		
			<u>ANTICO12</u>					
			<u>ANTICO22</u>					
B2. Anything for your heart or heart beat, including pills or patches?	1	2	_____	1	2	1	2	
			<u>#HARTMD12</u>	<u>HARTTC12</u>	<u>HARTTC12</u>	<u>#HARTVR12</u>		
	1	2	_____	1	2	1	2	
			<u>#HARTMD22</u>	<u>HARTTC22</u>	<u>HARTTC22</u>	<u>#HARTVR22</u>		
			<u>HEART12</u>					
			<u>HEART22</u>					
B3. Any medications for cholesterol or fats in your blood?	1	2	_____	1	2	1	2	
			<u>#CHOLMD12</u>	<u>CHOLTW11</u>	<u>CHOLTW11</u>	<u>#CHOLVR12</u>		
	1	2	_____	1	2	1	2	
			<u>#CHOLMD22</u>	<u>CHOLTW22</u>	<u>CHOLTW22</u>	<u>#CHOLVR22</u>		
			<u>CHOLST12</u>					
			<u>CHOLST22</u>					
B4. Blood pressure pills?	1	2	_____	1	2	1	2	
			<u>#BPMED12</u>	<u>BPTW12</u>	<u>BPTW12</u>	<u>#BPVER12</u>		
	1	2	_____	1	2	1	2	
			<u>#BPMED22</u>	<u>BPTW22</u>	<u>BPTW22</u>	<u>#BPVER22</u>		
			<u>BP12</u>					
			<u>BP22</u>					

	a. What is the name of the medication?		b. Have you been taking it at least two times per week for the last month?		c. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
	NO	YES	NO	YES	NO	YES
Since your last study visit, have you taken...						
B5. Diuretics for water retention?	1	2	_____	1 2	1 2	1 2
<u>DIURET12</u>			#DIURMD12	<u>DIURTW12</u>	#DIURVR12	
	1	2	_____	1 2	1 2	1 2
<u>DIURET22</u>			#DIURMD22	<u>DIURTW22</u>	#DIURVR22	
B6. Thyroid pills?	1	2	_____	1 2	1 2	1 2
<u>THYRO12</u>			#THYRMD12	<u>THYRTW12</u>	#THYRVR12	
	1	2	_____	1 2	1 2	1 2
<u>THYRO122</u>			#THYRMD22	<u>THYRTW22</u>	#THYRVR22	
B7. Insulin or pills for sugar in your blood?	1	2	_____	1 2	1 2	1 2
<u>INSULN12</u>			#INSUMD12	<u>INSUTW12</u>	#INSUVR12	
	1	2	_____	1 2	1 2	1 2
<u>INSULN22</u>			#INSUMD22	<u>INSUTW22</u>	#INSUVR22	
B8. Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti-depression medication?	1	2	_____	1 2	1 2	1 2
	1	2	_____	1 2	1 2	1 2
<u>NERVS12, NERVS22</u>			#NERVMD12	<u>NERVTW12</u>	#NERVVR12	
			#NERVMD22	<u>NERVTW22</u>	#NERVVR22	
B9. Steroid pills such as Prednisone, or cortisone?	1	2	_____	1 2	1 2	1 2
<u>STEROI12</u>			#STERMD12	<u>STERTW12</u>	#STERV12	
	1	2	_____	1 2	1 2	1 2
<u>STEROI22</u>			#STERMD22	<u>STERTW22</u>	#STERV22	
B10. Fertility medications to help you get pregnant (Pergonal, Clomid)?	1	2	_____	1 2	1 2	1 2
<u>FERTIL12</u>			#FRTLMD12	<u>FRTLW12</u>	#FRTLVR12	
	1	2	_____	1 2	1 2	1 2
<u>FERTIL22</u>			#FRTLMD22	<u>FRTLW22</u>	#FRTLVR22	

HORMONE QUESTIONS B11-15:

a. What is the name of the medication?
 b. Have you been taking it during the past month?
 c. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?

Since your last study visit, have you taken...

	NO	YES		NO	YES	NO	YES
B11. Birth Control pills? <u>BCP12</u>	1	2	_____	1	2	1	2
			<u>#BCPMED12</u>	<u>BCPTWI12</u>		<u>#BCP VER12</u>	
<u>BCP22</u>	1	2	_____	1	2	1	2
			<u>#BCPMED22</u>	<u>BCPTWI22</u>		<u>#BCP VER22</u>	
B12. Estrogen pills (such as Premarin, Estrace, Ogen, etc)? <u>ESTROG12</u>	1 (B13)	2	_____	1	2	1	2
			<u>#ESTRMD12</u>	<u>ESTRTW12</u>		<u>#EST RVR12</u>	
<u>ESTROG22</u>	1	2	_____	1	2	1	2
			<u>#ESTRMD22</u>	<u>ESTRTW22</u>		<u>#EST RVR22</u>	

B12.d IF YES: Does/Did your prescription have you take estrogen daily or on and off on a monthly cycle? [IF MORE THAN ONE MENTIONED, RECORD THE MORE RECENT AT 1.]

- | | |
|----------------------|----------------------|
| <u>ESTRDA12</u> | <u>ESTRDA22</u> |
| 1. EVERY DAY 1 | 2. EVERY DAY 1 |
| OFF AND ON 2 | OFF AND ON 2 |
| DON'T KNOW -8 | DON'T KNOW -8 |

Since your last study visit, have you taken...

B13. Estrogen by injection or patch (such as Estraderm)? <u>ESTRNJ12</u>	1	2	_____	1	2	1	2
			<u>#EINJMD12</u>	<u>EINJTW12</u>		<u>#EINJVR12</u>	
<u>ESTRNJ22</u>	1	2	_____	1	2	1	2
			<u>#EINJMD22</u>	<u>EINJTW22</u>		<u>#EINJVR22</u>	
B14. Combination estrogen/progestin (such as Premphase or Prempro)? <u>COMBIN12</u>	1	2	_____	1	2	1	2
			<u>#COMBMD12</u>	<u>COMBTW12</u>		<u>#COM BVR12</u>	
<u>COMBIN22</u>	1	2	_____	1	2	1	2
			<u>#COMBMD22</u>	<u>COMBTW22</u>		<u>#COM BVR22</u>	
B15. Progestin pills (such as Provera)? <u>PROGES12</u>	1 (B16)	2	_____	1	2	1	2
			<u>#PROGMD12</u>	<u>PROGTW12</u>		<u>#PROGVR12</u>	
<u>PROGES22</u>	1	2	_____	1	2	1	2
			<u>#PROGMD22</u>	<u>PROGTW22</u>		<u>#PROGVR22</u>	

B15.d IF YES: Does/Did your prescription have you take progestin daily or on and off on a monthly cycle?[IF MORE THAN ONE MENTIONED, RECORD THE MORE RECENT AT 1.]

PROGDA12
 1. EVERY DAY 1
 OFF AND ON 2
 DON'T KNOW..... -8

PROGDA22
 2. EVERY DAY..... 1
 OFF AND ON 2
 DON'T KNOW..... -8

a. What is the name of the medication?
 b. Have you been taking it at least two times per week for the last month?
 c. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?

Since your last study visit...

	NO	YES		NO	YES	NO	YES
B16. Are there any other prescription pills or medications that you have taken, that I haven't asked you about? (PLEASE LIST)	1	2	_____	1	2	1	2
<u>OTHMED12-OTHMED92</u>	1	2	-	1	2	1	2
	1	2		1	2	1	2
	1	2	<u>#OTHRM102- #OTHRM152</u>	1	2	1	2
<u>OTHME102 – OTHME152</u>	1	2		1	2	1	2
	1	2		1	2	1	2
	1	2		1	2	1	2

IF RESPONDENT HAS TAKEN ANY HORMONES (IF YES TO ANY OF B 11 -15) ASK B17, OTHERWISE GO TO B19.

B17. I am going to read a list of some reasons why women start taking hormones, including birth control pills. For each one, please tell me if it is a reason why you started taking hormones. (READ LIST a THROUGH i)

		NO	YES
a. To reduce the risk of heart disease	<u>REDUHAR2</u>	1	2
b. To reduce the risk of osteoporosis (brittle bones)	<u>OSTEOP02</u>	1	2
c. To relieve menopausal symptoms	<u>MENOSYM2</u>	1	2
d. To stay young-looking	<u>YOUNGLK2</u>	1	2
e. A health care provider advised me to take them	<u>HCPADVI2</u>	1	2
f. A friend or relative advised me to take them	<u>ERNADVI2</u>	1	2
g. To improve my memory	<u>IMPRMEM2</u>	1	2
h. To regulate periods	<u>REGPERI2</u>	1	2
i. Any other? SPECIFY _____	<u>HORMOTH2</u>	1	2
	<u>#HORMSPE2</u>		
j. DON'T KNOW/REMEMBER	<u>DONTKNO2</u>	1	2

IF RESPONDENT STARTED TAKING ANY HORMONES INCLUDING BIRTH CONTROL PILLS, BUT IS NOT CURRENTLY TAKING ANY, (THAT IS, "YES" TO ANY OF B11-15 AND "NO" TO ALL OF B11b - 15b) ASK B18, OTHERWISE GO TO PAGE 8.

B18. Since your last study visit, you started taking some hormones and then stopped. What were your reasons for stopping? PROBE: Any Others?

[DO NOT READ THE LIST. CODE 1 (NO) OR 2 (YES) FOR EACH ITEM.]

	NO	YES	
a. PROBLEMS WITH BLEEDING	1	2	<u>PRBBLEE2</u>
b. DIDN'T LIKE HAVING PERIODS	1	2	<u>HAVEPER2</u>
c. DIDN'T LIKE HOW I FELT ON THEM	1	2	<u>LIKEFEL2</u>
d. WORRIED ABOUT POSSIBLE SIDE EFFECTS	1	2	<u>SIDEEFF2</u>
e. WORRIED ABOUT CANCER	1	2	<u>CANCER2</u>
f. MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS)	1	2	<u>ADVISTO2</u>
g. TOO EXPENSIVE	1	2	<u>EXPENSI2</u>
h. DON'T LIKE TO TAKE ANY MEDICATIONS	1	2	<u>NOLIKE2</u>
i. COULDN'T REMEMBER TO TAKE THEM	1	2	<u>NOREMB2</u>
j. DON'T KNOW	1	2	<u>DNTKNOW2</u>
k. OTHER, SPECIFY: _____	1	2	<u>STOPOTH2</u>
			<u>#STOPSPE2</u>

l. NO REASON GIVEN	1	2	<u>NOREASO2</u>

Now I would like to ask you about over-the-counter medications, non-prescription, that you have taken regularly at least 2 times per week for a month or more, since your last study visit.

IF YES TO ANY, RECORD
MEDICATION NAME IN THE SPACES
PROVIDED

a.
What is the
name of the
medication?

b.
Have you been
taking it at least
two times per
week for the last
month?

Since your last study visit, have you
taken.....

NO YES

NO YES

B19. Any over-the-counter medications
for pain including headaches and
arthritis?

1 2

#PAINMD12

1 2

PAINTW12

PAIN12

1 2

#PAINMD22

1 2

PAINTW22

PAIN22

B20. Anything for problems sleeping?

1 2

#SLEPMD12

1 2

SLEPTW12

SLEEP12

1 2

#SLEPMD22

1 2

SLEPTW22

SLEEP22

B21. Have you taken any other over-the-
counter pills or other medications
(including liquids or ointments)
that I haven't asked you about?
(PLEASE LIST)

1 2

#OTCMD12-

1 2

OTCTW12-

1 2

#OTCMD92

1 2

OTCTW92

OTC12-OTC92

1 2

#OTCMD102-

1 2

OTCTW102-

OTC102-OTC152

1 2

#OTCMD152

1 2

OTCTW152

B22. Since your last study visit, have you taken any vitamins or minerals fairly regularly, at least once a week?

REGVITA2

NO 1 (GO TO

PAGE 10)

YES..... 2

B23. IF YES: Since your last study visit, what vitamins and minerals have you taken fairly regularly, at least once per week? [HAND RESPONDENT CARD "A" AND READ RESPONSE CATEGORIES.]

	Don't take any	1-3 days per week	4-6 days per week	Every day
Multi-Vitamins, how often do you take...				
a. Regular Once-A-Day, Centrum, or Thera type <u>ONCEADA2</u>	1	2	3	4
b. Antioxidant combination type <u>ANTIOXI2</u>	1	2	3	4
c. Any others?				
<u>#VTMSPE12,VTMOTH12</u>	1	2	3	4
<u>#VTMSPE22,VTMOTH22</u>	1	2	3	4
<u>#VTMSPE32,VTOTH32</u>	1	2	3	4
<u>#VTMSPE42,VTOTH42</u>	1	2	3	4
Single Vitamins, not part of multi-vitamins, how often do you take...				
d. Vitamin A, not beta carotene <u>VITAMNA2</u>	1	2	3	4
e. Beta-carotene <u>BETACAR2</u>	1	2	3	4
f. Vitamin C <u>VITAMNC2</u>	1	2	3	4
g. Vitamin D <u>VITAMND2</u>	1	2	3	4
h. Vitamin E <u>VITAMNE2</u>	1	2	3	4
i. Calcium or Tums <u>CALCTUM2</u>	1	2	3	4
j. Iron <u>IRON2</u>	1	2	3	4
k. Any others?				
SPECIFY: <u>#VITSPE12</u> , <u>VITOTH12</u>	1	2	3	4
<u>#VITSPE22</u> , <u>VITOTH22</u>	1	2	3	4
<u>#VITSPE32</u> , <u>VITOTH32</u>	1	2	3	4
<u>#VITSPE42</u> , <u>VITOTH42</u>	1	2	3	4

B23.1 IF MULTIPLE VITAMIN USE REPORTED, Do you usually take multiple vitamins that:

	<u>MULTVIT2</u>
Contain minerals (iron, calcium)	1
Do not contain minerals.....	2
DON'T KNOW	-8

IF BLOOD WAS DRAWN (A15 IS YES), GO TO B24. OTHERWISE GO TO B26.

In order to interpret your blood tests, we need to ask you the following questions.

B24. We've just talked about your prescription medications, over-the-counter medications, vitamins, and minerals you have taken since your last study visit. What did you take in the last 24 hours?
[REVIEW SHADED COLUMNS AFTER RESPONDENT ANSWERS.
IF CURRENT MEDICATION USE REPORTED (YES TO ANY SHADED COLUMN IN B1b-B21b)
BUT NOT REPORTED HERE, PROBE FOR USE IN LAST 24 HOURS.]

- a. _____ #TAKEMDA2
- b. _____ #TAKEMDB2
- c. _____ #TAKEMDC2
- d. _____ #TAKEMDD2
- e. _____ #TAKEMDE2
- f. _____ #TAKEMDF2
- g. _____ #TAKEMDG2
- h. _____ #TAKEMDH2
- i. _____ #TAKEMDI2
- j. _____ #TAKEMDJ2

B25. Have you had any alcohol in the last 24 hours?

ALCHL242

NO 1
YES 2

Now, I'm going to ask you some questions about your health and medical conditions.

B26. **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?

		NO	YES	DON'T KNOW
a. Anemia?	<u>ANEMIA2</u>	1	2	-8
b. Diabetes?	<u>DIABETE2</u>	1	2	-8
c. High blood pressure or hypertension?	<u>HIGHBP2</u>	1	2	-8
d. High cholesterol?	<u>HBCHOLE2</u>	1	2	-8
e. Migraines?	<u>MIGRAIN2</u>	1	2	-8
f. Stroke?	<u>STROKE2</u>	1	2	-8
g. Arthritis or osteoarthritis (degenerative joint disease)?	<u>OSTEOAR2</u>	1	2	-8
h. Overactive or underactive thyroid?	<u>THYROID2</u>	1	2	-8
i. Heart attack?	<u>HEARTAT2</u>	1	2	-8
j. Angina?	<u>ANGINA2</u>	1	2	-8
k. Osteoporosis (brittle or thinning bones)?	<u>OSTEOPR2</u>	1	2	-8
l. Fibroids, benign growths of the uterus or womb?	<u>FIBROID2</u>	1	2	-8
m. Cancer, other than skin cancer?	<u>CANCERS2</u>	1 (B29)	2	-8 (B29)

B27. What is/was the primary site of the cancer? SITESPE2

SPECIFY: _____

a. IF BREAST CANCER: Have you taken Tamoxifen since your last study visit?

	<u>TAMOXIF2</u>
NO	1
YES.....	2
DON'T KNOW	-8
NOT APPLICABLE.....	-1

b. Since your last study visit, have you received chemotherapy or radiation treatment for this cancer?

	<u>CHEMOTH2</u>
NO	1
YES.....	2
DON'T KNOW	-8

B28. DELETED

B29. **Since your last study visit**, how many times did you break or fracture a bone?
 [IF MORE THAN ONE BONE WAS BROKEN DURING THE SAME EVENT COUNT AS ONE TIME.]

_____ # of times broken bones (IF NONE, GO TO B30) **BROKEBO2**

- a. Which bones did you break or fracture?
 LIST BELOW. [IF BONE WAS BROKEN MORE THAN ONCE, RECORD EACH BREAK AND SPECIFY WHEN "REBROKEN". BE SPECIFIC IN IDENTIFYING WHICH BONE WAS BROKEN (I.E. RIGHT TIBIA).]
- b. How did it happen? Was it for any of the following reasons? [HAND RESPONDENT CARD "B" AND READ RESPONSE CATEGORIES.]
- after a fall from a height above the ground greater than six inches,
 - in a motor vehicle accident,
 - while moving fast, like running, bicycling or skating,
 - while playing sports,
 - **or** because something heavy fell on you or struck you.

	NO	YES
1. _____	1	2
<u>BONES12</u>	<u>HAPPEN12</u>	
2. _____	1	2
<u>BONES22</u>	<u>HAPPEN22</u>	
3. _____	1	2
<u>BONES32</u>	<u>HAPPEN32</u>	

B30. **Since your last study visit**, have you consulted a doctor, nurse practitioner, chiropractor, or other health care provider for back pain?

BCKPAIN2

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

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

	NO	YES	DON'T KNOW
B31. D and C, a scraping of the uterus for any reason, including abortion? <u>DANDC2</u>	1 (B32)	2	-8 (B32)
a. Since your last study visit, how many times have you had a D and C? ___ # TIMES #NUMDAND2			
B32. Hysterectomy (an operation to remove your uterus or womb)? <u>HYSTERE2</u>	1 (B33)	2	-8 (B33)
a. When was this performed? ___ / ___ M M Y Y Y Y <u>HYSTDAY2</u> [†]			
B33. Did you have one or both ovaries removed (an oophorectomy)? <u>OOPHORE2</u>	1 (B34)	2	-8 (B34)
a. Was one ovary removed or were both ovaries removed? <u>ONEOVAR2</u> ONE OVARY REMOVED.....1 BOTH OVARIES REMOVED.....2 DON'T KNOW.....-8			
B34. Uterine procedures, other than D and C, for example: cesarean section, IUD insertion, fibroid removal or endometrial biopsy? <u>UTERPRO2</u>	1	2	-8
B35. Thyroid gland removed? <u>THYRREM2</u>	1	2	-8

[†] This date is given in days since the initial baseline interview.

Variable Excluded from Public Use Data File

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

C1. Did you have any menstrual bleeding since your last study visit? **BLEEDNG2**
 NO 1 (C6)
 YES..... 2

C2. Did you have any menstrual bleeding in the last 3 months? **BLD3MON2**
 NO 1
 YES..... 2

C3. 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]

____ / ____ / ____ **LMPDAY2†**
 M M D D Y Y Y Y

For the next few questions I would like to ask you to think about your periods since your last study visit, during times when you were not using birth control pills or other hormone medications.

C4. Which of the following best describes your menstrual periods since your last study visit? Have they: [HAND RESPONDENT CARD “C”] **DESCPER2**

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

C5. Since your last study visit, have you ever had a menstrual flow that lasted more than 10 days? **MENSFLO2**

NO.....1
 YES..... 2
 DON’T KNOW -8
 REFUSED -7
 NOT APPLICABLE..... -1

C6. Since your last study visit, have you been pregnant? Please include live births, stillbirths, abortions, miscarriages, tubal or ectopic pregnancies. **PRGNANT2**

NO 1 (C7)
 YES..... 2

a. IF YES: [HAND RESPONDENT CARD “D”] What was the outcome of the pregnancy? [READ RESPONSE CATEGORIES. IF RESPONDENT WAS PREGNANT MORE THAN ONCE SINCE LAST VISIT, RECORD OUTCOME OF MOST RECENT PREGNANCY.]

OUTCOME2
 Live birth 1
 Still birth..... 2 (C7)
 Miscarriage 3 (C7)
 Abortion..... 4 (C7)
 Tubal/ectopic pregnancy..... 5 (C7)
 Still pregnant..... 6 (C7)

b. FOR LIVE BIRTHS ONLY: Are you currently breastfeeding? **BRSTFEE2**

NO 1
 YES 2

† This date is given in days since the initial baseline interview.

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

C7. Thinking about your quality of life at the present time, I'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. [HAND RESPONDENT CARD "E"] Looking at this line, how would you rate your overall quality of life at the present time? Choose a number between 0 and 10. **QLTYLIF2**

0	1	2	3	4	5	6	7	8	9	10

Worst										Best
Possible										Possible
Quality										Quality

C8. About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind? **CLOSE2**

WRITE IN NUMBER OF CLOSE FRIENDS AND RELATIVES: _____
 DON'T KNOW -8
 REFUSED -7

C9. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? [HAND RESPONDENT CARD "F" AND READ RESPONSE CATEGORIES]

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Someone you can count on to listen to you when you need to talk? <u>LISTEN2</u>	1	2	3	4	5
b. Someone to take you to the doctor if you needed it? <u>TAKETOM2</u>	1	2	3	4	5
c. Someone to confide in or talk to about yourself or your problems? <u>CONFIDE2</u>	1	2	3	4	5
d. Someone to help with daily chores if you were sick? <u>HELPSIC2</u>	1	2	3	4	5

C10. I would now like to ask you about your feelings over the past two weeks. Tell me how often you have felt or thought this way. [HAND RESPONDENT CARD “G” AND READ RESPONSE CATEGORIES]

*[READ STEM INSTRUCTIONS]	Never	Almost Never	Sometimes	Fairly Often	Very Often
In the past two weeks you have:					
*a. Felt unable to control important things in your life? <u>CONTROL2</u>	1	2	3	4	5
*b. Felt confident about your ability to handle your personal problems? <u>ABILITY2</u>	1	2	3	4	5
c. Felt that things were going your way? <u>YOURWAY2</u>	1	2	3	4	5
d. Felt difficulties were piling so high that you could not overcome them? <u>PILING2</u>	1	2	3	4	5

C11. I am going to read you a list of ways you might have felt or behaved recently. Please tell me how often you have felt or behaved **this way during the past week**. [HAND RESPONDENT CARD “H” AND READ RESPONSE CATEGORIES]

* [READ STEM INSTRUCTIONS]			Occasionally or a moderate amount of the time (3-4 DAYS)	Most or all of the time (5-7 DAYS)
During the past week:	Rarely or none of the time (less than 1 DAY)	Some or a little of the time (1-2 DAYS)		
*a. I was bothered by things that usually don't bother me <u>BOTHER2</u>	1	2	3	4
*b. I did not feel like eating; my appetite was poor <u>APPETIT2</u>	1	2	3	4
*c. I felt that I could not shake off the blues even with help from my friends <u>BLUES2</u>	1	2	3	4
d. I felt that I was just as good as other people <u>GOOD2</u>	1	2	3	4
e. I had trouble keeping my mind on what I was doing <u>KEEPMIN2</u>	1	2	3	4
f. I felt depressed <u>DEPRESS2</u>	1	2	3	4
*g. I felt that everything I did was an effort <u>EFFORT2</u>	1	2	3	4
h. I felt hopeful about the future <u>HOPEFUL2</u>	1	2	3	4
i. I thought my life had been a failure <u>FAILURE2</u>	1	2	3	4
j. I felt fearful <u>FEARFUL2</u>	1	2	3	4
*k. My sleep was restless <u>RESTLES2</u>	1	2	3	4
l. I was happy <u>HAPPY2</u>	1	2	3	4
m. I talked less than usual <u>TALKLES2</u>	1	2	3	4
n. I felt lonely <u>LONELY2</u>	1	2	3	4
*o. People were unfriendly <u>UNFRNDL2</u>	1	2	3	4
p. I enjoyed life <u>ENJOY2</u>	1	2	3	4
q. I had crying spells <u>CRYING2</u>	1	2	3	4
r. I felt sad <u>SAD2</u>	1	2	3	4
*s. I felt that people disliked me <u>DISLIKE2</u>	1	2	3	4
t. I could not get going <u>GETGOIN2</u>	1	2	3	4

OCCUPATIONAL QUESTIONS

These next few questions concern employment. Since many people have more than one job at any given time, we will ask you to tell us about all of your jobs.

D1. Since your last study visit, has there been a change in any of your jobs, that is where you work, the usual hours you worked, or your usual job tasks? **CHNGJOB2**

NO 1 (D6)
YES..... 2

D2. During the past 2 weeks, did you work at any time at a job or business, including work for pay performed at home? Include unpaid work in the family farm or business. If you were on vacation, or scheduled leave or sick leave, please answer as though you were at your usual job. **JOB2**

NO 1 (D6)
YES..... 2

a. For each paid job you have had in the last two weeks, what was your job title?

#JOBTIT12
JOB #1 _____
#JOBTIT22
JOB #2 _____
#JOBTIT32
JOB #3 _____

b. Briefly, what are your usual job activities?

[IF MORE THAN ONE JOB WAS MENTIONED, ASK: Please answer for each job.]

#JOBACT12
JOB #1 _____

#JOBACT22
JOB #2 _____

#JOBACT32
JOB #3 _____

D6. Do you do volunteer work? **VOLUNTE2**

NO 1 (D7)
 YES..... 2

a. What type of volunteer work do you do? How many hours a week do you spend doing it?

TYPE OF VOLUNTEER WORK #TYPVOL12	HRS/WK <u>VLNTHR12</u>
1. _____	_____
#TYPVOL22	<u>VLNTHR22</u>
2. _____	_____
#TYPVOL32	<u>VLNTHR32</u>
3. _____	_____
_____	_____

D7. What is your current marital status? Would you say... **MARITAL2**

Single/never married..... 1
 Currently married or living as married 2
 Separated 3
 Widowed..... 4
 Divorced 5
 DON'T KNOW -8
 REFUSED -7

IF A PARTNER OR SPOUSE IS REPORTED (2 OR 4 in D7), ASK D8, OTHERWISE GO TO PAGE 21.

D8. What is/ was your partner or spouse's job title for their primary, usual job or occupation?

#PARTNJO2 **NERI USE ONLY CODE**

D9. What does the company or part of the company, that your spouse or partner works for, do or make? (For example, high school education, health care in hospital, automobile manufacturing, state labor department, retail shoe sales.)

#PRTNRMA2 **NERI USE ONLY CODE**

SECTION E- DELETED

We have a few final questions for you concerning your household.

F1. Other than yourself, is there anyone else living in your household? **HOUSEHL2**

NO 1 (END)
 YES..... 2
 REFUSED -7 (END)

F2. Please tell me their relationship to you, their gender, and their age. **FAMNUM2=**

	a.	b.	c.
	RELATIONSHIP TO YOURSELF	SEX	AGE
1.	_____	_____	_____
	#RELAT12	#SEX12	#AGE12
2.	_____	_____	_____
	#RELAT22	#SEX22	#AGE22
3.	_____	_____	_____
	#RELAT32	#SEX32	#AGE32
4.	_____	_____	_____
	#RELAT42	#SEX42	#AGE42
5.	_____	_____	_____
	#RELAT52	#SEX52	#AGE52
6.	_____	_____	_____
	#RELAT62	#SEX62	#AGE62
7.	_____	_____	_____
	#RELAT72	#SEX72	#AGE72
8.	_____	_____	_____
	#RELAT82	#SEX82	#AGE82
9.	_____	_____	_____
	#RELAT92	#SEX92	#AGE92
10.	_____	_____	_____
	#RELAT102	#SEX102	#AGE102
11.	_____	_____	_____
	#RELAT112	#SEX112	#AGE112
12.	_____	_____	_____
	#RELAT122	#SEX122	#AGE122

Thank you. This ends this portion of the interview.

~F.2. Household composition has been condensed into variable FAMNUM2, representing total number of persons living in the household (including the participant).

ADDITIONAL VARIABLE TRACKING OSTEOPOROSIS

The question below was not asked, but was created from the medication text fields in the other prescription medication question when a participant indicated they took a drug for osteoporosis. Two participants answered yes to this question.

	NO	YES
Medications to prevent or treat osteoporosis (brittle or thinning bones such as Fosamax, Didronel, Evista, Miacalcin, Rocaltrol)?	1	2
<u>OSTEPR12</u>		

Study of Women's Health Across the Nation
SELF-ADMINISTERED QUESTIONNAIRE PART A
ANNUAL FOLLOW-UP

SECTION A. GENERAL INFORMATION

- A1. RESPONDENT ID: AFFIX ID LABEL HERE ARCHID
- A2. SWAN STUDY VISIT # _____ #VISIT
- A3. FORM VERSION: 02/01/1998 #FORM_V
- A4. DATE FORM COMPLETED:
 / /
 SAADAY2[†]
- M M D D Y Y Y Y
- A5. INTERVIEWER'S INITIALS: _ _ _ #INITS
- A6. RESPONDENT'S DOB:
 / /
 #DOB
- M M D D Y Y
- VERIFY WITH RESPONDENT**

- A7. COMPLETED IN: #LOCATIO2
- RESPONDENT'S HOME 1
CLINIC / OFFICE 2
RESPONDENT'S HOME W/ PROXY 3
CLINIC/OFFICE W/ PROXY 4
- A8. INTERVIEW LANGUAGE: LANGSAA2
- ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? #INTADMI2
- NO 1
YES 2

[†] This date is given in days since the initial baseline interview.

We have some questions that we are asking you to complete on your own. If anything is unclear to you, please feel free to ask questions. Study representatives are available and happy to help you. 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.

Thank you for your participation in this important study.

We are interested in learning more about women's health during their 40's and 50's. This first set of questions ask about your health and use of health care.

B1. In general, would you say your health is excellent, very good, good, fair or poor?
(PLEASE CIRCLE ONE RESPONSE.) **OVERHLT2**

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

B2. Since your last study visit, how many different times did you stay in the hospital overnight or longer?

___ # TIMES **HOSPSTA2**

B3. Since your last study visit, about how many times did you see or talk to a doctor, nurse practitioner or other health care provider, regarding your own health? (Do not count health care providers that you have seen during a visit for this study.)

___ # TIMES **MDTALK2**

Since your last study visit, have you had:
(PLEASE CIRCLE 1 FOR NO OR 2 FOR YES FOR EACH QUESTION.)

	NO	YES
B4. A Pap Smear (a routine medical test in which the doctor examines the cervix)?	1	2
<u>PAPSMEA2</u>		
B5. A breast physical examination (a doctor or medical assistant feels for lumps in the breast)?	1	2
<u>BRSTEXA2</u>		
B6. A mammogram (an x-ray taken only of the breast by a machine that presses the breast against a glass plate)?	1	2
<u>MAMOGRA2</u>		

B7. Since your last study visit, are there any health services that you needed but did not receive?

HLTHSER2

- No 1 (GO TO B8)
- Yes 2 (GO TO B7a)

IF YES:

B7a. What kind of health services? **#HLTHSV12 HLSCAT12**[¥]

1. _____

#HLTHSV22 HLSCAT22[¥]

2. _____

#HLTHSV32 HLSCAT32[¥]

3. _____

B7b. What is the **primary** reason for not receiving these health services?
(PLEASE CIRCLE ONLY ONE RESPONSE.) **PRIMREA2**

- Insurance or health plan does not cover..... 1
- Cannot afford..... 2
- Travel distance / lack of transportation..... 3
- No health care provider 4
- Too busy/ didn't have the time 5
- Other 6

#REASSPE2

Please specify _____

[¥] Health services specify fields have been categorized as variables: HLSCAT12, HLSCAT22, HLSCAT32

B8. Since your last study visit, have you smoked cigarettes regularly (at least one cigarette a day)?

SMOKERE2

No 1 (GO TO B9)

Yes 2 (GO TO B8a)

B8a. IF YES: How many cigarettes, on average, do you smoke per day now?
(If NONE, please indicate with a (0) zero and answer B8b.)

_____ CIGARETTES PER DAY **AVCIGDA2**

B8b. IF NONE, (You stopped smoking), What was the last month you smoked?

_____ MONTH **#LASTSMO2**

If you are a smoker, please do not include yourself when answering question B9, B9a-b.

B9. Since your last study visit, how many other members of your household have smoked tobacco, inside the house (at least 1 cigarette, cigar or pipe bowl per day)?

_____ # PERSONS (IF ZERO, GO TO B10) **HHMEMSM2**

B9a. **During the past 7 days**, how many days were you exposed to tobacco smoke in your home?

_____ # DAYS (IF 0 DAYS, GO TO B10) **HOMEXPD2**

B9b. **Over the past 7 days**, when you were exposed to tobacco smoke in your home, how many hours were you exposed during a typical day?

_____ # HOURS **HOMEXPH2**

The next questions are about your consumption of alcoholic beverages.

B10. Since your last study visit, did you drink any beer, wine, liquor, or mixed drinks? **DRNKBEE2**

- No 1 (GO TO B16)
- Yes 2 (GO TO B11)

B11. 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 CIRCLE ONLY ONE RESPONSE.) **GLASBEE2**

- 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

B12. 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? (CIRCLE ONE NUMBER) **GLASWIN2**

- 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

B13. How many glasses of liquor or mixed drinks, (a medium serving is one shot), did you drink on average, per day, week or month? (CIRCLE ONE NUMBER) **GLASLIQ2**

- None or less than once 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 (B14 to B20) focus on common events in some of our lives.

B14. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**
(CIRCLE ONE NUMBER ON EACH LINE)

		NO	YES
a. Cut down the amount of time you spent on work or other activities?	<u>PHYCTDW2</u>	1	2
b. Accomplished less than you would like?	<u>PHYACCO2</u>	1	2
c. Were limited in the kind of work or other activities?	<u>PHYLIMI2</u>	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort)?	<u>PHYDFCL2</u>	1	2

B15. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (CIRCLE ONE NUMBER ON EACH LINE)

		NO	YES
a. Cut down the amount of time you spent on work or other activities?	<u>EMOCTDW2</u>	1	2
b. Accomplished less than you would like?	<u>EMOACCO2</u>	1	2
c. Didn't do work or other activities as carefully as usual?	<u>EMOCARE2</u>	1	2

B16. During the **past 4 weeks**, to what extent has your **physical health or emotional problems** interfered with your normal social activities with family, friends, neighbors, or groups?
(CIRCLE ONE NUMBER)

<u>INTERFR2</u>				
1	2	3	4	5
Not at all	Slightly	Moderately	Quite a bit	Extremely

B17. How much bodily pain have you had during the **past 4 weeks**? (CIRCLE ONE NUMBER)

<u>BODYPAI2</u>					
1	2	3	4	5	6
None	Very mild	Mild	Moderate	Severe	Very Severe

B18. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (CIRCLE ONE NUMBER)

PAINTRE2

1	2	3	4	5
Not at all	A little bit	Moderately	Quite a bit	Extremely

B19. These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

(CIRCLE ONE NUMBER ON EACH LINE)

During the past 4 weeks , <u>how much time...</u>	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel "full of pep"? <u>PEP2</u>	1	2	3	4	5	6
b. Did you have a lot of energy? <u>ENERGY2</u>	1	2	3	4	5	6
c. Did you feel worn out? <u>WORNOUT2</u>	1	2	3	4	5	6
d. Did you feel tired? <u>TIRED2</u>	1	2	3	4	5	6

B20. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

(CIRCLE ONE NUMBER) **SOCIAL2**

1	2	3	4	5
All of the time	Most of the time	Some of the time	A little of the time	None of the time

Physical Activity Questions: Please circle only one number for each question.

C1. In comparison with other women your age, is your usual level of physical activity:
(CIRCLE ONE ANSWER) **PHYSACT2**

- Much less than other women your age 1
- Somewhat less 2
- About the same as other women your age 3
- Somewhat more 4
- Much more than other women your age 5

These next questions are about your physical activity since your last study visit.

C2. Since your last study visit, did you watch television...(CIRCLE ONE ANSWER)

WATCHTV2

- 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

C3. Did you walk or bike to and from work, school or errands... (CIRCLE ONE ANSWER)

WALKBIK2

- 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

C4. Did you sweat from exertion...(CIRCLE ONE ANSWER)

SWEATPA2

- 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

C5. Since your last study visit, did you play sports or exercise... (CIRCLE ONE ANSWER)

SPORTS2

- 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

C6. Since your last study visit, is your current level of physical activity doing chores around your home (such as cleaning, laundry, childcare, care of elders, etc., not performed for pay.)

CHORES2

- Much greater now 1
- Greater now 2
- About the same 3
- Less now 4
- Much less now 5

C7. Since your last study visit, is your current level of physical activity at work performed for pay:

WORKPHY2

- Much greater now 1
- Greater now 2
- About the same 3
- Less now 4
- Much less now 5
- Doesn't Apply..... -1

C8. Since your last study visit, is your current level of physical activity in planned sports (such as volleyball, softball or tennis) and exercise (such as aerobics or jogging):

PLANSPO2

- Much greater now 1
- Greater now 2
- About the same 3
- Less now 4
- Much less now 5

C9. Since your last study visit, is your current level of other routine physical activity (such as walking, gardening, climbing stairs, etc.):

ROUTINE2

- Much greater now 1
- Greater now 2
- About the same 3
- Less now 4
- Much less now 5

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

D1. 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.

How often have you had...	Not at all	1-5 days	6-8 days	9-13 days	Every day
a. Stiffness or soreness in joints, neck or shoulder? <u>STIFF2</u>	1	2	3	4	5
b. Back aches or pains? <u>ACHES2</u>	1	2	3	4	5
c. Cold sweats? <u>COLDSWE2</u>	1	2	3	4	5
d. Night sweats? <u>NITESWE2</u>	1	2	3	4	5
e. Vaginal dryness? <u>VAGINDR2</u>	1	2	3	4	5
f. Feeling blue or depressed? <u>FEELBLU2</u>	1	2	3	4	5
g. Dizzy spells? <u>DIZZY2</u>	1	2	3	4	5
h. Irritability or grouchiness? <u>IRRITAB2</u>	1	2	3	4	5
i. Feeling tense or nervous? <u>NRVOUS2</u>	1	2	3	4	5
j. Forgetfulness? <u>FORGET2</u>	1	2	3	4	5
k. Frequent mood changes? <u>MOODCHG2</u>	1	2	3	4	5
l. Heart pounding or racing? <u>HARTRAC2</u>	1	2	3	4	5
m. Feeling fearful for no reason? <u>FEARFULA2</u>	1	2	3	4	5
n. Headaches? <u>HDACHE2</u>	1	2	3	4	5
o. Hot flashes or flushes? <u>HOTFLAS2</u>	1	2	3	4	5

D2. These questions (a - d) are about your sleep habits over the past two weeks. Please circle one answer for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 2 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 per week	Yes, 5 or more times a week
In the past two weeks...					
a. Did you have trouble falling asleep? <u>TRBLSLE2</u>	1	2	3	4	5
b. Did you wake up several times a night? <u>WAKEUP2</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>WAKEARL2</u>	1	2	3	4	5
d. Overall, was your typical night's sleep during the <u>past 2 weeks</u> : <u>TYPNIGH2</u>					
1 Very Sound or Restful	2 Sound or Restful	3 Average Quality	4 Restless	5 Very Restless	

A common complaint among women is having to urinate a lot or the involuntary loss of urine.

D3. How often do you usually get up from bed at night to urinate? (CIRCLE ONLY ONE ANSWER)

GETUPUR2

Never	1
Rarely (less than once a week).....	2
Once per week.....	3
A few times per week.....	4
Once a night, every night	5
More than once per night	

D4. Since your last study visit, have you had any urinary tract infections?

UTI2

No	1
Yes	2

Dietary and behavioral therapies are often used to treat conditions or to maintain good health. Please tell us about any of these therapies you may have used.

D6. In the past 12 months, have you used any of the following for any reason?
 (CIRCLE ONLY ONE NUMBER FOR EACH)

	NO	YES
a. Special diets or nutritional remedies, such as macrobiotic or vegetarian diets, or vitamin supplements or therapy?	1	2
<u>NUTRIRE2</u>		
b. Herbs or herbal remedies, such as homeopathy or Chinese herbs or teas?	1	2
<u>HERBREM2</u>		
c. Psychological methods, such as meditation, mental imagery, or relaxation techniques?	1	2
<u>PSYCMET2</u>		
d. Physical methods, such as massage, acupressure, acupuncture, or chiropractic therapy?	1	2
<u>PHYSMET2</u>		
e. Folk medicine or traditional Chinese medicine?	1	2
<u>FOLKMED2</u>		
f. Any others? IF YES, please specify:	1	2
<u>OTHRTHE2</u>		

#SPECOTH2

E1. These next questions ask about events that we sometimes experience in our lives. **Since your last study visit**, have you experienced any of the following: If you have not, circle 1 (NO). If you have and it was not at all upsetting, circle 2. If you have and it was somewhat upsetting circle 3. If you have and it was very upsetting circle 4 . If you have and it was very upsetting and is still upsetting, circle 5. (PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION.)

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very Upsetting and still upsetting
a. Started school, a training program, or new job? <u>STARTNE2</u>	1	2	3	4	5
b. Had trouble with a boss or conditions at work got worse? <u>WORKTRB2</u>	1	2	3	4	5
c. Quit, fired or laid off from a job? <u>QUITJOB2</u>	1	2	3	4	5
d. Took on a greatly increased work load at job? <u>WORKLOA2</u>	1	2	3	4	5
e. Husband/partner became unemployed? <u>PRTUNEM2</u>	1	2	3	4	5
f. Major money problems? <u>MONEYPR2</u>	1	2	3	4	5
g. Relations with husband/partner changed for the worse but without separation or divorce? <u>WORSREL2</u>	1	2	3	4	5
h. Were separated or divorced or a long-term relationship ended? <u>RELATEN2</u>	1	2	3	4	5
i. Had a serious problem with child or family member (other than husband/partner) or with a close friend? <u>SERIPRO2</u>	1	2	3	4	5
j. A child moved out of the house or left the area? <u>CHILDMO2</u>	1	2	3	4	5
k. Took on responsibility for the care of another child, grandchild, parent, other family member or friend? <u>RESPCAR2</u>	1	2	3	4	5
l. Family member had legal problems or a problem with police? <u>LEGALPR2</u>	1	2	3	4	5

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very Upsetting and still upsetting
m. A close relative (husband/partner, child or parent) died. . .					
1. husband/partner? <u>HUSBDIE2</u>	1	2	3	4	5
2. child? <u>CHLDDIE2</u>	1	2	3	4	5
3. parent? <u>PRNTDIE2</u>	1	2	3	4	5
n. A close friend or family member <u>other than</u> a husband/partner, child or parent died? <u>CLOSDIE2</u>	1	2	3	4	5
o. Major accident, assault, disaster, robbery or other violent event happened to yourself? <u>SELFVIO2</u>	1	2	3	4	5
p. Major accident, assault, disaster, robbery or other violent event happened to a family member? <u>FAMLVIO2</u>	1	2	3	4	5
q. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? <u>PHYSILL2</u>	1	2	3	4	5
r. Other major event not included above? <u>MAJEVEN2</u>	1	2	3	4	5
Specify: _____					

SECTIONS F & G DELETED FROM QUESTIONNAIRE

These next questions concern different aspects (or roles) of your life and how you feel about them.

H1. Are you currently employed for pay?

EMPLYPA2

No 1 (GO TO H2)
Yes 2

a. How rewarding is your job? (CIRCLE ONE NUMBER)

REWRDJO2

Not at all 1
A little 2
Somewhat 3
Quite a bit 4
Extremely 5

b. How stressful is your job? (CIRCLE ONE NUMBER)

STRSSJO2

Not at all 1
A little 2
Somewhat 3
Quite a bit 4
Extremely 5

H2. Are you currently caring for an older or disabled family member?

CRNTCAR2

No 1 (GO TO H3)
Yes 2

a. How rewarding is your role as caregiver? (CIRCLE ONE NUMBER)

RWRDCAR2

Not at all 1
A little 2
Somewhat 3
Quite a bit 4
Extremely 5

b. How stressful is your role as caregiver? (CIRCLE ONE NUMBER)

STRSCAR2

Not at all 1
A little 2
Somewhat 3
Quite a bit 4
Extremely 5

H3. Are you currently married or in a committed relationship?

CRNTMAR2

No 1 (GO TO H4)
Yes 2

a. How rewarding is this relationship? (CIRCLE ONE NUMBER)

RWRDREL2

Not at all 1
A little..... 2
Somewhat 3
Quite a bit 4
Extremely 5

b. How stressful is this relationship? (CIRCLE ONE NUMBER)

STRSREL2

Not at all 1
A little..... 2
Somewhat 3
Quite a bit 4
Extremely 5

H4. Do you have any children or stepchildren?

CHILDRE2

No 1 (GO TO I1)
Yes 2

a. How rewarding is your role as a mother? (CIRCLE ONE NUMBER)

REWRDMO2

Not at all 1
A little..... 2
Somewhat 3
Quite a bit 4
Extremely 5

b. How stressful is your role as a mother? (CIRCLE ONE NUMBER)

STRSSMO2

Not at all 1
A little..... 2
Somewhat 3
Quite a bit 4
Extremely 5

We would like to ask you for some important information that will help us to understand your answers better. Please remember that all of your answers will of course remain confidential.

I1. What is your total family income (before taxes) from all sources within your household in the last year? (Circle the answer that is your best guess.)

#INCOME2 THPPOV2^{\$}

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

The next question deals with how you respond to your physical senses. For each item, please indicate the degree to which each statement is TRUE OF YOU in general.

J1. Please circle the number that corresponds to your answer for each statement below:

(CIRCLE ONLY ONE ANSWER FOR EACH QUESTION)

	Not at all True	A little bit true	Moderately true	Quite a bit true	Extremely true
a. I am often aware of various things happening within my body.	1	2	3	4	5
<u>AWAREBO2</u>					
b. Sudden loud noises really bother me.	1	2	3	4	5
<u>NOISES2</u>					
c. I hate to be too hot or too cold.	1	2	3	4	5
<u>HOTCOLD2</u>					
d. I am quick to sense the hunger contractions in my stomach.	1	2	3	4	5
<u>HUNGER2</u>					
e. I can't stand pain.	1	2	3	4	5
<u>STNDPAI2</u>					

SECTION K DELETED FROM QUESTIONNAIRE

^{\$} Income categories have been condensed to **THPPOV2** "Under 200 percent poverty" (Yes/No)

The following section will ask you about personal feelings. These questions are important, as our feelings may directly affect our health or influence how we respond to health issues.

L1. In your day-to-day life have you had the following experiences: (CIRCLE ONE ANSWER FOR EACH)

	Often	Sometimes	Rarely	Never
a. You are treated with less courtesy than other people. <u>COURTES2</u>	1	2	3	4
b. You are treated with less respect than other people. <u>RESPECT2</u>	1	2	3	4
c. You receive poorer service than other people at restaurants or stores. <u>POORSER2</u>	1	2	3	4
d. People act as if they think you are not smart. <u>NOTSMAR2</u>	1	2	3	4
e. People act as if they are afraid of you. <u>AFRAIDO2</u>	1	2	3	4
f. People act as if they think you are dishonest. <u>DISHONS2</u>	1	2	3	4
g. People act as if they're better than you are. <u>BETTER2</u>	1	2	3	4
h. You or your family members are called names or insulted. <u>INSULTE2</u>	1	2	3	4
i. You are threatened or harassed. <u>HARASSE2</u>	1	2	3	4
j. People ignore you or act as if you are not there. <u>IGNORED2</u>	1	2	3	4

IF YOU ANSWERED "OFTEN" OR "SOMETIMES", TO ONE OR MORE STATEMENTS IN L1, PLEASE ANSWER QUESTION L2.

L2. Were any of the following reasons why you "sometimes" or "often" had these experiences? (CIRCLE ONE ANSWER FOR EACH.)

		NO	YES
a. Race	<u>BCRACE2</u>	1	2
b. Ethnicity	<u>BCETHN2</u>	1	2
c. Gender	<u>BCGENDR2</u>	1	2
d. Age	<u>BCAGE2</u>	1	2
e. Income Level	<u>BCINCML2</u>	1	2
f. Language	<u>BCLANG2</u>	1	2
g. Body Weight	<u>BCWGHT2</u>	1	2
h. Physical Appearance (other than body weight)	<u>BCPHAPP2</u>	1	2
i. Sexual Orientation	<u>BCORIEN2</u>	1	2
j. Other	<u>OTHEREX2</u>	1	2
Specify: _____	<u>#OTHRSP2</u>		

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

Variable Excluded from Public Use Data File

Women's Health Across the Nation
SELF-ADMINISTERED QUESTIONNAIRE PART B
ANNUAL FOLLOW-UP

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

- A1. RESPONDENT ID: **ARCHID**
- A2. SWAN STUDY VISIT # _____ **#VISIT**
- A3. FORM VERSION: $\frac{0}{M} \frac{2}{M} / \frac{0}{D} \frac{1}{D} / \frac{1}{Y} \frac{9}{Y} \frac{9}{Y} \frac{7}{Y}$ **#FORM_V**
- A4. DATE FORM COMPLETED: $\frac{\quad}{M} \frac{\quad}{M} / \frac{\quad}{D} \frac{\quad}{D} / \frac{\quad}{Y} \frac{\quad}{Y} \frac{\quad}{Y} \frac{\quad}{Y}$ **SABDAY2[†]**
- A5. INTERVIEWER'S INITIALS: _____ **#INITS**
- A6. RESPONDENT'S DOB: $\frac{\quad}{M} \frac{\quad}{M} / \frac{\quad}{D} \frac{\quad}{D} / \frac{\quad}{Y} \frac{\quad}{Y}$ **#DOB**
- VERIFY WITH RESPONDENT**

- A7. COMPLETED IN: **#LOCATIO2**
- RESPONDENT'S HOME 1
 CLINIC/OFFICE 2
 RESPONDENT'S HOME W/ PROXY 3
 CLINIC/ OFFICE W/ PROXY 4
- A8. INTERVIEW LANGUAGE: **LANGSAB2**
- ENGLISH 1
 SPANISH 2
 CANTONESE 3
 JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? **#ADMIN2**
- NO 1
 YES 2

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

This questionnaire covers material that is sensitive and personal. For some women, sexual activity is an important part of their lives, but for others, it is not. Everyone has different ideas on this subject. To help us understand how these matters affect women's lives and health, we would like you to answer the following questions from your own personal viewpoint. There are no right or wrong answers. Remember, confidentiality is assured. While we hope you are willing to answer all of the questions, if there are questions you would prefer not to answer, you are free to skip them. Please find the most appropriate response to each question, and circle the number for the answer you choose.

B5. In the past 6 months, how emotionally satisfying was your relationship with your partner?

1	2	3	4	5
Extremely Satisfying	Very Satisfying	Moderately Satisfying	Slightly Satisfying	Not At All Satisfying

SATISFY2

B6. During the past 6 months, how often, on average, have you engaged in each of the following sexual activities? (CIRCLE ONE ANSWER FOR EACH QUESTION. IF AN ACTIVITY DOES NOT APPLY TO YOU, CIRCLE 1 [NOT AT ALL].)

	Not At All	Once or Twice/Month	About Once/Week	More Than Once/Week	Daily
a) Kissing or hugging? <u>KISSING2</u>	1	2	3	4	5
b) Sexual touching or caressing? <u>TOUCHIN2</u>	1	2	3	4	5
c) Oral sex? <u>ORALSEX2</u>	1	2	3	4	5
d) Sexual intercourse? <u>INTCOUR2</u>	1	2	3	4	5

B7. During the last 6 months, how often did you feel aroused during sexual activity? **AROUSED2**

1	2	3	4	5
Always	Almost Always	Sometimes	Almost Never	Never

B8. During the past 6 months, have you felt vaginal or pelvic pain during intercourse? **PELVIC2**

1	2	3	4	5	6
Always	Almost Always	Sometimes	Almost Never	Never	No intercourse in last 6 months

B9. During the last 6 months, how often have you used lubricants, such as creams or jellies, to make sex more comfortable? **LUBRICN2**

1	2	3	4	5	6
Always	Almost Always	Sometimes	Almost Never	Never	No intercourse in last 6 months

B10. On average, in the last 6 months, how often have you engaged in masturbation (self-stimulation)?

1	2	3	4	5	6
Not at all	Less than once a Month	Once or Twice a Month	About once a week	More than once a week	Daily

MASTURB2

Thank you for helping us with this important research study.

Please place the completed questionnaire in the envelope provided, seal it, and give it to the study personnel.

Again, thank you for your help.

Study of Women's Health Across the Nation
SELF-ADMINISTERED QUESTIONNAIRE PART C
ANNUAL FOLLOW-UP

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE
 ARCHID

A2. SWAN STUDY VISIT # _____ **#VISIT**

A3. FORM VERSION: 02/01/1998 **#FORM_V**

A4. DATE FORM COMPLETED:

 /

 /

 SACDAY2[†]

A5. INTERVIEWER'S INITIALS: _____ **#INITS**

A6. RESPONDENT'S DOB:

 /

 /

 #DOB

VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO2**

RESPONDENT'S HOME 1
 CLINIC / OFFICE 2
 RESPONDENT'S HOME W/ PROXY 3
 CLINIC/OFFICE W/ PROXY 4

A8. INTERVIEW LANGUAGE: **LANGSAC2**

ENGLISH..... 1
 SPANISH..... 2
 CANTONESE 3
 JAPANESE..... 4

A9. INTERVIEWER-ADMINISTERED? **#ADMIN2**

NO 1
 YES 2

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

We are interested in learning more about your health, health care decisions and practices. Once again, all your responses will be kept strictly confidential. It is very important that you answer each question the best you can. Please find the most appropriate response to each question, and circle the number for the answer you choose.

B1. Do you have a health care provider from whom you **primarily** get your care for women’s health conditions? **PROVIDE2**

- No 1 **(GO TO C1)**
- Yes..... 2 **(GO TO B2)**

B2. What is the name of this health care provider? _____
 (FIRST) **#PROVNAM2** (LAST) **#PROVLAS2**

B3. What is the name and location of the institution where he/she practices?
#INSTITU2 **#CITYTOW2**

 (INSTITUTION NAME) (CITY/TOWN)

B3.a. What type of practice is this? **TYPEPRA2**

- Hospital 1
- Office..... 2
- Clinic 3
- Other 4
- Specify: _____ **#SPECIF12**

B4. Which of the following best describes this provider’s specialty.
(PLEASE CIRCLE ONE RESPONSE) **SPECIAL2**

- A family practitioner..... 1
- An internist 2
- A gynecologist..... 3
- A nurse practitioner or physician assistant..... 4
- A naturopath (one who uses natural (non-medicinal) therapy)..... 5
- Other 6
- Specify: _____ **#SPECIFY2**
- No specialty 7
- Don’t know -8

B5. Since your last study visit, about how many times did you see or talk to **this** health care provider regarding your own health?

_____ #Times **VISIPRO2**

B6. Please indicate what role you prefer that this health care provider take in deciding about your health:
(PLEASE CIRCLE ONLY ONE NUMBER) **ROLE2**

	1	2	3	4	5	6	7	
My provider’s role is to provide information and let me make my own decision							My provider’s role is to evaluate my situation and make the best decision for me	

B7. Here are some statements that describe ways health care providers sometimes interact with their patients. Using the scale provided, indicate how often each statement is true for you and your health care provider for women's health conditions (the provider you listed above). If a statement describes something that has never come up for you, respond according to how you think your provider would most likely respond.

	Almost Always	Often	Neutral	Seldom	Almost Never
a. My health care provider encourages me to make my own decisions regarding treatment plans. <u>ENCOURA2</u>	5	4	3	2	1
b. When my health care provider recommends treatment plans he/she also discusses alternatives. <u>DISCUSS2</u>	5	4	3	2	1
c. If I refuse treatment, my health care provider respects my decision. <u>REFUSAL2</u>	5	4	3	2	1
d. My health care provider encourages me to participate in decisions about my health care. <u>PARTICI2</u>	5	4	3	2	1
e. My health care provider seriously considers any alternative treatments that I suggest. <u>ALTERNA2</u>	5	4	3	2	1
f. If I tell my health care provider my treatment plan is too difficult or too much trouble, he/she changes it. <u>CHANGES2</u>	5	4	3	2	1
g. My health care provider encourages me to trust my own judgment about my health care. <u>JUDGEMN2</u>	5	4	3	2	1

Note: 4 participants filled out the 2/1/1999 version of the Self-Administered Questionnaire Part C. There were 2 questions (B8. and B9.) concerning mental health issues and health care providers asked on this version that were not asked on the 1998 versions used at visit 02. Therefore, data are available for these 2 questions only for the 4 participants mentioned above. The questions and variables are as follows:

B8. In the past year, have you talked to any health care providers or other professionals for problems with emotions, "nerves", or mental health? **EMOTION2**

NO 1 (GO TO C1)
 YES..... 2 (GO TO B9)

B9. In the past year, have you seen or talked with any of the following health care providers or other professionals for treatment of emotional problems?

	NO	YES	B9.1 IF YES: How many times have you seen or talked to this kind of provider or professional in the past year?
a. Primary care provider / family physician (not an OB/GYN physician) <u>PRIMARY2</u>	1	2	___ ___ ___ times <u>PRIMAR12</u>
b. OB/GYN (Obstetrician/gynecologist) physician <u>OBSTETR2</u>	1	2	___ ___ ___ times <u>OBSTET12</u>
c. Nurse practitioner / registered nurse or physician assistant <u>PRACTIT2</u>	1	2	___ ___ ___ times <u>PRACTI12</u>
d. Psychiatrist <u>PSYCHIA2</u>	1	2	___ ___ ___ times <u>PSYCHI12</u>
e. Psychologist, social worker or counselor <u>PSYCHOL2</u>	1	2	___ ___ ___ times <u>PSYCHO12</u>
f. Other Specify: _____ <u>OTHER2</u>	1	2	___ ___ ___ times <u>OTHER12</u>
<u>OTHER_S2</u> _____	1	2	___ ___ ___ times

C1. Since your last study visit, have you had any of the following conditions?

			C1.1. IF YES , has it made it difficult to carry out your daily routine (e.g., work, housework, childcare)?	
	NO	YES	NO	YES
a. endometriosis (abnormal growths in lining of uterus) <u>ENDO2</u>	1	2	1	2
b. pelvic pain (pain in the lowest part of the abdomen) <u>PELVICP2</u>	1	2	1	2
c. pelvic prolapse or relaxation (the uterus, bladder, or rectum drops, sometimes bulging out of vagina) <u>PROLAPS2</u>	1	2	1	2
d. pelvic cancer (cancer of the vulva, cervix, uterus, or ovaries) <u>PCANCER2</u>	1	2	1	2
e. abnormal bleeding (bleeding from the vagina that is different from usual: irregular, heavy, or long in duration) <u>ABBLEED2</u>	1	2	1	2

Study of Women's Health Across the Nation

PHYSICAL MEASURES

SECTION A. GENERAL INFORMATION

- A1. RESPONDENT ID: AFFIX ID LABEL HERE **ARCHID**
- A2. SWAN STUDY VISIT # ___ ___ **#VISIT**
- A3. READING: PRIMARY DATA COLLECTION.....1
 QC DATA COLLECTION.....2

#FORM_V
- A4. FORM VERSION: 0 / 2 / 0 / 1 / 1 / 9 / 9 / 7
 M M / D D / Y Y Y Y
- A5. DATE FORM COMPLETED: ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___
 M M / D D / Y Y Y Y
- A6. RESPONDENT'S DOB: ___ / ___ / ___ / ___ / ___ / ___ **#DOB**
 M M / D D / Y Y
- VERIFY WITH RESPONDENT**
- A7. MEASUREMENTS COMPLETED IN: **#LOCATIO2**
 RESPONDENT'S HOME.....1
 CLINIC/OFFICE.....2
- A8. TECHNICIAN'S INITIALS
- a. BLOOD PRESSURE ___ ___ ___ **#INITSA2**
 - b. HEIGHT/WEIGHT ___ ___ ___ **#INITSB2**
 - c. WAIST/HIP ___ ___ ___ **#INITSC2**

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

ADDITIONAL MEASURES COLLECTED

The following measures that were collected at Visit 02 have been included in the codebook:

SERUM HORMONE MEASURES

1. Variables for assays

<i>Variable</i>	<i>Assay</i>	<i>Units</i>
<u>DHAS2</u>	Dehydroepiandrosterone sulfate	ug/dL
<u>E2AVE2*</u>	Estradiol (see important note below)	pg/mL
<u>FSH2</u>	Follicle-stimulating hormone	mIU/mL
<u>SHBG2</u>	Sex hormone-binding globulin	nM
<u>T2</u>	Testosterone	ng/dL

*** IMPORTANT NOTE: There were originally two estradiol result variables because estradiol was run in duplicate. E2AVE2 is the within-person arithmetic average of the two estradiol variables.**

2. Flags and other variables

<i>Variable</i>	<i>Meaning</i>	<i>Codes</i>
<u>CYCDAY2</u>	Day of cycle	n/a
<u>FLGCV2</u>	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%.	0=no, 1=yes
<u>FLGDIF2</u>	One or both Estradiol results ≤ 20 pg/mL and the difference between them is > 10 pg/mL. Note: Differences were found between some of the Estradiol duplicate measurements. The following guidelines were decided upon: <ol style="list-style-type: none"> 1. If both E2 values > 20 pg/ml, CV must be ≤ 15%. 2. If one or both E2 ≤ 20 pg/ml, the two E2 results must agree within 10 pg/ml. <p>DATA WITH THESE FLAGS SHOULD BE OMITTED FROM DATA ANALYSES, OR USED WITH CAUTION IF INCLUDED IN ANALYSES.</p>	

*1=yes means flagged

3. Changes to the data:

Lower limit of detection (LLD). Hormone results below the LLD were recoded to a value of '.L'.

LLDs changed over time. The following LLDs were provided by the lab and applied to all samples:

Hormone	Time Window on hormone measurement corresponding to LLD	Lower Limit of Detection
DHEAS	~ Sep. 15, 1997	<1.52 ug/dL (Initial value)
	Sep. 16, 1997 ~ Jan. 14, 1999	<0.304 ug/dL
	Jan. 15, 1999 ~	<1.5 ug/dL
E2	~ Feb. 20, 2000	<1.0 pg/mL (Initial value)
	Feb. 21, 2000 ~ Aug. 27, 2001	<2.0 pg/mL
	Aug. 28, 2001 ~ May 03, 2009	<4.0 pg/mL
	May 04, 2009 ~	<7.0 pg/mL
FSH	~ Aug. 05, 1999	<1.05 mIU/mL (Initial value)
	Aug. 06, 1999 ~ Nov. 10, 1999	<1.0 mIU/mL
	Nov. 11, 1999 ~ Jul. 19, 2000	<0.7 mIU/mL
	Jul. 20, 2000 ~ Oct. 29, 2002	<0.6 mIU/mL
	Oct. 30, 2002 ~ Sep. 28, 2003	<0.5 mIU/mL
	Sep. 29, 2003 ~ Feb 20, 2006	<0.4 mIU/mL
SHBG	Feb 21, 2006 ~	<0.8 mIU/mL
	~ Aug. 05, 1999	<1.95 nM (Initial value)
	Aug. 06, 1999 ~ Oct. 31, 1999	<1.9 nM
	Nov. 01, 1999 ~ Mar. 22, 2006	<2.0 nM
T	Mar. 23, 2006 ~	<3.2 nM
	~ Jun. 04, 1998	<2.19 ng/dL (Initial value)
	Jun. 05, 1998 ~ Jun. 17, 1999	<2.2 ng/dL
	Jun. 18, 1999 ~	<2.0 ng/dL

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