



FOLLOW-UP VISIT 04

CODEBOOK

ARCHIVED DATASET 2018

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1. Who is included in the public use dataset:

The dataset contains follow-up visit 4 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 4. 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 4 Self-Administered Questionnaire Part A was collected 4 years after the baseline interview, the day for the Self-Administered Part A would be day 1460 and the Baseline Interview would be day 0.

All variables for visit 4 have a 4 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

- In general, any 'Other, specify' text field is not included in the dataset.
- A social support score can be calculated from the questions in C.8.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.10.
- A perceived stress score can be created from questions in C.9.
- The flag FORMFLG4 is set with a value of AIN for the seven participants who completed the abbreviated interview instead of the full interview.

Self-Administered Questionnaire Part A

A Self-A Amended Telephone Interview (PATI), comprised of key questions from the core Follow-up Self-Administered Questionnaire Part A, was administered at study visits in cases where the Self-Administered Questionnaire was not completed. Similarly, an Abbreviated Follow-up Interview (AINT), comprised of key questions from the core Annual Follow-up Interview and Self-Administered Questionnaire Part A, was administered for participants who are not willing to come in for a core study visit, but who were willing to give 10 or 15 minutes of their time to answer questions over the telephone. The flag FORMSAA4 delineates those who did the full questionnaire (SAA) from the 38 participants who did the abbreviated questionnaire (AIN), and the 3 that did the phone interview (PAT).

- In general, any 'Other, specify' text field is not included in the dataset.
- The income question G.1 was condensed into a dichotomous variable THPPOV4 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.
- Current smoking is defined as anyone who answered 'yes' to question B.10 (SMOKERE4) and an answer greater than 0 for B.10a (AVGCIGDA4).

- Please note that only 2 subscales of the SF36 can be created at visit 04: bodily pain and vitality. The SWAN investigators decided not to ask the questions related to the other 3 subscales at visit 04. These scores can be derived based on questions B.16-18 according to the SF-36 User's Manual. Responses may need to be reversed where necessary so that all items are positively scored. A higher value indicates better functioning. The Bodily Pain Score is calculated from questions B.16 and B.17. 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.18a-d. Questions B.18.a and B.18.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 flag FLGSAAV4 is set for the two participants who completed the questionnaire after the 01/31/2002 cutoff.

Self-Administered Questionnaire Part B

- The flag FLGSABV4 is set for the two participants who completed the questionnaire after the 01/31/2002 cutoff.

Physical Measures

- In addition to the variables on the form, BMI4 was also calculated as weight in kilograms divided by the square of height in meters.

Cognitive Function Form

- Individual and summary scores are available for the following tests: East Boston Memory Test (both the immediate and delayed recall of a story), Symbol Digits Modalities Test, and the Digits Backward Test.
- The flag FLGCOGV4 is set for the three participants who completed the questionnaire after the 01/31/2002 cutoff.
- Several special codes were used in this dataset to indicate why tests (and test items) were not administered:
 - 6 = Not administered because of physical impairment
 - 7 = Not administered because of verbal refusal
 - 8 = Not administered because of a behavioral reason
 - 9 = Not administered for some other reason

Additional Measures

Serum Hormone Measures

The Visit 4 hormone results are included. Of special note is that the estradiol assay was run in duplicate. The average (E2AVE4) 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 <= 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 DHAS measurement nor FSH had any values below the LLD.

Cardiovascular Measures

- The Visit 4 cardiovascular results are included. A flag (FLAGSER4) indicates that the lipids were measured on serum rather than plasma because plasma was not available.
- The flag FLGCVRV4 is set for the three participants who completed the visit after the 1/31/2002 cutoff.

Additional variables

A variable describing the race 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 and other date variables (INTDAY4, SAADAY4, SABDAY4, PHYDAY4, HRMDAY4, CVRDAY4, SPEDAY4, COGDAY4, and HYSTDAY4) 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.

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: 01/01/2000 #FORM_V

A4. DATE FORM COMPLETED: ___/___/___ M M D D Y Y Y Y INTDAY4†

A5. INTERVIEWER'S INITIALS: ___ #INITS

A6. RESPONDENT'S DOB: ___/___/19___ M M D D Y Y Y Y #DOB
VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN: #LOCATIO4

- RESPONDENT'S HOME 1
CLINIC/OFFICE 2
RESPONDENT'S HOME BY PROXY 3
CLINIC/OFFICE BY PROXY 4
TELEPHONE 5
TELEPHONE BY PROXY 6

A7.1 INTERVIEW LANGUAGE: LANGINT4

- ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

A8. Are you currently pregnant? PREGNAN4

- NO 1
YES 2
DON'T KNOW -8

A9. WAS BLOOD FOR THIS ANNUAL FOLLOW-UP DRAWN PREVIOUS TO THIS INTERVIEW DATE?

- PREVBLO4
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.

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? **EATDRIN4**

NO 1
 YES..... 2

A11. Did you start a menstrual period in the last 5 days? **STRTPER4**

NO 1 (A13)
 YES..... 2 (A12)

A12. What is the date that you started to bleed? **DAYBLE4†**

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

A13. BLOOD DRAW ATTEMPTED? **BLDRWAT4**

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? **BLDDRAW4**

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 prescribed and over - the - counter (OTC) medications.

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?	INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?			
Since your last study visit....								
B1. Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)? <u>ANTICO14</u>	1	2	<u>#ACOAMD14</u>	<u>ACOATW14</u>	<u>#ACOAVR14</u>			
<u>ANTICO24</u>	1	2	<u>#ACOAMD24</u>	<u>ACOATW24</u>	<u>#ACOAVR24</u>			
B2. Anything for your heart or heart beat, including pills or patches? <u>HEART14</u>	1	2	<u>#HARTMD14</u>	<u>HARTTW14</u>	<u>#HARTVR14</u>			
<u>HEART24</u>	1	2	<u>#HARTMD24</u>	<u>HARTTW24</u>	<u>#HARTVR24</u>			
B3. Any medications for cholesterol or fats in your blood? <u>CHOLST14</u>	1	2	<u>#CHOLMD14</u>	<u>CHOLTW14</u>	<u>#CHOLVR14</u>			
<u>CHOLST24</u>	1	2	<u>#CHOLMD24</u>	<u>CHOLTW24</u>	<u>#CHOLVR24</u>			
B4. Blood pressure pills? <u>BP14</u>	1	2	<u>#BPMED14</u>	<u>BPTW14</u>	<u>#BPVER14</u>			
<u>BP24</u>	1	2	<u>#BPMED24</u>	<u>BPTW24</u>	<u>#BPVER24</u>			

Since your last study visit, have you taken...	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	
B5. Diuretics for water retention?	1	2		1	2	1	2
<u>DIURET14</u>	1	2	#DIURMD14	<u>DIURTW14</u>	#DIURVR14		
<u>DIURET24</u>			#DIURMD24	<u>DIURTW24</u>	#DIURVR24		
B6. Thyroid pills?	1	2		1	2	1	2
<u>THYROI14</u>	1	2	#THYRMD14	<u>THYRTW14</u>	#THYRVR14		
<u>THYROI24</u>			#THYRMD24	<u>THYRTW24</u>	#THYRVR24		
B7. Insulin or pills for sugar in your blood?	1	2		1	2	1	2
<u>INSULN14</u>	1	2	#INSUMD14	<u>INSUTW14</u>	#INSUVR14		
<u>INSULN24</u>			#INSUMD24	<u>INSUTW24</u>	#INSUVR24		
B8. Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti-depression medication?	1	2		1	2	1	2
<u>NERVS14, NERVS24</u>	1	2	#NERVMD14	<u>NERVTW14</u>	#NERVVR14		
<u>NERVS24</u>			#NERVMD24	<u>NERVTW24</u>	#NERVVR24		
B9. Steroid pills such as Prednisone, or cortisone?	1	2		1	2	1	2
<u>STEROI14</u>	1	2	#STERMD14	<u>STERTW14</u>	#STERVR14		
<u>STEROI24</u>			#STERMD24	<u>STERTW24</u>	#STERVR24		
B10. Fertility medications to help you get pregnant (Pergonal, Clomid)?	1	2		1	2	1	2
<u>FERTIL14</u>	1	2	#FRTLMD14	<u>FRTLW14</u>	#FRTLVR14		
<u>FERTIL24</u>			#FRTLMD24	<u>FRTLW24</u>	#FRTLVR24		

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?

HORMONE QUESTIONS B11-15:

Since your last study visit, have you taken...	NO	YES		NO	YES	NO	YES
B11. Birth Control pills?	1 (B12)	2	<u>BCPMED14</u>	1	2	1	2
<u>BCP14</u>				<u>BCPTWI14</u>		<u>#BCPVER14</u>	
	1	2	<u>BCPMED24</u>	1	2	1	2
<u>BCP24</u>				<u>BCPTWI24</u>		<u>#BCPVER24</u>	

B11.d For your most recent use, what was the primary reason for taking birth control pills? BCREAS4

- TO PREVENT PREGNANCY 1
- TO HELP CONTROL PRE-MENSTRUAL SYMPTOMS..... 2
- TO HELP CONTROL MENOPAUSAL SYMPTOMS 3
- TO CONTROL OTHER SYMPTOMS 4
- TO REGULATE PERIODS..... 5
- TO PREVENT OSTEOPOROSIS 6
- TO REDUCE BLEEDING..... 7
- OTHER 8
- (SPECIFY) _____ #BCRES_S4
- DON'T KNOW.....-8

	NO	YES		NO	YES	NO	YES
B12. Estrogen pills (such as Premarin, Estrace, Ogen, etc)?	1 (B13)	2		1	2	1	2
<u>ESTROG14, ESTROG24</u>			<u>#ESTRMD14</u>	<u>ESTRTW14</u>		<u>#ESTRVR14</u>	
	1	2	<u>#ESTRMD24</u>	<u>ESTRTW24</u>		<u>#ESTRVR24</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>ESTRDA14</u> | <u>ESTRDA24</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...	NO	YES		NO	YES	NO	YES
B13. Estrogen by injection or patch (such as Estraderm)?	1	2	<u>#EINJMD14</u>	1	2	1	2
<u>ESTRNJ14, ESTRNJ24</u>				<u>EINJTW14</u>		<u>#EINJVR14</u>	
	1	2	<u>#EINJMD24</u>	1	2	1	2
				<u>EINJTW24</u>		<u>#EINJVR24</u>	
				<u>COMBTW14</u>		<u>#COMBVR14</u>	
B14. Combination estrogen/progestin (such as Premphase or Prempro)?	1	2	<u>#COMBMD14</u>	1	2	1	2
<u>COMBIN14, COMBIN24</u>				<u>COMBTW24</u>		<u>#COMBVR24</u>	
	1	2	<u>#COMBMD24</u>	1	2	1	2

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
B15. Progestin pills (such as Provera)?	1 (B16)	2	<u>#PROGMD14</u>	<u>PROGTW14</u>	1 2	<u>#PROGVR14</u>	1 2
<u>PROGES14</u> <u>PROGES24</u>	1	2	<u>#PROGMD24</u>	<u>PROGTW24</u>	1 2	<u>#PROGVR24</u>	1 2

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.]

	<u>PROGDA14</u>	<u>PROGDA24</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

	NO	YES		NO	YES	NO	YES
B16. Medications to prevent or treat osteoporosis (brittle or thinning bones such as Fosamax, Didronel, Evista, Miacalcin, Rocaltrol)?	1	2	<u>#OSTEMD14</u>	<u>OSTETW14</u>	1 2	<u>#OSTEVR14</u>	1 2
<u>OSTEPR14</u>	1	2	<u>#OSTEMD24</u>	<u>OSTETW24</u>	1 2	<u>#OSTEVR24</u>	1 2
<u>OSTEPR24</u>							

	NO	YES		NO	YES	NO	YES
B17. 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
	1	2	_____	1	2	1	2
<u>OTHMED14-OTHMED94</u>	1	2	<u>#OTHRMD14</u>	<u>OTHRTW14</u>	1 2	<u>#OTHRVR14</u>	1 2
			-				
	1	2	<u>#OTHRMD94</u>	<u>OTHRTW94</u>	1 2	<u>#OTHRVR94</u>	1 2
<u>OTHME104-OTHME154</u>	1	2	_____	1	2	1	2
	1	2	<u>#OTHRM104</u>	<u>OTHTW104</u>	1 2	<u>#OTHRVR104</u>	1 2
			-				
	1	2	<u>#OTHRM154</u>	<u>OTHTW154</u>	1 2	<u>#OTHRVR154</u>	1 2
	1	2	_____	1	2	1	2

IF RESPONDENT HAS TAKEN ANY HORMONES (IF YES TO ANY OF B12 -15) ASK B19,
OTHERWISE GO TO PAGE 9.

B18. Were you using any prescription medications containing estrogen or progestin at the time of your last study visit? **ESTLSTV4**

NO..... 1
 YES..... 2 (GO TO
 PAGE 9)
 DON'T KNOW.....8

B19. I am going to read a list of some reasons why women start taking hormones, not 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>REDUHAR4</u>	1	2
b.	To reduce the risk of osteoporosis (brittle or thinning bones) <u>OSTEOP04</u>	1	2
c.	To relieve menopausal symptoms <u>MENOSYM4</u>	1	2
d.	To stay young-looking <u>YOUNGLK4</u>	1	2
e.	A health care provider advised me to take them <u>HCPADV14</u>	1	2
f.	A friend or relative advised me to take them <u>FRNADV14</u>	1	2
g.	To improve my memory <u>IMPRMEM4</u>	1	2
h.	To regulate periods <u>REGPER14</u> <u>HORMOTH4</u>	1	2
i.	Any other? SPECIFY _____ <u>#HORMSPE4</u>	1	2
j.	DON'T KNOW/REMEMBER <u>DONTKNO4</u>	1	2

IF RESPONDENT REPORTED TAKING ANY HORMONES SINCE HER LAST STUDY VISIT, BUT IS NOT CURRENTLY TAKING ANY (THAT IS, "YES" TO ANY OF B12-15 AND "NO" TO ALL OF B12b - 15b), ASK B21, OTHERWISE GO TO PAGE 10.

B20. Since your last study visit, you were 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	<u>PRBBLEE4</u>	1 2
b.	DIDN'T LIKE HAVING PERIODS	<u>HAVEPER4</u>	1 2
c.	DIDN'T LIKE HOW I FELT ON THEM	<u>LIKEFEL4</u>	1 2
d.	WORRIED ABOUT POSSIBLE SIDE EFFECTS	<u>SIDEEFF4</u>	1 2
e.	WORRIED ABOUT CANCER	<u>CANCER4</u>	1 2
f.	MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS)	<u>ADVISTO4</u>	1 2
g.	TOO EXPENSIVE	<u>EXPENSI4</u>	1 2
h.	DON'T LIKE TO TAKE ANY MEDICATIONS	<u>NOLIKE4</u>	1 2
i.	COULDN'T REMEMBER TO TAKE THEM	<u>NOREMEB4</u>	1 2
j.	DON'T KNOW	<u>DNTKNOW4</u>	1 2
k.	OTHER, SPECIFY:	<u>STOPOTH4</u> <u>#STOPSPE4</u>	1 2
<hr/>			
l.	NO REASON GIVEN	<u>NOREASON4</u>	1 2

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

B21	Any over-the-counter medications for pain including headaches and arthritis?	1	2	<u>#PAINMD14</u>	<u>PAINTW14</u>	1	2
	<u>PAIN14</u>	1	2			1	2
	<u>PAIN24</u>			<u>#PAINMD24</u>	<u>PAINTW14</u>		
B22	Anything for problems sleeping?	1	2	<u>#SLEPMD14</u>	<u>SLEPTW14</u>	1	2
	<u>SLEEP14</u>	1	2			1	2
	<u>SLEEP24</u>			<u>#SLEPMD24</u>	<u>SLEPTW24</u>		
B23	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	<u>#OTCMD14</u>	<u>OTCT W14</u>	1	2
		1	2	-	1 -	1	2
		1	2	<u>#OTCMD94</u>	<u>OTCT W94</u>	1	2
	<u>OTC14 - OTC94</u>	1	2	<u>#OTCMD104</u>	<u>OTCT W104</u>	1	2
	<u>OTC104 - OTC154</u>	1	2	-	1 -	1	2
				<u>#OTCMD154</u>	<u>OTCT W154</u>		

B24. Since your last study visit, have you taken any vitamins or minerals fairly regularly, at least once a week?

NO 1 (Go to Page 11)
YES.....2

REGVITA4

B25. 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.]

Multi-Vitamins, how often do you take...	Don't take any	1-3 days per week	4-6 days per week	Every day
a. Regular Once-A-Day, Centrum, or Thera type <u>ONCEADA4</u>	1	2	3	4
b. Antioxidant combination type <u>ANTIOXI4</u>	1	2	3	4
c. Any others?				
<u>#VTMSPE14, <u>VTMOTH14</u></u>	1	2	3	4
<u>#VTMSPE24, <u>VTMOTH24</u></u>	1	2	3	4
<u>#VTMSPE34, <u>VTMOTH34</u></u>	1	2	3	4
<u>#VTMSPE44, <u>VTMOTH44</u></u>	1	2	3	4

Single Vitamins, not part of multi-vitamins, how often do you take...

d. Vitamin A, not beta carotene <u>VITAMNA4</u>	1	2	3	4
e. Beta-carotene <u>BETACAR4</u>	1	2	3	4
f. Vitamin C <u>VITAMNC4</u>	1	2	3	4
g. Vitamin D <u>VITAMND4</u>	1	2	3	4
h. Vitamin E <u>VITAMNE4</u>	1	2	3	4
i. Calcium or Tums <u>CALCTUM4</u>	1	2	3	4
j. Iron <u>IRON4</u>	1	2	3	4
k. Any others?				

SPECIFY:

<u>#VITSPE14, <u>VITOTH14</u></u>	1	2	3	4
<u>#VITSPE24, <u>VITOTH24</u></u>	1	2	3	4
<u>#VITSPE34, <u>VITOTH34</u></u>	1	2	3	4
<u>#VITSPE44, <u>VITOTH44</u></u>	1	2	3	4

IF BLOOD WAS DRAWN (A15 IS YES), GO TO B25. OTHERWISE GO TO B27.

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

B26 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. _____ #TAKEMDA4
- b. _____ #TAKEMDB4
- c. _____ #TAKEMDC4
- d. _____ #TAKEMDD4
- e. _____ #TAKEMDE4
- f. _____ #TAKEMDF4
- g. _____ #TAKEMDG4
- h. _____ #TAKEMDH4
- i. _____ #TAKEMDI4
- j. _____ #TAKEMDJ4

B27. Have you had any alcohol in the last 24 hours?

ALCHL244

- NO 1
- YES..... 2

B28. During the past year have you used any supplements containing soy protein or phytoestrogen powders or pills? (IF YES: How many times per week?) **SOYPROT4**

- Don't take any 1
- 1-3 days per week 2
- 4-6 days per week 3
- Every day 4
- DON'T KNOW -8

Please look at response card A which we'll be using for the next 3 questions.
[HAND RESPONDENT CARD "A" AND READ RESPONSE CATEGORIES.]

B28. How many bowls of cereal do you eat per week where the label of the cereal box says that it is high in calcium? **CEREACA4**

- None or fewer than one a week 1
- 1 per week 2
- 2 per week 3
- 3-4 per week 4
- 5-6 per week 5
- 7 or more per week 6
- DON'T KNOW -8

B28. How many slices of bread do you eat per week when the bread wrapper says the loaf is high in calcium? **BREADCA4**

- None or fewer than one a week 1
- 1 per week 2
- 2 per week 3
- 3-4 per week 4
- 5-6 per week 5
- 7 or more per week 6
- DON'T KNOW -8

B28. Some brands of orange juice have extra calcium added. How many glasses of orange juice containing extra calcium do you drink per week? **ORANGCA4**

- None or fewer than one a week 1
- 1 per week 2
- 2 per week 3
- 3-4 per week 4
- 5-6 per week 5
- 7 or more per week 6
- DON'T KNOW -8

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

B29 **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>ANEMIA4</u>	1	2	-8
b. Diabetes?	<u>DIABETE4</u>	1	2	-8
c. High blood pressure or hypertension?	<u>HIGHBP4</u>	1	2	-8
d. High cholesterol?	<u>HBCHOLE4</u>	1	2	-8
e. Migraines?	<u>MIGRAIN4</u>	1	2	-8
f. Stroke?	<u>STROKE4</u>	1	2	-8
g. Arthritis or osteoarthritis (degenerative joint disease)?	<u>OSTEOAR4</u>	1	2	-8
h. Overactive or underactive thyroid?	<u>THYROID4</u>	1	2	-8
i. Heart attack?	<u>HEARTAT4</u>	1	2	-8
j. Angina?	<u>ANGINA4</u>	1	2	-8
k. Osteoporosis (brittle or thinning bones)?	<u>OSTEOPR4</u>	1	2	-8
l. DELETED				
m. Cancer, other than skin cancer?	<u>CANCERS4</u>	1 (B29)	2	-8 (B29)

m.1. What is/was the primary site of the cancer? SITESPE4

SPECIFY: _____

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

	<u>TAMOXIF4</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>CHEMOTH4</u>
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? DANDC4 i. Since your last study visit, how many times have you had a D and C? _____ # TIMES #NUMDAND4	1 (B31)	2	-8 (B31)
B32	Hysterectomy (an operation to remove your uterus or womb)? HYSTERE4 i. When was this performed? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.] ____ / ____ M M / Y Y Y Y HYSTDAY4†	1 (B32)	2	-8 (B32)
B33	Did you have one or both ovaries removed (an oophorectomy)? OOPHORE4 i. Was one ovary removed or were both ovaries removed? ONEOVAR4 ONE OVARY REMOVED 1 BOTH OVARIES REMOVED 2 DON'T KNOW -8	1 (B33)	2	-8 (B33)
B34a	Did you have an endometrial ablation (a procedure to reduce or eliminate menstrual periods by partially or completely destroying the lining of the uterus)? ABLATIN4	1	2	-8
B34b	Any <u>other</u> uterine procedures, other than D and C, for example: cesarean section, IUD insertion, fibroid removal or endometrial biopsy? UTERPRO4	1	2	-8
B35	Thyroid gland removed? THYRREM4	1	2	-8

B36 Since your last study visit, have you had any of the following conditions?		NO	YES	B35.1 IF YES, has it made it difficult to carry out your daily routine (e.g., work, housework, childcare)?	
		NO	YES	NO	YES
a.	endometriosis diagnosed by a physician (abnormal growths in lining of uterus) ENDO4	1	2	1 ENDODIF4	2
b.	pelvic pain (pain in the lowest part of the abdomen) PELVCPN4	1	2	1 DIFPELV4	2
c.	pelvic prolapse or relaxation (the uterus, bladder, or rectum drops, sometimes bulging out of vagina) PROLAPS4	1	2	1 DIFPROL4	2
d.	pelvic cancer (cancer of the vulva, cervix, uterus, or ovaries) PELVCNC4	1	2	1 DIFCANC4	2
e.	abnormal vaginal bleeding (bleeding from the vagina that is different enough from your normal pattern to be a concern: irregular, heavy, or long in duration) ABBLEED4	1	2	1 DIFBLED4	2
f.	fibroids (benign growths in the uterus or womb) FIBRUTR4	1	2	1 DIFFIBR4	2

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

We are interested in learning more about your health care decisions. All of your responses will be kept strictly confidential.

B37 Do you have a health care provider from whom you primarily get your care for women's health conditions? (If you have an obstetrician or gynecologist (ob/gyn), refer to him or her. If you don't, refer to the person from whom you get care for women's health. We will not contact your provider unless we request your specific written permission.)

- No 1 (GO TO PAGE 17) **PRVIDER4**
- Yes 2

B38 What is the name of this health care provider? _____
(FIRST) (LAST)
#PRVNAME4 **#PRVLAST4**

B39 In what city or town and what state do you see this health care provider?

CITY/TOWN STATE
#PRVTOWN4 **#PRVSTAT4**

B40 What professional degree does this health care provider have? If you are not sure, please make your best guess: [HAND RESPONDENT CARD "C" AND READ RESPONSE CATEGORIES.] **PROFDEG4**

- Medical Doctor (MD) 1
- Doctor of Osteopathy (DO) 2
- Chiropractor (DC)..... 3
- Registered Nurse (RN) 4 **(B41)**
- Nurse Practitioner (NP) 5 **(B41)**
- Physician Assistant (PA) 6 **(B41)**
- Other: Specify **#SPECIFY4** _____ 7
- DON'T KNOW-8 **(B41)**

B41 Which of the following best describes this provider's specialty? **PROVSPC4**

- A family practitioner..... 1
- An internist 2
- An obstetrician or gynecologist..... 3
- A naturopath (one who uses non-medicinal therapy) 4
- Other: Specify **#SPECIAL4** _____ 5
- No specialty 6
- DON'T KNOW-8

B42 On average, how much time does this health care provider spend with you at each visit? **PROVTIM4**

- 0-5 minutes 1
- 6-10 minutes 2
- 11-15 minutes 3
- 16-20 minutes 4
- 21-30 minutes 5
- more than 30 minutes..... 6
- DON'T KNOW-8

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

C1. Did you have any menstrual bleeding since your last study visit? **BLEEDNG4**
 NO 1 (C6)
 YES 2

C2. Did you have any menstrual bleeding in the last 3 months? **BLD3MON4**
 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]
 ____ / ____ / ____ - ____ - ____ - ____
 M M D D Y Y Y Y **LMPDAY4†**

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"] **DESCPER4**
 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. 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? **LENGCYL4**
 LESS THAN 24 DAYS 1
 24-35 DAYS 2
 MORE THAN 35 DAYS 3
 TOO VARIABLE OR IRREGULAR TO SAY 4
 DON'T KNOW 8

C6. Since your last study visit, have you been pregnant? Please include live births, stillbirths, abortions, miscarriages, tubal or ectopic pregnancies. **PRGNANT4**
 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.] **OUTCOME4**
 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? **BRSTFEE4**
 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 "F"] Looking at this line, how would you rate your overall quality of life at the present time? Choose a number between 0 and 10.

0	1	2	3	4	5	6	7	8	9	10
Worst										Best
Possible										Possible
Quality										Quality

QLTYLIF4

C8. 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 "G" 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>LISTEN4</u>	1	2	3	4	5
b. Someone to take you to the doctor if you needed it? <u>TAKETOM4</u>	1	2	3	4	5
c. Someone to confide in or talk to about yourself or your problems? <u>CONFIDE4</u>	1	2	3	4	5
d. Someone to help with daily chores if you were sick? <u>HELPSIC4</u>	1	2	3	4	5

C9. 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 "H" 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>CONTROL4</u>	1	2	3	4	5
*b. Felt confident about your ability to handle your personal problems? <u>ABILITY4</u>	1	2	3	4	5
c. Felt that things were going your way? <u>YOURWAY4</u>	1	2	3	4	5
d. Felt difficulties were piling so high that you could not overcome them? <u>PILING4</u>	1	2	3	4	5

C10 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	
During the past week:	Rarely or none of the time (less than 1 DAY)	Some or a little of the time (1-2 DAYS)	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>BOTHER4</u>	1	2	3	4
*b. I did not feel like eating; my appetite was poor <u>APPETIT4</u>	1	2	3	4
*c. I felt that I could not shake off the blues even with help from my friends <u>BLUES</u>	1	2	3	4
d. I felt that I was just as good as other people <u>GOODS</u>	1	2	3	4
e. I had trouble keeping my mind on what I was doing <u>KEEPMIN4</u>	1	2	3	4
f. I felt depressed <u>DEPRESS4</u>	1	2	3	4
*g. I felt that everything I did was an effort <u>EFFORT4</u>	1	2	3	4
h. I felt hopeful about the future <u>HOPEFUL4</u>	1	2	3	4
i. I thought my life had been a failure <u>FAILURE4</u>	1	2	3	4
j. I felt fearful <u>FEARFUL4</u>	1	2	3	4
*k. My sleep was restless <u>RESTLES4</u>	1	2	3	4
l. I was happy <u>HAPPY4</u>	1	2	3	4
m. I talked less than usual <u>TALKLES4</u>	1	2	3	4
n. I felt lonely <u>LONELY4</u>	1	2	3	4
*o. People were unfriendly <u>UNFRNDL4</u>	1	2	3	4
p. I enjoyed life <u>ENJOY4</u>	1	2	3	4
q. I had crying spells <u>CRYING4</u>	1	2	3	4
r. I felt sad <u>SAD4</u>	1	2	3	4
*s. I felt that people disliked me <u>DISLIKE4</u>	1	2	3	4
t. I could not get going <u>GETGOIN4</u>	1	2	3	4

OCCUPATIONAL QUESTIONS

These next few questions concern employment. I'm going to ask you to tell me about any changes in your employment since your last study visit.

D1. Since your last study visit, has there been a change in any of your jobs, that is: your place of employment, your job title, or your usual job tasks? **CHNGJOB4**

- NO 1 (D3)
- YES 2
- N/A-1 (D6)

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.) **JOB4**

- NO 1 (D6)
- YES 2

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

- JOB #1 _____ **#JOBTIT14**
- JOB #2 _____ **#JOBTIT24**
- JOB #3 _____ **#JOBTIT34**

b. Briefly, what are your usual job activities?
[IF MORE THAN ONE JOB WAS MENTIONED, ASK: Please answer for each job.]

- JOB #1 _____ **#JOBACT14**
- _____ **#JOBACT24**
- JOB #2 _____
- _____ **#JOBACT34**
- JOB #3 _____
- _____

c. What does the company or your part of the company, do or make? (For example, high school education, health care in hospital, automobile manufacturing, state labor department, retail shoe sales.)
[IF MORE THAN ONE JOB WAS MENTIONED, ASK: Please answer this for each job.]

- JOB #1 _____ **#JBMAKE14**
- _____ **#JBMAKE24**
- JOB #2 _____
- _____ **#JBMAKE34**
- JOB #3 _____
- _____

D3. Since your last study visit, has there been a change in your usual hours of work of any of your jobs?

CHANGHR4

NO 1 (D5)
YES 2

D4. What are your usual hours of work each day for each job?

JOB #1: START TIME: **STRTIM14** _____ : _____ A.M. 1. P.M. 2.

STOP TIME: **STPTIM14** _____ : _____ A.M. 1. P.M. 2.

ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTAT14**

NO 1
YES 2

JOB #2: START TIME: **STRTIM24** _____ : _____ A.M. 1. P.M. 2.

STOP TIME: **STPTIM24** _____ : _____ A.M. 1. P.M. 2.

ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTAT24**

NO 1
YES 2

JOB #3: START TIME: **STRTIM34** _____ : _____ A.M. 1. P.M. 2.

STOP TIME: **STPTIM34** _____ : _____ A.M. 1. P.M. 2.

ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTAT34**

NO 1
YES 2

D5. On average, how many total hours a week do you work, for pay?

HOURSPA4

≤ 10..... 1
11-19..... 2
20-34..... 3
35-40..... 4
41-60..... 5
>60..... 6

D6. Do you do volunteer work? **VOLUNTE4**

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	HRS/WK
#TYPVOL14	<u>VLNTHR14</u>
1. _____	_____
#TYPVOL24	<u>VLNTHR24</u>
2. _____	_____
#TYPVOL34	<u>VLNTHR34</u>
3. _____	_____
_____	_____

D7. What is your current marital status? Would you say... **MARITAL4**

Single/never married..... 1

Currently married or living as married 2

Separated 3

Widowed..... 4

Divorced 5

DON'T KNOW -8

REFUSED -7

IF CURRENTLY MARRIED/LIVING AS MARRIED (2 in D7), ASK D8, OTHERWISE GO TO PAGE 23.

D8. Since your last study visit, has there been any change in your partner or spouse's primary or usual job? **PCHNJOB4**

NO 1 (E1)

YES..... 2

NEW PARTNER..... 3

D9. What is/ was your partner or spouse's job title for their primary, usual job or occupation?

_____ **#PARTNJO4**

D10. 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.)

_____ **#PRTNRMA4**

ADDITIONAL QUESTIONS FROM OTHER FORM VERSIONS OF INTERVIEW

ADMINISTRATED QUESTIONNAIRE

FORM VERSION: 02/15/2001

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

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

B17. Prescribed medications for arthritis?	1	2		1	2	1	2
<u>ARTHRIT1</u>	1	2	<u>#ARTHMED1</u>	<u>ARTHTWC1</u>	<u>#ARTHVER1</u>		
<u>ARTHRIT2</u>			<u>#ARTHMED2</u>	<u>ARTHTWC2</u>	<u>#ARTHVER2</u>		

FORM VERSION: 02/01/1998

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?

- 1. Fibroids, benign growths of the uterus or womb? 1 2 -8
FIBROID4

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: 01/01/2000 **#FORM_V**
- A4. DATE FORM COMPLETED:

M	M	/	D	D	/	Y	Y

 SAADAY4[†]
- A5. INTERVIEWER'S INITIALS: ___ ___ **#INITS**
- A6. RESPONDENT'S DOB:

M	M	/	D	D	/	1	9

 #DOB

VERIFY WITH RESPONDENT

- A7. COMPLETED IN: **#LOCATIO4**
- 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: **LANGSAA4**
- ENGLISH 1
 - SPANISH 2
 - CANTONESE 3
 - JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? **#INTADMI4**
- 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.) **OVERHLT4**

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 **HOSPSTA4**

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 hospitalizations or visits for this study.)
 ___ # TIMES **MDTALK4**

B4. When you visit or talk to a health care provider, please indicate what role you prefer that your health care provider take. (PLEASE CIRCLE ONLY ONE NUMBER) **ROLE4**

My provider's role is to:

Let me make my										Make the best
own decision	1	2	3	4	5	6	7			decision for me

B5. Since your last study visit, about how many times did you see or talk to a health care provider or other professional for problems with emotions, "nerves", or mental health?
 ___ # TIMES **NERVES4**

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

	NO	YES
B6. A Pap Smear (a routine medical test in which the doctor examines the cervix)? <u>PAPSMEA4</u>	1	2
B7. A breast physical examination (a doctor or medical assistant feels for lumps in the breast)? <u>BRSTEXA4</u>	1	2
B8. A mammogram (an x-ray taken only of the breast by a machine that presses the breast against a glass plate)? <u>MAMOGRA4</u>	1	2

B9. Since your last study visit, are there any health services that you needed but did not receive?

HLTHSER4

No..... 1 (GO TO B10)
Yes..... 2 (GO TO B9a)

B9a. People fail to get health care for a variety of reasons. Have any of the following reasons prevented you from getting health care?

(PLEASE CIRCLE ONE NUMBER FOR EACH REASON)

	NO	YES
Insurance or health plan does not cover.....	1	2 <u>INSURAN4</u>
Cannot afford	1	2 <u>NOTAFER4</u>
Travel distance / lack of transportation	1	2 <u>NOTRANS4</u>
No health care provider	1	2 <u>NOPROVI4</u>
Too busy/ didn't have the time	1	2 <u>TOOBUSY4</u>
Don't trust doctors	1	2 <u>NOTRUST4</u>
I'm better off not knowing	1	2 <u>BETTROF4</u>
Other	1	2 <u>FAILOTH4</u>
Please specify _____		<u>#FAILSPE4</u>

B10. Since your last study visit, have you smoked cigarettes regularly (at least one cigarette a day)?

SMOKERE4

No..... 1 (GO TO B11)
Yes..... 2 (GO TO B10a)

B10a. IF YES: How many cigarettes, on average, do you smoke per day now?
(If NONE, please indicate with a (0) zero and answer B10b.)

_____ CIGARETTES PER DAY **AVCIGDA4**

B10b. IF NONE, (You stopped smoking), What was the last month you smoked?

_____ MONTH **#LASTSMO4**

The next questions are about your consumption of alcoholic beverages.

B11. Since your last study visit, did you drink any beer, wine, liquor, or mixed drinks?

DRNKBEE4

- No..... 1 (GO TO B15)
- Yes 2 (GO TO B12)

B12. 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.)

GLASBEE4

- 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 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)

GLASWIN4

- 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

B14. 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)

GLASLIQ4

- 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 (B15 to B18) focus on common events in some of our lives.

B15. The following items are about activities you might do during a typical day. Does your health now limit you a lot, a little or not at all in each of these activities?
(PLEASE CIRCLE ONE FOR EACH ACTIVITY)

	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 ACTI4</u>	1	2	3
b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf <u>M ACTI4</u>	1	2	3
c. Lifting or carrying groceries <u>LIFTING4</u>	1	2	3
d. Climbing one flight of stairs <u>CLIMB1 4</u>	1	2	3
e. Climbing several flights of stairs <u>CLIMBS4</u>	1	2	3
f. Bending, kneeling, or stooping <u>BENDING4</u>	1	2	3
g. Walking one block <u>WALK1 4</u>	1	2	3
h. Walking several blocks <u>WALKS4</u>	1	2	3
i. Walking more than a mile <u>WALKM4</u>	1	2	3
j. Bathing or dressing yourself <u>BATHING4</u>	1	2	3

B16. How much bodily pain have you had during the **past 4 weeks**? (CIRCLE ONE NUMBER)

1	2	3	4	5	6
None	Very mild	Mild	Moderate	Severe	Very Severe

BODYPAI4

B17. 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)

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

PAINTRF4

B18. 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 <u>past 4 weeks</u> , <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>PEP4</u>	1	2	3	4	5	6
b. Did you have a lot of energy? <u>ENERGY4</u>	1	2	3	4	5	6
c. Did you feel worn out? <u>WORNOUT4</u>	1	2	3	4	5	6
d. Did you feel tired? <u>TIRED4</u>	1	2	3	4	5	6

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

C1. **Since your last study visit**, did you watch television...(CIRCLE ONE ANSWER) **WATCHTV4**

- 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

C2. **Since your last study visit**, did you sweat from exertion...(CIRCLE ONE ANSWER)

SWEATPA4

- 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

C3. **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.)

CHORES4

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

C4. **Since your last study visit**, is your current level of physical activity at work performed for pay:

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

WORKPHY4

C5. **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):

PLANSPO4

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

C6. **Since your last study visit**, is your current level of other routine physical activity (such as walking, gardening, climbing stairs, etc.):

ROUTINE4

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

C7. Considering a usual 7-day period (a week) in the past year, how many times on the average did you do the following kinds of exercise or other physical activity for more than 15 minutes, not counting activity you do at work? (WRITE ON EACH LINE THE APPROPRIATE NUMBER)

TIMES PER WEEK

- a. **STRENUOUS EXERCISE/PHYSICAL ACTIVITY
(HEART RATE AND BREATHING INCREASE A LOT)** _____
(i.e., running, jogging, soccer, singles tennis, basketball, cross country skiing, judo, roller skating/blading, vigorous swimming, vigorous long distance bicycling, vigorous aerobic dance) **STRENEX4**
- b. **MODERATE EXERCISE/PHYSICAL ACTIVITY
(HEART RATE AND BREATHING INCREASE SOMEWHAT)** _____
(i.e., fast walking, doubles tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing popular and folk dancing, low impact aerobics, weight lifting/training) **MODEREX4**
- c. **MILD EXERCISE
(HEART RATE AND BREATHING INCREASE MINIMALLY)** _____
(i.e., yoga, tai chi, archery, fishing from river bank, bowling, golf, easy walking, stretching, body work, floor exercise, gardening) **MILDEX4**

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>STIFF4</u>	1	2	3	4	5
b. Back aches or pains? <u>ACHES4</u>	1	2	3	4	5
c. Cold sweats? <u>COLDSWE4</u>	1	2	3	4	5
d. Night sweats? <u>NITESWE4</u>	1	2	3	4	5
e. Vaginal dryness? <u>VAGINDR4</u>	1	2	3	4	5
f. Feeling blue or depressed? <u>FEELBLU4</u>	1	2	3	4	5
g. Dizzy spells? <u>DIZZY4</u>	1	2	3	4	5
h. Irritability or grouchiness? <u>IRRITAB4</u>	1	2	3	4	5
i. Feeling tense or nervous? <u>NRVOUS4</u>	1	2	3	4	5
j. Forgetfulness? <u>FORGET4</u>	1	2	3	4	5
k. Frequent mood changes? <u>MOODCHG4</u>	1	2	3	4	5
l. Heart pounding or racing? <u>HARTRAC4</u>	1	2	3	4	5
m. Feeling fearful for no reason? <u>FEARFUL4</u>	1	2	3	4	5
n. Headaches? <u>HDACHE4</u>	1	2	3	4	5
o. Hot flashes or flushes? <u>HOTFLAS4</u>	1	2	3	4	5

D7. During the past month, how often have you had trouble sleeping because you...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Cannot get to sleep within 30 minutes <u>NO30SLE4</u>	1	2	3	4
b. Wake up in the middle of the night or early in the morning <u>WAKEMID4</u>	1	2	3	4
c. Have to get up to use the bathroom <u>USEBATH4</u>	1	2	3	4
d. Cannot breathe comfortably <u>CANTBRT4</u>	1	2	3	4
e. Cough or snore loudly <u>SNORE4</u>	1	2	3	4
f. Feel too cold <u>TOOCOLD4</u>	1	2	3	4
g. Feel too hot <u>TOOHOT4</u>	1	2	3	4
h. Had bad dreams <u>BADREAM4</u>	1	2	3	4
i. Have pain <u>HAVPAIN4</u>	1	2	3	4
j. Other reason(s). <u>TRBSLEP4</u>	1	2	3	4
Please describe: <u>#OTHTRB4</u>				

D8. During the past month, how would you rate your sleep quality overall?

SLEEPQL4

Very good	1
Fairly good.....	2
Fairly bad	3
Very bad.....	4

D9. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?

MEDICIN4

Not during the past month.....	1
Less than once a week.....	2
Once or twice a week.....	3
Three or more times a week.....	4

D10. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

TRBAWAK4

- Not during the past month..... 1
- Less than once a week..... 2
- Once or twice a week..... 3
- Three or more times a week..... 4

D11. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

ENTHUS4

- No problem at all 1
- Only a very slight problem 2
- Somewhat of a problem 3
- A very big problem 4

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

D12. How often do you usually get up from bed at night to urinate? (CIRCLE ONLY ONE ANSWER)

GETUPUR4

- 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 6

D13. Since your last study visit, have you had any urinary tract infections?

UTI4

- 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.

D15. 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>NUTRIRE4</u>		
b. Herbs or herbal remedies, such as homeopathy or Chinese herbs or teas?	1	2
<u>HERBREM4</u>		
c. Psychological methods, such as meditation, mental imagery, or relaxation techniques?	1	2
<u>PSYCMET4</u>		
d. Physical methods, such as massage, acupressure, acupuncture, or chiropractic therapy?	1	2
<u>PHYSMET4</u>		
e. Folk medicine or traditional Chinese medicine?	1	2
<u>FOLKMED4</u>		
f. Any others?	1	2
<u>OTHRTHE4</u>		
IF YES, please specify: <u>#SPECOTH4</u>		

IF YOU CIRCLED YES TO ANY QUESTION IN D15, PLEASE ANSWER D16, OTHERWISE GO TO D17.

D16. How often do you discuss any of these treatments with a healthcare provider?

<u>DISCTRE4</u>	
Never.....	1
Sometimes.....	2
Often	3
Always	4

D17. People have different views of their religion/spirituality and there is commonly a range of views across people. If any items do not apply to you, please circle -1 for "Not Applicable".

	Many times a day	Every day	Most days	Some days	Once in a while	Never or almost never	Not Applicable
a. I find comfort in my religion/ spirituality. <u>COMFORT4</u>	1	2	3	4	5	6	-1
b. I feel God's presence. <u>PRESENC4</u>	1	2	3	4	5	6	-1
c. I feel a deep inner peace or harmony. <u>HARMONY4</u>	1	2	3	4	5	6	-1
d. I feel a selfless caring for others. <u>SELFLES4</u>	1	2	3	4	5	6	-1
e. I desire to be closer to, or in union with God. <u>UNION4</u>	1	2	3	4	5	6	-1
f. I am spiritually touched by the beauty of creation. <u>CREATIO4</u>	1	2	3	4	5	6	-1
g. I am thankful for my blessings. <u>BLESSIN4</u>	1	2	3	4	5	6	-1
h. I accept others even when they do things that I think are wrong. <u>ACCEPT4</u>	1	2	3	4	5	6	-1

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>STARTNE4</u>	1	2	3	4	5
b. Had trouble with a boss or conditions at work got worse? <u>WORKTRB4</u>	1	2	3	4	5
c. Quit, fired or laid off from a job? <u>QUITJOB4</u>	1	2	3	4	5
d. Took on a greatly increased work load at job? <u>WORKLOA4</u>	1	2	3	4	5
e. Husband/partner became unemployed? <u>PRTUNEM4</u>	1	2	3	4	5
f. Major money problems? <u>MONEYPR4</u>	1	2	3	4	5
g. Relations with husband/partner changed for the worse but without separation or divorce? <u>WOSRELR4</u>	1	2	3	4	5
h. Were separated or divorced or a long-term relationship ended? <u>RELATEN4</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>SERIPRO4</u>	1	2	3	4	5
j. A child moved out of the house or left the area? <u>CHILDMO4</u>	1	2	3	4	5
k. Took on responsibility for the care of another child, grandchild, parent, other family member or friend? <u>RESPCAR4</u>	1	2	3	4	5
l. Family member had legal problems or a problem with police? <u>LEGALPR4</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? <u>CRELDIE4</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>CLOSDIE4</u>	1	2	3	4	5
o. Major accident, assault, disaster, robbery or other violent event happened to yourself? <u>SELFVIO4</u>	1	2	3	4	5
p. r accident, assault, disaster, robbery or other violent event happened to a family member? <u>FAMLVIO4</u>	1	2	3	4	5
q. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? <u>PHYSILL4</u>	1	2	3	4	5
r. Other major event not included above? Specify: <u>MAJEVEN4</u> <u>#SPECEVNT</u>	1	2	3	4	5

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

F1. Are you currently employed for pay? **EMPLYP4**

No..... 1 (GO TO F2)
Yes 2

a. How rewarding is your job? (CIRCLE ONE NUMBER) **REWRDJ04**

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

b. How stressful is your job? (CIRCLE ONE NUMBER) **STRSSJ04**

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

F2. Are you currently caring for an older or disabled family member? **CRNTCAR4**

No..... 1 (GO TO F3)
Yes 2

a. How rewarding is your role as caregiver? (CIRCLE ONE NUMBER) **RWRDCAR4**

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) **STRSCAR4**

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

F3. Are you currently married or in a committed relationship?

CRNTMAR4

No..... 1 (GO TO F4)
Yes..... 2

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

RWRDREL4

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

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

STRSREL4

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

F4. Do you have any children or stepchildren?

CHILDRE4

No..... 1 (GO TO G1)
Yes..... 2

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

REWRDMO4

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)

STRSSMO4

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

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

G1. 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.)

#INCOME4 THPPOV4^{\$}

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

^{\$} G.1 Income categories have been condensed to THPPOV4 "Under 200 percent poverty" (Yes/No)

H1. Please indicate the extent you personally agree or disagree with the following statements about yourself.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Overall, going through the menopause or change of life will be, or was, a positive experience for me.	1	2	3	4	5
b. As I age, I feel worse about myself.	1	2	3	4	5
<u>POSITIV4</u> <u>WORSE4</u>					
c. During the menopause or the change of life, I became, or expect to become, irritable or depressed.	1	2	3	4	5
<u>MENODEP4</u>					
d. I will feel, or felt, regret when my periods stopped for the last time.	1	2	3	4	5
<u>REGRET4</u>					
e. Menopause is a midlife change that generally does not need medical attention.	1	2	3	4	5
<u>NO_MED4</u>					
f. Women with little free time hardly notice the menopause.	1	2	3	4	5
<u>H NOTIC4</u>					

H2. A number of **statements** that people have used to describe themselves are given below. Please read each statement and circle the number that represents **how you generally feel**. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer that seems to describe how you generally feel.

	Almost Never	Sometimes	Often	Almost Always
a. I am a steady person. <u>STEADPE4</u>	1	2	3	4
b. I feel satisfied with myself. <u>SATISEL4</u>	1	2	3	4
c. I feel nervous and restless. <u>RESTLESA4</u>	1	2	3	4
d. I wish I could be as happy as others seem to be. <u>WISHAPP4</u>	1	2	3	4
e. I feel like a failure. <u>LIKEFAI4</u>	1	2	3	4
f. I get in a state of turmoil or tension as I think over my recent concerns and interests. <u>TENSION4</u>	1	2	3	4
g. I feel secure. <u>FEELSEC4</u>	1	2	3	4
h. I lack self-confidence. <u>LACKSEL4</u>	1	2	3	4
i. I feel inadequate. <u>INADEQA4</u>	1	2	3	4
j. I worry too much over something that does not matter. <u>WORRYTO4</u>	1	2	3	4

H3. A number of statements that people use to describe themselves are given below. Read each statement and then circle the number that indicates **how you generally feel**.

	Almost Never	Sometimes	Often	Almost Always
a. I feel infuriated when I do a good job and get a poor evaluation. <u>INFURIA4</u>	1	2	3	4
b. It makes me furious when I am criticized in front of others. <u>FURIOUS4</u>	1	2	3	4
c. I feel annoyed when I am not given recognition for doing good work. <u>ANNOYED4</u>	1	2	3	4
d. I get angry when I'm slowed down by others' mistakes. <u>GETANGR4</u>	1	2	3	4

H4. Everyone feels angry or furious from time to time, but people differ in the ways they react when they are angry. A number of statements are listed below which people use to describe their reactions when they feel *angry* or *furious*. Read each statement and then fill in the circle with the number which indicates how *often* you *generally* react or behave in the manner described when you are feeling angry or furious. Remember that there are no right or wrong answers. Do not spend too much time on any one statement.

When Angry or Furious...	Almost Never	Sometimes	Often	Almost Always
a. I express my anger. <u>EXPRESS4</u>	1	2	3	4
b. I keep things in. <u>KEEPIN4</u>	1	2	3	4
c. I pout or sulk. <u>POUTSUL4</u>	1	2	3	4
d. I withdraw from people. <u>WITHDRA4</u>	1	2	3	4
e. I make sarcastic remarks to others. <u>SARCAST4</u>	1	2	3	4
f. I do things like slam doors. <u>SLAMDOO4</u>	1	2	3	4
g. I boil inside, but I don't show it. <u>BOILINS4</u>	1	2	3	4
h. I argue with others. <u>ARGUE4</u>	1	2	3	4
i. I tend to harbor grudges that I don't tell anyone about. <u>GRUDGES4</u>	1	2	3	4
j. I strike out at whatever infuriates me. <u>STRIKOU4</u>	1	2	3	4
k. I am secretly quite critical of others. <u>CRITICA4</u>	1	2	3	4
l. I am angrier than I am willing to admit. <u>ANGRIER4</u>	1	2	3	4
m. I say nasty things. <u>NASTY4</u>	1	2	3	4
n. I'm irritated a great deal more than people are aware of. <u>IRRITAT4</u>	1	2	3	4
o. I lose my temper. <u>TEMPER4</u>	1	2	3	4
p. If someone annoys me, I'm apt to tell him or her how I feel. <u>ANNOYSM4</u>	1	2	3	4

H5. Here are some questions about what it is like to live in your neighborhood. By neighborhood, we mean the area around where you live and around your house. It may include places you shop, religious or public institutions, or a local business district. It is the general area around your house where you might perform routine tasks, such as shopping, going to the park, or visiting with neighbors. For each of these statements, please indicate whether you: Strongly agree, Agree, Disagree, or Strongly disagree. (PLEASE CIRCLE ONE FOR EACH LINE.)

	Strongly agree	Agree	Disagree	Strongly disagree
a. This is a close-knit neighborhood. <u>CLOSKNI4</u>	1	2	3	4
b. People around here are willing to help their neighbors. <u>WILLHEL4</u>	1	2	3	4
c. People in this neighborhood generally don't get along with each other. <u>GETALON4</u>	1	2	3	4
d. People in this neighborhood can be trusted. <u>TRUSTED4</u>	1	2	3	4
e. People in this neighborhood do not share the same values. <u>SHAREVA4</u>	1	2	3	4

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

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

SECTION A. GENERAL INFORMATION

- A1. RESPONDENT ID: AFFIX ID LABEL HERE ARCHID
- A2. SWAN STUDY VISIT # _____ #VISIT
-
- A3. FORM VERSION:
 $\frac{0}{M}$ $\frac{1}{M}$ / $\frac{0}{D}$ $\frac{1}{D}$ / $\frac{2}{Y}$ $\frac{0}{Y}$ $\frac{0}{Y}$ $\frac{0}{Y}$
 #FORM_V
- A4. DATE FORM COMPLETED:
_____ / _____ / _____
M M D D Y Y Y Y
 SABDAY4[†]
- A5. INTERVIEWER'S INITIALS: _____ #INITS
- A6. RESPONDENT'S DOB:
_____ / _____ / $\frac{1}{Y}$ $\frac{9}{Y}$ _____
M M D D Y Y Y Y
 #DOB
VERIFY WITH RESPONDENT
-
- A7. COMPLETED IN: #LOCATIO4
- 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: LANGSAB4
- ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? #ADMIN4
- NO 1
YES 2

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

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.

B1. How important is sex in your life? (CIRCLE ONE NUMBER) **IMPORSE4**

1	2	3	4	5
Extremely Important	Quite Important	Moderately Important	Not Very Important	Not At All Important

B2. During the past 6 months, how often have you felt a desire to engage in any form of sexual activity, either alone or with a partner? (CIRCLE ONE NUMBER) **DESIRSE4**

1	2	3	4	5
Not At All	Once or Twice/Month	About Once/Week	More Than Once/Week	Daily

B3. During the past 6 months, have you engaged in sexual activities with a partner? (CIRCLE ONE NUMBER) **ENGAGSE4**

No..... 1 (GO TO B3.a) 
 Yes 2 (GO TO B4)

B3.a People do not engage in sexual activities with partners for many reasons. Please circle 1 (NO) or 2 (YES) for each reason listed below. Please answer all four questions.

I have not had sex in the last 6 months because:

	NO	YES
1) I do not have a partner at this time. <u>NOPARTN4</u>	1	2
2) My partner has a physical problem that interferes with sex. <u>PARTPRO4</u>	1	2
2) I have a physical problem that interferes with sex. <u>PHYSPRO4</u>	1	2
3) Other: Please Specify _____ <u>NOSEXOT4</u> <u>#NOSEXSP4</u>	1	2

PLEASE TURN TO PAGE 5, AND ANSWER QUESTION B13.

B4. In the past 6 months, how physically pleasurable was your relationship with your partner:

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

PHYSPLE4

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

SATISFY4

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>KISSING4</u>	1	2	3	4	5
b) Sexual touching or caressing? <u>TOUCHIN4</u>	1	2	3	4	5
c) Oral sex? <u>ORALSEX4</u>	1	2	3	4	5
d) Sexual intercourse? <u>INTCOUR4</u>	1	2	3	4	5

Please answer the following questions, B7 - B9, about sexual activity with your partner(s).

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

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

AROUSED4

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

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

PELVIC4

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

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

LUBRICN4

Please answer the following questions, B10 - B12, about sexual activity with your partner(s).

B10. During the past six months, how often were you able to reach climax (come)?

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

ABLECLM4

B11. During the past six months, how often did you feel satisfied after sexual activity?

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

SATISFD4

B12. During the past six months, how often were you satisfied with the frequency of sexual activity?

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

FREQUEN4

B13. 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

MASTURB4

We have a few final questions. We are asking these questions to gather information about the risk of acquiring HIV/AIDS and other sexually transmitted diseases. We understand that these questions are very personal. There are many women in this study with a wide range of experiences. We ask these questions of all participants in this study. Your answers are important to this research study and will be kept confidential.

B14. Thinking back, with how many men have you had intercourse in the past 10 years? **MEN10YR4**

- Zero 1 (GO TO B17)
- One 2
- Two 3
- Three..... 4
- Four - ten 5
- More than 10..... 6

B14b. Over the past ten years, have you typically used a condom with your male partner(s)? **CONDM104**

- NO 1
- YES 2

B15. Over the past 6 months, how many men have you had intercourse with? **MEN6MOS4**

- Zero 1 (GO TO B17)
- One 2
- Two..... 3
- Three..... 4
- Four - ten 5
- More than 10..... 6

B16. In the past 6 months, did you or your male partner(s) regularly use any method (including abstinence) to keep from catching sexually transmitted diseases such as genital herpes, chlamydia or HIV/AIDS? **METHOD4**

- NO 1
- YES 2

B16b. Which of the following methods have you used regularly?
(CIRCLE ONLY ONE ANSWER ON EACH LINE)

- | | | NO | YES |
|----|---|-----------|------------|
| a. | Condom <u>CONDOM4</u> | 1 | 2 |
| b. | Diaphragm <u>DIAPHRA4</u> | 1 | 2 |
| c. | Spermicide jelly, foam or cream <u>SPERMIC4</u> | 1 | 2 |
| d. | Sponge <u>SPONGE4</u> | 1 | 2 |
| e. | Abstinence/no sexual intercourse <u>ABSTINC4</u> | 1 | 2 |
| f. | Other (specify) _____ <u>METHOTH4</u>
<u>#METHSPE4</u> | 1 | 2 |

B17. What are your chances of getting HIV (AIDS virus)?
(CIRCLE ONLY ONE ANSWER)

#HIVAIDS4

- High..... 1
- Medium 2
- Low 3
- None..... 4
- Already have the virus 5

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.

Section B. Measurements

- B.1. ARM LENGTH . cm #ARMLNGT4
- B.2. ARM CIRCUMFERENCE . cm #ARMCIRC4
- B.3. CUFF SIZE USED (Circle one.) #CUFFSIZ4
- | | |
|--------------|----------------|
| 1. Pediatric | 3. Large Adult |
| 2. Adult | 4. Thigh |

Wait 5 minutes before measurements. Respondent is to sit quietly for 5 minutes with feet flat on the floor (legs uncrossed) and is to refrain from talking during the measurements.

WAIT 2 MINUTES BETWEEN EACH BLOOD PRESSURE READING.

- B.4. PULSE beats/30 sec **PULSE4**
- B.5. BLOOD PRESSURE #1 (SYS./DIA. 5thPhase) **SYSBP14/ DIABP14** / mmHg
- B.6. BLOOD PRESSURE #2 (SYS./DIA. 5thPhase) **SYSBP24/ DIABP24** / mmHg

Ask the respondent to remove her shoes before measuring height and weight.

- B.7. HEIGHT **HEIGHT4** . cm
- B.7.1. Measurement Method **HTMETHO4** 1. Stadiometer 2. Portable
- B.8. WEIGHT **WEIGHT4** . kg
- B.8.1. Scales **SCALE4** 1. Balance Beam 2. Clinic Digital 3. Portable
- B.9. WAIST CIRCUMFERENCE **WAIST4** . cm
- B.9.1. Measurement taken in: **WASTMEA4** 1. Undergarments 2. Light clothing
- B.10. HIP CIRCUMFERENCE **HIP4** . cm
- B.10.1. Measurement taken in: **HIPMEAS4** 1. Undergarments 2. Light clothing
- B.11. **Please note if there were any unusual circumstances or deviations from the protocol.**

#DEVIATE4

ADDITIONAL PHYSICAL MEASURES

One additional measure, BMI4, has been made available:

<i>Variable</i>	<i>Meaning</i>	<i>Values</i>
BMI4	Body Mass Index	numeric

BMI4 is calculated as weight in kilograms divided by the square of height in meters.

Study of Women's Health Across the Nation

COGNITIVE FUNCTION FORM

ANNUAL FOLLOW-UP

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE
 ARCHID

A2. SWAN STUDY VISIT # _____ #VISIT

A3. FORM VERSION: 01/01/2000 #FORM_V

A4. DATE FORM COMPLETED: ____ / ____ / ____
MM D D Y Y Y Y COGDAY4†

A5. INTERVIEWER'S INITIALS: ____ #INITS

A6. RESPONDENT'S DOB: ____ / ____ / 1 9 ____
M M D D Y Y Y Y #DOB

VERIFY WITH RESPONDENT

A7. COMPLETED IN: #LOCATIO4

RESPONDENT'S HOME 1
CLINIC / OFFICE 2

A8. INTERVIEW LANGUAGE: LANGCOG4

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

A9. START TIME _____ : _____ AM...1 #STRTAMP4
#START4 PM...2

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

EAST BOSTON MEMORY TEST

I have some questions that involve remembering things and concentrating. Please try your best.

INTERVIEWER NOTE: RECORD ALL ANSWERS PROVIDED BY THE PARTICIPANT. ALL RESPONSES MUST BE GIVEN **WITHOUT** ANY AID TO MEMORY.

I. IMMEDIATE RECALL OF STORY

Now I would like to ask you to try to remember a short story.

First, I'm going to read you a short story and when I'm through, I'm going to wait a few seconds and then ask you to tell me as much as you can remember.

The story is:

Three children were alone at home and the house caught on fire. A brave fireman managed to climb in a back window and carry them to safety. Aside from minor cuts and bruises, all were well.

WAIT FIVE SECONDS, THEN SAY: Please tell me the story.

RECORD RESPONSE VERBATIM

- IMEDTHR4 _____
- IMEDCH14 _____
- IMEDHOU4 _____
- IMEDFIR4 _____
- IMEDFMN4 _____
- IMEDCLM4 _____
- IMEDCH24 _____
- IMEDRES4 _____
- IMEDMIN4 _____
- IMEDINJ4 _____
- IMEDEV4 _____
- IMEDWEL4 _____

SCORE EACH IDEA AS PRESENT OR ABSENT

Three	1	0
Children	1	0
House	1	0
On Fire	1	0
Fireman	1	0
Climb In	1	0
Children	1	0
Rescued	1	0
Minor	1	0
Injuries	1	0
Everyone	1	0
Well	1	0
Total Ideas	TOTIDE14	

Idea	Present	Absent
------	---------	--------

B. SYMBOL DIGIT MODALITIES TEST

Now, we are going to try something a little different.

PLACE THE LAMINATED TEST FORM IN FRONT OF RESPONDENT RESPONSES ON A BLANK SDMT FORM.

POINT TO KEY AT TOP OF PAGE AND SAY: Look at these boxes. Notice that each box has a little mark in the upper part and a number in the lower part. Each mark has its own number. Now look down here. [POINT]

Notice that the boxes on the top have marks, but the boxes on the bottom are empty. I want you to call out the number that goes with each mark. For example, look at the first mark and then look at the key. [POINT]

The number 1 goes with the first mark. So you call out the number 1 for the first box.

POINT OUT NEXT 2 ANSWERS: A 5 goes with this mark, and a 2 goes with this mark.

Now what number belongs in the next box?

POINT TO BOX IF NECESSARY. RECORD RESPONSE.

IF RESPONSE IS CORRECT, SAY: Good. You have the idea.

IF RESPONSE IS INCORRECT, SAY: No, that is a 1. AND POINT TO THE APPROPRIATE SYMBOL/ITEM PAIR IN KEY.

Now, for practice, tell me the numbers that belong in the rest of the boxes up to this line.

DRAW OVER THE DOUBLE LINE IN THE PRACTICE ROW.

Use your finger as you move along the row so you don't get lost.

RECORD RESPONSES TO REMAINING PRACTICE ITEMS (ANSWERS: 3 6 2 4 1 6). IMMEDIATELY CORRECT EACH ERROR AS ABOVE. RECORD "0" FOR NON-NUMERIC RESPONSES.

REINSTRUCT AND/OR ENCOURAGE GUESSING IF RESPONDENT IS CONFUSED ON THE PRACTICE ROW; E.G., If you don't know, guess a number from 1 to 9, and I'll tell you if you're right or wrong.

AFTER PRACTICE ROW IS COMPLETED, SAY:

Good, you know how to do them. I have some more of these I want you to do. When I tell you to begin start here [POINT TO THE FIRST SQUARE TO RIGHT OF DOUBLE LINE] and call out the numbers just like you have been doing until I say 'Stop.' If you make a mistake, tell me what you think the correct answer is. Do not skip any boxes and work as quickly as you can. Ready? Begin.

START TIMER AT "BEGIN," ALLOW 90 SECONDS, AND THEN SAY: Stop.

RECORD RESPONSES.

DO NOT REINSTRUCT FURTHER; IF PRESSED, SAY: Just do the best you can.

C. SYMBOL DIGIT MODALITIES TEST SCORING:

1. Administration status (1, 6-9) _____

1 = test administered

SDMTSTA4

6 = Not administered because of physical impairment

SDMTSPE4

7 = Not administered because of verbal refusal

8 = Not administered because of a behavioral reason

9 = Not administered for some other reason

2. Number of Test Administrations

SDMTADM4 _____

3. Number of Practice Items Correct (0-7)

SDMTPRA4 _____

4. Number of Test Items Attempted (0-110)

SDMTATM4 _____

5. Number of Test Items Correct (0-110)

SDMTCOR4 _____

D. DIGITS BACKWARD

ADMINISTRATION: MAKE SURE YOU HAVE RESPONDENT'S ATTENTION BEFORE PRESENTING EACH ITEM. READ DIGITS CLEARLY AT ONE-PER-SECOND RATE, LETTING VOICE PITCH DROP/RISE ON LAST DIGIT. PRESENT EACH ITEM ONLY ONCE. IF REPETITION IS REQUESTED, SAY: Just tell me what you can remember.

DISCONTINUE AFTER TWO CONSECUTIVE ERRORS AT A GIVEN ITEM LENGTH (e.g., IF BOTH 4a AND 4b ARE ERRORS). IF REQUESTED, REINSTRUCT: After I say the numbers, you are to say them backwards.

IF RESPONDENT REPEATS THE NUMBERS FORWARD, SCORE THE RESPONSE AS AN ERROR (0) AND REINSTRUCT AS ABOVE. ONLY ONE UNREQUESTED REINSTRUCTION IS PERMITTED.

SCORING: CLASSIFY EACH RESPONSE AS ERROR (0) OR CORRECT (1) AND ENTER THE SCORE IN THE SPACE PROVIDED. FOR ITEMS NOT ADMINISTERED DUE TO BRANCHING OR DISCONTINUATION RULE, PLACE AN "-1" IN THE SPACE PROVIDED; FOR ITEMS NOT ADMINISTERED FOR ANY OTHER REASON, ENTER THE APPROPRIATE CODE: 6 = PHYSICAL IMPAIRMENT; 7 = VERBAL REFUSAL; 8 = BEHAVIORAL REASON; 9 = OTHER REASON.

INSTRUCTION: Now, let's move on to another part. I am going to say some numbers. When I stop, I want you to say them backwards.

ITEM

RESPONSE CODE

P1. Try this one : 2 – 8 – 3.” _____

IF CORRECT (1), SAY: That's right. Now I have some more numbers. Remember, you are to say them backwards.

[GO TO 1a]

IF ERROR (0), SAY: No, I said 2 – 8 – 3, so to say them backwards, you would need to say 3 – 8 – 2.

[GO TO P2]

P2. Try this one. Remember, you are to say them backwards. Ready? 1 – 5 – 8. _____

IF CORRECT (1), SAY: That's right. Now I have some more numbers. Remember, you are to say them backwards.

[GO TO 1a]

IF ERROR (0), SAY: No, I said 1 – 5 – 8, so to say them backwards, you would need to say 8 - 5 - 1. Now I have some more numbers. Remember, you are to say them backwards.

DIGITS BACKWARD (CONTINUED)

1 = Correct; 0 = Error
 -1 = Not Administered due to discontinuation rule
 6 = Not administered because of physical impairment
 7 = Not administered because of verbal refusal
 8 = Not administered because of behavioral reason
 9 = No administered for some other reason

<i>Item</i>	<i>Response Code</i>
1a. Ready? 5 – 1	<u>DIGIT1A4</u> _____
1b. Here is another: 3 – 8	<u>DIGIT1B4</u> _____
2a. Here is another: 4 – 9 – 3	<u>DIGIT2A4</u> _____
2b. Here is another: 5 – 2 – 6	<u>DIGIT2B4</u> _____
3a. Here is another: 3 – 8 – 1 – 4	<u>DIGIT3A4</u> _____
3b. Here is another: 1 – 7 – 9 – 5	<u>DIGIT3B4</u> _____
4a. Here is another: 6 – 2 – 9 – 7 – 2	<u>DIGIT4A4</u> _____
4b. Here is another: 4 – 8 – 5 – 2 – 7	<u>DIGIT4B4</u> _____
5a. Here is another: 7 – 1 – 5 – 2 – 8 – 6	<u>DIGIT5A4</u> _____
5b. Here is another: 8 – 3 – 1 – 9 – 6 – 4	<u>DIGIT5B4</u> _____
6a. Here is another: 4 – 7 – 3 – 9 – 1 – 2 – 8	<u>DIGIT6A4</u> _____
6b. Here is another: 8 – 1 – 2 – 9 – 3 – 6 – 3	<u>DIGIT6B4</u> _____

[NOTE: DISCONTINUE TEST AFTER 2 CONSECUTIVE ERRORS AT THE SAME ITEM LENGTH]

F. DELAYED RECALL OF STORY

Please recall the short story I read a few moments ago and tell me as much as you can remember of the story now.

RECORD RESPONSE VERBATIM

SCORE EACH IDEA AS PRESENT OR ABSENT

DLAYTHR4

DLAYCH14

DLAYHOU4

DLAYFIR4

DLAYFMN4

DLAYCLM4

DLAYCH24

DLAYRES4

DLAYMIN4

DLAYINJ4

DLAYEVR4

DLAYWEL4

Idea	Present	Absent
Three	1	0
Children	1	0
House	1	0
On Fire	1	0
Fireman	1	0
Climb In	1	0
Children	1	0
Rescued	1	0
Minor	1	0
Injuries	1	0
Everyone	1	0
Well	1	0
Total Ideas	TOTIDE24	

G. PLACEMENT OF COGNITIVE PROTOCOL

FOR EACH PROTOCOL COMPONENT LISTED BELOW, INDICATE WHETHER OR NOT EACH WAS COMPLETED AT THE SAME STUDY VISIT/DATE PRIOR TO THE ADMINISTRATION OF THE COGNITIVE ASSESSMENT. UNDER "OTHER", LIST ANY OTHER COMPONENTS ADMINISTERED PRIOR TO COGNITIVE ASSESSMENT AT THE SAME VISIT SESSION (i.e., SCID, SITE-SPECIFIC, ETC.)

PROTOCOL COMPONENT:	COMPLETED PRIOR TO COGNITIVE ASSESSMENT?		
	NO	YES	NOT APPLICABLE
CONSENT #CONSENT4	1	2	-1
INTERVIEWER ADMINISTERED FORM #INTADMI4	1	2	-1
BLOOD PRESSURE MEASUREMENTS #BLDPRSS4	1	2	-1
BLOOD DRAW #BLODDRA4	1	2	-1
ANTHROPOMETRIC MEASUREMENTS	1	2	-1

	#ANTHROP4			
SAQ A	#SELFA4	1	2	-1
SAQ B	#SELFB4	1	2	-1
DHS ASSESSMENT	#DHSASMN4	1	2	-1
BONE DENSITY	#BONEDNS4	1	2	-1
OTHER (If yes, specify protocol(s) done prior to Cognitive Assessment):		1	2	
	#OTHSTDY4			
	#OTHPRO14			
	#OTHPRO24			
	#OTHPRO34			
	#OTHPRO44, OTHPRO54			

ADDITIONAL MEASURES COLLECTED

The following measures that were collected at Visit 04 have been included in the codebook:

SERUM HORMONE MEASURES

1. *Variables for assays*

<i>Variable</i>	<i>Assay</i>	<i>Units</i>
DHAS4	Dehydroepiandrosterone sulfate	ug/dL
E2AVE4*	Estradiol (see important note below)	pg/mL
FSH4	Follicle-stimulating hormone	mIU/mL
SHBG4	Sex hormone-binding globulin	nM
T4	Testosterone	ng/dL
TSH4	Thyroid stimulating hormone	uIU/mL

*** 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>
CYCDAY4	Day of cycle	n/a
FLGCV4	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%.	0=no, 1=yes
FLGDIF4	<p>One or both Estradiol results ≤ 20 pg/mL and the difference between them is > 10 pg/mL.</p> <p>Note: Differences were found between some of the Estradiol duplicate measurements. The following guidelines were decided upon:</p> <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:

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
	Feb 21, 2006 ~	<0.8 mIU/mL
SHBG	~ 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
	Mar. 23, 2006 ~	<3.2 nM
T	~ 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
TSH	~ Sep. 24, 2000	<0.03 uIU/mL (Initial value)
	Sep. 25, 2000 ~ Jun. 21, 2006	<0.13 uIU/mL
	Jun. 22, 2006 ~ Mar. 26, 2007	<0.011 uIU/mL
	Mar. 27, 2007 ~	<0.01 uIU/mL

CARDIOVASCULAR MEASURES

1. *Variables for assays*

Variable	Assay	Units
CHOLRES4	Total cholesterol	mg/dl
TRIGRES4	Triglycerides	mg/dl
LDLRESU4	Low-density lipoprotein cholesterol (estimated)	mg/dl
HDLRESU4	High density lipoprotein cholesterol	mg/dl
GLUCRES4	Glucose	mg/dl
INSURES4	Insulin	uIU/ml
PAIRESU4	PAI-1	ng/ml
TPARESU4	tPA	ng/ml
LPARESU4	Lipoprotein Lp(a)	mg/dl
APOARES4	Apolipoprotein A-1	mg/dl
APOBRES4	Apolipoprotein B	mg/dl
CRPRESU4	C-reactive protein	mg/l

2. *Flags and other variables*

<i>Variable</i>	<i>Meaning</i>	<i>Codes</i>
<u>FLAGSER4</u>	Flag to indicate that lipids were measured on serum rather than plasma because plasma was not available. Lipids for these subjects were <u>not</u> set to missing.	0=no, 1=yes
<u>FLGCVRV4</u>	Flag to indicate the sample was collected after the cut-off date for Visit 1 (01/31/2002)	0=no, 1=yes

*1=yes means flagged

3. *Changes to the data:*

- Non-fasting Triglycerides, Insulin, & Glucose - If women were not fasting, triglycerides, insulin and glucose were set to missing in the frozen data set because these assays are not valid for non-fasting samples.
- Estimated vs. Direct LDL. LDL is estimated using the Friedewald equation for all women with triglycerides below 400 mg/dl. If triglycerides exceed 400 mg/dl, LDL is set to missing.
- Serum lipids. A few subjects had their lipids measured from serum rather than plasma. The results were left as is but subjects were flagged (FLAGSER1=1).

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