



FOLLOW-UP VISIT 07

CODEBOOK

ARCHIVED DATASET 2018

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DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 07 DATASET

1. Who is included in the public use dataset:

The dataset contains follow-up visit 7 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, and Chicago, IL. Data was not collected from New Jersey for this visit.

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 7. 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 7 Self-Administered Questionnaire Part A was collected 7 years after the baseline interview, the day for the Self-Administered Part A would be day 2555 and the Baseline Interview would be day 0.

All variables for visit 7 have a 7 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.
- CES-D scores can be created from the questions in F.3.
- A perceived stress score can be created from questions in F.2.
- In depth complementary and alternative medicine questions are asked in questions C.1 through C.21. Whereas visit 6 had the questions as part of the self-administered questionnaire, this visit included the questions in the interview portion of the visit.
- The flag FLGINTV7 is set for the 3 participants who completed the questionnaire before visit 7 began (5/15/2003).
- Several form versions of the interview could be administered, depending on the amount of time available or the location of the visit. The flag FORMINT7 was set to indicate which version of the interview was administered:
 - a) FUI indicates participants that completed the full interview.
 - b) AINT (Abbreviated FU interview) (94 participants) completed an abbreviated interview in combination with either an abbreviated or full Self-Administered Part A form.
 - c) AFUI (Abbreviated Plus FU Interview) (21 participants) completed a new abbreviated form of the interview made available with visit 7 that comprised key questions from the interview and Self-Administered Questionnaire – Part A.
 - d) OFUI (One Hour Abbreviated Follow-up Interview) (24 participants) completed another new abbreviated form of the interview made available with visit 7 that comprised key questions from the interview and Self-Administered Questionnaire – Part A where the participant said they had one hour available.

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. Two new abbreviated versions of the Self-A (AFUI and OFUI) are described above. The flag FORMSAA7 delineates those who did the full questionnaire (SAA) from the 80 participants who did the abbreviated questionnaire (AIN), the 20 that did the phone interview (PAT), the 21 that did the abbreviated plus follow-up interview (AFU) and the 16 that did the one hour abbreviated follow-up (OFU).

- In general, any 'Other, specify' text field is not included in the dataset.
- The income question E.1 was condensed into a dichotomous variable THPPOV7 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.9 (SMOKERE7) and an answer greater than 0 for B.9a (AVGCIGDA7).
- Positive and Negative Affect Schedule (PANAS) Scores can be derived from questions F.1.a through F.1.t. A subset of the participants answered the Japanese version, which has 22 culturally appropriate items rather than the 20 items asked on the English version. There is no direct correlation between the two versions, so all Japanese items have been set to missing. In addition, question F.1.b has been set to missing because 'disinterested' was on the form, but the correct PANAS term is 'distressed.' It is suggested that the raw 9 item negative affect score, when multiplied by 1.112, can be made comparable to the positive affect score and the outcomes found in the literature.
- Spielberger Trait Anxiety Inventory can be calculated from questions G.1.a-j. This is normally a 20-item scale, but SWAN uses only 10 items. A score can be derived by reversing applicable questions so that all items are positively scored, and then summing the items. A higher total value indicates high trait anxiety.
- Interpersonal Mistreatment and Discrimination Scale Factors can be calculated from the items in H.1.a-j.
- The Hopelessness Scale from the Kuopio Ischemic Heart Disease Study can be calculated from questions J.1.a and J.1.b. These items are reverse-coded and summed to create a hopelessness score.
- The flag FLGSAAV7 is set for the 2 participants who completed the questionnaire after the 03/21/2005 cutoff, and also for the seven participants that completed the questionnaire before Visit 7 began (5/13/2003).

Physical Measures

- In addition to the variables on the form, BMI7 was also calculated as weight in kilograms divided by the square of height in meters.
- The flag FORMPHY7 is set for the participants who completed either the full physical (PHY), abbreviated interview (AIN), or the phone interview (PAT). No physical measures were performed for the abbreviated or phone interview (AIN and PAT); however, self-reported weight was collected on the abbreviated interview.

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, Faces (both immediate and delayed recall) and the Digits Backward Test.
- The flag FLGCOGV7 is set for the three participants who completed the questionnaire before Visit 7 began (5/15/2003).
- 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
 - 10 = Administered but not according to protocol

Additional Measures

Several variables pertaining to the blood draw (serum hormone and cardiovascular measures) that were part of the follow-up interview were moved to a separate questionnaire. Those variables are now included in this part of the data dictionary.

Serum Hormone Measures

The Visit 7 hormone results are included. Of special note is that the estradiol assay was run in duplicate. The average (E2AVE7) 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.

Cardiovascular Measures

The Visit 7 cardiovascular results are included. A flag (FLAGSER7) indicates that the lipids were measured on serum rather than plasma because plasma was not available. Fibrinogen, Factor VII, and Lipoprotein A-1 were only run on half the participants.

Bioimpedance Measures

Body composition was measured using bioimpedance equipment. Percent body fat (equation provided by Dr. MaryFran Sowers), skeletal muscle mass (Janssen, 2000), fat free mass, total body water, and percent body fat (all provided by RJL Systems and validated using NHANES III data (Chumlea, 2002)) are also provided. MISSPHY7 flags where missing physical measures caused the created variables to be missing, and MISSCON7 flags where conductance was missing. A flag (FLAGSRP7) indicates where self-reported physical measures were used in calculations.

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 (INTDAY7, SAADAY7, PHYDAY7, HRMDAY7, CVRDAY7, SPEDAY7, COGDAY7, BIODAY7, CAMDAY7, HYSTDAY7, LMPDAY7, HORMDAY7) 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.

Date Data Entered / Initials _____

Date Verified / Initials _____

ANNUAL FOLLOW-UP INTERVIEW

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID~**

A2. SWAN STUDY VISIT # 07 **VISIT**

A3. FORM VERSION: 03/03/2003 **#FORM_V**

A4. DATE FORM COMPLETED: / / / / / / /
M M D D Y Y Y Y **INTDAY7†**

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

A6. RESPONDENT'S DOB: / / / / / / /
M M D D Y Y Y Y **#DOB**

VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN: **#LOCATIO7**

- RESPONDENT'S HOME.....1
- CLINIC/OFFICE2
- RESPONDENT'S HOME BY PROXY.....3
- CLINIC/OFFICE BY PROXY4
- TELEPHONE.....5
- TELEPHONE BY PROXY.....6

A8. INTERVIEW LANGUAGE: **LANGINT7**

- ENGLISH1
- SPANISH2
- CANTONESE3
- JAPANESE4

A9. Are you currently pregnant? **PRGNAN7**

- NO.....1
- YES.....2
- DON'T KNOW8

~ 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.

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

REFER TO THE “MEDICATION REFERENCE LIST” AS PER PROTOCOL.

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. 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
B1. Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)?	1	2	<u>#ACOEN17,#ACOAMD17</u>	1	<u>ACOATW17</u> 2	1	<u>#ACOVR17</u> 2
	1	2	<u>#ACOEN27,#ACOAMD27</u>	1	<u>ACOATW27</u> 2	1	<u>#ACOVR27</u> 2
B2. Anything for your heart or heartbeat, including pills or patches?	1	2	<u>#HARTEN17,#HARTMD17</u>	1	<u>HARTTW17</u> 2	1	<u>#HARTVR17</u> 2
	1	2	<u>#HARTEN27,#HARTMD27</u>	1	<u>HARTTW27</u> 2	1	<u>#HARTVR27</u> 2
B3. Any medications for cholesterol or fats in your blood?	1	2	<u>#CHOLEN17,#CHOLMD17</u>	1	<u>CHOLTW17</u> 2	1	<u>#CHOLVR17</u> 2
	1	2	<u>#CHOLEN27,#CHOLMD27</u>	1	<u>CHOLTW27</u> 2	1	<u>#CHOLVR27</u> 2
B4. Blood pressure pills?	1	2	<u>#BPEN17, #BPMED17</u>	1	<u>BPTW17</u> 2	1	<u>#BPVER17</u> 2
	1	2	<u>#BPEN27, #BPMED27</u>	1	<u>BPTW27</u> 2	1	<u>#BPVER27</u> 2
		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	

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

	NO	YES		NO	YES	NO	YES
B5. Diuretics for water retention? <u>DIURET17</u> <u>DIURET27</u>	1	2	<u>#DIUREN17, DIURMD17</u>	1	<u>2</u>	1	<u>2</u>
	1	2	<u>#DIUREN27, DIURMD27</u>	1	<u>2</u>	1	<u>2</u>
B6. Thyroid pills? <u>THYROI17</u> <u>THYROI27</u>	1	2	<u>#THYREN17, THYRMD17</u>	1	<u>2</u>	1	<u>2</u>
	1	2	<u>#THYREN27, THYRMD27</u>	1	<u>2</u>	1	<u>2</u>
B7. Insulin or pills for sugar in your blood? <u>INSULN17</u> <u>INSULN27</u>	1	2	<u>#INSUEN17, INSUMD17</u>	1	<u>2</u>	1	<u>2</u>
	1	2	<u>#INSUEN27, INSUMD27</u>	1	<u>2</u>	1	<u>2</u>
B8. Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti-depression medication? ? <u>NERVS17, NERVS27</u>	1	2	<u>#NERVEN17, NERVMD17</u>	1	<u>2</u>	1	<u>2</u>
	1	2	<u>#NERVEN27, NERVMD27</u>	1	<u>2</u>	1	<u>2</u>
B9. Steroid pills such as Prednisone, or cortisone? <u>STEROI17, STEROI27</u>	1	2	<u>#STEREN17, STERMD17</u>	1	<u>2</u>	1	<u>2</u>
	1	2	<u>#STEREN27, STERMD27</u>	1	<u>2</u>	1	<u>2</u>
B10. Fertility medications to help you get pregnant (such as Pergonal, Clomid, Fertinex, Gonal-F, Follistim or Repronex)? <u>FERTIL17</u> <u>FERTIL27</u>	1	2	<u>#FRTLEN17, FRTLMD17</u>	1	<u>2</u>	1	<u>2</u>
	1	2	<u>#FRTLEN27, #FRTLMD27</u>	1	<u>2</u>	1	<u>2</u>

REFER TO HORMONES ON THE “MEDICATION REFERENCE LIST” AS PER PROTOCOL.

- 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	#BCPEN17, #BCPMED17	1	2	1	2
<u>BCP17</u>			_____		<u>BCPTWI17</u>		#BCPVER17
<u>BCP27</u>	1	2	#BCPEN27, #BCPMED27	1	2	1	2
			_____		<u>BCPTWI27</u>		#BCPVER27

B11.d For your most recent use, what was the primary reason for taking birth control pills? BCREAS7

- 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_S7 _____
- DON'T KNOW-8

	NO	YES		NO	YES	NO	YES
B12. Estrogen pills	1 (B13)	2	#ESTREN17, #ESTRMD17	1	2	1	2
(such as Premarin,			_____		<u>ESTRTWI17</u>		#ESTRVR17
Estrace, Ogen, etc)?	1	2	#ESTREN27, #ESTRMD27	1	2	1	2
<u>ESTROG17,ESTROG27</u>			_____		<u>ESTRTWI27</u>		#ESTRVR27

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>ESTRDA17</u> | <u>ESTRDA27</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	#EINJEN17, #EINJMD17	1	2	1	2
<u>ESTRNJ17</u> ,			_____		<u>EINJTW17</u>		#EINJVR17
<u>ESTRNJ27</u>	1	2	#EINJEN27, #ESTRMD27	1	2	1	2
			_____		<u>EINJTW27</u>		#EINJVR27

- a. What is the name of the medication? b. Have you been taking it during c. INTERVIEWER CHECK:

Since your last study visit, have you taken...			the past month?		MEDICATION VERIFIED FROM CONTAINER LABEL?		
	NO	YES	NO	YES	NO	YES	
B14. Combination <u>COMBIN17</u> <u>COMBIN27</u>	1	2	<u>#COMBEN17,#COMBMD1</u>	1	2	1	2
	1	2	<u>#COMBEN27,#COMBMD27</u>	1	2	1	2
B15. Progestin pills (such as Provera)?	1 (B16)	2	<u>#PROGEN17,#PROGMD17</u>	1	2	1	2
<u>PROGES17</u> <u>PROGES27</u>	1	2	<u>#PROGEN27,#PROGMD27</u>	1	2	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>PROGDAY17</u> | <u>PROGDAY27</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 |

			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	NO	YES
B16. Medications to prevent or treat osteoporosis (brittle or thinning bones such as Fosamax, Didronel, Evista, Miacalcin, Rocaltrol, Actonel)?	1	2	<u>#OSTEEN17, #OSTEMD17</u>	1	2	1	2	
<u>OSTERPR17</u> <u>OSTERPR27</u>	1	2	<u>#OSTEEN27, #OSTEMD27</u>	1	2	1	2	
B17. Prescribed medications for arthritis?	1	2	<u>#ARTHEN17, #ARTHMD17</u>	1	2	1	2	
<u>ARTHRT17</u> <u>ARTHRT27</u>	1	2	<u>#ARTHEN27, #ARTHMD27</u>	1	2	1	2	

- 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
<u>OTHMED17</u>					<u>OTHRTW17</u>		<u>#OTHRVR17</u>
B18. Are there any other prescription pills or medications that you have taken, that I haven't asked you about? (PLEASE LIST)	1	2	<u>#OTHRMD17</u>	1	2	1	2
<u>OTHMED27</u>					<u>OTHRTW27</u>		<u>#OTHRVR27</u>
<u>OTHMED37</u>					<u>OTHRTW37</u>		<u>#OTHRVR37</u>
<u>OTHMED47</u>	1	2	<u>#OTHRMD47</u>	1	2	1	2
<u>OTHMED57</u>	1	2	<u>#OTHRMD57</u>	1	2	1	2
<u>OTHMED67</u>	1	2	<u>#OTHRMD67</u>	1	2	1	2
<u>OTHMED77</u>	1	2	<u>#OTHRMD77</u>	1	2	1	2
<u>OTHMED87</u>	1	2	<u>#OTHRMD87</u>	1	2	1	2
<u>OTHMED97</u>	1	2	<u>#OTHRMD97</u>	1	2	1	2
<u>OTHMD107</u>	1	2	<u>#OTHRM107</u>	1	2	1	2
<u>OTHMD117</u>	1	2	<u>#OTHRM117</u>	1	2	1	2
<u>OTHMD127</u>	1	2	<u>#OTHRM127</u>	1	2	1	2
<u>OTHMD137</u>	1	2	<u>#OTHRM137</u>	1	2	1	2
<u>OTHMD147</u>	1	2	<u>#OTHRM147</u>	1	2	1	2
<u>OTHMD157</u>	1	2	<u>#OTHRM157</u>	1	2	1	2

IF RESPONDENT HAS TAKEN ANY HORMONES (IF YES TO ANY OF B12 -15) ASK B19,
OTHERWISE GO TO PAGE 8, Q B21.

B19. Were you using any prescription medications containing estrogen or progestin at the time of your last study visit?

ESTLSTV7

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

B20. 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>REDUHAR7</u>	1 2
b.	To reduce the risk of osteoporosis (brittle or thinning bones)	<u>OSTEOP07</u>	1 2
c.	To relieve menopausal symptoms	<u>MENOSYM7</u>	1 2
d.	To stay young-looking	<u>YOUNGLK7</u>	1 2
e.	A health care provider advised me to take them	<u>HCPADVI7</u>	1 2
f.	A friend or relative advised me to take them	<u>FRNADVI7</u>	1 2
g.	To improve my memory	<u>IMPRMEM7</u>	1 2
h.	To regulate periods	<u>REGPERI7</u>	1 2
i.	Any other? SPECIFY <u>HORMOTH7</u> , <u>#HORMSPE7</u> _____	1	2
<hr/>			
j.	DON'T KNOW/REMEMBER	<u>DONTKNO7</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 Q B22.

B21. Since your last study visit, you were taking some hormones and then stopped.

In what month and year did you last take hormones?

____ / ____ **HORMDAY7[†]**
M M Y Y Y Y

[PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.]

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>PRBBLEE7</u>	1	2
b.	DIDN'T LIKE HAVING PERIODS <u>HAVEPER7</u>	1	2
c.	DIDN'T LIKE HOW I FELT ON THEM <u>LIKEFEL7</u>	1	2
d.	WORRIED ABOUT POSSIBLE SIDE EFFECTS <u>SIDEEFF7</u>	1	2
e.	WORRIED ABOUT CANCER <u>CANCER7</u>	1	2
f.	MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS) <u>ADVISTO7</u>	1	2
g.	TOO EXPENSIVE <u>EXPENSI7</u>	1	2
h.	DON'T LIKE TO TAKE ANY MEDICATIONS <u>NOLIKE7</u>	1	2
i.	COULDN'T REMEMBER TO TAKE THEM <u>NOREMEB7</u>	1	2
j.	DON'T KNOW <u>DNTKNOW7</u>	1	2
k.	OTHER, SPECIFY: <u>STOPOTH7</u> , <u>#STOPSPE7</u> _____	1	2
<hr/>			
l.	NO REASON GIVEN <u>NOREASO7</u>	1	2
m.	NEWS / MEDIA REPORTS ABOUT WOMEN WHO TOOK HORMONES AS PART OF A RESEARCH STUDY (E.G. RESULTS OF WHI) <u>NEWSRPT7</u>	1	2

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

B22. Since your last study visit, have you taken any vitamins or minerals fairly regularly, at least once a week?
 NO..... 1 (GO TO B24, PAGE 10)
 YES.....2REGVITA7

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.]

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>ONCEADA7</u>	1	2	3	4
b. Antioxidant combination type <u>ANTIOXI7</u>	1	2	3	4
c. Any other combination types? NO (B23d) YES IF YES, specify <u>VITCOMB7</u> <u>#VTMSPE17, <u>VTMOTH17</u></u>	1	2	3	4
<hr/> <u>#VTMSPE27, <u>VTMOTH27</u></u>	1	2	3	4
<hr/> <u>#VTMSPE37, <u>VTMOTH37</u></u>	1	2	3	4
<hr/> <u>#VTMSPE47, <u>VTMOTH47</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>VITAMNA7</u>	1	2	3	4
e. Beta-carotene <u>BETACAR7</u>	1	2	3	4
f. Vitamin C <u>VITAMNC7</u>	1	2	3	4
g. Vitamin D <u>VITAMND7</u>	1	2	3	4
h. Vitamin E <u>VITAMNE7</u>	1	2	3	4
i. Calcium or Tums <u>CALCTUM7</u>	1	2	3	4
j. Iron <u>IRON7</u>	1	2	3	4
k. Zinc <u>ZINC7</u>	1	2	3	4
l. Selenium <u>SELENIU7</u>	1	2	3	4
m. Any other single vitamins? NO (B24) YES IF YES, specify (continued on page 10): <u>VTMSING7</u> <u>#SVTMNA17, <u>SVTMOT17</u></u>	1	2	3	4
<hr/> <u>#SVTMNA27, <u>SVTMOT27</u></u>	1	2	3	4
<hr/> <u>#SVTMNA37, <u>SVTMOT37</u></u>	1	2	3	4

Question B23m. continued...

m. Any other single vitamins? IF YES, specify:	Don't take any	1-3 days per week	4-6 days per week	Every day
<u>#SVTMNA47, SVTMOT47</u>	1	2	3	4
<u>#SVTMNA57, SVTMOT57</u>	1	2	3	4
<u>#SVTMNA67, SVTMOT67</u>	1	2	3	4
<u>#SVTMNA77, SVTMOT77</u>	1	2	3	4
<u>#SVTMNA87, SVTMOT87</u>	1	2	3	4
<u>#SVTMNA97, SVTMOT97</u>	1	2	3	4
<u>#SVTMN107, SVTMO107</u>	1	2	3	4

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
B24. Any over-the-counter medications for pain including headaches and arthritis? PAIN17 PAIN27	1	2	<u>#PAINMD17</u>	1	2
				PAINTW17	
				PAINTW27	
	1	2	<u>#PAINMD27</u>	1	2
B25. Anything for problems sleeping? SLEEP17 SLEEP27	1	2	<u>#SLEPMD17</u>	1	2
				SLEPTW17	
				SLEPTW27	
	1	2	<u>#SLEPMD27</u>	1	2

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...

B26. Have you taken any other over-the-counter pills or other medications
 (including liquids or ointments or aspirin) that I haven't asked you about? (PLEASE LIST)

	NO	YES		NO	YES
<u>OTC17</u>	1	2	#OTCMD17	<u>OTCTW17</u>	
			-----	1	2
<u>OTC27</u>			#OTCMD27	<u>OTCTW27</u>	
	1	2	-----	1	2
<u>OTC37</u>			#OTCMD37	<u>OTCTW37</u>	
	1	2	-----	1	2
<u>OTC47</u>			#OTCMD47	<u>OTCTW47</u>	
	1	2	-----	1	2
<u>OTC57</u>			#OTCMD57	<u>OTCTW57</u>	
	1	2	-----	1	2
<u>OTC67</u>			#OTCMD67	<u>OTCTW67</u>	
	1	2	-----	1	2
<u>OTC77</u>			#OTCMD77	<u>OTCTW77</u>	
	1	2	-----	1	2
<u>OTC87</u>			#OTCMD87	<u>OTCTW87</u>	
	1	2	-----	1	2
<u>OTC97</u>			#OTCMD97	<u>OTCTW97</u>	
	1	2	-----	1	2
<u>OTC107</u>			#OTCMD107	<u>OTCTW107</u>	
	1	2	-----	1	2
<u>OTC117</u>			#OTCMD117	<u>OTCTW117</u>	
	1	2	-----	1	2
<u>OTC127</u>			#OTCMD127	<u>OTCTW127</u>	
	1	2	-----	1	2
<u>OTC137</u>			#OTCMD137	<u>OTCTW137</u>	
	1	2	-----	1	2
<u>OTC147</u>			#OTCMD147	<u>OTCTW147</u>	
	1	2	-----	1	2
<u>OTC157</u>			#OTCMD157	<u>OTCTW157</u>	
	1	2	-----	1	2

B27. During the past year have you used any supplements containing soy protein or phytoestrogen powders or pills?

- NO..... 1 (B28)
- YES..... 2 (B27a)
- DON'T KNOW-8 (B28) SOYYSNO7

B27a. IF YES: How many times per week? [MAY USE RESPONDENT CARD "A" AGAIN.] SOYPROT7

- Don't take any (OR TAKE LESS THAN ONCE PER WEEK)..... 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 B, which we'll be using for the next 3 questions.

[HAND RESPONDENT CARD "B" 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?

CEREACA7

- 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

B29. How many slices of bread do you eat per week when the bread wrapper says the loaf is high in calcium?

BREADCA7

- 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

B30. Some brands of fortified juice have extra calcium added. How many glasses of fruit juice or fruit drink containing extra calcium do you drink per week?

ORANGCA7

- 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

<p>During the <u>past 12 months</u>, have you used any of the following for your health? N=No Y=Yes →</p>	<p>[IF YES, HAND RESPONDENT CARD “C”.] Please look at the reasons listed on the card. Please tell me whether or not you use X ... ASK EACH REASON FOR EACH “YES” RESPONSE.</p> <p>FOR EACH “YES” ANSWER ONLY, CIRCLE “N=NO” OR “Y=YES” FOR EACH REASON A THROUGH J.</p>									
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis ?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
<p>C1. Acupuncture <u>ACUPUNC7</u> N Y → ↓</p>	<u>ACUPHAR7</u> N Y	<u>ACUPOST7</u> N Y	<u>ACUPMEN7</u> N Y	<u>ACUPLOO7</u> N Y	<u>ACUPMEM7</u> N Y	<u>ACUPPER7</u> N Y	<u>ACUPGEN7</u> N Y	<u>ACUPWGH7</u> N Y	<u>ACUPADV7</u> N Y	<u>ACUPOTH7</u> N Y #ACUPSPE7__
<p>C2. Black Cohosh <u>BCOHOSH7</u> N Y → ↓</p>	<u>BCOHAR7</u> N Y	<u>BCHOST7</u> N Y	<u>BCOHMEN7</u> N Y	<u>BCOHL007</u> N Y	<u>BCOHMEM7</u> N Y	<u>BCOHPER7</u> N Y	<u>BCOHGEN7</u> N Y	<u>BCOHWGH7</u> N Y	<u>BCOHADV7</u> N Y	<u>BCOHO7H7</u> N Y #BCOHSPE7__
<p>C3. Dong Quai <u>DQUAI7</u> N Y → ↓</p>	<u>DQUAHAR7</u> N Y	<u>DQUAOST7</u> N Y	<u>DQUAMEN7</u> N Y	<u>DQUAL007</u> N Y	<u>DQUAMEM7</u> N Y	<u>DQUAPER7</u> N Y	<u>DQUAGEN7</u> N Y	<u>DQUAWGH7</u> N Y	<u>DQUAADV7</u> N Y	<u>DQUAOTH7</u> N Y #DQUASPE7__
<p>C4. Eating a nutritious diet <u>DIETNUT7</u> N Y → ↓</p>	<u>DIETHAR7</u> N Y	<u>DIETOST7</u> N Y	<u>DIETMEN7</u> N Y	<u>DIETLOO7</u> N Y	<u>DIETMEM7</u> N Y	<u>DIETPER7</u> N Y	<u>DIETGEN7</u> N Y	<u>DIETWGH7</u> N Y	<u>DIETADV7</u> N Y	<u>DIETOTH7</u> N Y #DIETSPE7__
<p>C5. Exercise <u>EXERCIS7</u> N Y → ↓</p>	<u>EXERHAR7</u> N Y	<u>EXEROST7</u> N Y	<u>EXERMEN7</u> N Y	<u>EXERLOO7</u> N Y	<u>EXERMEM7</u> N Y	<u>EXERPER7</u> N Y	<u>EXERGEN7</u> N Y	<u>EXERWGH7</u> N Y	<u>EXERADV7</u> N Y	<u>EXEROTH7</u> N Y #EXERSPE7__
<p>C6. Flaxseed or flaxseed oil supplements <u>FLAXSEE7</u> N Y → ↓</p>	<u>FLAXHAR7</u> N Y	<u>FLAXOST7</u> N Y	<u>FLAXMEN7</u> N Y	<u>FLAXLOO7</u> N Y	<u>FLAXMEM7</u> N Y	<u>FLAXPER7</u> N Y	<u>FLAXGEN7</u> N Y	<u>FLAXWGH7</u> N Y	<u>FLAXADV7</u> N Y	<u>FLAXOTH7</u> N Y FLAXSPE7_

During the <u>past 12 months</u> , have you used any of the following for your health? N=No Y=Yes →	FOR EACH “YES” ANSWER ONLY, CIRCLE “N=NO” OR “Y=YES” FOR EACH REASON A THROUGH J.									
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
C7. Ginkgo Biloba <u>GINKGO7</u> N Y → ↓	<u>GINKHAR7</u> N Y	<u>GINKOST7</u> N Y	<u>GINKMEN7</u> N Y	<u>GINKLOO7</u> N Y	<u>GINKMEM7</u> N Y	<u>GINKPER7</u> N Y	<u>GINKGEN7</u> N Y	<u>GINKWGH7</u> N Y	<u>GINKADV7</u> N Y	<u>GINKOTH7</u> N Y #GINKSPE7__
C8. Ginseng <u>GINSENG7</u> N Y → ↓	<u>GINSHAR7</u> N Y	<u>GINSOST7</u> N Y	<u>GINSMEN7</u> N Y	<u>GINSLOO7</u> N Y	<u>GINSMEM7</u> N Y	<u>GINSPER7</u> N Y	<u>GINSGEN7</u> N Y	<u>GINSWGH7</u> N Y	<u>GINSADV7</u> N Y	<u>GINSOOTH7</u> N Y #GINSPE7__
C9. Glucosamine with or without Chondroitin <u>GLUSAMI7</u> N Y → ↓	<u>GLUSHAR7</u> N Y	<u>GLUSOST7</u> N Y	<u>GLUSMEN7</u> N Y	<u>GLUSLOO7</u> N Y	<u>GLUSMEM7</u> N Y	<u>GLUSPER7</u> N Y	<u>GLUSGEN7</u> N Y	<u>GLUSWGH7</u> N Y	<u>GLUSADV7</u> N Y	<u>GLUSOTH7</u> N Y #GLUSSPE7__
C10. Mexican yam or progesterone cream <u>MYAMPRO7</u> N Y → ↓	<u>MYAMHAR7</u> N Y	<u>MYAMOST7</u> N Y	<u>MYAMMEN7</u> N Y	<u>MYAML007</u> N Y	<u>MYAMMEM7</u> N Y	<u>MYAMPER7</u> N Y	<u>MYAMGEN7</u> N Y	<u>MYAMWGH7</u> N Y	<u>MYAMADV7</u> N Y	<u>MYAMOTH7</u> N Y #MYAMSPE7__
C11. Prayer <u>PRAYER7</u> N Y → ↓	<u>PRAYHAR7</u> N Y	<u>PRAYOST7</u> N Y	<u>PRAYMEN7</u> N Y	<u>PRAYLOO7</u> N Y	<u>PRAYMEM7</u> N Y	<u>PRAYPER7</u> N Y	<u>PRAYGEN7</u> N Y	<u>PRAYWGH7</u> N Y	<u>PRAYADV7</u> N Y	<u>PRAYOTH7</u> N Y #PRAYSPE7__
C12. Self-help group <u>SELFHEL7</u> N Y → ↓	<u>SELFHAR7</u> N Y	<u>SELFOST7</u> N Y	<u>SELFMEN7</u> N Y	<u>SELFLOO7</u> N Y	<u>SELFMEM7</u> N Y	<u>SELFPER7</u> N Y	<u>SELFGEN7</u> N Y	<u>SELFWGH7</u> N Y	<u>SELFADV7</u> N Y	<u>SELFOTH7</u> N Y #SELFSPE7__

<p>During the <u>past 12 months</u>, have you used any of the following for your health?</p> <p>N=No Y=Yes →</p>	<p>FOR EACH “YES” ANSWER ONLY, CIRCLE “N=NO” OR “Y=YES” FOR EACH REASON A THROUGH J.</p>									
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis ?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
<p>C13. Soy supplement <u>SOYSUPP7</u></p> <p>N Y →</p> <p>↓</p>	<p><u>SOYHAR7</u></p> <p>N Y</p>	<p><u>SOYOST7</u></p> <p>N Y</p>	<p><u>SOYMEN7</u></p> <p>N Y</p>	<p><u>SOYLOO7</u></p> <p>N Y</p>	<p><u>SOYMEM7</u></p> <p>N Y</p>	<p><u>SOYPER7</u></p> <p>N Y</p>	<p><u>SOYGEN7</u></p> <p>N Y</p>	<p><u>SOYWGH7</u></p> <p>N Y</p>	<p><u>SOYADV7</u></p> <p>N Y</p>	<p><u>SOYOTH7</u></p> <p>N Y</p> <p>#SOYSPE7__</p>
<p>C14. St. John’s Wort <u>WORTSTJ7</u></p> <p>N Y →</p> <p>↓</p>	<p><u>WORTHAR7</u></p> <p>N Y</p>	<p><u>WORTOST7</u></p> <p>N Y</p>	<p><u>WORTMEN7</u></p> <p>N Y</p>	<p><u>WORTLOO7</u></p> <p>N Y</p>	<p><u>WORTMEM7</u></p> <p>N Y</p>	<p><u>WORTPER7</u></p> <p>N Y</p>	<p><u>WORTGEN7</u></p> <p>N Y</p>	<p><u>WORTWGH7</u></p> <p>N Y</p>	<p><u>WORTADV7</u></p> <p>N Y</p>	<p><u>WORTOTH7</u></p> <p>N Y</p> <p>#WORTSPE7__</p>
<p>C15. Vitamin or supplement combination especially for women’s health <u>WVITAMI7</u></p> <p>N Y →</p> <p>↓</p>	<p><u>WVITHAR7</u></p> <p>N Y</p>	<p><u>WVITOST7</u></p> <p>N Y</p>	<p><u>WVITMEN7</u></p> <p>N Y</p>	<p><u>WVITLOO7</u></p> <p>N Y</p>	<p><u>WVITMEM7</u></p> <p>N Y</p>	<p><u>WVITPER7</u></p> <p>N Y</p>	<p><u>WVITGEN7</u></p> <p>N Y</p>	<p><u>WVITWGH7</u></p> <p>N Y</p>	<p><u>WVITADV7</u></p> <p>N Y</p>	<p><u>WVITOTH7</u></p> <p>N Y</p> <p>#WVITSPE7__</p>
<p>C16. Yoga <u>YOGA7</u></p> <p>N Y →</p> <p>↓</p>	<p><u>YOGAHAR7</u></p> <p>N Y</p>	<p><u>YOGAOST7</u></p> <p>N Y</p>	<p><u>YOGAMEN7</u></p> <p>N Y</p>	<p><u>YOGALOO7</u></p> <p>N Y</p>	<p><u>YOGAMEM7</u></p> <p>N Y</p>	<p><u>YOGAPER7</u></p> <p>N Y</p>	<p><u>YOGAGEN7</u></p> <p>N Y</p>	<p><u>YOGAWGH7</u></p> <p>N Y</p>	<p><u>YOGAADV7</u></p> <p>N Y</p>	<p><u>YOGAOTH7</u></p> <p>N Y</p> <p>#YOGASPE7__</p>
<p>C17. Botanica / Curandero <u>BOTANIC7</u></p> <p>N Y →</p> <p>↓</p>	<p><u>BOTAHAR7</u></p> <p>N Y</p>	<p><u>BOTAOST7</u></p> <p>N Y</p>	<p><u>BOTAMEN7</u></p> <p>N Y</p>	<p><u>BOTALOO7</u></p> <p>N Y</p>	<p><u>BOTAMEM7</u></p> <p>N Y</p>	<p><u>BOTAPER7</u></p> <p>N Y</p>	<p><u>BOTAGEN7</u></p> <p>N Y</p>	<p><u>BOTAWGH7</u></p> <p>N Y</p>	<p><u>BOTAADV7</u></p> <p>N Y</p>	<p><u>BOTAOTH7</u></p> <p>N Y</p> <p>#BOTASPE7__</p>

<p>During the <u>past 12 months</u>, have you used any of the following for your health?</p> <p>N=No Y=Yes →</p>	<p>FOR EACH “YES” ANSWER ONLY, CIRCLE “N=NO” OR “Y=YES” FOR EACH REASON A THROUGH J.</p>									
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis ?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
<p>C18. Herbal Tea <u>HERBAL7</u> N Y → ↓</p>	<p><u>HTEAHAR7</u> N Y</p>	<p><u>HTEAOST7</u> N Y</p>	<p><u>HTEAMEN7</u> N Y</p>	<p><u>HTEALOO7</u> N Y</p>	<p><u>HTEAMEM7</u> N Y</p>	<p><u>HTEAPER7</u> N Y</p>	<p><u>HTEAGEN7</u> N Y</p>	<p><u>HTEAWGH7</u> N Y</p>	<p><u>HTEAADV7</u> N Y</p>	<p><u>HTEAOTH7</u> N Y #HTEASPE7__</p>
<p>C19. Any other health practice or remedy (specify): N Y → <u>OTHALT7</u> #OTHALTS7</p>	<p><u>OTHHAR7</u> N Y</p>	<p><u>OTHOST7</u> N Y</p>	<p><u>OTHMEN7</u> N Y</p>	<p><u>OTHLOO7</u> N Y</p>	<p><u>OTHMEM7</u> N Y</p>	<p><u>OTHPER7</u> N Y</p>	<p><u>OTHGEN7</u> N Y</p>	<p><u>OTHWGH7</u> N Y</p>	<p><u>OTHADV7</u> N Y</p>	<p><u>OTHALTR7</u> N Y #WHYOTHA7__</p>
<p>C20. Any other health practice or remedy (specify): N Y → <u>OTHALT27</u> #OTALT2S7</p>	<p><u>OT2HAR7</u> N Y</p>	<p><u>OT2OST7</u> N Y</p>	<p><u>OT2MEN7</u> N Y</p>	<p><u>OT2LOO7</u> N Y</p>	<p><u>OT2MEM7</u> N Y</p>	<p><u>OT2PER7</u> N Y</p>	<p><u>OT2GEN7</u> N Y</p>	<p><u>OT2WGH7</u> N Y</p>	<p><u>OT2ADV7</u> N Y</p>	<p><u>OT2ALT7</u> N Y #WHYOT2A7__</p>
<p>C21. Any other health practice or remedy (specify): N Y → <u>OTHALT37</u> #OTALT3S7</p>	<p><u>OT3HAR7</u> N Y</p>	<p><u>OT3OST7</u> N Y</p>	<p><u>OT3MEN7</u> N Y</p>	<p><u>OT3LOO7</u> N Y</p>	<p><u>OT3MEM7</u> N Y</p>	<p><u>OT3PER7</u> N Y</p>	<p><u>OT3GEN7</u> N Y</p>	<p><u>OT3WGH7</u> N Y</p>	<p><u>OT3ADV7</u> N Y</p>	<p><u>OT3ALT7</u> N Y #WHYOT3A7__</p>

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

D1. **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>ANEMIA7</u>	1	2	-8
b.	Diabetes? <u>DIABETE7</u>	1	2	-8
c.	High blood pressure or hypertension? <u>HIGHBP7</u>	1	2	-8
d.	High cholesterol? <u>HBCHOLE7</u>	1	2	-8
e.	Migraines? <u>MIGRAIN7</u>	1	2	-8
f.	Stroke? <u>STROKE7</u>	1	2	-8
g.	Arthritis or osteoarthritis (degenerative joint disease)? <u>OSTEOAR7</u>	1	2	-8
h.	Overactive or underactive thyroid? <u>THYROID7</u>	1	2	-8
i.	Heart attack? <u>HEARTAT7</u>	1	2	-8
j.	Angina? <u>ANGINA7</u>	1	2	-8
k.	Osteoporosis (brittle or thinning bones)? <u>OSTEOPR7</u>	1	2	-8
l.	Cancer, other than skin cancer? <u>CANCERS7</u>	1 (D2)	2	-8 (D2)

l.1. IF YES, What is/was the primary site of the cancer? (CIRCLE ONE ANSWER.) PSITECA7

- ONE BREAST 1
- BOTH BREASTS 2
- OVARY 3 (b)
- UTERUS 4 (b)
- CERVIX 5 (b)
- LEUKEMIA 6 (b)
- LUNG 7 (b)
- COLON 8 (b)
- RECTUM 9 (b)
- THROAT 10 (b)
- NONE OF THE ABOVE / OTHER 11
- SPECIFY: #SITESPE7 (b)
- DON'T KNOW -8 (b)

a. IF BREAST CANCER: Have you taken Tamoxifen since your last study visit? TAMOXIF7

- 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? CHEMOTH7

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

D2. How many times have you broken or fractured one or more bones **since your last study visit?**
 [IF MORE THAN ONE BONE WAS BROKEN DURING THE SAME EVENT COUNT AS ONE TIME.]

BROKEBO7 # of events where bone(s) were broken or fractured

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. _____ <u>BONES17</u>	1 <u>HAPPEN17</u>	2
2. _____ <u>BONES27</u>	1 <u>HAPPEN27</u>	2
3. _____ <u>BONES37</u>	1 <u>HAPPEN37</u>	2

Since your last study visit, have you had any of the following surgeries or procedures?		NO	YES	DON'T KNOW
D3.	D and C, a scraping of the uterus for any reason, including abortion? i. Since your last study visit, how many times have you had a D and C? DANDC7 _____ # TIMES #NUMDAND7	1 (D4)	2	-8 (D4)
D4.	Hysterectomy (an operation to remove your uterus or womb)? HYSTERE7 i. When was this performed? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.] HYSTDAY7† ____ / ____ M M Y Y Y Y	1 (D5)	2	-8 (D5)
D5.	Did you have one or both ovaries removed (an oophorectomy)? OOPHORE7 i. Was one ovary removed or were both ovaries removed? ONEOVAR7 ONE OVARY REMOVED..... 1 BOTH OVARIES REMOVED..... 2 DON'T KNOW.....-8	1 (D6)	2	-8 (D6)
D6	Did you have an endometrial ablation (a procedure to reduce or eliminate menstrual periods by partially or completely destroying the lining of the uterus)? ABLATIN7	1	2	-8
D7.	Any <u>other</u> uterine procedures, other than D and C, for example: cesarean section, IUD insertion, fibroid removal or endometrial biopsy? UTERPRO7	1	2	-8
D8.	Thyroid gland removed? THYRREM7	1	2	-8

D9. Since your last study visit, have you had any of the following conditions?		NO	YES
a.	endometriosis diagnosed by a physician (abnormal growths in lining of uterus)? ENDO7	1	2
b.	pelvic pain (pain in the lowest part of the abdomen)? PELVCPN7	1	2
c.	pelvic prolapse or relaxation (the uterus, bladder, or rectum drops, sometimes bulging out of vagina)? PROLAPS7	1	2
d.	pelvic cancer (cancer of the vulva, cervix, uterus, or ovaries)? PELVCNC7	1	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)? ABBLEED7	1	2
f.	fibroids (benign growths in the uterus or womb)? FIBRUTR7	1	2

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

Variable Excluded from Public Use Data File

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

D10. 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.)

PRVIDER7

No 1 (GO TO E1, PAGE 21)
 Yes 2

D11. What is the name of this health care provider? **#PRVNAME7** _____ **#PRVLAST7** _____
 (FIRST) (LAST)

D12. In what city or town and what state do you see this health care provider?

a. **#PRVTOWN7** _____ b. **#PRVSTAT7** _____ c. If foreign country,
 CITY/TOWN STATE Specify **#SPCNTRY7** _____

D13. What professional degree does this health care provider have? If you are not sure, please make your best guess: [HAND RESPONDENT CARD "D" AND READ RESPONSE CATEGORIES.] **PROFDEG7**

Medical Doctor (MD) 1
 Doctor of Osteopathy (DO) 2
 Chiropractor (DC) 3
 Registered Nurse (RN) 4 (D15)
 Nurse Practitioner (NP) 5 (D15)
 Physician Assistant (PA) 6 (D15)
 Other: Specify **#SPECIFY7** _____ 7
 DON'T KNOW -8 (D15)

D14. Which of the following best describes this provider's specialty? **PROVSPC7**

A family practitioner 1
 An internist 2
 An obstetrician or gynecologist 3
 A naturopath (one who uses non-medicinal therapy) 4
 Other: Specify **#SPECIAL7** _____ 5
 No specialty 6
 DON'T KNOW -8

D15. On average, how much time does this health care provider spend with you at each visit? **PROVTIM7**

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.

E1. Did you have any menstrual bleeding since your last study visit? **BLEEDNG7**
 NO 1 (E6)
 YES..... 2

E2. Did you have any menstrual bleeding in the last 3 months? **BLD3MON7**
 NO 1
 YES..... 2

E3. 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]

 / / **LMPDAY7†**

For the next two 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.

E4. Which of the following best describes your menstrual periods since your last study visit? Have they: [HAND RESPONDENT CARD “E”] **DESCPER7**

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 (E6)

E5. 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? **LENGCYL7**

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

E6. Since your last study visit, have you been pregnant? Please include live births, stillbirths, abortions, miscarriages, tubal or ectopic pregnancies. **PRGNANT7**

NO 1 (F1)
 YES..... 2

a. IF YES: [HAND RESPONDENT CARD “F”] 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.] **OUTCOME7**

Live birth 1
 Still birth 2 (F1)
 Miscarriage 3 (F1)
 Abortion 4 (F1)
 Tubal/ectopic pregnancy 5 (F1)
 Still pregnant 6 (F1)

b. FOR LIVE BIRTHS ONLY: Are you currently breastfeeding? **BRSTFEE7**

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

F1. 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 "G."] Looking at this line, how would you rate your overall quality of life at the present time? Choose a number between 0 and 10. **QLTYLIF7**

0	1	2	3	4	5	6	7	8	9	10
Worst possible quality										Best possible quality

F2. 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]

	Never	Almost Never	Sometimes	Fairly Often	Very Often
*[READ STEM INSTRUCTIONS]					
In the past two weeks you have:					
*a. Felt unable to control important things in your life? <u>CONTROL7</u>	1	2	3	4	5
*b. Felt confident about your ability to handle your personal problems? <u>ABILITY7</u>	1	2	3	4	5
c. Felt that things were going your way? <u>YOURWAY7</u>	1	2	3	4	5
d. Felt difficulties were piling so high that you could not overcome them? <u>PILING7</u>	1	2	3	4	5

F3. 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 “I” AND READ RESPONSE CATEGORIES]

* [READ STEM INSTRUCTIONS]				
During the past week:	Rarely or none of the time (less than 1 DAY)	Some or a little of the time (1-2 DAYS)	Occasionally or a moderate amount of the time (3-4 DAYS)	Most or all of the time (5-7 DAYS)
*a. I was bothered by things that usually don't bother me <u>BOTHER7</u>	1	2	3	4
*b. I did not feel like eating; my appetite was poor <u>APPETIT7</u>	1	2	3	4
*c. I felt that I could not shake off the blues even with help from my friends <u>BLUES7</u>	1	2	3	4
d. I felt that I was just as good as other people <u>GOOD7</u>	1	2	3	4
e. I had trouble keeping my mind on what I was doing <u>KEEPMIN7</u>	1	2	3	4
f. I felt depressed <u>DEPRESS7</u>	1	2	3	4
*g. I felt that everything I did was an effort <u>EFFORT7</u>	1	2	3	4
h. I felt hopeful about the future <u>HOPEFUL7</u>	1	2	3	4
i. I thought my life had been a failure <u>FAILURE7</u>	1	2	3	4
j. I felt fearful <u>FEARFUL7</u>	1	2	3	4
*k. My sleep was restless <u>RESTLES7</u>	1	2	3	4
l. I was happy <u>HAPPY7</u>	1	2	3	4
m. I talked less than usual <u>TALKLES7</u>	1	2	3	4
n. I felt lonely <u>LONELY7</u>	1	2	3	4
*o. People were unfriendly <u>UNFRNDL7</u>	1	2	3	4
p. I enjoyed life <u>ENJOY7</u>	1	2	3	4
q. I had crying spells <u>CRYING7</u>	1	2	3	4
r. I felt sad <u>SAD7</u>	1	2	3	4
*s. I felt that people disliked me <u>DISLIKE7</u>	1	2	3	4
t. I could not get going <u>GETGOIN7</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.

G1. 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? **CHNGJOB7**

NO 1 (G3, p25)
YES..... 2
N/A-1 (G6, p26)

G2. 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.) **JOB7**

NO 1 (G6, p26)
YES..... 2

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

JOB #1 #JOBTIT17 _____

JOB #2 #JOBTIT27 _____

JOB #3 #JOBTIT37 _____

b. Briefly, what are your usual job activities?

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

JOB #1 #JOBACT17 _____

JOB #2 #JOBACT27 _____

JOB #3 #JOBACT37 _____

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 #JBMAKE17 _____

JOB #2 #JBMAKE27 _____

JOB #3 #JBMAKE37 _____

G3. Since your last study visit, has there been a change in your usual hours of work of any of your jobs? **CHANGHR7**

NO 1 (G5)
 YES..... 2

G4. What are your usual hours of work each day for each job?

JOB #1: ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY?). **ROTAT17**
 NO..... 1
 YES..... 2 (JOB #2)
STRTIM17
 START TIME: ___ ___ : ___ ___ A.M. 1. P.M. 2.
STPTIM17
 STOP TIME: ___ ___ : ___ ___ A.M. 1. P.M. 2.

JOB #2: ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY?). **ROTAT27**
 NO..... 1
 YES..... 2 (JOB #3)
STRTIM27
 START TIME: ___ ___ : ___ ___ A.M. 1. P.M. 2.
STPTIM27
 STOP TIME: ___ ___ : ___ ___ A.M. 1. P.M. 2.

JOB #3: ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY?). **ROTAT37**
 NO..... 1
 YES..... 2 (G5)
STRTIM37
 START TIME: ___ ___ : ___ ___ A.M. 1. P.M. 2.
STPTIM37
 STOP TIME: ___ ___ : ___ ___ A.M. 1. P.M. 2.

G5. On average, how many total hours a week do you work, for pay? **HOURSPA7**

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

G6. Do you do volunteer work?

VOLUNTE7

NO 1 (G7)
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
1. #TYPVOL17 _____ _____	<u>VLNTHR17</u> _____
2. #TYPVOL27 _____ _____	<u>VLNTHR27</u> _____
3. #TYPVOL37 _____ _____	<u>VLNTHR37</u> _____

G7. What is your current marital status? Would you say...

MARITAL7

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

We have a few questions for you concerning your household.

H1. Since your last study visit, has there been any change in who is living in your household? **CHGHHL7**

- NO 1 (I1)
- YES..... 2
- DON'T KNOW-8

H2. Other than yourself, is there anyone else living in your household? **HOUSEHL7**

- NO 1 (I1)
- YES..... 2
- REFUSED -7 (I1)

H3. Please tell me their relationship to you, their gender, and their age. **FAMNUM7~**

a. RELATIONSHIP TO YOURSELF	b. SEX	c. AGE
1. #RLATE17 / RELAT17 _____	#SEX17__	#AGE17__
2. #RLATE27 / RELAT27 _____	#SEX27__	#AGE27__
3. #RLATE37 / RELAT37 _____	#SEX37__	#AGE37__
4. #RLATE47 / RELAT47 _____	#SEX47__	#AGE47__
5. #RLATE57 / RELAT57 _____	#SEX57__	#AGE57__
6. #RLATE67 / RELAT67 _____	#SEX67__	#AGE67__
7. #RLATE77 / RELAT77 _____	#SEX77__	#AGE77__
8. #RLATE87 / RELAT87 _____	#SEX87__	#AGE87__
9. #RLATE97 / RELAT97 _____	#SEX97__	#AGE97__
10. #RLATE107 / RELAT107 _____	#SEX107__	#AGE107__
11. #RLATE117 / RELAT117 _____	#SEX117__	#AGE117__
12. #RLATE127 / RELAT127 _____	#SEX127__	#AGE127__

~H.3. Household composition has been condensed into variable FAMNUM7, representing total number of persons living in the household (including the participant).

Date Data Entered / Initials _____

Date Verified / Initials _____

SELF-ADMINISTERED QUESTIONNAIRE PART A

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID**

A2. SWAN STUDY VISIT # 07 **#VISIT**

A3. FORM VERSION: 03/03/2003 **#FORM_V**

A4. DATE FORM COMPLETED: / / **SAADAY7[†]**
M M D D Y Y Y Y

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

A6. RESPONDENT'S DOB: / / **#DOB**
M M D D Y Y Y Y

VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO7**

- 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: **LANGSAA7**

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

A9. INTERVIEWER-ADMINISTERED? **#INTADMI7**
NO 1
YES 2

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

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.

Please remember that this information will remain confidential.

Thank you for your participation in this important study.

We are interested in learning more about women’s health during their 40’s, 50’s and 60’s. This first set of questions asks 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.) **OVERHLT7**

- 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 **HOSPSTA7**

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 **MDTALK7**

B4. 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 **NERVES7**

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

		NO	YES
B5. A Pap Smear (a routine medical test in which the doctor examines the cervix)?	<u>PAPSMEA7</u>	1	2
B6. A breast physical examination (a doctor or medical assistant feels for lumps in the breast)?	<u>BRSTEXA7</u>	1	2
B7. A mammogram (an x-ray taken only of the breast by a machine that presses the breast against a glass plate)?	<u>MAMOGRA7</u>	1	2

B8. Since your last study visit, are there any health services that you needed but did not receive?

HLTHSER7

No..... 1 (GO TO B9)
 Yes..... 2

B8a. 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
a. Insurance or health plan does not cover	1	2 <u>INSURAN7</u>
b. Cannot afford.....	1	2 <u>NOTAFFR7</u>
c. Travel distance / lack of transportation	1	2 <u>NOTRAN7</u>
d. No health care provider	1	2 <u>NOPROVI7</u>
e. Too busy/ didn't have the time.....	1	2 <u>TOOBUS7</u>
f. Don't trust doctors	1	2 <u>NOTRUS7</u>
g. I'm better off not knowing.....	1	2 <u>BETTROF7</u>
h. Other, Specify <u>#FAILSPE7</u>	1	2 <u>FAILOTH7</u>

B9. Since your last study visit, have you smoked cigarettes regularly (at least one cigarette a day)?

SMOKERE7

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

B9a. IF YES: How many cigarettes, on average, do you smoke per day now?
 (If NONE, please indicate with a (0) zero and answer B9b.)

_____ CIGARETTES PER DAY **AVCIGDA7**

B9b. If you stopped smoking since your last study visit, what was the last month and year you smoked?

_	_	/	_	_	_	_
M	M		Y	Y	Y	Y

Don't Know (-8)
#SMOKEMO7 / #SMOKEYR7

The next 7 questions are about your exposure to smoke. If you are a smoker, please do not include yourself when answering questions B.10-B.12.

B10. How many members of your household smoke tobacco in the house (at least 1 cigarette, cigar or pipe bowl per day)?

___ # PERSONS

HHMEMSM7

B10a. **During the past 7 days**, on how many days were you exposed to tobacco smoke inside your home?

___ # DAYS => IF 0 DAYS, GO TO QUESTION B.11.

HOMEXPD7

B10b. **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

HOMEXPH7

B11. **During the past 7 days**, on how many days were you exposed to tobacco smoke while at work?

___ # DAYS => IF 0 DAYS, GO TO QUESTION B.12.

WRKEXPD7

B11a. **Over the past 7 days**, when you were exposed to tobacco smoke while at work, how many hours were you exposed during a typical day?

___ # HOURS

WRKEXPH7

B11b. **During the past 7 days**, when you were exposed to tobacco smoke while at work, how many people on average were smoking in the room you were in?

___ # PEOPLE

WRKEXPE7

B12. **During the past 7 days**, how many total hours were you exposed to tobacco smoke while at places other than home or work (including meetings, restaurants, bars, parties, etc.)?

___ # HOURS

TOTEXPH7

The next questions are about your consumption of alcoholic beverages.

B13. Since your last study visit, did you drink any beer, wine, liquor, or mixed drinks? **DRNKBEE7**

- No 1 (GO TO C1, PAGE 7)
- Yes 2

B14. 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.) **GLASBEE7**

- 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

B15. 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) **GLASWIN7**

- 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

B16. 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) **GLASLIQ7**

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

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

C1. Hot flashes or flushes? HOTFLAS7
(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

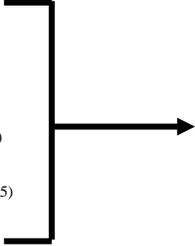
Not at all ⁽¹⁾ (GO TO C2)

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



C1a. On the days that you have hot flashes or flushes, how many times each day do you usually have them?

_____ # OF TIMES PER DAY NUMHOTF7

C1b. How much are you usually bothered by hot flashes or flushes?
(CIRCLE ONE NUMBER.): BOTHOTF7

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

C2. Cold sweats? COLDSWE7
(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

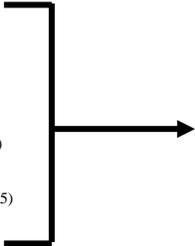
Not at all ⁽¹⁾ (GO TO C3)

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



C2a. On the days that you have cold sweats, how many times each day do you usually have them?

_____ # OF TIMES PER DAY NUMCLDS7

C2b. How much are you usually bothered by cold sweats?
(CIRCLE ONE NUMBER.): BOTCLDS7

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

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

C3. Night sweats? NITESWE7
(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

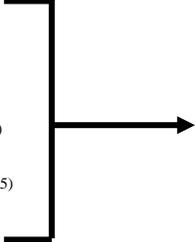
Not at all ⁽¹⁾ (GO TO C4)

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



C3a. On the days that you have night sweats, how many times each night do you usually have them?

_____ # OF TIMES PER NIGHT NUMNITS7

C3b. How much are you usually bothered by night sweats?
(CIRCLE ONE NUMBER.): BOTNITS7

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

C4. Stiffness or soreness in joints, neck or shoulders? STIFF7
(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

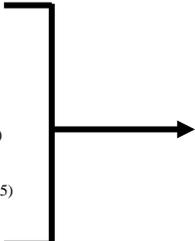
Not at all ⁽¹⁾ (GO TO C5)

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



C4a. How much are you usually bothered by stiffness or soreness in joints, neck or shoulders? (CIRCLE ONE NUMBER.): BOTSTIF7

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

C5. Irritability or grouchiness? IRRITAB7
(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

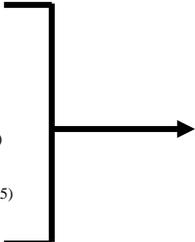
Not at all ⁽¹⁾ (GO TO C6)

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



C5a. How much are you usually bothered by irritability or grouchiness?
(CIRCLE ONE NUMBER.): BOTIRRT7

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

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

C6. Feeling tense or nervous? NRVOUS7
 (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

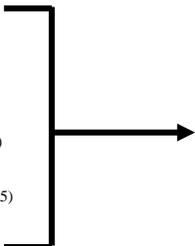
Not at all ⁽¹⁾ (GO TO C7)

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



C6a. How much are you usually bothered by feeling tense or nervous?
 (CIRCLE ONE NUMBER.): BOTNERV7

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

C7. 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. Back aches or pains? <u>ACHES7</u>	1	2	3	4	5
b. Vaginal dryness? <u>VAGINDR7</u> <u>FEELBLU7</u>	1	2	3	4	5
c. Feeling blue or depressed?	1	2	3	4	5
d. Dizzy spells? <u>DIZZY7</u>	1	2	3	4	5
e. Forgetfulness? <u>FORGET7</u>	1	2	3	4	5
f. Frequent mood changes? <u>MOODCHG7</u>	1	2	3	4	5
g. Heart pounding or racing? <u>HARTRAC7</u>	1	2	3	4	5
h. Feeling fearful for no reason? <u>FEARFULA7</u>	1	2	3	4	5
i. Headaches? <u>HDACHE7</u>	1	2	3	4	5
j. Breast pain/tenderness? <u>BRSTPAI7</u>	1	2	3	4	5

C8. These questions (a - c) 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.

In the past two weeks...	No, not in the past 2 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times per week	Yes, 5 or more times a week
a. Did you have trouble falling asleep? <u>TRBLSLE7</u>	1	2	3	4	5
b. Did you wake up several times a night? <u>WAKEUP7</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>WAKEARL7</u>	1	2	3	4	5

The following question relates to your usual sleep habits during the past month only. Your answer should give the most accurate description for most of the days and nights in the past month.

C9. During the past month, how would you rate your sleep quality overall? SLEEPQL7

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

A common complaint among women is having to urinate a lot or the involuntary loss of urine. We would like to understand more about this problem, find out what women do to handle it, and whether women are satisfied with these treatments.

C10. Have you ever leaked urine, even a very small amount, beyond your control? LEKEVER7

No.....	1	(GO TO D1, PAGE 14)
Yes	2	

C11. Have you **ever** discussed your urine leakage with a doctor, nurse or other health care professional?

LEKDISC7

No..... 1
 Yes 2 (GO TO C12)

C11a. IF NO, Why have you not discussed your leakage with a doctor, nurse or other health care professional?
 (PLEASE CIRCLE ONE NUMBER FOR EACH.)

		NO	YES
a.	My problem is not bad enough to discuss it with a doctor, nurse or health care professional <u>LNOTBAD7</u>	1	2
b.	I don't think there are any effective treatments for my leaking problem <u>LNOEFTX7</u>	1	2
c.	Leaking urine is a normal part of getting older <u>LNRMOLD7</u>	1	2
d.	Leaking urine is normal after having children <u>LNRMCHD7</u>	1	2
e.	I am worried that I will be told I need surgery <u>LWYSURG7</u>	1	2
f.	I am too embarrassed about my leaking problem to bring it up at a visit with my doctor/nurse/other health care professional <u>LEMBARR7</u>	1	2
g.	My doctor/nurse/other health care professional has never asked about my leaking problem. <u>LDRNASK7</u>	1	2
h.	I can or have treated my leaking problem by myself <u>LTXMYSF7</u>	1	2
i.	Are there any other reason(s) you have not discussed your leaking problem with a doctor/nurse or other health care professional? <u>LEAKOR7</u> If yes, please list _____ <u>#LEAKORS7</u> _____	1 (GO TO C13)	2 (GO TO C13)

If you have not discussed your urine leakage with a health care professional (you answered C11 as No), then skip to question C13 at the bottom of the page.

C12. Did a doctor, nurse or other health care professional recommend or prescribe any treatment for your urine leakage? **RXTRMLK7**

No..... 1 (GO TO C13)
 Yes 2

C12a. IF YES, for the treatments that were recommended or prescribed by a doctor, nurse or other health care professional, tell us how satisfied you were with each of them. (CIRCLE ONE NUMBER FOR EACH.)

		Not Recommended	Recommended			
			But have not tried this treatment	Not satisfied at all with this treatment	Somewhat satisfied with this treatment	Very satisfied with this treatment
a.	Medication, <u>LRXMED7</u> Please specify # <u>LRXMEDS7</u>	0	1	2	3	4
b.	Kegels or pelvic muscle exercises <u>LRXKEGL7</u>	0	1	2	3	4
c.	Biofeedback or electrical stimulation <u>LRXBIOF7</u>	0	1	2	3	4
d.	Urinate more often or urinate on a schedule <u>LRXUMOR7</u>	0	1	2	3	4
e.	Limit fluid intake <u>LRXLIMIT7</u>	0	1	2	3	4
f.	Surgery <u>LRXSURG7</u>	0	1	2	3	4
g.	Any other treatments, <u>LRXOTH7</u> Please specify # <u>LRXOTHS7</u>	No (0)	1	2	3	4

We have been asking about having to urinate a lot or the involuntary loss of urine in general. Now, the following questions will help us understand how you've experienced these things more recently.

C13. Since your last study visit, have you leaked, even a very small amount, of urine involuntarily or beyond your control? **LEKINVO7**

No..... 1 (GO TO D1, PAGE 14)
 Yes..... 2

D1. 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, indicate how upsetting it was by circling 2, 3 4 or 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>STARTNE7</u>	1	2	3	4	5
b. Had trouble with a boss or conditions at work got worse? <u>WORKTRB7</u>	1	2	3	4	5
c. Quit, fired or laid off from a job? <u>QUITJOB7</u>	1	2	3	4	5
d. Took on a greatly increased work load at job? <u>WORKLOA7</u>	1	2	3	4	5
e. Husband/partner became unemployed? <u>PRTUNEM7</u>	1	2	3	4	5
f. Major money problems? <u>MONEYPR7</u>	1	2	3	4	5
g. Relations with husband/partner changed for the worse but without separation or divorce? <u>WOSRELR7</u>	1	2	3	4	5
h. Were separated or divorced or a long-term relationship ended? <u>RELATEN7</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>SERIPRO7</u>	1	2	3	4	5
j. A child moved out of the house or left the area? <u>CHILDMO7</u>	1	2	3	4	5
k. Took on responsibility for the care of another child, grandchild, parent, other family member or friend? <u>RESPCAR7</u>	1	2	3	4	5

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very upsetting and still upsetting
l. Family member had legal problems or a problem with police? <u>LEGALPR7</u>	1	2	3	4	5
m. A close relative (husband/partner, child or parent) died? <u>CRELDIE7</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>CLOSDIE7</u>	1	2	3	4	5
o. Major accident, assault, disaster, robbery or other violent event happened to yourself? <u>SELFVIO7</u>	1	2	3	4	5
p. Major accident, assault, disaster, robbery or other violent event happened to a family member? <u>FAMLVIO7</u>	1	2	3	4	5
q. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? <u>PHYSILL7</u>	1	2	3	4	5
r. Other major event not included above? <u>MAJEVEN7</u>	1	2	3	4	5
Specify: <u>SPECEVN7</u>					

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

E1. 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.) **THPPOV7^{\$} #INCOME7**

- 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

E2. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is...(CIRCLE ONE NUMBER) **HOW HAR7**

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

^{\$} E. 1 Income categories have been condensed to **THPPOV7** "Under 200 percent poverty" (Yes/No)

F1. We are interested in how you have felt **this week** (the past 7 days) and below are a number of words that describe different feelings or emotions that people experience. Read each item and then, using the scale provided, indicate in the space next to each item how strongly you have experienced these feelings this past week. (CIRCLE ONLY ONE NUMBER FOR EACH.)

		Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
a. Interested	<u>INTRPAN7</u>	1	2	3	4	5
b. Disinterested	<u>DISIPAN7</u>	1	2	3	4	5
c. Excited	<u>EXCIPAN7</u>	1	2	3	4	5
d. Upset	<u>UPSEPAN7</u>	1	2	3	4	5
e. Strong	<u>STROPAN7</u>	1	2	3	4	5
f. Guilty	<u>GUILPAN7</u>	1	2	3	4	5
g. Scared	<u>SCARPAN7</u>	1	2	3	4	5
h. Hostile	<u>HOSTPAN7</u>	1	2	3	4	5
i. Enthusiastic	<u>ENTHPAN7</u>	1	2	3	4	5
j. Proud	<u>PROUPAN7</u>	1	2	3	4	5
k. Irritable	<u>IRRIPAN7</u>	1	2	3	4	5
l. Alert	<u>ALERPAN7</u>	1	2	3	4	5
m. Ashamed	<u>ASHAPAN7</u>	1	2	3	4	5
n. Inspired	<u>INSPPAN7</u>	1	2	3	4	5
o. Nervous	<u>NERVPAN7</u>	1	2	3	4	5
p. Determined	<u>DETEPAN7</u>	1	2	3	4	5
q. Attentive	<u>ATTEPAN7</u>	1	2	3	4	5
r. Jittery	<u>JITTPAN7</u>	1	2	3	4	5
s. Active	<u>ACTIPAN7</u>	1	2	3	4	5
t. Afraid	<u>AFRAPAN7</u>	1	2	3	4	5

G1. 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. (CIRCLE ONE NUMBER FOR EACH.)

		Almost Never	Sometimes	Often	Almost Always
a. I am a steady person.	<u>STEADPE7</u>	1	2	3	4
b. I feel satisfied with myself.	<u>SATISEL7</u>	1	2	3	4
c. I feel nervous and restless.	<u>RESTLES7</u>	1	2	3	4
d. I wish I could be as happy as others seem to be.	<u>WISHAPP7</u>	1	2	3	4
e. I feel like a failure.	<u>LIKEFAI7</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>TENSION7</u>	1	2	3	4
g. I feel secure.	<u>FEELSEC7</u>	1	2	3	4
h. I lack self-confidence.	<u>LACKSEL7</u>	1	2	3	4
i. I feel inadequate.	<u>INADEQA7</u>	1	2	3	4
j. I worry too much over something that does not matter.	<u>WORRYTO7</u>	1	2	3	4

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.

H1. In your day-to-day life have you had the following experiences: (CIRCLE ONE NUMBER FOR EACH.)

	Often	Sometimes	Rarely	Never
a. You are treated with less courtesy than other people. <u>COURTES7</u>	1	2	3	4
b. You are treated with less respect than other people. <u>RESPECT7</u>	1	2	3	4
c. You receive poorer service than other people at restaurants or stores. <u>POORSER7</u>	1	2	3	4
d. People act as if they think you are not smart. <u>NOTSMAR7</u>	1	2	3	4
e. People act as if they are afraid of you. <u>AFRAIDO7</u>	1	2	3	4
f. People act as if they think you are dishonest. <u>DISHONS7</u>	1	2	3	4
g. People act as if they're better than you are. <u>BETTER7</u>	1	2	3	4
h. You or your family members are called names or insulted. <u>INSULTE7</u>	1	2	3	4
i. You are threatened or harassed. <u>HARASSE7</u>	1	2	3	4
j. People ignore you or act as if you are not there. <u>IGNORED7</u>	1	2	3	4

IF YOU ANSWERED "OFTEN" OR "SOMETIMES", TO ANY STATEMENTS IN H1, PLEASE ANSWER QUESTION H2.

H2. Were any of the following reasons why you "sometimes" or "often" had these experiences? (CIRCLE ONE NUMBER FOR EACH.)

		NO	YES
a. Race <u>BCRACE7</u>		1	2
b. Ethnicity <u>BCETHN7</u>		1	2
c. Gender <u>BCGENDR7</u>		1	2
d. Age <u>BCAGE7</u>		1	2
e. Income Level <u>BCINCML7</u>		1	2
f. Language <u>BCLANG7</u>		1	2
g. Body Weight <u>BCWGHT7</u>		1	2
h. Physical Appearance (other than body weight) <u>BCPHAPP7</u>		1	2
i. Sexual Orientation <u>BCORIEN7</u>		1	2
j. Other, Specify: <u>OTHEREX7,#OTHRSP7</u>		1	2

Variable Excluded from Public Use Data File

Follow-up Visit 07 Self-Administered Questionnaire, Part A

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11. A number of **statements** that people have used to describe themselves are given below. Please read each statement and circle the number that corresponds to your response for each item. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer that describes how you generally feel. . (CIRCLE ONE NUMBER FOR EACH.)

		Almost Never	Sometimes	Often	Almost Always
a. I am quick tempered.	<u>QUICKTP7</u>	1	2	3	4
b. I have a fiery temper.	<u>FIERYTP7</u>	1	2	3	4
c. I am a hot-headed person.	<u>HOTHEAD7</u>	1	2	3	4
d. I get angry when I'm slowed down by others' mistakes.	<u>GETANGR7</u>	1	2	3	4
e. I feel annoyed when I am not given recognition for doing good work.	<u>ANNOYED7</u>	1	2	3	4
f. I fly off the handle.	<u>FLYOFF7</u>	1	2	3	4
g. When I get mad, I say nasty things.	<u>SAYNAST7</u>	1	2	3	4
h. It makes me furious when I'm criticized in front of others.	<u>FURIOUS7</u>	1	2	3	4
i. When I get frustrated, I feel like hitting someone.	<u>FEELHIT7</u>	1	2	3	4
j. I feel infuriated when I do a good job & get a poor evaluation.	<u>INFURIA7</u>	1	2	3	4

J1. Please indicate the extent to which you agree or disagree with each statement by circling the corresponding number. (CIRCLE ONE NUMBER FOR EACH.)

	Strongly Agree	Somewhat Agree	Cannot Say	Somewhat Disagree	Strongly Disagree
a. The future seems to me to be hopeless, and I can't believe things are changing for the better. <u>FUTURE7</u>	0	1	2	3	4
b. I feel it is impossible for me to reach the goals that I would like to strive for. <u>GOALS7</u>	0	1	2	3	4

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

ADDITIONAL PHYSICAL MEASURES

One additional measure, BMI, has been made available:

<i>Variable</i>	<i>Meaning</i>	<i>Values</i>
BMI7	Body Mass Index	numeric

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

Date Data Entered / Initials _____

Date Verified / Initials _____

COGNITIVE FUNCTION FORM

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID:

ARCHID

A2. SWAN STUDY VISIT #

07

#VISIT

A3. FORM VERSION:

03/03/2003

#FORM_V

A4. DATE FORM COMPLETED:

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

COGDAY7[†]

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:

#LOCATIO7

RESPONDENT'S HOME 1
CLINIC / OFFICE 2

A8. INTERVIEW LANGUAGE:

LANGCOG7

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

A9. WERE THE COGNITIVE FUNCTION TESTS COMPLETED?

#COGCOMP7

NO 1
YES 2 **(A10)**

A9.1. IF NO (i.e. COGNITIVE FUNCTION TESTS NOT DONE), SPECIFY REASON: **#COGNOT7**

UNWILLING/UNABLE TO COME TO OFFICE 1 **(END)**
OUTSIDE OF 90-DAY WINDOW 2 **(END)**
OTHER 3 **(END)**

IF OTHER, SPECIFY **#COGNOTS7** _____
REFUSED -7 **(END)**

A10. START TIME

___ : ___
#START7

AM...1
PM...2

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

B. EAST BOSTON MEMORY TEST I

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

<u>IMEDTHR7</u>
<u>IMEDCH17</u>
<u>IMEDHOU7</u>
<u>IMEDFIR7</u>
<u>IMEDFMN7</u>
<u>IMEDCLM7</u>
<u>IMEDCH27</u>
<u>IMEDRES7</u>
<u>IMEDMIN7</u>
<u>IMEDINJ7</u>
<u>IMEDEVR7</u>
<u>IMEDWEL7</u>
<u>TOTIDE17</u>

SCORE EACH IDEA AS PRESENT OR ABSENT

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		

C. FACES I

Now we will move to another exercise.

HAVE **STIMULUS BOOKLET I** READY. RECORDING OF THE PARTICIPANT'S RESPONSES AND SCORING FOR FACES I ARE DONE ON THE FOLLOWING PAGE. THERE IS NOTHING TO WRITE DOWN WHILE PRESENTING THE INITIAL SET OF FACES (1-24). THE PRIMARY MEASURE OF PERFORMANCE IS THE NUMBER OF FACES CORRECTLY IDENTIFIED.

READ THE INITIAL INSTRUCTION: "I am going to show you some pictures of faces, one at a time. Look at each face carefully and remember what it looks like. Remember each one."

EXPOSE EACH PHOTOGRAPH (1-24) FOR 2 SECONDS AND SAY, "Remember this one."

WHEN ALL HAVE BEEN PRESENTED READ THE NEXT INSTRUCTION. "Now I am going to show you some more pictures of faces, one at a time. I want you to look at the face on each page carefully. Say "Yes" if the face is one that I asked you to remember or "No" if it is not."

IF THE RESPONDENT DOES NOT UNDERSTAND THE DIRECTIONS, YOU MAY REPEAT THEM, PARAPHRASING WHERE NECESSARY.

TURN THE PAGE TO EXPOSE ITEM 1. EXPOSE EACH PHOTOGRAPH (1-48). RECORD THE PARTICIPANT'S RESPONSES ON PAGE 4 OF THIS FORM. CIRCLE WHETHER THE RESPONDENT SAYS "YES" OR "NO" TO EACH OF THE 48 FACES THAT ARE PRESENTED (i.e. CIRCLE "Y / YES" OR "N / NO"). LATER, THE RESPONSES ARE SCORED AS CORRECT OR NOT (i.e. BOLDFACE TYPE YES/NO=1, AND Y/N=0).

AFTER YOU HAVE SHOWN THE LAST RECOGNITION FACE FOR FACES I AND RECORDED THE RESPONSE, GIVE THE FINAL INSTRUCTION. I want you to remember the first group of faces I asked you to remember because later on I'm going to ask you to pick them out of another group of faces.

FACES I- CIRCLE “Y / YES” OR “N / NO”

ITEM/RESPONSE			SCORE 0 OR 1
1	Y	NO	<u>FACEI17</u>
2	YES	N	<u>FACEI27</u>
3	Y	NO	<u>FACEI37</u>
4	Y	NO	<u>FACEI47</u>
5	YES	N	<u>FACEI57</u>
6	Y	NO	<u>FACEI67</u>
7	YES	N	<u>FACEI77</u>
8	Y	NO	<u>FACEI87</u>
9	Y	NO	<u>FACEI97</u>
10	Y	NO	<u>FACEI107</u>
11	YES	N	<u>FACEI117</u>
12	YES	N	<u>FACEI127</u>
13	Y	NO	<u>FACEI137</u>
14	YES	N	<u>FACEI147</u>
15	Y	NO	<u>FACEI157</u>
16	YES	N	<u>FACEI167</u>
17	Y	NO	<u>FACEI177</u>
18	Y	NO	<u>FACEI187</u>
19	YES	N	<u>FACEI197</u>
20	Y	NO	<u>FACEI207</u>
21	YES	N	<u>FACEI217</u>
22	YES	N	<u>FACEI227</u>
23	Y	NO	<u>FACEI237</u>
24	YES	N	<u>FACEI247</u>
25	YES	N	<u>FACEI257</u>
26	Y	NO	<u>FACEI267</u>
27	Y	NO	<u>FACEI277</u>
28	YES	N	<u>FACEI287</u>
29	YES	N	<u>FACEI297</u>
30	Y	NO	<u>FACEI307</u>
31	Y	NO	<u>FACEI317</u>
32	YES	N	<u>FACEI327</u>
33	YES	N	<u>FACEI337</u>
34	Y	NO	<u>FACEI347</u>
35	YES	N	<u>FACEI357</u>
36	Y	NO	<u>FACEI367</u>
37	YES	N	<u>FACEI377</u>
38	YES	N	<u>FACEI387</u>
39	Y	NO	<u>FACEI397</u>
40	YES	N	<u>FACEI407</u>
41	Y	NO	<u>FACEI417</u>
42	YES	N	<u>FACEI427</u>
43	Y	NO	<u>FACEI437</u>
44	YES	N	<u>FACEI447</u>
45	Y	NO	<u>FACEI457</u>
46	YES	N	<u>FACEI467</u>
47	YES	N	<u>FACEI477</u>
*48	Y	NO	<u>FACEI487</u>

* AFTER YOU HAVE SHOWN THE LAST RECOGNITION FACE FOR FACES I AND RECORDED THE RESPONSE, GIVE THE FINAL INSTRUCTION.

I want you to remember the first group of faces I asked you to remember because later on I'm going to ask you to pick them out of another group of faces.

D. 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.

SYMBOL DIGIT MODALITIES TEST (CONTINUED) – SCORING:

1. Administration status (1, 6-10) _____ **SDMTSTA7**
- 1 = Test 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
- Specify **#SDMTSPE7** _____
- 10 = Administered but not according to protocol
- Specify _____
-
2. Number of Test Administrations **SDMTADM7** _____
3. Number of Practice Items Correct (0-7) **SDMTPRA7** _____
4. Number of Test Items Attempted (0-110) **SDMTATM7** _____
5. Number of Test Items Correct (0-110) **SDMTCOR7** _____

E. 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.

<u>ITEM</u>	<u>RESPONSE CODE</u>
P1. Try this one : 2 – 8 – 3.”	_____
IF <u>CORRECT</u> (1), SAY: That's right. Now I have some more numbers. Remember, you are to say them backwards. [GO TO 1a]	
IF <u>ERROR</u> (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 <u>CORRECT</u> (1), SAY: That's right. Now I have some more numbers. Remember, you are to say them backwards. [GO TO 1a]	
IF <u>ERROR</u> (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)

- 0 = Error
- 1 = Correct
- 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 = Not administered for some other reason, Specify below
- 10 = Administered but not according to protocol, Specify below

<u>Item</u>	Response Code
1a. Ready? 5 – 1	<u>DIGIT1A7</u>
1b. Here is another: 3 – 8	<u>DIGIT1B7</u>
2a. Here is another: 4 – 9 – 3	<u>DIGIT2A7</u>
2b. Here is another: 5 – 2 – 6	<u>DIGIT2B7</u>
3a. Here is another: 3 – 8 – 1 – 4	<u>DIGIT3A7</u>
3b. Here is another: 1 – 7 – 9 – 5	<u>DIGIT3B7</u>
4a. Here is another: 6 – 2 – 9 – 7 – 2.....	<u>DIGIT4A7</u>
4b. Here is another: 4 – 8 – 5 – 2 – 7.....	<u>DIGIT4B7</u>
5a. Here is another: 7 – 1 – 5 – 2 – 8 – 6.....	<u>DIGIT5A7</u>
5b. Here is another: 8 – 3 – 1 – 9 – 6 – 4.....	<u>DIGIT5B7</u>
6a. Here is another: 4 – 7 – 3 – 9 – 1 – 2 – 8.....	<u>DIGIT6A7</u>
6b. Here is another: 8 – 1 – 2 – 9 – 3 – 6 – 3.....	<u>DIGIT6B7</u>

Specify [#SPCDIG17](#)

[#SPCDIG27](#)

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

F. EAST BOSTON MEMORY TEST II – 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

_____ **DLAYTHR7**

_____ **DLAYCH17**

_____ **DLAYHOU7**

_____ **DLAYFIR7**

_____ **DLAYFMN7**

_____ **DLAYCLM7**

_____ **DLAYCH27**

_____ **DLAYRES7**

_____ **DLAYMIN7**

_____ **DLAYINJ7**

_____ **DLAYEVR7**
DLAYWEL7
TOTIDE27

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		

G. FACES II

Now I'm going to show you some more pictures of faces. I want you to look at each face carefully. Say "Yes" if the face is one I asked you to remember earlier or "No" if it is not.

HAVE **STIMULUS BOOKLET II** READY.

IF THE RESPONDENT DOES NOT UNDERSTAND THE DIRECTIONS, YOU MAY REPEAT THEM, PARAPHRASING WHERE NECESSARY.

TURN THE PAGE TO EXPOSE ITEM 1. EXPOSE EACH PHOTOGRAPH (1-48). RECORD THE PARTICIPANT'S RESPONSES ON PAGE 11 OF THIS FORM. CIRCLE WHETHER THE RESPONDENT SAYS "YES" OR "NO" TO EACH OF THE 48 FACES THAT ARE PRESENTED (i.e. CIRCLE "Y / YES" OR "N / NO"). LATER, THE RESPONSES ARE SCORED AS CORRECT OR NOT (i.e. BOLDFACE TYPE YES/NO=1, AND Y/N=0).

FACES II – CIRCLE “Y / YES” OR “N / NO”

ITEM/RESPONSE			SCORE 0 OR 1
1	Y	NO	<u>FACED17</u>
2	YES	N	<u>FACED27</u>
3	Y	NO	<u>FACED37</u>
4	Y	NO	<u>FACED47</u>
5	YES	N	<u>FACED57</u>
6	Y	NO	<u>FACED67</u>
7	YES	N	<u>FACED77</u>
8	Y	NO	<u>FACED87</u>
9	Y	NO	<u>FACED97</u>
10	Y	NO	<u>FACED107</u>
11	YES	N	<u>FACED117</u>
12	Y	NO	<u>FACED127</u>
13	YES	N	<u>FACED137</u>
14	Y	NO	<u>FACED147</u>
15	YES	N	<u>FACED157</u>
16	Y	NO	<u>FACED167</u>
17	Y	NO	<u>FACED177</u>
18	YES	N	<u>FACED187</u>
19	Y	NO	<u>FACED197</u>
20	YES	N	<u>FACED207</u>
21	YES	N	<u>FACED217</u>
22	Y	NO	<u>FACED227</u>
23	YES	N	<u>FACED237</u>
24	Y	NO	<u>FACED247</u>
25	YES	N	<u>FACED257</u>
26	Y	NO	<u>FACED267</u>
27	YES	N	<u>FACED277</u>
28	YES	N	<u>FACED287</u>
29	YES	N	<u>FACED297</u>
30	Y	NO	<u>FACED307</u>
31	YES	N	<u>FACED317</u>
32	Y	NO	<u>FACED327</u>
33	YES	N	<u>FACED337</u>
34	Y	NO	<u>FACED347</u>
35	YES	N	<u>FACED357</u>
36	YES	N	<u>FACED367</u>
37	Y	NO	<u>FACED377</u>
38	Y	NO	<u>FACED387</u>
39	YES	N	<u>FACED397</u>
40	YES	N	<u>FACED407</u>
41	Y	NO	<u>FACED417</u>
42	YES	N	<u>FACED427</u>
43	YES	N	<u>FACED437</u>
44	Y	NO	<u>FACED447</u>
45	Y	NO	<u>FACED457</u>
46	YES	N	<u>FACED467</u>
47	Y	NO	<u>FACED477</u>
48	YES	N	<u>FACED487</u>

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

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

- AICDPUM7**
- NO.....1
 YES.....2 (END)
 DON'T KNOW..... -8 (END)

IF YES OR DON'T KNOW, **STOP**. SUBJECT INELIGIBLE FOR BIOIMPEDANCE

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

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

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

- EXER12H7**
- NO.....1
 YES.....2
 REFUSED.....-7

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

- EAT5HR7**
- NO.....1
 YES.....2
 REFUSED.....-7

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

- ALCO24H7**
- NO.....1
 YES.....2
 REFUSED.....-7

B5. Do you have any embedded medical devices, metal pins or plates, clips or beads used to treat cancer, braces, staples from surgery or any other type of embedded metal? **EMBDDEV7**

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

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

METJEWL7

B6. DID PARTICIPANT WEAR ANY METAL JEWELRY DURING MEASUREMENT?

NO.....1 (B7)

YES.....2

B6.1. IF YES, WERE THERE ANY RINGS, BRACELETS, WATCHES OR ANKLE JEWELRY ON THE MEASURED SIDE? **ONMEASS7**

NO.....1

YES.....2

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

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

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

B7. ON WHICH SIDE OF THE BODY WERE THE ELECTRODES PLACED? **SIDE7**

RIGHT1

LEFT2

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

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

(+ OR -) **CONDRAW7 / CONDERZ7** _____ OHMS

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

(+ OR -) **IMPERAW7 / IMPEFRZ7** _____ OHMS

B10. WAS THE MEASUREMENT RE-RUN? **BIORRUN7**

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

B11. COMMENTS: _____
#OPERC017 #OPERC027

REMOVE AND DISPOSE OF THE ELECTRODES, BE SURE NOT TO INJURE THE SUBJECT'S SKIN.
IF YOU HAVEN'T ALREADY DONE SO, COMPLETE QUESTION A10 = "YES (2)."

Thank you for your participation in this study.

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

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

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

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

ADDITIONAL MEASURES COLLECTED

The following answers pertain to the serum hormone and cardiovascular measures:

A9. WAS BLOOD DRAWN? **BLDDRAW7**
NO..... 1
YES..... 2 (B1)

THE FOLLOWING ONLY APPLY IF BLOOD WAS DRAWN.

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

A10. Are you currently pregnant? **PREGNAN7**
NO..... 1
YES..... 2
DON'T KNOW..... -8

A11. Have you had anything to eat or drink, other than water, in the last 12 hours? That is,
since ___ : ___ last night ? **EATDRIN7**
NO..... 1
YES..... 2

A12. Did you start a menstrual period in the last five days? **STRTPER7**
NO..... 1
YES..... 2

A12.1. What is the date that you started to bleed? **BLEDAY7†**
___ / ___ / ___
M M D D Y Y Y Y

A13. BLOOD DRAW CATEGORY: **BLDRWAT7**
BLOOD DRAWN, PER PROTOCOL..... 1
BLOOD DRAWN, MENSES TOO VARIABLE 2
BLOOD DRAWN, LAST ATTEMPT 3
BLOOD DRAWN, RESPONDENT PREGNANT 4

FOLLOW BLOOD DRAW PROTOCOL
RECORD COLLECTION TUBES FILLED ON SPECIMEN COLLECTION FORM
IF NOT ALREADY DONE, COMPLETE QUESTION A9 = "YES (2)"

In order to interpret your blood draw results, we need to ask you the following question.

A14. Have you had any alcohol in the last 24 hours? **ALCHL247**
NO..... 1
YES..... 2

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

ADDITIONAL MEASURES COLLECTED (continued)

SERUM HORMONE MEASURES

1. Variables for assays

Variable	Assay	Units
<u>DHAS7</u>	Dehydroepiandrosterone sulfate	ug/dL
<u>E2AVE7*</u>	Estradiol (see important note below)	pg/mL
<u>FSH7</u>	Follicle-stimulating hormone	mIU/mL
<u>SHBG7</u>	Sex hormone-binding globulin	nM
<u>T7</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

Variable	Meaning	Codes
<u>CYCDAY7</u>	Day of cycle	n/a
<u>FLGCV7</u>	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%.	0=no, 1=yes
<u>FLGDIF7</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 apply to all samples through 2009:

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
TSH	Jun. 18, 1999 ~	<2.0 ng/dL
	~ 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
CHOLRES7	Total cholesterol	mg/dl
TRIGRES7	Triglycerides	mg/dl
LDLRESU7	Low-density lipoprotein cholesterol (estimated)	mg/dl
HDLRESU7	High density lipoprotein cholesterol	mg/dl
GLUCRE7	Glucose	mg/dl
INSURES7	Insulin	uIU/ml
FACRESU7	Factor VII	%
FIBRESU7	Fibrinogen	mg/dl
PAIRESU7	PAI-1	ng/ml
TPARESU7	tPA	ng/ml
LPARESU7	Lipoprotein Lp(a)	mg/dl
LPAIRES7	Lipoprotein A-1	mg/dl
APOARES7	Apolipoprotein A-1	mg/dl
APOBRES7	Apolipoprotein B	mg/dl
CRPRESU7	C-reactive protein	mg/l

2. *Flags and other variables*

<i>Variable</i>	<i>Meaning</i>	<i>Codes</i>
FLAGSER7	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

*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