



Longitudinal Events Created Variables Dataset

Baseline through Visit 17

CODEBOOK

ARCHIVED DATASET 2026

Dataset file nialevt2026

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DOCUMENTATION FOR THE SWAN LONGITUDINAL EVENTS DATASET

This dataset contains created variables related to self-reported/adjudicated participant events. It is a longitudinal dataset, meaning that it contains multiple rows of data per ARCHID.

Differences from the prior release of the longitudinal events dataset (nialevt2026):

- Visits 17 was added to the dataset

Who is included in the public use dataset:

The dataset contains information for the 3,302 women from the seven clinical sites participating in the SWAN longitudinal study. The sites include 11, 12, 13, 14, 15, 16 and 17.

How this codebook is constructed:

The Longitudinal Events data is a dataset composed of created variables that pull together information from the visits during SWAN where women apprised the sites of various events that had occurred from one visit to another, and in some cases, condensed this information when it was reported more than once. Following this documentation section are copies of the forms from which the events were pulled and accumulated through the visits attended while participating in SWAN from Baseline to Visit 17. The questionnaires highlight the questions and variables that were used to construct the created variables

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 data collected that has a date attached has been converted to the number of days from the baseline interview. For example, if the event happened 10 years after the baseline interview, the day for the event would be day 3,650 and the Baseline Interview would be day 0.

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).

NOTE: Please be aware that there was for the site 16 women a gap of 2-3 visits between Visits 06 and 09. This might affect the accuracy of the created variables.

Description of the dataset:

This dataset contains created variables related to self-reported/adjudicated participant events. It is a longitudinal dataset, meaning that it contains multiple rows of data per ARCHID.

At each subsequent visit after baseline, participants were questioned as to some of their medical conditions. **Heart attack, stroke (CVA), angina, and cancer were asked at each visit after baseline in the interview form;** therefore, any participant that died or no longer participated in the study after Visit 11 would not have been asked the more extensive event questions asked in SWAN IV – VI (Visits 12, 13, 15, and 17). Event adjudication was not part of the Visit 14 or 16 protocol, thus self-report data only is available for these visits.

During SWAN IV – VI, considerably more detail was collected on multiple events, and a decision was made to adjudicate several of the events collected. Numerous cardiovascular and cancer events were asked about, and a subset was adjudicated. The following types of events are included in the dataset:

- Last visit – the last time the participant had a visit
- Last contact – the last time the study had contact with the participant
- Death – if participant died, the date of death is included here if known
- Cancer:
 - Breast cancer (adjudicated)
 - Colon cancer (adjudicated)
 - Lung cancer (not adjudicated)
 - Gynecologic cancer (not adjudicated)
- Cardiovascular
 - PCI/percutaneous coronary intervention (adjudicated)
 - CABG/coronary artery bypass graft (adjudicated)

- MI/heart attack (adjudicated)
- CVA/Stroke (adjudicated)
- Congestive Heart Failure (adjudicated)
- Carotid Artery Procedure (adjudicated in SWAN IV only)
- PAD/Lower Extremity Procedure (adjudicated in SWAN IV only)
- Abdominal aortic aneurysm/AAA (adjudicated in SWAN IV only)
- Angina (not adjudicated)
- Deep Vein Thrombosis (not adjudicated)
- Pulmonary Embolism (not adjudicated)

All SWAN participants are included in this dataset, regardless of whether or not they reported an event. Each participant will have a record for last visit and one for last contact. “Last contact” is defined as the last contact of any kind with the participant. “Last visit” is defined as the last time the events were collected on either the interview form or interview substitute (with the exception of 12 participants at Visit 17 who did not complete an interview form, but completed enough forms to constitute a Visit).

For three cardiovascular events (PCI at Visits 12,13, 15, and 17, carotid artery procedure at Visits 12 and 13, and PAD at Visits 12 and 13), both hospitalizations and outpatient events were adjudicated. The other cardiovascular events were adjudicated if a hospitalization was involved. A ‘hospitalization’ is for admissions. A single day without admission or a multiple day/night visit (including overnight observation) without admission is ‘outpatient’.

Several difficulties beset the adjudication process, such as:

- Some facilities insisted on their own authorization forms and would not accept the SWAN release.
- Hospitals often do not keep records past 10 years.
- Michigan state law requires that medical records cannot be released after one year of the signature on the authorization.
- Participants had procedures at more than one facility, but only signed a release for one facility
- Participants sometimes provided incorrect dates, facilities, and information on the medical release forms.

All records collected for SWAN IV, V, and VI were examined, and their results are included in this dataset.

Specific notes for Visits 12 and 13:

During SWAN IV, the participant was asked about events in the ‘If ever’ context on the interview questionnaire in order to get more information on prior events such as breast and colon cancer and cardiovascular events. If a participant missed Visit 12, they were asked the event questions in the ‘If ever’ context at Visit 13. However, if they attended Visit 12, they were asked if they had any events ‘Since your last study visit’ at Visit 13.

Specific notes for Visits 14 and 15:

During SWAN V (Visit 15), women were asked if they had any events ‘Since your last study visit,’ and special care was taken to track down any events mentioned during the Visit 14 interim visit. If a Visit 14 event was confirmed as NOT occurring, it was not added into the events dataset. In addition, a special effort in Visit 15 was made to track down conflicting information where women said they had an event prior to SWAN IV, but said ‘no’ when asked in the ‘if ever’ context in SWAN IV. If confirmed as not an event, that prior event was deleted. In addition, if a prior visit event was a data entry error, that visit was corrected.

Visit 15 cancer events collection had an additional primary site for a different cancer diagnosis added in addition to the primary site collection asked at every visit (B3 in blue in the self-reported form below).

Specific notes for Visit 16:

Visit 16 (Bone Visit sites 11, 12, and 15 only) asked self-report questions concerning cancer and the following cardiovascular events – angina, pulmonary embolism (PE), deep vein thrombosis (DVT) heart attack (MI), stroke (CVA), and heart failure (CHF). Visit 16 did NOT ask about PCI, carotid procedures, or PAD procedures done to peripheral arteries.

Specific notes for Visit 17:

Please note that at Visit 17 the cardiovascular event-related data collection forms were changed substantially. In prior visits, the date of hospitalization or procedure was used as the unit of data collection, with all event types occurring on that date linked to that unit of collection. However, it was thought that if the focus of data collection was changed to the event type, women may better remember important dates and facilities tied to that type of cardiovascular event. Thus, the forms were updated to reflect this change, with the event type as the unit of data collection at visit 17. However, in order to keep

the variables in this longitudinal dataset consistent, we re-coded data collected on the visit 17 cardiovascular events to conform with the existing variable structure of the longitudinal data.

Variables included in the dataset:

Variable	Meaning and some description	Codes
ARCHID	Participant ID.	
VISIT	Study visit.	"00" = Baseline to "17" = Visit 17
RACE	Race/Ethnicity.	1 = Black 2 = Chinese/Chinese American 3 = Japanese/Japanese American 4 = White Non-Hispanic 5 = Hispanic
EVTTYPE	Event type.	See next table
EVDAY	Day of event.	Numeric
EDIMPFLG	Flag to indicate if event date was imputed.	0 = Not Imputed 1 = Imputed
EVSRC	Information source of the event day.	1 = Medical Records 2 = Participant (self-report)
EVADJ	Event was adjudicated and medical records either confirm, deny, or declare indeterminate the event.	1 = No, 2 = Yes, 3 = Indeterminate (can neither confirm or deny the event)
DEATHSRC	Resource of day of death.	1 = Death Certificate 2 = NDI Report 3 = Visit STAT form

Decision rules employed:

- 1) If exact date is known or given, *EVDAY* is calculated based on that date, and *EDIMPFLG* is set to 0 (not imputed).
- 2) If the date is missing day only, event date is imputed as the midpoint of the date range, which is the beginning and end of the month. *EVDAY* is calculated based on that date, and *EDIMPFLG* is set to 1 (imputed).
- 3) If the date is missing month and day, event date is imputed as the midpoint of the date range, and the date range is the beginning and end of the year. *EVDAY* is calculated based on that date, and *EDIMPFLG* is set to 1 (imputed).
- 4) If the date range only is known (as in self-reported events), event date is imputed as the midpoint of the date range, and the date range is the prior visit and the current visit on which the event was reported. *EVDAY* is calculated based on that date, and *EDIMPFLG* is set to 1 (imputed).
- 5) If the date is entirely missing, *EVDAY* is set to .C (unknown), since we can't say whether the event was before or after SWAN began.
- 6) If the event collected in SWAN IV-V is not the type that we will adjudicate (e.g. angina, DVT, PE, malignancy-lung, or malignancy-gynecologic), *EVADJ* will be .B (N/A).
- 7) If the event is self-reported, and we will never get more information on that event because the participant is no longer active in the study, *EVSRC* will be 2, and *EVADJ* will be .B (N/A). Note: Participants that did not participate in Visits 12, 13, and 15 will also fall into this category if events were reported in earlier visits.
- 8) The cancer adjudication process identified diagnosis of cancer during SWAN. Therefore, this dataset contains no more than 1 record per cancer type, and recurrences are not included. Any pre-SWAN diagnosis of cancer was indicated in the screening data, questions 3g (CANCER) and 3.2 (SITECANC) and are not included in this dataset.
- 9) Please note that the events dataset may be over-reporting the number of cardiovascular events per woman due to how questions were worded and lack of dates. In each visit past baseline (except the Visit 11 interim visit) the questions were worded 'told you that you had any of the following conditions *or treated you* for them' meaning that treatment only could have been reported. Therefore, some events (particularly MI and CV) which were asked at each visit) could be over reported. As a result, it might be preferable to focus on the first event of a type per woman in many analyses.
- 10) If the date of the event was before participating in SWAN (prior to 1996), it was not included in the events dataset.
- 11) If an event was adjudicated to 'no' or 'indeterminate', the adjudicators did not give the 'non-event' a date. The date provided by the participant was used in these instances.

A more in depth explanation of the EVTYPE variable:

EVTYPE	Event Description
1	Last visit
2	Last contact
3	Death
	<u>Cardiovascular</u>
10	MI (Myocardial Infarction)
11	CVA (Cerebrovascular Accident/Stroke)
12	Angina
13	PCI (Percutaneous Coronary Intervention/Angioplasty)
14	CABG (Coronary Artery Bypass Graft)
15	CHF (Congestive Heart Failure)
16	<i>Carotid Artery Procedure</i>
17	<i>PAD / Lower or Upper Extremity Procedure</i>
18	<i>Renal Artery Procedure</i>
19	DVT (Deep Vein Thrombosis)
20	PE (Pulmonary Embolism)
21	<i>AAA (Abdominal Aortic Aneurysm) – (too few cases)</i>
	<u>Cancer</u>
30	Malignancy – Breast
31	Malignancy – Colon
32	Malignancy – Lung
33	Malignancy – Gynecologic (cervical, ovarian, uterine, vaginal, or vulvar)
	Note: Cancer was asked as a text-filled 'Specify site' at Visits 01 – 06. From Visit 07 on, a select list was employed

Note: **Bold** events were adjudicated at SWAN IV, V, and VI (Visits 12, 13, 15, and 17).

Bold in italics were adjudicated at SWAN IV ONLY.

Shaded events were asked at each visit. The other events were asked as 'if ever' at Visit 12, and 'since your last study visit' at Visits 13, 15, and 17.

QUESTIONS FROM DATA COLLECTION FORMS

= Variable excluded from public use datafile

SELF-REPORT – VISITS 01-11, 14, & 16

VISITS 01 - 06

The questions shown below were taken from the **Visit 01 Interview**, and similar questions were asked for **Visits 02-06**. Variables in red were the ones pulled to create the event record at these visits.

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

B26. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had any of the following conditions or treated you for them?

		NO	YES	DON'T KNOW
f. Stroke?	<u>#STROKE1</u>	1	2	-8
i. Heart attack?	<u>#HEARTAT1</u>	1	2	-8
j. Angina?	<u>#ANGINA1</u>	1	2	-8
m. Cancer, other than skin cancer?	<u>#CANCERS1</u>	1 (B28)	2	-8 (B28)

B27. What was the primary site of the cancer? #SITESPE1

SPECIFY: _____

VISITS 07 - 10

The questions below were taken from the Visit 07 interview. For **Visit 07 – Visit 10**, some version of a select statement was used for the cancer question. Variables in red were the ones pulled to create the event record at these visits.

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
f. Stroke?	<u>#STROKE7</u>	1	2	-8
i. Heart attack?	<u>#HEARTAT7</u>	1	2	-8
j. Angina?	<u>#ANGINA7</u>	1	2	-8
l. Cancer, other than skin cancer?	<u>#CANCERS7</u>	1 (D2)	2	-8 (D2)

1.1. 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: <u>#SITESPE7</u>	(b)
DON'T KNOW	-8 (b)

VISIT 11

For the **interim Visit 11**, specific dates were asked for some of the events, and bypass, PTCA, angioplasty, stenting, artherectomy, and endarterectomy (heart, neck, and extremities) were asked for the first time. Variables in red were the ones pulled to create the event record at these visits.

- C6. 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? (CIRCLE ONE NUMBER ON EACH LINE, a. – g.)

		NO	YES	DON'T KNOW
f. Angina?	#ANGINA11	1	2	-8

- C7. Since your last study visit, has a doctor, nurse practitioner or other health care provider told you that you had cancer, other than skin cancer? [#CANCERS11](#)

No	1	(GO TO C8)
Yes	2	
Don't Know	-8	(GO TO C8)

- C7a. IF YES, what is/was the primary site of the cancer? (CIRCLE ONE ANSWER.) [#PSITCA11](#)

One Breast	1
Both Breasts	2
Ovary	3
Uterus	4
Cervix	5
Vulva	6
None of the above / other	7
Don't Know	-8

- C8. Since your last study visit, has a doctor, nurse practitioner or other health care provider told you that you had a stroke? [#STROKE11](#)

No	1	(GO TO C9, PAGE 7)
Yes	2	
Don't Know	-8	(GO TO C9, PAGE 7)

- C8a. If Yes, give date of the first stroke since your last study visit (if more than one stroke):
(CHECK BOX IF UNKNOWN.)

[#STROKMO11](#)[#STROKYR11](#)

M	M

Y	Y	Y	Y

Don't Know (-8) ☐

- C9. Since your last study visit, has a doctor, nurse practitioner or other health care provider told you that you had a heart attack? [#HEARTAT11](#)

No	1	(GO TO C10)
Yes	2	
Don't Know	-8	(GO TO C10)

- C9a. If Yes, give date of the first heart attack since your last study visit (if more than one heart attack):
(CHECK BOX IF UNKNOWN.)

[#HARTMO11](#)[#HARTYR11](#)

M	M

Y	Y	Y	Y

Don't Know (-8) ☐

- C10. Since your last study visit, have you had a heart bypass operation (coronary artery bypass graft surgery or CABG)? [#BYPASS11](#)

No	1	(GO TO C11)
Yes	2	
Don't Know	-8	(GO TO C11)

C10a. **If Yes**, give date of the first bypass operation since your last study visit (if more than one bypass): (CHECK BOX IF UNKNOWN.)

#BYPAMO11

#BYPAYR11

M	M

Y	Y	Y	Y

Don't Know (-8) ☐

C11. **Since your last study visit**, have you had a procedure to unblock blood vessels to your heart muscle (PTCA, angioplasty, stent or atherectomy)?

#UNBLKH11

No 1 (GO TO C12, PAGE 8)

Yes 2

Don't Know -8 (GO TO C12, PAGE 8)

C11a. **If Yes**, give date of the first procedure since you last study visit (if more than one procedure): (CHECK BOX IF UNKNOWN.)

#UNBHMO11

#UNBHYP11

M	M

Y	Y	Y	Y

Don't Know (-8) ☐

C12. **Since your last study visit**, have you had a procedure to unblock narrowed blood vessels in your neck (carotid endarterectomy, angioplasty or stent)?

#UNBLKN11

No 1 (GO TO C13)

Yes 2

Don't Know -8 (GO TO C13)

C12a. **If Yes**, give date of the first procedure since your last study visit (if more than one procedure): (CHECK BOX IF UNKNOWN.)

#UNBNMO11

#UNBNYP11

M	M

Y	Y	Y	Y

Don't Know (-8) ☐

C13. **Since your last study visit**, have you had a procedure to unblock narrowed blood vessels in your arms or legs (bypass surgery, angioplasty or stent)?

#UNBLKA11

No 1 (GO TO D1)

Yes 2

Don't Know -8 (GO TO D1)

C13a. **If Yes**, give date of the first procedure since your last study visit (if more than one procedure): (CHECK BOX IF UNKNOWN.)

#UNBAMO11

#UNBAYR11

M	M

Y	Y	Y	Y

Don't Know (-8) ☐

VISIT 14 ONLY

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

No 1 **(GO TO C5)**

Yes 2

Don't Know -8 **(GO TO C5)**

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

[#PSBRST14](#)

Both breasts 1

Right breast, only 2

Left breast, only 3

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

[#BRSTDT14](#)
[#BRSTM014](#) / [#BRSTYR14](#)

M	M

Y	Y	Y	Y

☐ Don't Know (-8)

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

No 1 **(GO TO C6, PAGE 4)**

Yes 2

Don't Know -8 **(GO TO C6, PAGE 4)**

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

[#COLDT14](#)
[#COLNMO14](#) / [#COLYR14](#)

M	M

Y	Y	Y	Y

☐ Don't Know (-8)

Cardiovascular Events

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

No 1 **(GO TO C7, PAGE 5)**

Yes 2

Don't Know -8 **(GO TO C7, PAGE 5)**

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

C6a. IF YES, which event(s), if any, occurred since your last study visit? (CIRCLE ONE RESPONSE FOR EACH QUESTION.)	NO	YES →	IF YES, PLEASE PROVIDE THE DATE OF MOST RECENT EVENT (IF MORE THAN ONE EVENT). (CHECK BOX IF DATE UNKNOWN.)		
Have you been or had...					
Diagnosed with or treated for a <u>heart attack</u> (myocardial infarction or MI)? #HEARTAT14	1	2 →	#RMIMO14 M M	/ #RMIYR14 Y Y Y Y	#RMIDT14 Don't Know ☐
A <u>heart bypass operation</u> (CABG, coronary artery bypass graft surgery)? #BYPASS14	1	2 →	#RCABGMO14 M M	/ #RCABGYR14 Y Y Y Y	#RCABGDT14 Don't Know ☐
A procedure to unblock narrowed vessels to your <u>heart</u> (opening the arteries of the heart with a balloon or other device, some-times called a PTCA, coronary angioplasty, coronary stent, atherectomy or rotoblation)? #UNBLKH14	1	2 →	#RPCIMO14 M M	/ #RPCIYR14 Y Y Y Y	#RPCIDT14 Don't Know ☐
Diagnosed with or treated for a <u>stroke</u> ? #STROKE14	1	2 →	#RCVAMO14 M M	/ #RCVAYR14 Y Y Y Y	#RCVADT14 Don't Know ☐
Diagnosed with or treated for <u>heart failure</u> ? #HTFAIL14	1	2 →	#RCHFMO14 M M	/ #RCHFYR14 Y Y Y Y	#RCHFDT14 Don't Know ☐
A procedure or operation to unblock narrowed blood vessels in your <u>neck</u> (carotid endarterectomy, carotid angioplasty, or carotid stent)? #UNBLKN14	1	2 →	#RNECKMO14 M M	/ #RNECKYR14 Y Y Y Y	#RNECKDT14 Don't Know ☐
Poor blood circulation or blocked or narrowed blood vessels to your <u>legs or feet</u> (claudication, peripheral arterial disease or PAD, peripheral vascular disease or PVD)? #UNBLKL14	1	2 →	#RPADMO14 M M	/ #RPADYR14 Y Y Y Y	#RPADDT14 Don't Know ☐
Blood clots in your legs (deep vein thrombosis or DVT)? #DVT14	1	2 →	#RDVTMO14 M M	/ #RDVTYR14 Y Y Y Y	#RDVTD14 Don't Know ☐
Blood clots in your lungs (pulmonary embolism or PE)? #PE14	1	2 →	#RPEMO14 M M	/ #RPEYR14 Y Y Y Y	#RPEDT14 Don't Know ☐

VISIT 16 Bone Visit Site participants only – Sites 11, 12, and 15

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

Were you told you had or treated for:

(PLEASE CIRCLE ONE RESPONSE.)

q.	Skin cancer?	#SKCNCER16	No (1)	Yes (2)	Don't know (-8)
			(If No, Please Skip to Question B3.)		(If Don't know, Please Skip to Question B3.)

q1. If YES, what type of cancer were you told you had?

a.	Melanoma?	#MECNCER16	No (1)	Yes (2)	Don't know (-8)
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b.	Non melanoma skin cancer?	#NMECNCR16	No (1)	Yes (2)	Don't know (-8)
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B3. Since your last study visit, has a doctor, nurse practitioner or other health care provider told you that you had cancer other than skin cancer or treated you for it? **(PLEASE CHECK ONE BOX.)**

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

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

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

B4. Since your last study visit, has a doctor, nurse practitioner or other health care provider told you that you had any of the following conditions or treated you for them? **(PLEASE CIRCLE ONE RESPONSE FOR EACH QUESTION.)**

Were you diagnosed or treated for:

(PLEASE CIRCLE ONE RESPONSE.)

a.	Angina?	#CVANG16	No (1)	Yes (2)	Don't know (-8)
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b.	Blood clots in your <u>lungs</u> (Pulmonary embolism or PE)?	#CVPE16	No (1)	Yes (2)	Don't know (-8)
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c.	Blood clots in your <u>legs</u> (deep vein thrombosis or DVT)?	#CVDVT16	No (1)	Yes (2)	Don't know (-8)
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d.	A heart attack (coronary myocardial infarction or MI)?	#CVM16	No (1)	Yes (2)	Don't know (-8)
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e.	A stroke?	#CVCVA16	No (1)	Yes (2)	Don't know (-8)
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f.	Heart failure (congestive heart failure/CHF)?	#CVCHF16	No (1)	Yes (2)	Don't know (-8)
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SELF-REPORT for VISITS 12, 13, and 15

B1. 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
i.	Skin cancer? #SKCNCER12	1 (B2)	2	-8 (B2)
	i1..If yes, what type of cancer were you told you had?			
	a. Melanoma? #MECNCER12	1	2	-8
	b. Non melanoma skin cancer? #NMECNCR12	1	2	-8

VISIT 12 ONLY

B2. Have you ever been told you had breast cancer? [#BRCNCR12](#) 1 (B4) 2 -8 (B4)

B2a. IF YES, what is/was the date of the diagnosis? [PROMPT FOR YEAR, EVEN IF MONTH IS UNKNOWN.
ENTER -8 IF MONTH IS UNKNOWN.]

M M	/	Y Y Y Y
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[#BRCAMO12](#) [#BRCAYR12](#)

VISIT 13 ONLY

B2. Have you ever been told you had colon cancer? [#EVCOLCN13](#) 1 2 -8

B3. Have you ever been told you had breast cancer? [#BRCNCR13](#) 1 (B5) 2 -8 (B5)

**IF ANY COLON OR BREAST CANCER EVENTS ARE REPORTED ("YES" TO Q. B2 AND/OR Q. B3),
COMPLETE A "CANCER EVENT" FORM FOR EACH EVENT NOW.**

Since your last study visit...

NO YES DON'T KNOW

B4. Has a doctor, nurse practitioner, or other health care provider told you that you had or treated you for cancer, other than skin cancer? [#CANCERS12](#)

1 (B5)

2

-8 (B5)

B4a. IF YES, what is/was the primary site of the cancer? (CIRCLE ONE ANSWER.) [#PSITECA12](#)

ONE BREAST1
 BOTH BREASTS2
 OVARY3
 UTERUS4
 CERVIX.....5
 LEUKEMIA.....6
 LUNG7
 COLON.....8
 RECTUM.....9
 THROAT.....10
 VULVA.....12
 RENAL CELL.....13
 NONE OF THE ABOVE / OTHER.....11
 SPECIFY: [#SITESPE12](#)
 DON'T KNOW -8

B4b. IF YES, what was the date of the diagnosis? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.]

[#PSITEMO12](#)

M M

[#PSITEYR12](#)

Y Y Y Y

IF BREAST CANCER (Q. B4a. = "1" or "2") OR COLON CANCER (Q. B4a. = "8") EVENTS ARE REPORTED, COMPLETE A "CANCER EVENT" FORM NOW.

VISIT 15 ONLY

B3. Since your last study visit, has a doctor, nurse practitioner or other health care provider told you that you had another primary site for a different cancer diagnosis other than the one you just told me about? [#OTCNCR15](#)

NO 1 (B3b, PAGE 4)

YES.....2

DON'T KNOW -8 (B3b, PAGE 4)

B3a. If YES, what is/was the primary site of the cancer? (CIRCLE ONE ANSWER.) [#OTSITE15](#)

ONE BREAST1
 BOTH BREASTS2
 OVARY.....3
 UTERUS4
 CERVIX.....5
 LEUKEMIA.....6
 LUNG.....7
 COLON.....8
 RECTUM.....9
 THROAT.....10
 VULVA.....12
 RENAL CELL.....13
 NONE OF THE ABOVE / OTHER.....11
 SPECIFY: [#OTSITES15](#)
 DON'T KNOW -8

B3a1. IF YES, what was the date of the diagnosis? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.]

[#OSITEDT15](#)

[#OTSITEMO15](#)

M M

[#OTSITEYR15](#)

Y Y Y Y

VISIT 12

	NO	YES	DON'T KNOW
B5. Have you ever been diagnosed or treated for heart problems, blocked or narrowed blood vessels, stroke, or other problems with your blood circulation (for example, blood clots in your legs or lungs)? #DXHEART12	1	2	-8

IF ANY CARDIOVASCULAR EVENTS ARE REPORTED (“YES” TO Q. B5), COMPLETE A “CARDIOVASCULAR EVENT” FORM NOW.

VISIT 13 ONLY

	NO	YES	DON'T KNOW
B6. Since your last study visit , have you been diagnosed or treated for heart problems, blocked or narrowed blood vessels, stroke, or other problems with your blood circulation (for example, blood clots in your legs or lungs)? #LDXHRT13	1	2	-8

IF ANY CARDIOVASCULAR EVENTS ARE REPORTED (“YES” TO Q. B6) AND THIS IS NOT AN ADDENDUM PARTICIPANT (PARTICIPANT WAS SEEN AT VISIT 12), COMPLETE A “CARDIOVASCULAR EVENT FOLLOW UP” FORM (CEVTF) FOR EACH EVENT NOW.

VISIT 15 ONLY

- B5. **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. Angina? #CVANG15	1	2	-8
b. Blood clots in your <u>lungs</u> (Pulmonary embolism or PE)? #CVPE15	1	2	-8
c. Blood clots in your <u>legs</u> (deep vein thrombosis or DVT)? #CVDVT15	1	2	-8
d. A heart attack (coronary myocardial infarction or MI)? #CVMI15	1 (e)	2	-8 (e)

- d1. **If YES**, give the date of the first heart attack since your last study visit (if more than one heart attack.):

#CVMIMO15 M M	#CVMIDA15 D D	#CVMIYR15 Y Y Y Y	#CVMIDT15
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- d2. How many times were you hospitalized for a heart attack since your last study visit?

_____ hospitalizations [#CVMIHSP15](#)

e. A stroke? #CVCVA15	1 (f)	2	-8 (f)
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e1. If YES, give the date of the first stroke since your last study visit (if more than one stroke):

#CVCVAMO15 M M	#CVCVADY15 D D	#CVCVAYR15 Y Y Y Y	#CVCVADT15
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e2. How many times were you hospitalized for a stroke since your last study visit?

_____ hospitalizations [#CVCVAHSP15](#)

f. Heart failure (congestive heart failure/CHF)?

[#CVCHF15](#)

1 (B6)

2

-8 (B6)

f1. If YES, give the date of the first heart failure since your last study visit (if more than one heart failure):

#CVCHFM015 M M	#CVCHFDY15 D D	#CVCHFYR15 Y Y Y Y	#CVCHFDT15
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f2. How many times were you hospitalized for a heart failure since your last study visit?

_____ hospitalizations [#CVCHFHSP15](#)

Since your last study visit have you had any of the following medical procedures?

B6. Since your last study visit, have you had ...

		NO	YES	DON'T KNOW
a.	A procedure to unblock narrowed blood vessels in your <u>neck</u> (carotid endarterectomy, angioplasty or stent)? #CVNECK15	1	2	-8
b.	A procedure to unblock narrowed blood vessels in your <u>arms or legs</u> (bypass surgery, angioplasty or stent)? #CVLEG15	1	2	-8
c.	A heart bypass operation (coronary artery bypass graft surgery or CABG)? #CVCABG15	1 (d)	2	-8 (d)
c1. If YES, please give the date of the <u>first</u> bypass operation <u>since your last study visit</u> (if more than one heart bypass operation):				
#CVCABGMO15 M M #CVCABGDY15 D D #CVCABGYR15 Y Y Y Y #CVCABGDT15				
c2. How many times were you hospitalized for a heart bypass operation <u>since your last study visit</u> ?				
_____ hospitalizations #CVCABGHO15				
d.	A procedure to unblock vessels to your heart muscle (PTCA, angioplasty, stent or atherectomy)? #CVPCI15	1 (B7)	2	-8 (B7)

d1. If YES, please give the date of the first procedure since your last study visit (if more than one procedure):

<u>#CVPCIMO15</u> M M	<u>#CVPCIDY15</u> D D	<u>#CVPCIYR15</u> Y Y Y Y
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#CVPCIDT15

d2. How many times were you hospitalized for this procedure since your last study visit?

_____ hospitalizations

#CVPCIHSP15

d3. How many times have you had this procedure in an outpatient or day surgery setting since your last study visit?

_____ day surgeries

#CVPCIOUT15

If YES TO QUESTIONS [B5d, B5e, B5f, B6c, B6d] AND REPORTED HOSPITALIZATION/DAY SURGERY [B5d2, B5e2, B5f2, B6c2, B6d2, B6d3] COMPLETE A “CV HEALTH CARE UTILIZATION FORM” FOR EACH REPORTED ADMISSION, NOW.

SELF-REPORT FOR VISIT 17

- B1. **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
r. Melanoma skin cancer? #MECNCR17	1	2	-8

- B3. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had cancer other than skin cancer or treated you for it? [#CANCERS17](#)

NO 1 (B6, PAGE 6)
 YES 2
 DON'T KNOW -8 (B6, PAGE 6)

- B3a. **If YES**, what is/was the primary site of the cancer? (CIRCLE ONE ANSWER.) [#PSITECA17](#)

ONE BREAST 1
 BOTH BREASTS 2
 OVARY 3
 UTERUS 4
 CERVIX 5
 LEUKEMIA 6
 LUNG 7
 COLON 8
 RECTUM 9
 THROAT 10
 VULVA 12
 RENAL CELL 13
 NONE OF THE ABOVE / OTHER 11
 SPECIFY: [#SITESPE17](#)
 DON'T KNOW -8

B3a1. IF YES, what was the date of the diagnosis? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.]

[#PSITEDT17](#)

 MM	/	 YYYY
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[#PSITEMO17](#)

[#PSITEYR17](#)

- B4. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had another primary site for a different cancer diagnosis other than the one you just told me about? [#OTCNCR17](#)

NO 1 (GO TO B5)
 YES 2
 DON'T KNOW -8 (GO TO B5)

- B4a. **If YES**, what is/was the primary site of the cancer? (CIRCLE ONE ANSWER.) [#OTSITE17](#)

ONE BREAST 1
 BOTH BREASTS 2
 OVARY 3
 UTERUS 4
 CERVIX 5
 LEUKEMIA 6
 LUNG 7
 COLON 8
 RECTUM 9
 THROAT 10
 VULVA 12
 RENAL CELL 13
 NONE OF THE ABOVE / OTHER 11
 SPECIFY: [#OTSITES17](#)
 DON'T KNOW -8

B4a1. IF YES, what was the date of the diagnosis? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.]

[#OSITEDT17](#)

 MM	/	 YYYY
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[#OTSITEMO17](#)

[#OTSITEYR17](#)

B5. Did any of these cancers spread to other parts/systems (i.e. metastasize)? [#CNCRSR17](#)

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

IF BREAST OR COLON CANCER EVENTS ARE REPORTED (Q. B3a. =“1”, “2”, or “8”) AND/OR (Q. B4a. = “1”, “2”, or “8”) COMPLETE A CANCER EVENT FORM, NOW.

B6. **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. Angina? #CVANG17	1	2	-8
b. Blood clots in your <u>lungs</u> (Pulmonary embolism or PE)? #CVPE17	1	2	-8
c. Blood clots in your <u>legs</u> (deep vein thrombosis or DVT)? #CVDVT17	1	2	-8
d. A heart attack (coronary myocardial infarction or MI)? #CVMI17	1 (e)	2	-8 (e)
d1. If YES , were you hospitalized for a heart attack <u>since your last study visit</u> ? #CVMIHO17	1	2	-8
e. A stroke? #CVCVA17	1 (f)	2	-8 (f)
e1. If YES , were you hospitalized for stroke <u>since your last study visit</u> ? #CVCVAHO17	1	2	-8
f. Heart failure (congestive heart failure/CHF/fluid overload)? #CVCHF17	1 (B7)	2	-8 (B7)
f1. If YES , have you been hospitalized for heart failure <u>since your last study visit</u> ? #CVCHFHO17	1	2	-8

Since your last study visit have you had any of the following medical procedures?

B7. Since your last study visit, have you had ...

	NO	YES	DON'T KNOW
a. A procedure to unblock narrowed blood vessels in your <u>neck</u> (carotid endarterectomy, angioplasty or stent)? #CVNECK17	1	2	-8
b. A procedure to unblock narrowed blood vessels in your <u>arms</u> (bypass surgery, angioplasty or stent)? #CVUBARM17	1	2	-8
c. A procedure to unblock narrowed blood vessels in your <u>legs</u> (bypass surgery, angioplasty or stent)? #CVUBLEG17	1	2	-8
d. A heart bypass operation (coronary artery bypass graft surgery or CABG)? #CVCABG17	1	2	-8

	NO	YES	DON'T KNOW
e. A procedure to unblock vessels to your heart muscle (PTCA, angioplasty, stent or artherectomy)? #CVPCI17	1	2	-8

**If YES TO QUESTIONS [B6d1, B6e1, B6f1, B7d, B7e]
COMPLETE A "CV EVENT FORM"
FOR EACH CV EVENT, NOW.**