



FOLLOW-UP VISIT 03

CODEBOOK

ARCHIVED DATASET 2019

Dataset file nia32019

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DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 03 DATASET

1. Who is included in the public use dataset:

The dataset contains follow-up visit 03 information for the subset of the original cohort still participating in the SWAN longitudinal study from the seven clinical sites. The sites include 11, 12, 13, 14, 15, 16 and 17.

Differences from the prior release of the Visit 03 archive dataset (nia32018): Cardiovascular measures (assay and flag variables) were updated as follows:

- Insulin assays in visits 00-07 were run at Medical Research Laboratories (MRL) in Highland Heights, KY, while insulin at visits 09-15 was done at the Central Ligand Assay Satellite Services (CLASS) Laboratory at the University of Michigan, Ann Arbor MI. To calibrate insulin to a single lab for use in future longitudinal analyses, 400 samples drawn from visits 00-15 were run at an independent laboratory using the same method as the CLASS lab but a different machine. The results from the independent lab were used to calibrate CLASS to MRL at visits 09-15, the insulin values at visits 00- 07 are left as originally provided from MRL.
- Glucose was calibrated so that the MRL lab measurements from Visits 00-07 could be compared with University of Michigan Pathology lab measurements done for Visits 09-15. NOTE: the calibration study indicated that calibration equations be developed and applied by visit. Thus, the calibration provided is unique to Visit 03. In addition, the flags for calibrated results were changed to the range of the lab results to which they were being calibrated.
- C-Reactive Protein (CRP) was calibrated via a log transformed value of the original MRL CRP value, and back transformed after calibration. NOTE: Given there may be differences in results depending on the sample media used, the calibration equations were developed using only plasma samples.
- Fibrinogen was calibrated after a subset of the assays from V00-V07 was measured via the CLASS method and the results compared to the original MRL Fibrinogen values. The calibration allows comparison between the old MRL assays and the new CLASS assays and takes into account age.
- Factor VIIc was calibrated via a log transformed value of the original MRL Factor VIIc value, and back transformed after calibration.
- FLAGSER1 was inconsistently applied over visits, and did not capture whether the analyte was measured on serum rather than plasma. This flag now indicates that the plasma draw was not obtained, and serum from another draw was sent to the lab.
- FLAGFAS1 – a flag that indicates if the blood sample was fasting was added.
- Flags to indicate out of range values for results were added. In addition, the flags for calibrated results were changed to the range of the lab results to which they were being calibrated.

NOTE: A detailed description of cardiovascular lab methods and calibrations by visit can be found in the document entitled *SWAN Cardiovascular Laboratories and Methods*.

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 03. 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, are in blue, and are not underlined. 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. This ARCHID remains the same for all visits, and can be used for linking. 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 03 Self-Administered Questionnaire Part A was collected 4 years after the baseline interview, the day for the Self-Administered Part A would be day 1460 and the Baseline Interview would be day 0.

All variables for visit 03 have a 3 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

General note: Some participants were unable to complete all the components of the visit. In these cases, abbreviated forms of the interview, self-administered part A, and physical measures were completed. To distinguish which interview protocol was followed; refer to the variable FORMFLG3, which has a value of INT for those who completed the full interview, and AIN for those who completed the abbreviated interview.

Interview Questionnaire

- In general, any 'Other, specify' text field is not included in the dataset.
- A social support score can be calculated from the questions in C.9.a-d after recoding them from a 1-5 range to a 0-4 range.
- CES-D scores can be created from the questions in C.11.
- A perceived stress score can be created from questions in C.10.
- The flag FORMFLG3 is set with a value of AIN for the seven participants who completed the abbreviated interview instead of the full interview.

Self-Administered Questionnaire Part A

- In general, any 'Other, specify' text field is not included in the dataset.
- The income question I.1 was condensed into a dichotomous variable THPOV3 representing above/below the 200% poverty threshold. Poverty was defined using the US Census Bureau's "Poverty thresholds by Size of Family and Number of Children: 1995" and incorporates family size. To stay consistent with previous SWAN papers using income data, the lower level of each income category reported in the original income question was used as threshold.
- The health services needed specify text fields under section B.7a (HLTHSV13, HLTHSV23, HLTHSV33) were categorized by type of service and included as HLSCAT13, HLSCAT23, and HLSCAT33.
- Current smoking is defined as anyone who answered 'yes' to question B.8 (SMOKERE3) and an answer greater than 0 for B.8.a (AVGCIGDA3).
- SF-36 scores can be derived based on questions B.16-22 according to the SF-36 User's Manual. Responses may need to be reversed where necessary so that all items are positively scored, so that a higher value indicates better functioning. The Role-Physical scale uses the variables from question B.16a-d. The Bodily Pain Score is calculated from questions B.19 and B.20. Item recoding depends on whether both questions were answered or one of the items has missing data. After recoding, all the items are positively scored so that a higher score indicates less pain. The SF-36 Vitality Score is calculated from questions B.21a-d. Questions B.21.a and B.21.b should be reversed so that all items are positively scored; for the resulting index a higher score indicates greater energy (and less fatigue). The Social Functioning Score is calculated using questions B.18 and B.22. Question B.18 is reversed so that all items are positively scored; for the resulting index a higher score indicates better social functioning. The Role-Emotional Score is calculated using questions B.17a-c. All items are positively scored, so a higher score indicates better role-emotional functioning.
- The flag FLGSAAV3 is set for the participant who completed the interview after the 01/31/2001 cutoff.
- The flag DATAFLG3 is set with a value of AIN for the participants who completed the abbreviated form, and SAA for those who completed the full form

Self-Administered Questionnaire Part B

- The flag FLGSABV3 is set for the participant who completed the interview after the 01/31/2001 cutoff.

Self-Administered Questionnaire Part C

- The flag FLGSACBV3 is set for the participant who completed the interview after the 01/31/2001 cutoff.
- The flag FLGVISV3 indicates any out of range values for question B5, which asks how many times did you see/talk to your health care provider regarding your own health.
- The flag FLGPSYV3 indicates any out of range values for question B9d.1 which asks how many times have you seen/talked to this psychiatrist.

Physical Measures

In addition to the variables on the form, BMI3 was also calculated as weight in kilograms divided by the square of height in meters.

Additional Measures

Additional variables

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

Date of completion and date variables (INTDAY3, SAADAY3, SABDAY3, SACDAY3, PHYDAY3, HRMDAY3, CVRDAY3, SPEDAY3, and HYSTDAY3) are given in days from interview date at baseline. Note that for 5 participants, interview completion dates at baseline were not available and alternative dates were substituted either from the Self-Administered Questionnaire-A or Physical Measures completion dates at baseline.

Serum Hormone Measures

The baseline hormone results are included. Of special note is that the estradiol assay was run in duplicate. The average (E2AVE3) is the within-person arithmetic average of the two assays. A flag indicates if the estradiol results differed by > 10 pg/mL where one or both results <= 20 pg/mL. Hormone results below the lower level of detection (LLD - see table in the Additional Measures section) were recoded to an .L value. Note that neither estradiol measurement nor FSH had any values below the LLD.

Cardiovascular Measures

The Visit 03 cardiovascular results are included. A flag (FLAGSER3) indicates that the lipids were measured on serum rather than plasma because plasma was not available.

Longitudinal Measures

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

Study of Women's Health Across the Nation

ANNUAL FOLLOW-UP INTERVIEW

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

- A1. RESPONDENT ID: **ARCHID~**
- A2. SWAN STUDY VISIT # **VISIT**
- A3. FORM VERSION: 02/01/1998 **#FORM_V**
- A4. DATE FORM COMPLETED: / / **INTDAY3†**
- A5. INTERVIEWER'S INITIALS: **#INITS**
- A6. RESPONDENT'S DOB: / / **#DOB**
- VERIFY WITH RESPONDENT**

- A7. INTERVIEW COMPLETED IN: **#LOCATIO3**
- RESPONDENT'S HOME 1
CLINIC/OFFICE 2
RESPONDENT'S HOME BY PROXY 3
CLINIC/OFFICE BY PROXY 4

- A7.1 INTERVIEW LANGUAGE: **LANGINT3**
- ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

- A8. Are you currently pregnant? **PREGNAN3**
- NO 1
YES 2
DON'T KNOW -8

- A9. WAS BLOOD FOR THIS ANNUAL FOLLOW-UP DRAWN PREVIOUS TO THIS INTERVIEW DATE? **PREVBLO3**
- NO 1
YES 2 (GO TO

PAGE 3)

~ A randomly generated ID will be provided that is different from the original ID

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

Variable Excluded from Public Use Data File

Follow-up Visit 03 Interview Administered Questionnaire

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

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

EATDRIN3

NO 1
YES..... 2

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

STRTPER3

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

- A12. What is the date that you started to bleed?

DAYBLE3[†]

____ / ____ / ____
M M D D Y Y Y Y

- A13. BLOOD DRAW ATTEMPTED?

BLDRWAT3

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

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

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

- A15. BLOOD DRAWN?

BLDDRAW3

NO 1
YES..... 2

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

Variable Excluded from Public Use Data File

Follow-up Visit 03 Interview Administered Questionnaire

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

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

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

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

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

PRESCRIPTION DRUGS
IF YES:

	Since your last study visit....		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
B1. Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)?	1	2			1	2	1	2
<u>ANTICO13</u>	1	2	<u>#ACOAMD13</u>	<u>ACOATW13</u>			<u>#ACOAVR13</u>	
			<u>#ACOAMD23</u>	<u>ACOATW23</u>			<u>#ACOAVR23</u>	
<u>ANTICO23</u>								
B2. Anything for your heart or heart beat, including pills or patches?	1	2			1	2	1	2
<u>HEART13</u>	1	2	<u>#HARTMD13</u>	<u>HARTTW13</u>			<u>#HARTVR13</u>	
			<u>#HARTMD23</u>	<u>HARTTW23</u>			<u>#HARTVR23</u>	
<u>HEART23</u>								
B3. Any medications for cholesterol or fats in your blood?	1	2			1	2	1	2
<u>CHOLST13</u>	1	2	<u>#CHOLMD13</u>	<u>CHOLTW13</u>			<u>#CHOLVR13</u>	
			<u>#CHOLMD23</u>	<u>CHOLTW23</u>			<u>#CHOLVR23</u>	
<u>CHOLST23</u>								
B4. Blood pressure pills?	1	2			1	2	1	2
<u>BP13</u>	1	2	<u>#BPMED13</u>	<u>BPTW13</u>			<u>#BPVER13</u>	
			<u>#BPMED23</u>	<u>BPTW23</u>			<u>#BPVER23</u>	
<u>BP23</u>								

Variable Excluded from Public Use Data File

Follow-up Visit 03 Interview Administered Questionnaire

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			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
Since your last study visit, have you taken...									
B5. Diuretics for water retention?	1	2		1	2	1	2	1	2
<u>DIURET13</u>			#DIURMD13			<u>DIURTW13</u>		#DIURVR13	
	1	2		1	2	1	2	1	2
<u>DIURET23</u>			#DIURMD23			<u>DIURTW23</u>		#DIURVR23	
B6. Thyroid pills?	1	2		1	2	1	2	1	2
<u>THYROI13</u>			#THYRMD13			<u>THYRTW13</u>		#THYRVR13	
	1	2		1	2	1	2	1	2
<u>THYROI23</u>			#THYRMD23			<u>THYRTW23</u>		#THYRVR23	
B7. Insulin or pills for sugar in your blood?	1	2		1	2	1	2	1	2
<u>INSULN13</u>			#INSUMD13			<u>INSUTW13</u>		#INSUVR13	
	1	2		1	2	1	2	1	2
<u>INSULN23</u>			#INSUMD23			<u>INSUTW23</u>		#INSUVR23	
B8. Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti-depression medication?	1	2		1	2	1	2	1	2
	1	2	#NERVMD13			<u>NERVTW13</u>		#NERVVR13	
<u>NERVS13, NERVS23</u>			#NERVMD23			<u>NERVTW23</u>		#NERVVR23	
B9. Steroid pills such as Prednisone, or cortisone?	1	2		1	2	1	2	1	2
<u>STEROI13</u>			#STERMD13			<u>STERTW13</u>		#STERVR13	
	1	2		1	2	1	2	1	2
<u>STEROI23</u>			#STERMD23			<u>STERTW23</u>		#STERVR23	
B10. Fertility medications to help you get pregnant (Pergonal, Clomid)?	1	2		1	2	1	2	1	2
<u>FERTIL13</u>			#FRTLMD13			<u>FRTL TW13</u>		#FRTLVR13	
	1	2		1	2	1	2	1	2
<u>FERTIL23</u>			#FRTLMD23			<u>FRTL TW23</u>		#FRTLVR23	

HORMONE QUESTIONS B11-15:

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

	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?	
	NO	YES		NO YES	NO YES	
B11. Birth Control pills?	1	2		1 2	1 2	
<u>BCP13</u>			#BCPMED13	<u>BCPTWI13</u>	#BCPVER13	
<u>BCP23</u>	1	2	#BCPMED23	<u>BCPTWI23</u>	#BCPVER23	
			#ESTRMD13	<u>ESTRTW13</u>	#ESTRVR13	
B12. Estrogen pills (such as Premarin, Estrace, Ogen, etc)?	1 (B13)	2		1 2	1 2	
<u>ESTROG13</u>						
<u>ESTROG23</u>	1	2	#ESTRMD23	<u>ESTRTW23</u>	#ESTRVR23	

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>ESTRDA13</u>	<u>ESTRDA23</u>
1. EVERY DAY 1	2. EVERY DAY 1
OFF AND ON 2	OFF AND ON 2
DON'T KNOW -8	DON'T KNOW -8

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

B13. Estrogen by injection or patch (such as Estraderm)?	1	2		1 2	1 2	
<u>ESTRNJ13</u>			#EINJMD13	<u>EINJTW13</u>	#EINJVR13	
<u>ESTRNJ23</u>	1	2	#EINJMD23	<u>EINJTW23</u>	#EINJVR23	
B14. Combination estrogen/progestin (such as Premphase or Prempro)?	1	2	#COMBMD13	<u>COMBTW13</u>	#COMBVR13	
<u>COMBIN13</u>						
<u>COMBIN23</u>	1	2	#COMBMD23	<u>COMBTW23</u>	#COMBVR23	
B15. Progestin pills (such as Provera)?	1 (B16)	2	#PROGMD13	<u>PROGTW13</u>	#PROGVR13	
<u>PROGES13</u>						
<u>PROGES23</u>	1	2	#PROGMD23	<u>PROGTW23</u>	#PROGVR23	

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.]

PROGDA13

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

PROGDA23

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

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

Since your last study visit...

	NO	YES		NO	YES	NO	YES
B16. Are there any other prescription pills or medications that you have taken, that I haven't asked you about? (PLEASE LIST)	1	2		1	2	1	2
<u>OTHMED13-OTHMED93</u>	1	2	<u>#OTHRMD13</u>	<u>OTHRTW13</u>	<u>#OTHRVR13</u>		
	1	2	-	1	2	1	2
	1	2	<u>#OTHRMD93</u>	<u>OTHRTW93</u>	<u>#OTHRVR93</u>		
	1	2		1	2	1	2
	1	2		1	2	1	2
<u>OTHME103-OTHME153</u>	1	2	<u>#OTHRM103</u>	<u>OTHTW103</u>	<u>#OTHVR103</u>		
	1	2	-	1	2	1	2
	1	2	<u>#OTHRM153</u>	<u>OTHTW153</u>	<u>#OTHVR153</u>		
	1	2		1	2	1	2
	1	2		1	2	1	2

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

Note: Another question was added concerning osteoporosis medications to the 1/1/2000 version of the interview. To see this question, please look on page 29 of this document.

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

	NO	YES	
a. To reduce the risk of heart disease	1	2	<u>REDUHAR3</u>
b. To reduce the risk of osteoporosis (brittle bones)	1	2	<u>OSTEOP03</u>
c. To relieve menopausal symptoms	1	2	<u>MENOSYM3</u>
d. To stay young-looking	1	2	<u>YOUNGLK3</u>
e. A health care provider advised me to take them	1	2	<u>HCPADVI3</u>
f. A friend or relative advised me to take them	1	2	<u>FRNADVI3</u>
g. To improve my memory	1	2	<u>IMPRMEM3</u>
h. To regulate periods	1	2	<u>REGPERI3</u>
i. Any other? SPECIFY _____	1	2	<u>HORMOTH3</u>
_____			<u>#HORMSPE3</u>
j. DON'T KNOW/REMEMBER	1	2	<u>DONTKNO3</u>

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

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

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

	NO	YES
a. PROBLEMS WITH BLEEDING	1	2 <u>PRBBLEE3</u>
b. DIDN'T LIKE HAVING PERIODS	1	2 <u>HAVEPER3</u>
c. DIDN'T LIKE HOW I FELT ON THEM	1	2 <u>LIKEFEL3</u>
d. WORRIED ABOUT POSSIBLE SIDE EFFECTS	1	2 <u>SIDEEFF3</u>
e. WORRIED ABOUT CANCER	1	2 <u>CANCER3</u>
f. MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS)	1	2 <u>ADVISTO3</u>
g. TOO EXPENSIVE	1	2 <u>EXPENSI3</u>
h. DON'T LIKE TO TAKE ANY MEDICATIONS	1	2 <u>NOLIKE3</u>
i. COULDN'T REMEMBER TO TAKE THEM	1	2 <u>NOREMBE3</u>
j. DON'T KNOW	1	2 <u>DNTKNOW3</u>
k. OTHER, SPECIFY: _____	1	2 <u>STOPOTH3</u>
		<u>#STOPSPE3</u>
l. NO REASON GIVEN	1	2 <u>NOREASO3</u>

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

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

a.
What is the
name of the
medication?

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

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

NO YES

NO YES

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

1 2

PAIN13

#PAINMD13

1 2

PAINTW13

1 2

PAIN23

#PAINMD23

1 2

PAINTW23

B20. Anything for problems sleeping?

1 2

SLEEP13

#SLPMD13

1 2

SLEPTW13

1 2

SLEEP23

#SLPMD23

1 2

SLEPTW23

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

1 2

#OTCMD13

1 2

OTCTW13

1 2

#OTCMD93

1 2

OTCTW93

1 2

#OTCMD103

1 2

OTCTW103

1 2

OTC13 – OTC93
OTC103– OTC153

#OTCMD153

1 2

OTCTW153

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

REGVITA3

NO 1 (GO TO

PAGE 10)

YES..... 2

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

	Don't take any	1-3 days per week	4-6 days per week	Every day
Multi-Vitamins, how often do you take...				
a. Regular Once-A-Day, Centrum, or Thera type <u>ONCEADA3</u>	1	2	3	4
b. Antioxidant combination type <u>ANTIOXI3</u>	1	2	3	4
c. Any others?				
<u>#VTMSPE13,VTMOTH13</u>	1	2	3	4
<u>#VTMSPE23,VTMOTH23</u>	1	2	3	4
<u>#VTMSPE33,VTMOTH33</u>	1	2	3	4
<u>#VTMSPE43,VTMOTH43</u>	1	2	3	4
Single Vitamins, not part of multi- vitamins, how often do you take...				
d. Vitamin A, not beta carotene <u>VITAMNA3</u>	1	2	3	4
e. Beta-carotene <u>BETACAR3</u>	1	2	3	4
f. Vitamin C <u>VITAMNC3</u>	1	2	3	4
g. Vitamin D <u>VITAMND3</u>	1	2	3	4
h. Vitamin E <u>VITAMNE3</u>	1	2	3	4
i. Calcium or Tums <u>CALCTUM3</u>	1	2	3	4
j. Iron <u>IRON3</u>	1	2	3	4
k. Any others?				
SPECIFY: <u>VITOTH13, #VITSPE13</u>	1	2	3	4
<u>VITOTH23, #VITSPE23</u>	1	2	3	4
<u>VITOTH33, #VITSPE33</u>	1	2	3	4
<u>VITOTH43, #VITSPE43</u>	1	2	3	4

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

<u>MULTVIT3</u>	
Contain minerals (iron, calcium)	1
Do not contain minerals.....	2
DON'T KNOW	-8

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

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

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

- | | |
|----------|-----------|
| a. _____ | #TAKEMDA3 |
| b. _____ | #TAKEMDB3 |
| c. _____ | #TAKEMDC3 |
| d. _____ | #TAKEMDD3 |
| e. _____ | #TAKEMDE3 |
| f. _____ | #TAKEMDF3 |
| g. _____ | #TAKEMDG3 |
| h. _____ | #TAKEMDH3 |
| i. _____ | #TAKEMDI3 |
| j. _____ | #TAKEMDJ3 |

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

ALCHL243

NO	1
YES.....	2

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

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

		NO	YES	DON'T KNOW
a. Anemia?	<u>ANEMIA3</u>	1	2	-8
b. Diabetes?	<u>DIABETE3</u>	1	2	-8
c. High blood pressure or hypertension?	<u>HIGHBP3</u>	1	2	-8
d. High cholesterol?	<u>HBCHOLE3</u>	1	2	-8
e. Migraines?	<u>MIGRAIN3</u>	1	2	-8
f. Stroke?	<u>STROKE3</u>	1	2	-8
g. Arthritis or osteoarthritis (degenerative joint disease)?	<u>OSTEOAR3</u>	1	2	-8
h. Overactive or underactive thyroid?	<u>THYROID3</u>	1	2	-8
i. Heart attack?	<u>HEARTAT3</u>	1	2	-8
j. Angina?	<u>ANGINA3</u>	1	2	-8
k. Osteoporosis (brittle or thinning bones)?	<u>OSTEOPR3</u>	1	2	-8
l. Fibroids, benign growths of the uterus or womb?	<u>FIBROID3</u>	1	2	-8
m. Cancer, other than skin cancer?	<u>CANCERS3</u>	1 (B29)	2	-8 (B29)

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

SITESPE3

SPECIFY: _____

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

TAMOXIF3

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?

CHEMOTH3

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

B28. DELETED

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

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

BROKEBO3

- 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>BONES13</u>	1	2
2. _____	<u>BONES23</u>	1	2
3. _____	<u>BONES33</u>	1	2
		<u>HAPPEN13</u>	
		<u>HAPPEN23</u>	
		<u>HAPPEN33</u>	

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

BCKPAIN3

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

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

	NO	YES	DON'T KNOW
B31. D and C, a scraping of the uterus for any reason, including abortion? <u>DANDC3</u>	1 (B32)	2	-8 (B32)
a. Since your last study visit, how many times have you had a D and C? _____ # TIMES <u>#NUMDAND3</u>			
B32. Hysterectomy (an operation to remove your uterus or womb)? <u>HYSTERE3</u>	1 (B33)	2	-8 (B33)
a. When was this performed? <u>HYSTDAY3[†]</u> ____ / ____ M M Y Y Y Y			
B33. Did you have one or both ovaries removed (an oophorectomy)? <u>OOPHORE3</u>	1 (B34)	2	-8 (B34)
a. Was one ovary removed or were both ovaries removed? <u>ONEOVAR3</u> ONE OVARY REMOVED.....1 BOTH OVARIES REMOVED.....2 DON'T KNOW.....-8			
B34. Uterine procedures, other than D and C, for example: cesarean section, IUD insertion, fibroid removal or endometrial biopsy? <u>UTERPRO3</u>	1	2	-8
B35. Thyroid gland removed? <u>THYRREM3</u>	1	2	-8

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

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

- C1. Did you have any menstrual bleeding since your last study visit? **BLEEDNG3**
 NO 1 (C6)
 YES..... 2
- C2. Did you have any menstrual bleeding in the last 3 months? **BLD3MON3**
 NO 1
 YES..... 2
- C3. What was the date that you started your most recent menstrual bleeding? [PROMPT FOR MONTH AND YEAR, EVEN IF DAY IS UNKNOWN. ENTER -8 FOR DAY FIELD IF UNKNOWN]
 _____ / _____ / _____
 M M D D Y Y Y Y **LMPDAY[†]**
- For the next few questions I would like to ask you to think about your periods since your last study visit, during times when you were not using birth control pills or other hormone medications.
- C4. Which of the following best describes your menstrual periods since your last study visit? Have they:
 [HAND RESPONDENT CARD “C”] **DESCPER3**
 Become farther apart? 1
 Become closer together? 2
 Occurred at more variable intervals? 3
 Stayed the same? 4
 Become more regular? 5
 DON’T KNOW -8
 NOT APPLICABLE -1
- C5. Since your last study visit, have you ever had a menstrual flow that lasted more than 10 days? **MENSFLO3**
 NO..... 1
 YES..... 2
 DON’T KNOW -8
 REFUSED -7
 NOT APPLICABLE -1
- C6. Since your last study visit, have you been pregnant? Please include live births, stillbirths, abortions, miscarriages, tubal or ectopic pregnancies. **PRGNANT3**
 NO 1 (C7)
 YES..... 2
- a. IF YES: [HAND RESPONDENT CARD “D”] What was the outcome of the pregnancy?
 [READ RESPONSE CATEGORIES. IF RESPONDENT WAS PREGNANT MORE THAN
 ONCE SINCE LAST VISIT, RECORD OUTCOME OF MOST RECENT PREGNANCY.] **OUTCOME3**
 Live birth 1
 Still birth..... 2 (C7)
 Miscarriage 3 (C7)
 Abortion..... 4 (C7)
 Tubal/ectopic pregnancy..... 5 (C7)
 Still pregnant..... 6 (C7)
- b. FOR LIVE BIRTHS ONLY: Are you currently breastfeeding? **BRSTFEE3**
 NO 1
 YES 2

[†] This date is given in days since the baseline interview and is found in the Longitudinal Menopausal Status dataset.

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

- C7. Thinking about your quality of life at the present time, I'd like you to give it a rating where 0 represents the worst possible quality for you and 10 represents the best possible quality for you. [HAND RESPONDENT CARD "E"] Looking at this line, how would you rate your overall quality of life at the present time? Choose a number between 0 and 10.

QLTYLIF3

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

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

CLOSE3

WRITE IN NUMBER OF CLOSE FRIENDS AND RELATIVES: _____

DON'T KNOW -8

REFUSED -7

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

	None of the time	A little of the time	Some of the time	Most of the time	All of the
a. Someone you can count on to listen to you when you need to talk? <u>LISTEN3</u>	1	2	3	4	5
b. Someone to take you to the doctor if you needed it? <u>TAKETOM3</u>	1	2	3	4	5
c. Someone to confide in or talk to about yourself or your problems? <u>CONFIDE3</u>	1	2	3	4	5
d. Someone to help with daily chores if you were sick? <u>HELPSIC3</u>	1	2	3	4	5

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

*[READ STEM INSTRUCTIONS]		Never	Almost Never	Sometimes	Fairly Often	Very Often
In the past two weeks you have:						
*a.	Felt unable to control important things in your life? <u>CONTROL3</u>	1	2	3	4	5
*b.	Felt confident about your ability to handle your personal problems? <u>ABILITY3</u>	1	2	3	4	5
c.	Felt that things were going your way? <u>YOURWAY3</u>	1	2	3	4	5
d.	Felt difficulties were piling so high that you could not overcome them? <u>PILING3</u>	1	2	3	4	5

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

* [READ STEM INSTRUCTIONS]				
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>BOTHER3</u>	1	2	3	4
*b. I did not feel like eating; my appetite was poor <u>APPETIT3</u>	1	2	3	4
*c. I felt that I could not shake off the blues even with help from my friends <u>BLUES3</u>	1	2	3	4
d. I felt that I was just as good as other people <u>GOOD3</u>	1	2	3	4
e. I had trouble keeping my mind on what I was doing <u>KEEPMIN3</u>	1	2	3	4
f. I felt depressed <u>DEPRESS3</u>	1	2	3	4
*g. I felt that everything I did was an effort <u>EFFORT3</u>	1	2	3	4
h. I felt hopeful about the future <u>HOPEFUL3</u>	1	2	3	4
i. I thought my life had been a failure <u>FAILURE3</u>	1	2	3	4
j. I felt fearful <u>FEARFUL3</u>	1	2	3	4
*k. My sleep was restless <u>RESTLES3</u>	1	2	3	4
l. I was happy <u>HAPPY3</u>	1	2	3	4
m. I talked less than usual <u>TALKLES3</u>	1	2	3	4
n. I felt lonely <u>LONELY3</u>	1	2	3	4
*o. People were unfriendly <u>UNFRNDL3</u>	1	2	3	4
p. I enjoyed life <u>ENJOY3</u>	1	2	3	4
q. I had crying spells <u>CRYING3</u>	1	2	3	4
r. I felt sad <u>SAD3</u>	1	2	3	4
*s. I felt that people disliked me <u>DISLIKE3</u>	1	2	3	4
t. I could not get going <u>GETGOIN3</u>	1	2	3	4

OCCUPATIONAL QUESTIONS

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

- D1. Since your last study visit, has there been a change in any of your jobs, that is where you work, the usual hours you worked, or your usual job tasks? **CHNGJOB3**

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

- D2. During the past 2 weeks, did you work at any time at a job or business, including work for pay performed at home? Include unpaid work in the family farm or business. If you were on vacation, or scheduled leave or sick leave, please answer as though you were at your usual job. **JOB3**

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

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

#JOBTIT13
JOB #1 _____
#JOBTIT23
JOB #2 _____
#JOBTIT33
JOB #3 _____

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

#JOBACT13
JOB #1 _____

#JOBACT23
JOB #2 _____

#JOBACT33
JOB #3 _____

D3. What are your usual hours of work each day for each job?

JOB #1:	START TIME:	_____ : _____	A.M. 1.	P.M. 2.
		<u>STRTIM13</u>		
	STOP TIME:	_____ : _____	A.M. 1.	P.M. 2.
		<u>STPTIM13</u>		
	ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) <u>ROTAT13</u>			
	NO		1	
	YES		2	
JOB #2:	START TIME:	_____ : _____	A.M. 1.	P.M. 2.
		<u>STRTIM23</u>		
	STOP TIME:	_____ : _____	A.M. 1.	P.M. 2.
		<u>STPTIM23</u>		
	ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) <u>ROTAT23</u>			
	NO		1	
	YES		2	
JOB #3:	START TIME:	_____ : _____	A.M. 1.	P.M. 2.
		<u>STRTIM33</u>		
	STOP TIME:	_____ : _____	A.M. 1.	P.M. 2.
		<u>STPTIM33</u>		
	ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) <u>ROTAT33</u>			
	NO		1	
	YES		2	

D4. On average, how many total hours a week do you work, for pay?

HOURSPA3

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

D5. 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.]

	NERI USE ONLY CODE
JOB #1 _____	<u>#JBMAKE13</u>
JOB #2 _____	<u>#JBMAKE23</u>
JOB #3 _____	<u>#JBMAKE33</u>

D6. Do you do volunteer work?

VOLUNTE3

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

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

TYPE OF VOLUNTEER WORK

HRS/WK

#TYPVOL13

VLNTHR13

1. _____

#TYPVOL23

VLNTHR23

2. _____

#TYPVOL33

VLNTHR33

3. _____

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

MARITAL3

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

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

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

#PARTNJO3

NERI USE ONLY CODE

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

#PRTNRMA3

NERI USE ONLY CODE

SECTION E- DELETED

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

- F1. Other than yourself, is there anyone else living in your household? **HOUSEHL3**
- NO 1 **(END)**
 YES..... 2
 REFUSED -7 **(END)**

- F2. Please tell me their relationship to you, their gender, and their age. **FAMNUM3~**

	a. RELATIONSHIP TO YOURSELF	b. SEX	c. AGE
1.	<u>#RELAT13</u>	<u>#SEX13</u>	<u>#AGE13</u>
2.	<u>#RELAT23</u>	<u>#SEX23</u>	<u>#AGE23</u>
3.	<u>#RELAT33</u>	<u>#SEX33</u>	<u>#AGE33</u>
4.	<u>#RELAT43</u>	<u>#SEX43</u>	<u>#AGE43</u>
5.	<u>#RELAT53</u>	<u>#SEX53</u>	<u>#AGE53</u>
6.	<u>#RELAT63</u>	<u>#SEX63</u>	<u>#AGE63</u>
7.	<u>#RELAT73</u>	<u>#SEX73</u>	<u>#AGE73</u>
8.	<u>#RELAT83</u>	<u>#SEX83</u>	<u>#AGE83</u>
9.	<u>#RELAT93</u>	<u>#SEX93</u>	<u>#AGE93</u>
10.	<u>#RELAT103</u>	<u>#SEX103</u>	<u>#AGE103</u>
11.	<u>#RELAT113</u>	<u>#SEX113</u>	<u>#AGE113</u>
12.	<u>#RELAT123</u>	<u>#SEX123</u>	<u>#AGE123</u>

Thank you. This ends this portion of the interview

~F.2. Household composition has been condensed into variable FAMNUM3, representing total number of persons living in the household (including the participant).

Variable Excluded from Public Use Data File

Follow-up Visit 03 Interview Administered Questionnaire

ADDITIONAL QUESTIONS FROM OTHER FORM VERSION OF INTERVIEW ADMINSTRATED QUESTIONNAIRE

FORM VERSION: 01/01/2000

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

a.
What is the
name of the
medication?

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

c.
INTERVIEWER
CHECK:
MEDICATION
VERIFIED FROM
CONTAINER
LABEL?

NO YES

NO YES

NO YES

B16. Medications to prevent or treat osteoporosis
(brittle or thinning bones such as Fosamax,
Didronel, Evista, Miacalcin, Rocaltrol)?

1 2

#OSTEMD13

1 2
OSTETW13

1 2
#OSTEVR13

OSTEPR13

1 2

#OSTEMD23

1 2
OSTETW23

1 2
#OSTEVR23

OSTEPR23

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

SECTION A. GENERAL INFORMATION

- A1. RESPONDENT ID: AFFIX ID LABEL HERE ARCHID
- A2. SWAN STUDY VISIT # _____ #VISIT
- A3. FORM VERSION: 02/01/1999 #FORM_V
- A4. DATE FORM COMPLETED:

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 SAADAY3[†]
- A5. INTERVIEWER'S INITIALS: _____ #INITS
- A6. RESPONDENT'S DOB:

M	M	/	D	D	/	Y	Y
---	---	---	---	---	---	---	---

 #DOB

VERIFY WITH RESPONDENT

- A7. COMPLETED IN: #LOCATIO3
- RESPONDENT'S HOME 1
CLINIC / OFFICE 2
RESPONDENT'S HOME W/ PROXY 3
CLINIC/OFFICE W/ PROXY 4
- A8. INTERVIEW LANGUAGE: LANGSAA3
- ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? #INTADMI3
- NO 1
YES 2

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

Variable Excluded from Public Use Data File

Follow-up Visit 03 Self-Administered Questionnaire, Part A

We have some questions that we are asking you to complete on your own. If anything is unclear to you, please feel free to ask questions. Study representatives are available and happy to help you. Please take as much time as you need with each question. It is very important to us that you complete the entire questionnaire. Please find the most appropriate response to each question and circle the number for the answer you choose.

Thank you for your participation in this important study.

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

- B1. In general, would you say your health is excellent, very good, good, fair or poor?
(PLEASE CIRCLE ONE RESPONSE.) **OVERHLT3**

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

HOSPSTA3

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

___ # TIMES

MDTALK3

Since your last study visit, have you had:

(PLEASE CIRCLE 1 FOR NO OR 2 FOR YES FOR EACH QUESTION.)

		NO	YES
B4.	A Pap Smear (a routine medical test in which the doctor examines the cervix)? <u>PAPSMEA3</u>	1	2
B5.	A breast physical examination (a doctor or medical assistant feels for lumps in the breast)? <u>BRSTEXA3</u>	1	2
B6.	A mammogram (an x-ray taken only of the breast by a machine that presses the breast against a glass plate)? <u>MAMOGRA3</u>	1	2

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

HLTHSER3

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

IF YES:

What kind of health services?

#HLTHSV13 HLSCAT13[¥]

1. _____

#HLTHSV23 HLSCAT23[¥]

2. _____

#HLTHSV33 HLSCAT33[¥]

3. _____

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

PRIMREA3

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

Please specify _____ **#REASSPE3**

[¥]Health services specify fields have been categorized as variables: HLSCAT13, HLSCAT23, HLSCAT33

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

SMOKERE3

No..... 1 (GO TO B9)
Yes 2 (GO TO B8a)

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

_____ CIGARETTES PER DAY **AVCIGDA3**

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

_____ MONTH **#LASTSMO3**

The next 7 questions are about your exposure to smoke. If you are a smoker, please do not include yourself when answering questions B9-B11.

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

_____ # PERSONS (IF ZERO, GO TO B10) **HHMEMSM3**

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

_____ # DAYS (IF 0 DAYS, GO TO B10) **HOMEXPD3**

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

_____ # HOURS **HOMEXPH3**

B10. **During the past 7 days**, on how many days were you exposed to tobacco smoke while at work?

___ # DAYS (IF ZERO DAYS, GO TO QUESTION B11.)

WRKEXPD3

B10a. **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

WRKEXPH3

B10b. **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

PEWRKSM3

B11. **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

OTHEXPH3

The next questions are about your consumption of alcoholic beverages.

B12. Since your last study visit, did you drink any beer, wine, liquor, or mixed drinks? **DRNKBEE3**

No..... 1 (GO TO B16)
Yes 2 (GO TO B13)

B13. 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.) **GLASBEE3**

None or less than one per month..... 1
1-3 per month..... 2
1 per week..... 3
2-4 per week..... 4
5-6 per week..... 5
1 per day..... 6
2-3 per day 7
4 per day..... 8
5 or more per day 9

B14. How many glasses of 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) **GLASWIN3**

- 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 liquor or mixed drinks, (a medium serving is one shot), did you drink on average, per day, week or month? (CIRCLE ONE NUMBER) **GLASLIQ3**

- None or less than once per month..... 1
- 1-3 per month..... 2
- 1 per week..... 3
- 2-4 per week..... 4
- 5-6 per week..... 5
- 1 per day..... 6
- 2-3 per day 7
- 4 per day..... 8
- 5 or more per day 9

The next series of questions (B16 to B22) focus on common events in some of our lives.

B16. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**
(CIRCLE ONE NUMBER ON EACH LINE)

- | | | NO | YES |
|--|------------------------|-----------|------------|
| a. Cut down the amount of time you spent on work or other activities? | <u>PHYCTDW3</u> | 1 | 2 |
| b. Accomplished less than you would like? | <u>PHYACCO3</u> | 1 | 2 |
| c. Were limited in the kind of work or other activities? | <u>PHYLIMI3</u> | 1 | 2 |
| d. Had difficulty performing the work or other activities (for example, it took extra effort)? | <u>PHYDFCL3</u> | 1 | 2 |

B17. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (CIRCLE ONE NUMBER ON EACH LINE)

	NO	YES
a. Cut down the amount of time you spent on work or other activities?	1	2
	EMOCTDW3	
b. Accomplished less than you would like?	1	2
	EMOACCO3	
c. Didn't do work or other activities as carefully as usual?	1	2
	EMOCARE3	

B18. During the **past 4 weeks**, to what extent has your **physical health or emotional problems** interfered with your normal social activities with family, friends, neighbors, or groups?
(CIRCLE ONE NUMBER)

1	2	3	4	5
Not at all	Slightly	Moderately	Quite a bit	Extremely
				INTERFR3

B19. How much bodily pain have you had during the **past 4 weeks**? (CIRCLE ONE NUMBER)

1	2	3	4	5	6
None	Very mild	Mild	Moderate	Severe	Very Severe
					BODYPAI3

B20. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (CIRCLE ONE NUMBER)

1	2	3	4	5
Not at all	A little bit	Moderately	Quite a bit	Extremely
				PAINTRF3

B21. These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.(CIRCLE ONE NUMBER ON EACH LINE)

During the past 4 weeks , how much time...	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel "full of pep"? PEP3	1	2	3	4	5	6
b. Did you have a lot of energy? ENERGY3	1	2	3	4	5	6
c. Did you feel worn out? WORNOUT3	1	2	3	4	5	6
d. Did you feel tired? TIRED3	1	2	3	4	5	6

B22. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?
(CIRCLE ONE NUMBER)

1	2	3	4	5
All of the time	Most of the time	Some of the time	A little of the time	None of the time
				SOCIAL3

We are interested in finding out more information about your level of physical activity during the past year. First we want to know about your activities at home, not including activities you may do for pay at your home or other people's homes. Please circle only one answer to each question.

- C1. **During the past year** (in the last 12 months), how much time did you spend on average caring for a child or children 5 years of age or less, a disabled child, or an elderly person? Only count time actually spent doing physical activities like feeding, dressing, moving, playing, or bathing. (If child turned 6 less than 6 months ago, consider him/her age 5 for the whole year.)
(CIRCLE ONE ANSWER) **CARING3**

None or less than 1 hour a week 1
At least 1 hour but less than 20 hours a week 2
20 hours or more a week 3

- C2. **During the past year** (in the last 12 months), how much time on average did you spend preparing meals or cleaning up from meals? (CIRCLE ONE ANSWER) **MEALS3**

1 hour or less per day 1
Between 1 and 2 hours per day 2
More than 2 hours per day 3

- C3. **During the past year** (in the last 12 months), how often did you do routine chores requiring light physical effort such as dusting, laundry, or changing linens or grocery shopping or other shopping? (CIRCLE ONE ANSWER) **ROUTNCH3**

Once per week or less 1
More than once per week but less than daily 2
Daily or more 3

- C4. **During the past year** (in the last 12 months), how often did you do chores requiring moderate physical effort, such as vacuuming, washing floors, or gardening/yard work such as mowing the lawn or raking leaves? (CIRCLE ONE ANSWER) **MODERAT3**

Once per month or less 1
2-3 times per month 2
4 or more times per month 3

- C5. **During the past year** (in the last 12 months), how often did you do chores at home requiring vigorous physical effort, such as chopping wood, tilling soil, shoveling snow, shampooing carpets, washing walls or plumbing, tiling or outdoor painting? (CIRCLE ONE ANSWER) **VIGOROU3**

Once per month or less 1
2-3 times per month 2
4 or more times per month 3

Now we want to ask you about the general level of physical activity involved in your daily routine.

- C6. In comparison with other women your age, is your usual level of physical activity:
(CIRCLE ONE ANSWER) **PHYSACT3**

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

- C7. **During the past year** (in the last 12 months), did you watch television...(CIRCLE ONE ANSWER) **WATCHTV3**

Never or less than 1 hour a week..... 1
At least 1 hour/week but less than 1 hour a day..... 2
1-2 hours a day..... 3
2-4 hours a day..... 4
More than 4 hours a day..... 5

- C8. **During the past year** (in the last 12 months), did you walk or bike to and from work, school or errands... (CIRCLE ONE ANSWER) **WALKBIK3**

Never or less than 5 minutes per day 1
5-15 minutes per day..... 2
16-30 minutes per day..... 3
31-45 minutes per day..... 4
more than 45 minutes per day..... 5

- C9. **During the past year** (in the last 12 months), did you sweat from exertion...
(CIRCLE ONE ANSWER) **SWEATPA3**

Never or less than once a month..... 1
Once a month..... 2
2-3 times a month 3
Once a week..... 4
More than once a week 5

- C10. **During the past year** (in the last 12 months), did you play sports or exercise...
(CIRCLE ONE ANSWER) **SPORTS3**

Never or less than once a month..... 1
Once a month..... 2
2-3 times a month 3
Once a week..... 4
More than once a week 5

The following questions are about your participation in sports and exercise during the past year. If you NEVER played sports or exercised, please GO TO PAGE 13.

C11. Which sport, or exercise did you do **most frequently during the past year?**
(SPECIFY ONLY ONE) **SPOREX13**

C12. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER)

RATEIN13

No..... 1
Yes, a small increase..... 2
Yes, a moderate increase..... 3
Yes, a large increase 4

C13. How many months in this past year did you do this activity?
(CIRCLE ONE ANSWER)

MTHSAC13

Less than 1 month..... 1
1-3 months 2
4-6 months 3
7-9 months 4
More than 9 months 5

C14. During those months, on average, how many hours a week did you do this activity?
(CIRCLE ONE ANSWER)

HRSACT13

Less than 1 hour..... 1
At least 1 but less than 2 hours 2
At least 2 but less than 3 hours 3
At least 3 but less than 4 hours 4
More than 4 hours..... 5

C15. Did you do any other exercise or play any other sport in the past year?

OTHSPOR3

No..... 1 (GO TO PAGE 13)
Yes 2

C16. What was the second most frequent sport, or exercise you did in this past year?
(SPECIFY ONLY ONE) **SPOREX23**

C17. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER)

RATEIN23

No..... 1
Yes, a small increase..... 2
Yes, a moderate increase..... 3
Yes, a large increase 4

C18. How many months in this past year did you do this activity? (CIRCLE ONE ANSWER)

MTHSAC23

Less than 1 month..... 1
1-3 months 2
4-6 months 3
7-9 months 4
More than 9 months 5

C19. During those months, on average, how many hours a week did you do this activity?
(CIRCLE ONE ANSWER) **HRSACT23**

Less than 1 hour..... 1
At least 1 but less than 2 hours 2
At least 2 but less than 3 hours 3
At least 3 but less than 4 hours 4
More than 4 hours 5

We would like to ask about the physical activity you did during this past year as part of the work you get paid to do. If you have NOT been employed for AT LEAST 6 MONTHS OF THE PAST 12 MONTHS, GO TO PAGE 14.

C20. In comparison with other women your age, do you think your work during this past year is physically.....(CIRCLE ONE ANSWER) **PHYSWOR3**

Much lighter..... 1
 Lighter..... 2
 The same 3
 Heavier..... 4
 Much Heavier 5
 Don't know.....-8

C21. After work, are you physically tired.....(CIRCLE ONE ANSWER) **WORKTIR3**

Never..... 1
 Seldom 2
 Sometimes..... 3
 Often 4
 Always 5

C22. In your current job(s), on a typical day/shift, how often do you do each of the following:

		Never	Less than half of the time	About half of the time	More than half of the time	Always	Don't Know
a. Sit	<u>WRKACTA3</u>	1	2	3	4	5	-8
b. Stand	<u>WRKACTB3</u>	1	2	3	4	5	-8
c. Walk	<u>WRKACTC3</u>	1	2	3	4	5	-8
d. Lift heavy loads greater than 15 pounds (more than the weight of 2 gallons of milk)	<u>WRKACTD3</u>	1	2	3	4	5	-8
e. Stoop and bend	<u>WRKACTE3</u>	1	2	3	4	5	-8
f. Push or move heavy objects	<u>WRKACTF3</u>	1	2	3	4	5	-8
g. Sweat from exertion	<u>WRKACTG3</u>	1	2	3	4	5	-8

Finally, we are interested in how much your physical activity level has changed since your last study visit. Please circle one number for each question.

- C23. Since your last study visit, is your current level of physical activity doing chores around your home (such as cleaning, laundry, childcare, care of elders, etc., not performed for pay.)

CHORES3

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

- C24. Since your last study visit, is your current level of physical activity at work performed for pay:

WORKPHY3

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

- C25. Since your last study visit, is your current level of physical activity in planned sports (such as volleyball, softball or tennis) and exercise (such as aerobics or jogging):

PLANSPO3

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

- C26. Since your last study visit, is your current level of other routine physical activity (such as walking, gardening, climbing stairs, etc.):

ROUTINE3

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

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

D1. Below is a list of common problems which affect us from time to time in our daily lives. Thinking back over the past two weeks, please circle the number corresponding to how often you experienced any of the following.

How often have you had...	Not at all	1-5 days	6-8 days	9-13 days	Every day
a. Stiffness or soreness in joints, neck or shoulder? <u>STIFF3</u>	1	2	3	4	5
b. Back aches or pains? <u>ACHES3</u>	1	2	3	4	5
c. Cold sweats? <u>COLDSWE3</u>	1	2	3	4	5
d. Night sweats? <u>NITESWE3</u>	1	2	3	4	5
e. Vaginal dryness? <u>VAGINDR3</u>	1	2	3	4	5
f. Feeling blue or depressed? <u>FEELBLU3</u>	1	2	3	4	5
g. Dizzy spells? <u>DIZZY3</u>	1	2	3	4	5
h. Irritability or grouchiness? <u>IRRITAB3</u>	1	2	3	4	5
i. Feeling tense or nervous? <u>NRVOUS3</u>	1	2	3	4	5
j. Forgetfulness? <u>FORGET3</u>	1	2	3	4	5
k. Frequent mood changes? <u>MOODCHG3</u>	1	2	3	4	5
l. Heart pounding or racing? <u>HARTRAC3</u>	1	2	3	4	5
m. Feeling fearful for no reason? <u>FEARFULA3</u>	1	2	3	4	5
n. Headaches? <u>HDACHE3</u>	1	2	3	4	5
o. Hot flashes or flushes? <u>HOTFLAS3</u>	1	2	3	4	5

D2. These questions (a - d) are about your sleep habits over the past two weeks. Please circle one answer for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 2 weeks.

No, not in the past 2 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times per week	Yes, 5 or more times a week
--------------------------------------	-------------------------------------	-----------------------------------	-------------------------------------	---

In the past two weeks...

a. Did you have trouble falling asleep?	1	2	3	4	5
---	---	---	---	---	---

TRBLSLE3

b. Did you wake up several times a night?	1	2	3	4	5
---	---	---	---	---	---

WAKEUP3

c. Did you wake up earlier than you had planned to, and were unable to fall asleep again?	1	2	3	4	5
---	---	---	---	---	---

WAKEARL3

d. Overall, was your typical night's sleep during the <u>past 2 weeks</u> :	<u>TYPNIGH3</u>
---	------------------------

1	2	3	4	5
Very Sound or Restful	Sound or Restful	Average Quality	Restless	Very Restless

The following questions relate to your usual sleep habits during the past month only. Your answers should give the most accurate description for most of the days and nights in the past month. Please answer all questions.

D3. During the past month, when have you usually gone to bed at night? (PLEASE CIRCLE A.M. OR P.M.)

	<u>BEDTIME3</u>	
USUAL BED TIME ____ : ____	A.M. 1.	<u>BEDTIMA3</u>
	P.M. 2.	

D4. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

NUMBER OF MINUTES _____	<u>NUMMINU3</u>
-------------------------	------------------------

D5. During the past month, when have you usually gotten up in the morning? (PLEASE CIRCLE A.M. OR P.M.)

	<u>GETUPTI3</u>	
USUAL GETTING UP TIME ____ : ____	A.M. 1.	<u>GETPAMP3</u>
	P.M. 2.	

D6. During the past month, how many hours of **actual sleep** did you get at night? (This may be different than the number of hours you spend in bed.)

HOURS OF SLEEP PER NIGHT _____

HRSSLEE3

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

		Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Feel too cold	<u>TOOCOLD3</u>	1	2	3	4
b. Feel too hot	<u>TOOHOT3</u>	1	2	3	4
c. Had bad dreams	<u>BADREAM3</u>	1	2	3	4
d. Have pain	<u>HAVPAIN3</u>	1	2	3	4
e. Other reason(s).		1	2	3	4
Please describe:	<u>TRBSLPE3</u>				

#OTHTRB3

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

SLEEPQL3

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

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

MEDICIN3

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

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

TRBAWAK3

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

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

ENTHUS3

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

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

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

GETUPUR3

Never..... 1
Rarely (less than once a week)..... 2
Once per week 3
A few times per week 4
Once a night, every night 5
More than once per night 6

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

UTI3

No..... 1
Yes 2

D14. Since your last study visit, have you ever leaked, even a very small amount, of urine involuntarily?

INVOLEA3

No 1 (GO TO D15)
Yes 2

↓

IF YES:

- a. **In the last month**, about how many days have you lost any urine, even a small amount, beyond your control? (CIRCLE ONLY ONE ANSWER)

DAYSLEA3

Never..... 1
Less than one day per week 2
Several days per week..... 3
Almost daily/daily..... 4

- b. Under what circumstances does it occur?

(CIRCLE 1 FOR NO OR 2 FOR YES FOR EACH QUESTION)

NO YES

1. Coughing	COUGHIN3	1	2
2. Laughing	LAUGHIN3	1	2
3. Sneezing	SNEEZIN3	1	2
4. Jogging	JOGGING3	1	2
5. Picking up an object from the floor	PICKUP3	1	2
6. When you have an urge to void and can't get to a toilet fast enough.	URGEVOI3	1	2
7. Other	OTHRLEA3	1	2
Specify: _____	#LEAKSPE3		

- c. How much urine do you lose when you leak? (CIRCLE ONLY ONE ANSWER.)

AMTLEAK3

A drop or two..... 1
Enough to change undergarments or wear a liner or pad..... 2
Enough to wet outer clothing..... 3
Enough to wet the floor..... 4

- d. On a scale from 0 to 10, where 0 = Not at all bothered and 10 = Extremely bothered, how much does the leakage of urine bother you? (CIRCLE ONE NUMBER): **LEAKBOT3**

0	1	2	3	4	5	6	7	8	9	10
Not at all					Somewhat					Extremely
bothered					bothered					bothered

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

D15. In the past 12 months, have you used any of the following for any reason?
(CIRCLE ONLY ONE NUMBER FOR EACH)

	NO	YES
a. Special diets or nutritional remedies, such as macrobiotic or vegetarian diets, or vitamin supplements or therapy? <u>NUTRIRE3</u>	1	2
b. Herbs or herbal remedies, such as homeopathy or Chinese herbs or teas? <u>HERBREM3</u>	1	2
c. Psychological methods, such as meditation, mental imagery, or relaxation techniques? <u>PSYCMET3</u>	1	2
d. Physical methods, such as massage, acupressure, acupuncture, or chiropractic therapy? <u>PHYSMET3</u>	1	2
e. Folk medicine or traditional Chinese medicine? <u>FOLKMED3</u>	1	2
f. Any others? <u>OTHRTHE3</u>	1	2

IF YES, please specify:

#SPECOTH3

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

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very Upsetting and still upsetting
a. Started school, a training program, or new job? <u>STARTNE3</u>	1	2	3	4	5
b. Had trouble with a boss or conditions at work got worse? <u>WORKTRB3</u>	1	2	3	4	5
c. Quit, fired or laid off from a job? <u>QUITJOB3</u>	1	2	3	4	5
d. Took on a greatly increased work load at job? <u>WORKLOA3</u>	1	2	3	4	5
e. Husband/partner became unemployed? <u>PRTUNEM3</u>	1	2	3	4	5
f. Major money problems? <u>MONEYPR3</u>	1	2	3	4	5
g. Relations with husband/partner changed for the worse but without separation or divorce? <u>WORSREL3</u>	1	2	3	4	5
h. Were separated or divorced or a long-term relationship ended? <u>RELATEN3</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>SERIPRO3</u>	1	2	3	4	5
j. A child moved out of the house or left the area? <u>CHILDMO3</u>	1	2	3	4	5
k. Took on responsibility for the care of another child, grandchild, parent, other family member or friend? <u>RESPCAR3</u>	1	2	3	4	5
l. Family member had legal problems or a problem with police? <u>LEGALPR3</u>	1	2	3	4	5

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very Upsetting and still upsetting
m. A close relative (husband/partner, child or parent) died. . .					
1. husband/partner? <u>HUSBDIE3</u>	1	2	3	4	5
2. child? <u>CHLDDIE3</u>	1	2	3	4	5
3. parent? <u>PRNTDIE3</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>CLOSDIE3</u>	1	2	3	4	5
o. Major accident, assault, disaster, robbery or other violent event happened to yourself? <u>SELFVIO3</u>	1	2	3	4	5
p. Major accident, assault, disaster, robbery or other violent event happened to a family member? <u>FAMLVIO3</u>	1	2	3	4	5
q. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? <u>PHYSILL3</u>	1	2	3	4	5
r. Other major event not included above? <u>MAJEVEN3</u>	1	2	3	4	5
Specify: _____					

SECTIONS F & G DELETED FROM QUESTIONNAIRE

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

H1. Are you currently employed for pay?

EMPLYP3

No..... 1 (GO TO H2)
Yes 2

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

REWRDJO3

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

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

STRSSJO3

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

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

CRNTCAR3

No..... 1 (GO TO H3)
Yes 2

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

RWRDCAR3

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

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

STRSCAR3

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

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

CRNTMAR3

No..... 1 (GO TO H4)
Yes 2

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

RWRDREL3

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

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

STRSREL3

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

H4. Do you have any children or stepchildren?

CHILDRE3

No..... 1 (GO TO I1)
Yes 2

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

REWRDMO3

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

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

STRSSMO3

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

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

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

#INCOME3 THPPOV3^s

LESS THAN \$19,999 1
 \$20,000 TO \$49,999 2
 \$50,000 TO \$99,999 3
 \$100,000 OR MORE 4
 REFUSED -7
 DON'T KNOW -8

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

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

(CIRCLE ONLY ONE ANSWER FOR EACH QUESTION)

	Not at all True	A little bit true	Moderately true	Quite a bit true	Extremely true
a. I am often aware of various things happening within my body. <u>AWAREBO3</u>	1	2	3	4	5
b. Sudden loud noises really bother me. <u>NOISES3</u>	1	2	3	4	5
c. I hate to be too hot or too cold. <u>HOTCOLD3</u>	1	2	3	4	5
d. I am quick to sense the hunger contractions in my stomach. <u>HUNGER3</u>	1	2	3	4	5
e. I can't stand pain. <u>STNDPAI3</u>	1	2	3	4	5

SECTION K DELETED FROM QUESTIONNAIRE

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.

^s Income categories have been condensed to **THPPOV3** "Under 200 percent poverty" (Yes/No)

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

	Often	Sometimes	Rarely	Never
a. You are treated with less courtesy than other people. <u>COURTES3</u>	1	2	3	4
b. You are treated with less respect than other people. <u>RESPECT3</u>	1	2	3	4
c. You receive poorer service than other people at restaurants or stores. <u>POORSER3</u>	1	2	3	4
d. People act as if they think you are not smart. <u>NOTSMAR3</u>	1	2	3	4
e. People act as if they are afraid of you. <u>AFRAID03</u>	1	2	3	4
f. People act as if they think you are dishonest. <u>DISHONS3</u>	1	2	3	4
g. People act as if they're better than you are. <u>BETTER3</u>	1	2	3	4
h. You or your family members are called names or insulted. <u>INSULTE3</u>	1	2	3	4
i. You are threatened or harassed. <u>HARASSE3</u>	1	2	3	4
j. People ignore you or act as if you are not there. <u>IGNORED3</u>	1	2	3	4

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

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

		NO	YES
a. Race	<u>BCRACE3</u>	1	2
b. Ethnicity	<u>BCETHN3</u>	1	2
c. Gender	<u>BCGENDR3</u>	1	2
d. Age	<u>BCAGE3</u>	1	2
e. Income Level	<u>BCINCML3</u>	1	2
f. Language	<u>BCLANG3</u>	1	2
g. Body Weight	<u>BCWGHT3</u>	1	2
h. Physical Appearance (other than body weight)	<u>BCPHAPP3</u>	1	2
i. Sexual Orientation	<u>BCORIEN3</u>	1	2
j. Other	<u>OTHEREX3</u>	1	2
Specify: _____	<u>#OTHRSP3</u>		

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

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

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: ARCHID

A2. SWAN STUDY VISIT # #VISIT

A3. FORM VERSION:
 $\frac{0}{M}$ $\frac{2}{M}$ / $\frac{0}{D}$ $\frac{1}{D}$ / $\frac{1}{Y}$ $\frac{9}{Y}$ $\frac{9}{Y}$ $\frac{9}{Y}$
 #FORM_V

A4. DATE FORM COMPLETED:
 $\frac{\quad}{M}$ $\frac{\quad}{M}$ / $\frac{\quad}{D}$ $\frac{\quad}{D}$ / $\frac{\quad}{Y}$ $\frac{\quad}{Y}$ $\frac{\quad}{Y}$ $\frac{\quad}{Y}$
 SABDAY3[†]

A5. INTERVIEWER'S INITIALS: #INITS

A6. RESPONDENT'S DOB:
 $\frac{\quad}{M}$ $\frac{\quad}{M}$ / $\frac{\quad}{D}$ $\frac{\quad}{D}$ / $\frac{\quad}{Y}$ $\frac{\quad}{Y}$
 #DOB

VERIFY WITH RESPONDENT

A7. COMPLETED IN: #LOCATIO3

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

A8. INTERVIEW LANGUAGE: LANGSAB3

ENGLISH 1
 SPANISH 2
 CANTONESE 3
 JAPANESE 4

A9. INTERVIEWER-ADMINISTERED? #ADMIN3

NO 1
 YES 2

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

Variable Excluded from Public Use Data File

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

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

IMPORSE3

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

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

DESIRSE3

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

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

ENGAGSE3

No..... 1 (GO TO B3.a)

Yes 2 (GO TO B4)

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

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

	NO	YES
1) I do not have a partner at this time. <u>NOPARTN3</u>	1	2
2) My partner has a physical problem that interferes with sex. <u>PARTPRO3</u>	1	2
3) I have a physical problem that interferes with sex. <u>PHYSPRO3</u>	1	2
4) Other: Please Specify _____ <u>NOSEXOT3</u>	1	2

#NOSEXSP3

PLEASE TURN TO PAGE 6, AND ANSWER QUESTION B15.

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

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

PHYSPLE3

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

1	2	3	4	5
Extremely Satisfying	Very Satisfying	Moderately Satisfying	Slightly Satisfying	Not At All Satisfying
<u>SATISFY3</u>				

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

	Not At All	Once or Twice/Month	About Once/Week	More Than Once/Week	Daily
a) Kissing or hugging? <u>KISSING3</u>	1	2	3	4	5
b) Sexual touching or caressing? <u>TOUCHIN3</u>	1	2	3	4	5
c) Oral sex? <u>ORALSEX3</u>	1	2	3	4	5
a) Sexual intercourse? <u>INTCOUR3</u>	1	2	3	4	5

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

B7. During the last 6 months, how often did you feel aroused during sexual activity? **AROUSED3**

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

B8. During the past 6 months, have you felt vaginal or pelvic pain during intercourse? **PELVIC3**

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

B9. During the last 6 months, how often have you used lubricants, such as creams or jellies, to make sex more comfortable? **LUBRICN3**

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

Please answer the following questions, B10 - B14, about sexual activity with your partner(s).

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

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

ABLECLM3

B11. During the past six months, how often was it important for you to reach a climax?

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

IMPCLMX3

B12. During the past six months, how often did you feel satisfied after sexual activity?

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

SATISFD3

B13. During the past six months, how often were you satisfied with the frequency of sexual activity?

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

FREQUEN3

B14. During the past six months, how frequently did you feel tense or nervous after a sexual experience?

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

NERVOUS3

B15. On average, in the last 6 months, how often have you engaged in masturbation (self-stimulation)?

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

MASTURB3

Thank you for helping us with this important research study.

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

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

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE ARCHID

A2. SWAN STUDY VISIT # #VISIT

A3. FORM VERSION: 02/01/1999 #FORM_V

A4. DATE FORM COMPLETED: SACDAY3[†]
 M M / D D / Y Y Y Y

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

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

VERIFY WITH RESPONDENT

A7. COMPLETED IN: #LOCATIO3

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

A8. INTERVIEW LANGUAGE: LANGSAC3

ENGLISH 1
 SPANISH 2
 CANTONESE 3
 JAPANESE 4

A9. INTERVIEWER-ADMINISTERED? #ADMIN3

NO 1
 YES 2

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

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

B1. Do you have a health care provider from whom you **primarily** get your care for women's health conditions? **PROVIDE3**

No 1 (GO TO B8)
Yes..... 2 (GO TO B2)

B2. What is the name of this health care provider? **#PROVNAM3** **#PROVLAS3**
(FIRST) (LAST)

B3. What is the name and location of the institution where he/she practices? **#INSTITU3** **#CITYTOW3**
(INSTITUTION NAME) (CITY/TOWN)

B3.a. What type of practice is this? **TYPEPRA3**
Hospital 1
Office..... 2
Clinic 3
Other 4
Specify: **#SPECIF13**

B4. Which of the following best describes this provider's specialty.
(PLEASE CIRCLE ONE RESPONSE) **SPECIAL3**
A family practitioner..... 1
An internist 2
A gynecologist..... 3
A nurse practitioner or physician assistant..... 4
A naturopath (one who uses natural (non-medicinal) therapy)..... 5
Other 6
Specify: **#SPECIFY3**
No specialty 7
Don't know -8

B5. Since your last study visit, about how many times did you see or talk to **this** health care provider regarding your own health? **VISIPRO3**
_____ #Times

B6. Please indicate what role you prefer that this health care provider take in deciding about your health:
(PLEASE CIRCLE ONLY ONE NUMBER) **ROLE3**
1 2 3 4 5 6 7
My provider's role is to provide information and let me make my own decision
My provider's role is to evaluate my situation and make the best decision for me

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

	Almost Always	Often	Neutral	Seldom	Almost Never
a. My health care provider encourages me to make my own decisions regarding treatment plans. <u>ENCOURA3</u>	5	4	3	2	1
b. When my health care provider recommends treatment plans he/she also discusses alternatives. <u>DISCUSS3</u>	5	4	3	2	1
c. If I refuse treatment, my health care provider respects my decision. <u>REFUSAL3</u>	5	4	3	2	1
d. My health care provider encourages me to participate in decisions about my health care. <u>PARTICI3</u>	5	4	3	2	1
e. My health care provider seriously considers any alternative treatments that I suggest. <u>ALTERNA3</u>	5	4	3	2	1
f. If I tell my health care provider my treatment plan is too difficult or too much trouble, he/she changes it. <u>CHANGES3</u>	5	4	3	2	1
g. My health care provider encourages me to trust my own judgment about my health care. <u>JUDGEMN3</u>	5	4	3	2	1

B8. In the past year, have you talked to any health care providers or other professionals for problems with emotions, "nerves", or mental health? **EMOTION3**

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

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

	NO	YES	B9.1 IF YES: How many times have you seen or talked to this kind of provider or professional in the past year?
a. Primary care provider / family physician (not an OB/GYN physician) <u>PRIMARY3</u>	1	2	_____ times <u>PRIMARY13</u>
b. OB/GYN (Obstetrician/gynecologist) physician <u>OBSTETR3</u>	1	2	_____ times <u>OBSTET13</u>
c. Nurse practitioner / registered nurse or physician assistant <u>PRACTIT3</u>	1	2	_____ times <u>PRACTI13</u>
d. Psychiatrist <u>PSYCHIA3</u>	1	2	_____ times <u>PSYCHI13</u>
e. Psychologist, social worker or counselor <u>PSYCHOL3</u>	1	2	_____ times <u>PSYCHO13</u>
f. Other <u>OTHER3</u>			<u>OTHER13</u>
Specify: _____	1	2	_____ times
<u>#OTHER_S3</u>	1	2	_____ times

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

			C1.1. IF YES , has it made it difficult to carry out your daily routine (e.g., work, housework, childcare)?	
			NO	YES
a.	endometriosis <u>ENDO3</u> (abnormal growths in lining of uterus)	1 2	1 <u>ENDODIF3</u>	2
b.	pelvic pain <u>PELVIC3</u> (pain in the lowest part of the abdomen)	1 2	1 <u>DIFFPEL3</u>	2
c.	pelvic prolapse or relaxation <u>PROLAPS3</u> (the uterus, bladder, or rectum drops, sometimes bulging out of vagina)	1 2	1 <u>DIFFPRO3</u>	2
d.	pelvic cancer <u>PCANCER3</u> (cancer of the vulva, cervix, uterus, or ovaries)	1 2	1 <u>DIFFCAN3</u>	2
e.	abnormal bleeding <u>ABBLEED3</u> (bleeding from the vagina that is different from usual: irregular, heavy, or long in duration)	1 2	1 <u>DIFFBLE3</u>	2

Study of Women's Health Across the Nation

PHYSICAL MEASURES

SECTION A. GENERAL INFORMATION

- A1. RESPONDENT ID: AFFIX ID LABEL HERE **ARCHID**
- A2. SWAN STUDY VISIT # **#VISIT**
- A3. READING: PRIMARY DATA COLLECTION.....1 **#DATACOL1**
QC DATA COLLECTION.....2 **#FORM_V**
- A4. FORM VERSION: / / **PHYDAY3[†]**
- A5. DATE FORM COMPLETED: / / **PHYDAY3[†]**
- A6. RESPONDENT'S DOB: / / **#DOB**

VERIFY WITH RESPONDENT

- A7. MEASUREMENTS COMPLETED IN: **#LOCATIO3**
RESPONDENT'S HOME.....1
CLINIC/OFFICE.....2
- A8. TECHNICIAN'S INITIALS
- a. BLOOD PRESSURE **#INITSA3**
- b. HEIGHT/WEIGHT **#INITSB3**
- c. WAIST/HIP **#INITSC3**

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

Variable Excluded from Public Use Data File

Section B. Measurements

B.1. ARM LENGTH . cm #ARMLNGT3

B.2. ARM CIRCUMFERENCE . cm #ARMCIRC3

B.3. CUFF SIZE USED (Circle one.) #CUFFSIZ3
1. Pediatric 3. Large Adult
2. Adult 4. Thigh

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

WAIT 2 MINUTES BETWEEN EACH BLOOD PRESSURE READING.

B.4. PULSE beats/30 sec PULSE3

B.5. BLOOD PRESSURE #1 (SYS./DIA. 5th Phase) / mmHg
SYSBP13 / DIABP13

B.6. BLOOD PRESSURE #2 (SYS./DIA. 5th Phase) / mmHg
SYSBP23/ DIABP23

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

B.7. HEIGHT HEIGHT3 . cm

B.7.1. Measurement Method HTMETHO3 1. Stadiometer 2. Portable

B.8. WEIGHT WEIGHT3 . kg

B.8.1. Scales SCALE3 1. Balance Beam 2. Clinic Digital
3. Portable

B.9. WAIST CIRCUMFERENCE WAIST3 . cm

B.9.1. Measurement taken in: WASTMEA3 1. Undergarments 2. Light clothing

B.10. HIP CIRCUMFERENCE HIP3 . cm

B.10.1. Measurement taken in: HIPMEAS3 1. Undergarments 2. Light clothing

B.11. Please note if there were any unusual circumstances or deviations from the protocol.
#DEVIATE3

ADDITIONAL PHYSICAL MEASURES

One additional measure, BMI3, has been made available:

<i>Variable</i>	<i>Meaning</i>	<i>Values</i>
<u>BMI3</u>	Body Mass Index	numeric

BMI3 is calculated as weight in kilograms divided by the square of height in meters.

ADDITIONAL MEASURES COLLECTED

The following measures that were collected at Visit 03 have been included in the codebook:

SERUM HORMONE MEASURES

1. Variables for assays

<i>Variable</i>	<i>Assay</i>	<i>Units</i>
DHAS3	Dehydroepiandrosterone sulfate	ug/dL
FSH3	Follicle-stimulating hormone	mIU/mL
SHBG3	Sex hormone-binding globulin	nM
T3	Testosterone	ng/dL
E2AVE3*	Estradiol (see important note below)	pg/mL

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

2. Flags and other variables

<i>Variable</i>	<i>Meaning</i>	<i>Codes</i>
CYCDAY3	Day of cycle	n/a
FLGCV3	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%.	0=no, 1=yes
FLGDIF3	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: 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. DATA WITH THESE FLAGS SHOULD BE OMITTED FROM DATA ANALYSES, OR USED WITH CAUTION IF INCLUDED IN ANALYSES.	

*1=yes means flagged

3. Changes to the data:

- Lower limit of detection (LLD). Hormone results below the LLD were recoded to a value of ‘.L’.
- LLDs changed over time. The following LLDs were provided by the lab and applied to all samples:

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

CARDIOVASCULAR MEASURES

1. Variables for assays

Variable	Assay	Units	Calibrated
CHOLRES3	Total cholesterol result	mg/dl	N/A
TRIGRES3	Triglycerides result	mg/dl	N/A
LDLRESU3	Low-density lipoprotein cholesterol (estimated) result	mg/dl	N/A
HDLRESU3	High density lipoprotein cholesterol result	mg/dl	N/A
GLUCRES3	Glucose calibrated result	mg/dl	Yes
INSURES3	Insulin result	uIU/ml	N/A
FACRESU3	Factor VII calibrated result	%	Yes
FIBRESU3	Fibrinogen calibrated result	mg/dl	Yes
PAIRESU3	PAI-1 result	ng/ml	N/A
TPARESU3	tPA result	ng/ml	N/A
LPARESU3	Lipoprotein Lp(a) result	mg/dl	N/A
LPA1RES3	Lipoprotein A-1 result	mg/dl	N/A
APOARES3	Apolipoprotein A-1 result	mg/dl	N/A
APOBRES3	Apolipoprotein B result	mg/dl	N/A
CRPRESU3	C-reactive protein calibrated result	mg/l	Yes

2. Flags and other variables

Variable	Meaning	Codes
FLAGSER3	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
FLGCVRV3	Flag to indicate the sample was collected after the cut-off date for Visit 3 (01/31/2001)	0=no, 1=yes
FLAGFAS3	Flag to indicate that the sample was non-fasting or that fasting information was missing or unreliable.	0=No

*1=yes means flagged

3. Additional flag variables indicating “unusual” results data:

The table below indicates the ranges that were used to identify ‘unusual’ values in the 03 dataset. Flags for all key variables were set to 1 for any result outside of these specified ranges. In the case of the longitudinal checks, we have identified unusual cases based on the distribution of the data, rather than on fixed, pre-specified ranges.

Lab result	Flag Name	Flag Range	Units
Total Cholesterol	CHOLFLG3	(100, 500)	mg/dl
Triglycerides	TRIGFLG3	(20, 2000)	mg/dl
Total HDL	HDLFLG3	(20, 150)	mg/dl
LDL	LDLFLG3	(25, 400)	mg/dl
Lipoprotein Lp(a)	LPAFLG3	(0, 150)	mg/dl
Fibrinogen	FIBFLG3	(128, 1020)	mg/dl
Factor VIIc	FACFLG3	(12.5, 200)	%
Plasminogen activator inhibitor-1 (PAI-1)	PAIFLG3	(0, 150)	ng/ml
Tissue plasminogen activator Antigen (TPA Antigen)	TPAFLG3	(1, 30)	ng/ml
Glucose	GLUCFLG3	(40, 400)	mg/dl
Insulin	INSUFLG3	(1, 60)	uIU/ml
Lipoprotein A-1 (Lp(a)1)	LPA1FLG3	(30, 80)	mg/dl
Apolipoprotein A-1	APOAFLG3	(80, 240)	mg/dl
Apolipoprotein B	APOBFLG3	(60, 200)	mg/dl
C-reactive protein	CRPFLG3	(0.00001, 100)	mg/l

4. 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