



FOLLOW-UP VISIT 06

CODEBOOK

ARCHIVED DATASET 2018

Dataset file nia62018

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DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 06 DATASET

1. Who is included in the public use dataset:

The dataset contains follow-up visit 6 information for the 3,302 women from the 7 clinical sites participating in the SWAN longitudinal study. The sites include 11, 12, 13, 14, 15, 16 and 17.

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 6. A list of additional variables is also provided. The questionnaires include the variables available for public use next to the question in bold red uppercase underlined letters. Those variables not available for public use have a # before the variable and are in blue. Any special notes are indicated with footnotes at the bottom of the page.

The assigned participant ID has been replaced with a randomly generated ARCHID in order to protect participant privacy. The *baseline* interview date is denoted as day 0 and is used as the basis for all other dates. All other questionnaires or data collected that have a date attached have been converted to the number of days from the baseline interview. For example, if the Visit 6 Self-Administered Questionnaire Part A was collected 6 years after the baseline interview, the day for the Self-Administered Part A would be day 2190 and the Baseline Interview would be day 0. *Please note:* Several women were reactivated at visit 6, and their last prior visits were earlier than visit 3.

All variables for visit 6 have a 6 at the end of the variable name.

3. Missing data coding:

Original missing codes (-1: not applicable, -7: refused, -8: don't know, -9: missing) have been recoded to SAS missing codes (.B: not applicable, .D: refused, .C: don't know, and .A: missing).

4. Ways this data can be used and additional notes

Interview Questionnaire

- In general, any 'Other, specify' text field is not included in the dataset.
- A menopausal status variable (STATUS6) was derived for all analyses of the SWAN data for the participant at visit 6.
- Age (AGE6) was calculated from date of birth to when the interview form was completed, and is rounded to the next lowest integer.
- A social support score can be calculated from the questions in C.8.a-d after recoding them from a 1-5 range to a 0-4 range.
- CES-D scores can be created from the questions in C.10.
- A perceived stress score can be created from questions in C.9.
- New to this visit are several questions (D.1 – D.4) concerning the events of September 11, 2001.
- The flag FORMINT6 is set with a value of AIN for the 124 participants who completed the abbreviated interview instead of the full interview (see explanation below).

Self-Administered Questionnaire Part A

A Self-A Amended Telephone Interview (PATI), comprised of key questions from the core Follow-up Self-Administered Questionnaire Part A, was administered at study visits in cases where the Self-Administered Questionnaire was not completed. Similarly, an Abbreviated Follow-up Interview (AINT), comprised of key questions from the core Annual Follow-up Interview and Self-Administered Questionnaire Part A, was administered for participants who are not willing to come in for a core study visit, but who were willing to give 10 or 15 minutes of their time to answer questions over the telephone. The flag FORMSAA6 delineates those who did the full questionnaire (SAA) from the 99 participants who did the abbreviated questionnaire (AIN), and the 32 that did the phone interview (PAT).

- In general, any 'Other, specify' text field is not included in the dataset.
- The income question G.1 was condensed into a dichotomous variable THPPOV6 representing above/below the 200% poverty threshold. Poverty was defined using the US Census Bureau's "Poverty thresholds by Size of Family and Number of Children: 1995" and incorporates family size. To stay consistent with previous SWAN papers using income data, the lower level of each income category reported in the original income question was used as threshold.
- Current smoking is defined as anyone who answered 'yes' to question B.13 (SMOKERE6) and an answer greater than 0 for B.13a (AVGCIGDA6).
- SF-36 scores for all eight of the subscales can be derived according to the SF-36 User's Manual. Responses may need to be reversed where necessary so that all items are positively scored. Thus for each scale, a higher value indicates better functioning. The Bodily Pain Score is calculated from questions B.24 and B.25. 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 Vitality Score is calculated from questions B.26.a, .e, .g and .i. Questions B.26.a and B.26.e 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.23 and B.27. Question B.23 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.22a-c. All items are positively scored, so a higher score indicates better role-emotional functioning. The Mental Health Score is calculated from questions B.26.b - .d, B.26.f and B.26.h. Questions B.26.d and B.26.h were reversed so that all items are positively scored; for the resulting index a higher score indicates participant feels peaceful, happy and calm all of the time. The General Health Score is calculated from questions B.1. and B.28.a-d. Questions B.1, B.28.b and B.28.d were reversed so that all items are positively scored; for the resulting index a higher score indicates participant believes personal health is excellent. The Physical Functioning Scores are calculated from questions B.20.a-j. All items are positively scored; for the resulting index a higher score indicates ability to perform all types of physical activities including the most vigorous without limitations due to health. The Role-Physical Score is calculated from question B.21a-d. All four questions were reversed so that all items are positively scored; for the resulting index a higher score indicates no problems with work or other daily activities as a result of physical health.
- Positive and Negative Affect Schedule (PANAS) Scores can be derived from questions H.1.a through H.1.t. A subset of the participants answered the Japanese version, which has 22 culturally appropriate items rather than the 20 items asked on the English version. There is no direct correlation between the two versions, so all Japanese items have been set to missing. In addition, question H.1.b has been set to missing because 'disinterested' was on the form, but the correct PANAS term is 'distressed.' It is suggested that the raw 9 item negative affect score, when multiplied by 1.112, can be made comparable to the positive affect score and the outcomes found in the literature.
- In depth complementary and alternative medicine questions are asked in questions I.1 through I.22.
- The flag FLGSAAV6 is set for the 3 participants who completed the questionnaire after the 02/15/2004 cutoff, and also for the one participant the completed the questionnaire before Visit 6 began (3/15/2002).

Self-Administered Questionnaire Part B

- The flag FLGSABV6 is set for the 3 participants who completed the questionnaire after the 02/15/2004 cutoff, and also for the one participant the completed the questionnaire before Visit 6 began (3/15/2002).

Physical Measures

- In addition to the variables on the form, BMI6 was also calculated as weight in kilograms divided by the square of height in meters.
- The flag FLGPHYV6 is set for the participants who completed either the full physical (PHY), abbreviated interview (AIN), or the phone interview (PAT). No physical measures were performed for the abbreviated or phone interview (AIN and PAT); however, self-reported weight was collected on the abbreviated interview.

Cognitive Function Form

- Individual and summary scores are available for the following tests: East Boston Memory Test (both the immediate and delayed recall of a story), Symbol Digits Modalities Test, and the Digits Backward Test.
- The flag FLGCOGV6 is set for the one participant who completed the questionnaire after the 02/15/2004 cutoff.
- Several special codes were used in this dataset to indicate why tests (and test items) were not administered:
 - 6 = Not administered because of physical impairment
 - 7 = Not administered because of verbal refusal
 - 8 = Not administered because of a behavioral reason
 - 9 = Not administered for some other reason
 - 10 = Administered but not according to protocol

Bioimpedance

Body composition was measured using bioimpedance equipment. Percent body fat (equation provided by Dr. MaryFran Sowers), skeletal muscle mass (Janssen, 2000), fat free mass, total body water, and percent body fat (all provided by RJL Systems and validated using NHANES III data (Chumlea, 2002)) are also provided.

Additional Measures

Serum Hormone Measures

The Visit 6 hormone results are included. Of special note is that the estradiol assay was run in duplicate. The average (E2AVE6) is the within-person arithmetic average of the two assays. A flag indicates if the estradiol results differed by > 10 pg/mL where one or both results <= 20 pg/mL. Hormone results below the lower level of detection (LLD - see table in the Additional Measures section) were recoded to an .L value

Cardiovascular Measures

The Visit 6 cardiovascular results are included. A flag (FLAGSER6) indicates that the lipids were measured on serum rather than plasma because plasma was not available.

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 variables (INTDAY6, SAADAY6, SABDAY6, PHYDAY6, HRMDAY6, CVRDAY6, SPEDAY6, HYSTDAY6, COGDAY6, BIODAY6, CAMDAY6) are given in days from interview date at baseline. Note that for 5 participants, interview completion dates at baseline were not available and alternative dates were substituted either from the Self-Administered Questionnaire-A or Physical Measures completion dates at baseline.

Longitudinal Measures

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

Study of Study of Women's Health Across the Nation

ANNUAL FOLLOW-UP INTERVIEW

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE ARCHID~

A2. SWAN STUDY VISIT # _____ VISIT

A3. FORM VERSION: 01/01/2002 #FORM_V

A4. DATE FORM COMPLETED:

 /

 /

 INTDAY6[†]

A5. INTERVIEWER'S INITIALS: _____ #INITS

A6. RESPONDENT'S DOB:

 /

 /

 #DOB

VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN: #LOCATIO6

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

A7.1 INTERVIEW LANGUAGE: LANGINT6

ENGLISH 1
 SPANISH 2
 CANTONESE 3
 JAPANESE 4

A8. Are you currently pregnant? PREGNAN6

NO 1
 YES 2
 DON'T KNOW -8

A9. WAS BLOOD FOR THIS ANNUAL FOLLOW-UP DRAWN PREVIOUS TO THIS INTERVIEW DATE? PREVBLO6

NO 1
 YES 2 **(GO TO PAGE 3)**

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

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

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

- A10. Have you had anything to eat or drink, other than water, in the last 12 hours? That is, since ____ : ____ last night? **EATDRIN6**

NO 1
YES 2

- A11. Did you start a menstrual period in the last 5 days? **STRTPER6**

NO 1 (A13)
YES 2 (A12)

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

BLEDAY6[†]

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

- A13. BLOOD DRAW ATTEMPTED?

BLDRWAT6

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?

BLDDRAW6

NO 1
YES 2

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

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

I would like to begin the interview by asking you some questions about prescribed and over - the - counter (OTC) medications.

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

IF YES TO ANY, RECORD

MEDICATION NAME IN THE SPACES
PROVIDED

PRESCRIPTION DRUGS

IF YES:

			a.	b.	c.	
	What is the name of the medication?	Have you been taking it at least two times per week for the last month?	INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?			
Since your last study visit....	NO	YES	NO	YES	NO	YES
B1. Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)? <u>ANTICO16</u>	1	2	<u>#ACOAMD16</u>	<u>ACOATW16</u>	<u>#ACOAVR16</u>	
<u>ANTICO26</u>	1	2	<u>#ACOAMD26</u>	<u>ACOATW26</u>	<u>#ACOAVR26</u>	
B2. Anything for your heart or heartbeat, including pills or patches? <u>HEART16</u>	1	2	<u>#HARTMD16</u>	<u>HARTTW16</u>	<u>#HARTVR16</u>	
<u>HEART26</u>	1	2	<u>#HARTMD26</u>	<u>HARTTW26</u>	<u>#HARTVR26</u>	
B3. Any medications for cholesterol or fats in your blood? <u>CHOLST16</u>	1	2	<u>#CHOLMD16</u>	<u>CHOLTW16</u>	<u>#CHOLVR16</u>	
<u>CHOLST26</u>	1	2	<u>#CHOLMD26</u>	<u>CHOLTW26</u>	<u>#CHOLVR26</u>	
B4. Blood pressure pills? <u>BP16</u>	1	2	<u>#BPMED16</u>	<u>BPTW16</u>	<u>#BPVER16</u>	
<u>BP26</u>	1	2	<u>#BPMED26</u>	<u>BPTW26</u>	<u>#BPVER26</u>	

a. What is the name of the medication?

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

c. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?

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

	NO	YES		NO	YES	NO	YES
B5. Diuretics for water retention?	1	2		1	2	1	2
<u>DIURET16</u>	1	2	<u>#DIURMD16</u>	<u>DIURTW16</u>		<u>#DIURVR16</u>	
<u>DIURET26</u>			<u>#DIURMD26</u>	<u>DIURTW26</u>		<u>#DIURVR26</u>	
B6. Thyroid pills?	1	2		1	2	1	2
<u>THYROI16</u>	1	2	<u>#THYRMD16</u>	<u>THYRTW16</u>		<u>#THYRVR16</u>	
<u>THYROI26</u>			<u>#THYRMD26</u>	<u>THYRTW26</u>		<u>#THYRVR26</u>	
B7. Insulin or pills for sugar in your blood?	1	2		1	2	1	2
<u>INSULN16</u>	1	2	<u>#INSUMD16</u>	<u>INSUTW16</u>		<u>#INSUVR16</u>	
<u>INSULN26</u>			<u>#INSUMD26</u>	<u>INSUTW26</u>		<u>#INSUVR26</u>	
B8. Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti-depression medication?	1	2		1	2	1	2
<u>NERVS16, NERVS26</u>	1	2	<u>#NERVMD16</u>	<u>NERVTW16</u>		<u>#NERVVR16</u>	
<u>NERVS16, NERVS26</u>			<u>#NERVMD26</u>	<u>NERVTW26</u>		<u>#NERVVR26</u>	
B9. Steroid pills such as Prednisone, or cortisone?	1	2		1	2	1	2
<u>STEROI16</u>	1	2	<u>#STERMD16</u>	<u>STERTW16</u>		<u>#STERVR16</u>	
<u>STEROI26</u>			<u>#STERMD26</u>	<u>STERTW26</u>		<u>#STERVR26</u>	
B10. Fertility medications to help you get pregnant (Pergonal, Clomid)?	1	2		1	2	1	2
<u>FERTIL16</u>	1	2	<u>#FRTLMD16</u>	<u>FRTLW16</u>		<u>#FRTLVR16</u>	
<u>FERTIL26</u>			<u>#FRTLMD26</u>	<u>FRTLW26</u>		<u>#FRTLVR26</u>	

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

HORMONE QUESTIONS B11-15:

Since your last study visit, have you taken...	NO	YES		NO	YES	NO	YES
B11. Birth Control pills?	1 (B12)	2	<u>#BCPMED16</u>	1	2	1	2
<u>BCP16</u>	1	2	<u>#BCPMED26</u>	1	2	<u>#BCPVER16</u>	2
<u>BCP26</u>				<u>BCPTWI16</u>		<u>#BCPVER26</u>	
				<u>BCPTWI26</u>			

B11.d For your most recent use, what was the primary reason for taking birth control pills? BCREAS6

- TO PREVENT PREGNANCY 1
TO HELP CONTROL PRE-MENSTRUAL SYMPTOMS 2
TO HELP CONTROL MENOPAUSAL SYMPTOMS..... 3
TO CONTROL OTHER SYMPTOMS..... 4
TO REGULATE PERIODS 5
TO PREVENT OSTEOPOROSIS 6
TO REDUCE BLEEDING 7
OTHER..... 8
(SPECIFY) #BCRES_S6
DON'T KNOW -8

	NO	YES		NO	YES	NO	YES
B12. Estrogen pills (such as Premarin, Estrace, 1 (B13) Ogen, etc)?	1	2	<u>#ESTRMD16</u>	1	2	1	2
<u>ESTROG16, ESTROG26</u>	1	2	<u>#ESTRMD26</u>	1	2	<u>#ESTRVR16</u>	2
				<u>ESTRTW16</u>		<u>#ESTRVR26</u>	
				<u>ESTRTW26</u>			

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

- ESTRDA16 ESTRDA26
1. EVERY DAY 1 2. EVERY DAY 1
OFF AND ON 2 OFF AND ON 2
DON'T KNOW -8 DON'T KNOW -8

Since your last study visit, have you taken...	NO	YES		NO	YES	NO	YES
B13. Estrogen by injection or patch (such as Estraderm)?	1	2	<u>#EINJMD16</u>	1	2	1	2
<u>ESTRNJ16, ESTRNJ26</u>	1	2	<u>#EINJMD26</u>	1	2	<u>#EINJVR16</u>	2
				<u>EINJTW16</u>		<u>#EINJVR26</u>	
				<u>COMBTW16</u>		<u>#COMBVR16</u>	
B14. Combination estrogen/progestin (such as Premphase or Prempro)?	1	2	<u>#COMBMD16</u>	1	2	1	2
<u>COMBIN16, COMBIN26</u>	1	2	<u>#COMBMD26</u>	1	2	<u>#COMBVR26</u>	2

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

Since your last study visit, have you taken...	NO	YES		NO	YES	NO	YES
B15. Progestin pills (such as Provera)?	1 (B16)	2	<u>#PROGMD16</u>	<u>PROGTW16</u>	1 2	<u>#PROGVR16</u>	1 2
<u>PROGES16</u> <u>PROGES26</u>	1	2	<u>#PROGMD26</u>	<u>PROGTW26</u>	1 2	<u>#PROGVR26</u>	1 2

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

<u>PROGDA16</u>	<u>PROGDA26</u>
1. EVERY DAY1	2. EVERY DAY1
OFF AND ON2	OFF AND ON2
DON'T KNOW-8	DON'T KNOW-8

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

	NO	YES		NO	YES	NO	YES
B16. Medications to prevent or treat osteoporosis (brittle or thinning bones such as Fosamax, Didronel, Evista, Miacalcin, Rocaltrol, Actonel)?	1	2	<u>#OSTEMD16</u>	<u>OSTETW16</u>	1 2	<u>#OSTEVR16</u>	1 2
<u>OSTEPR16</u>	1	2	<u>#OSTEMD26</u>	<u>OSTETW26</u>	1 2	<u>#OSTEVR26</u>	1 2

OSTEPR26

B17. Prescribed medications for arthritis?	1	2	<u>#ARTHMD16</u>	<u>ARTHTW16</u>	1 2	<u>#ARTHVR16</u>	1 2
<u>ARTHRT16</u>	1	2	<u>#ARTHMD26</u>	<u>ARTHTW26</u>	1 2	<u>#ARTHVR26</u>	1 2

	a. What is the name of the medication?		b. Have you been taking it at least two times per week for the last month?		c. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
	NO	YES	NO	YES	NO	YES
B18. Are there any other prescription pills or medications that you have taken, that I haven't asked you about? (PLEASE LIST)	1	2	1	2	1	2
	1	2	1	2	1	2
<u>OTHMED16-96</u>		<u>#OTHRMD16</u>	<u>OTHRTW16 -</u>		<u>#OTHRVR16 -</u>	
	1	2	1	2	1	2
		<u>#OTHRMD96</u>	<u>OTHRTW96</u>		<u>#OTHRVR96</u>	
	1	2	1	2	1	2
<u>OTHME106-156</u>		<u>#OTHRM106 -</u>	<u>OTHTW106 -</u>		<u>#OTHVR106 -</u>	
	1	2	1	2	1	2
		<u>#OTHRM156</u>	<u>OTHTW156</u>		<u>#OTHVR156</u>	
	1	2	1	2	1	2
	1	2	1	2	1	2

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

B19. Were you using any prescription medications containing estrogen or progestin at the time of your last study visit? **ESTLSTV6**

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

B20. I am going to read a list of some reasons why women start taking hormones, not including birth control pills. For each one, please tell me if it is a reason why you started taking hormones. (READ LIST a THROUGH i)

		NO	YES
a.	To reduce the risk of heart disease <u>REDUHAR6</u>	1	2
b.	To reduce the risk of osteoporosis (brittle or thinning bones) <u>OSTEOP06</u>	1	2
c.	To relieve menopausal symptoms <u>MENOSYM6</u>	1	2
d.	To stay young-looking <u>YOUNGLK6</u>	1	2
e.	A health care provider advised me to take them <u>HCPADVI6</u>	1	2
f.	A friend or relative advised me to take them <u>FRNADVI6</u>	1	2
g.	To improve my memory <u>IMPRMEM6</u>	1	2
h.	To regulate periods <u>REGPERI6</u>	1	2
i.	Any other? SPECIFY <u>HORMOTH6</u>	1	2
	<u>#HORMSPE6</u>		
j.	DON'T KNOW/REMEMBER <u>DONTKNO6</u>	1	2

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

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

In what month and year did you last take hormones?

HORMDAY6 ^φ

____ / ____
M M Y Y Y Y

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

What were your reasons for stopping? PROBE: Any others? [DO NOT READ THE LIST. CODE 1 (NO) OR 2 (YES) FOR EACH ITEM.]

		NO	YES
a.	PROBLEMS WITH BLEEDING <u>PRBBLEE6</u>	1	2
b.	DIDN'T LIKE HAVING PERIODS <u>HAVEPER6</u>	1	2
c.	DIDN'T LIKE HOW I FELT ON THEM <u>LIKEFEL6</u>	1	2
d.	WORRIED ABOUT POSSIBLE SIDE EFFECTS <u>SIDEEFF6</u>	1	2
e.	WORRIED ABOUT CANCER <u>CANCER6</u>	1	2
f.	MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS) <u>ADVISTO6</u>	1	2
g.	TOO EXPENSIVE <u>EXPENSI6</u>	1	2
h.	DON'T LIKE TO TAKE ANY MEDICATIONS <u>NOLIKE6</u>	1	2
i.	COULDN'T REMEMBER TO TAKE THEM <u>NOREMEB6</u>	1	2
j.	DON'T KNOW <u>DNTKNOW6</u>	1	2
k.	OTHER, SPECIFY: <u>STOPOTH6</u>	1	2
	<u>#STOPSPE6</u>		
l.	NO REASON GIVEN <u>NOREASON6</u>	1	2

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

REGVITA6

NO..... 1 (GO TO PAGE 11)
YES..... 2

^φ Day of the month is assumed to be the 15th when calculating days since baseline interview.

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

Multi-Vitamins, how often do you take...		Don't take any	1-3 days per week	4-6 days per week	Every day
a.	Regular Once-A-Day, Centrum, or Thera type <u>ONCEADA6</u>	1	2	3	4
b.	Antioxidant combination type <u>ANTIOXI6</u>	1	2	3	4
c.	Any other combination types? NO (B23d) YES IF YES, specify: <u>VITCOMB6</u>				
	<u>#VTMSPE16</u> <u>VTMOTH16</u>	1	2	3	4
	<u>#VTMSPE26</u> <u>VTMOTH26</u>	1	2	3	4
	<u>#VTMSPE36</u> <u>VTMOTH36</u>	1	2	3	4
	<u>#VTMSPE46</u> <u>VTMOTH46</u>	1	2	3	4

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

d.	Vitamin A, not beta carotene <u>VITAMNA6</u>	1	2	3	4
e.	Beta-carotene <u>BETACAR6</u>	1	2	3	4
f.	Vitamin C <u>VITAMNC6</u>	1	2	3	4
g.	Vitamin D <u>VITAMND6</u>	1	2	3	4
h.	Vitamin E <u>VITAMNE6</u>	1	2	3	4
i.	Calcium or Tums <u>CALCTUM6</u>	1	2	3	4
j.	Iron <u>IRON6</u>	1	2	3	4
k.	Zinc <u>ZINC6</u>	1	2	3	4
l.	Selenium <u>SELENIU6</u>	1	2	3	4
m.	Any other single vitamins? NO (B24) YES IF YES, specify (continued on page 11): <u>VTMSING6</u>				
	<u>#SVTMNA16</u> <u>SVTMOT16</u>	1	2	3	4
	<u>#SVTMNA26</u> <u>SVTMOT26</u>	1	2	3	4
	<u>#SVTMNA36</u> <u>SVTMOT36</u>	1	2	3	4

Question B23m. continued...

m. Any other single vitamins? IF YES, specify:	Don't take any	1-3 days per week	4-6 days per week	Every day
#SVTMNA46 <u>SVTMOT46</u>	1	2	3	4
#SVTMNA56 <u>SVTMOT56</u>	1	2	3	4
#SVTMNA66 <u>SVTMOT66</u>	1	2	3	4
#SVTMNA76 <u>SVTMOT76</u>	1	2	3	4
#SVTMNA86 <u>SVTMOT86</u>	1	2	3	4
#SVTMNA96 <u>SVTMOT96</u>	1	2	3	4
#SVTMN106 <u>SVTMO106</u>	1	2	3	4

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

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

a. What is the
name of the
medication?

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

NO YES

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

B24 Any over-the-counter medications for pain
including headaches and arthritis?

NO YES

PAIN16

1

2

#PAINMD16

PAINTW16

1

2

PAIN26

1

2

#PAINMD26

PAINTW16

1

2

B25 Anything for problems sleeping?

1

2

SLEEP16

#SLEPMD16

SLEPTW16

1

2

1

2

#SLEPMD26

SLEPTW26

1

2

B26 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

#OTCMD16 -

OTCTW16

1

2

1

2

#OTCMD46

OTCTW26

1

2

1

2

OTCTW36

1

2

OTC16-46

OTCTW46

1

2

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

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

B27 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. _____ | #TAKEMDA6 |
| b. _____ | #TAKEMDB6 |
| c. _____ | #TAKEMDC6 |
| d. _____ | #TAKEMDD6 |
| e. _____ | #TAKEMDE6 |
| f. _____ | #TAKEMDF6 |
| g. _____ | #TAKEMDG6 |
| h. _____ | #TAKEMDH6 |
| i. _____ | #TAKEMDI6 |
| j. _____ | #TAKEMDJ6 |

B28. Have you had any alcohol in the last 24 hours?

ALCHL246

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

B29. During the past year have you used any supplements containing soy protein or phytoestrogen powders or pills?

SOYYSNO6

NO.....	1	(B30)
YES.....	2	(B29a)
DON'T KNOW.....	-8	(B30)

B29a. IF YES: How many times per week?

SOYPROT6

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

Please look at response card A which we'll be using for the next 3 questions.

[HAND RESPONDENT CARD "A" AND READ RESPONSE CATEGORIES.]

B30. How many bowls of cereal do you eat per week where the label of the cereal box says that it is high in calcium?

CEREACA6

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

B31. How many slices of bread do you eat per week when the bread wrapper says the loaf is high in calcium?

BREADCA6

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

B32. Some brands of orange juice have extra calcium added. How many glasses of orange juice containing extra calcium do you drink per week?

ORANGCA6

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

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

B33 **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>ANEMIA6</u>	1	2	-8
b. Diabetes?	<u>DIABETE6</u>	1	2	-8
c. High blood pressure or hypertension?	<u>HIGHBP6</u>	1	2	-8
d. High cholesterol?	<u>HBCHOLE6</u>	1	2	-8
e. Migraines?	<u>MIGRAIN6</u>	1	2	-8
f. Stroke?	<u>STROKE6</u>	1	2	-8
g. Arthritis or osteoarthritis (degenerative joint disease)?	<u>OSTEOAR6</u>	1	2	-8
h. Overactive or underactive thyroid?	<u>THYROID6</u>	1	2	-8
i. Heart attack?	<u>HEARTAT6</u>	1	2	-8
j. Angina?	<u>ANGINA6</u>	1	2	-8
k. Osteoporosis (brittle or thinning bones)?	<u>OSTEOPR6</u>	1	2	-8
l. DELETED				
m. Cancer, other than skin cancer?	<u>CANCERS6</u>	1 (B29)	2	-8 (B29)

m.1. What is/was the primary site of the cancer? SITESPE6

SPECIFY: _____

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

TAMOXIF6

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?

CHEMOTH6

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

B34 **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)

BROKEBO6

a. Which bones did you break or fracture?
 LIST BELOW. [IF BONE WAS BROKEN
 MORE THAN ONCE, RECORD EACH BREAK AND
 SPECIFY WHEN "REBROKEN".
 BE SPECIFIC IN IDENTIFYING WHICH BONE
 WAS BROKEN (I.E. RIGHT TIBIA).]

b. How did it happen? Was it for any of the following
 reasons? [HAND RESPONDENT CARD "B"
 AND READ RESPONSE CATEGORIES.]

- after a fall from a height above the ground
 greater than six inches,
- in a motor vehicle accident,
- while moving fast, like running, bicycling or
 skating,
- while playing sports,
- **or** because something heavy fell on you or
 struck you.

	NO	YES
1. _____	1	2
<u>BONES16</u>	<u>HAPPEN16</u>	
2. _____	1	2
<u>BONES26</u>	<u>HAPPEN26</u>	
3. _____	1	2
<u>BONES36</u>	<u>HAPPEN36</u>	

	NO	YES
1. _____	1	2
<u>BONES16</u>	<u>HAPPEN16</u>	
2. _____	1	2
<u>BONES26</u>	<u>HAPPEN26</u>	
3. _____	1	2
<u>BONES36</u>	<u>HAPPEN36</u>	

Since your last study visit, have you had any of the following surgeries or procedures?		NO	YES	DON'T KNOW
B35	D and C, a scraping of the uterus for any reason, including abortion? i. Since your last study visit, how many times have <u>DANDC6</u> you had a D and C? _____ # TIMES <u>#NUMDAND6</u>	1 (B31)	2	-8 (B31)
B36	Hysterectomy (an operation to remove your uterus or womb)? <u>HYSTERE6</u> i. When was this performed? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.] M ____ M ____ / Y ____ Y ____ Y ____ <u>HYSTDAY6†</u>	1 (B32)	2	-8 (B32)
B37	Did you have one or both ovaries removed (an oophorectomy)? <u>OOPHORE6</u> i. Was one ovary removed or were both ovaries removed? ONE OVARY REMOVED 1 BOTH OVARIES REMOVED 2 DON'T KNOW -8 <u>ONEOVAR6</u>	1 (B33)	2	-8 (B33)
B38	Did you have an endometrial ablation (a procedure to reduce or eliminate menstrual periods by partially or completely destroying the lining of the uterus)? <u>ABLATIN6</u>	1	2	-8
B39	Any <u>other</u> uterine procedures, other than D and C, for example: cesarean section, IUD insertion, fibroid removal or endometrial biopsy? <u>UTERPRO6</u>	1	2	-8
B40	Thyroid gland removed? <u>THYRREM6</u>	1	2	-8

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

B41 Since your last study visit, have you had any of the following conditions?	NO	YES	B35.1 IF YES, has it made it difficult to carry out your daily routine (e.g., work, housework, childcare)?	NO	YES
a. endometriosis diagnosed by a physician (abnormal growths in lining of uterus) <u>ENDO6</u>	1	2	<u>ENDODIF6</u>	1	2
b. pelvic pain (pain in the lowest part of the abdomen) <u>PELVCPN6</u>	1	2	<u>DIFPELV6</u>	1	2
c. pelvic prolapse or relaxation (the uterus, bladder, or rectum drops, sometimes bulging out of vagina) <u>PROLAPS6</u>	1	2	<u>DIFPROL6</u>	1	2
d. pelvic cancer (cancer of the vulva, cervix, uterus, or ovaries) <u>PELVCNC6</u>	1	2	<u>DIFCANC6</u>	1	2
e. abnormal vaginal bleeding (bleeding from the vagina that is different enough from your normal pattern to be a concern: irregular, heavy, or long in duration) <u>ABBLEED6</u>	1	2	<u>DIFBLED6</u>	1	2
f. fibroids (benign growths in the uterus or womb) <u>FIBRUTR6</u>	1	2	<u>DIFFIBR6</u>	1	2

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

B42 Do you have a health care provider from whom you primarily get your care for women's health conditions? (If you have an obstetrician or gynecologist (ob/gyn), refer to him or her. If you don't, refer to the person from whom you get care for women's health. We will not contact your provider unless we request your specific written permission.)

PRVIDER6

No..... 1 **(GO TO PAGE 17)**
Yes 2

B43 What is the name of this health care provider? _____

(FIRST)

(LAST)

#PRVNAME6

#PRVLAST6

B44 In what city or town and what state do you see this health care provider?

CITY/TOWN

STATE

#PRVTOWN6

#PRVSTAT6

B45 What professional degree does this health care provider have? If you are not sure, please make your best guess:
[HAND RESPONDENT CARD "C" AND READ RESPONSE CATEGORIES.] **PROFDEG6**

Medical Doctor (MD) 1
Doctor of Osteopathy (DO) 2
Chiropractor (DC)..... 3
Registered Nurse (RN)..... 4 **(B41)**
Nurse Practitioner (NP)..... 5 **(B41)**
Physician Assistant (PA)..... 6 **(B41)**
Other: Specify **#SPECIFY6** 7
DON'T KNOW8 **(B41)**

B46 Which of the following best describes this provider's specialty? **PROVSPC6**

A family practitioner..... 1
An internist 2
An obstetrician or gynecologist 3
A naturopath (one who uses non-medicinal therapy) 4
Other: Specify **#SPECIAL6** 5
No specialty 6
DON'T KNOW8

B47 On average, how much time does this health care provider spend with you at each visit? **PROVTIM6**

0-5 minutes 1
6-10 minutes 2
11-15 minutes 3
16-20 minutes 4
21-30 minutes 5
more than 30 minutes..... 6
DON'T KNOW8

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

- C1. Did you have any menstrual bleeding since your last study visit? **BLEEDNG6**
- NO..... 1 (C6)
- YES..... 2
- C2. Did you have any menstrual bleeding in the last 3 months? **BLD3MON6**
- 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 **LMPDAY6†**

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”] **DESCPER6**
- Become farther apart? 1
- Become closer together? 2
- Occurred at more variable intervals? 3
- Stayed the same? 4
- Become more regular? 5
- DON'T KNOW -8
- NOT APPLICABLE -1
- C5. A menstrual cycle is the period of time from the beginning of bleeding from one menstrual period to the beginning of bleeding of the next menstrual period. Since your last study visit, what was the usual length of your menstrual cycles? **LENGCYL6**
- LESS THAN 24 DAYS 1
- 24-35 DAYS 2
- MORE THAN 35 DAYS 3
- TOO VARIABLE OR IRREGULAR TO SAY 4
- DON'T KNOW -8
- C6. Since your last study visit, have you been pregnant? Please include live births, stillbirths, abortions, miscarriages, tubal or ectopic pregnancies. **PRGNANT6**
- 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.] **OUTCOME6**
- 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? **BRSTFEE6**
- NO 1
- YES 2

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

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

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

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

QLTYLIF6

- C8. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?
[HAND RESPONDENT CARD "G" AND READ RESPONSE CATEGORIES]

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
a.	Someone you can count on to listen to you when you need to talk? <u>LISTEN6</u>	1	2	3	4	5
b.	Someone to take you to the doctor if you needed it? <u>TAKETOM6</u>	1	2	3	4	5
c.	Someone to confide in or talk to about yourself or your problems? <u>CONFIDE6</u>	1	2	3	4	5
d.	Someone to help with daily chores if you were sick? <u>HELPSIC6</u>	1	2	3	4	5

- C9. I would now like to ask you about your feelings over the past two weeks. Tell me how often you have felt or thought this way. [HAND RESPONDENT CARD "H" AND READ RESPONSE CATEGORIES]

		Never	Almost Never	Sometimes	Fairly Often	Very Often
*[READ STEM INSTRUCTIONS]						
In the past two weeks you have:						
*a.	Felt unable to control important things in your life? <u>CONTROL6</u>	1	2	3	4	5
*b.	Felt confident about your ability to handle your personal problems? <u>ABILITY6</u>	1	2	3	4	5
c.	Felt that things were going your way? <u>YOURWAY6</u>	1	2	3	4	5
d.	Felt difficulties were piling so high that you could not overcome them? <u>PILING6</u>	1	2	3	4	5

C10 I am going to read you a list of ways you might have felt or behaved recently. Please tell me how often you have felt or behaved **this way during the past week.** [HAND RESPONDENT CARD “H” AND READ RESPONSE CATEGORIES]

* [READ STEM INSTRUCTIONS]

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>BOTHER6</u>	1	2	3	4
*b. I did not feel like eating; my appetite was poor <u>APPETIT6</u>	1	2	3	4
*c. I felt that I could not shake off the blues even with help from my friends <u>BLUES6</u>	1	2	3	4
d. I felt that I was just as good as other people <u>GOOD6</u>	1	2	3	4
e. I had trouble keeping my mind on what I was doing <u>KEEPMIN6</u>	1	2	3	4
f. I felt depressed <u>DEPRESS6</u>	1	2	3	4
*g. I felt that everything I did was an effort <u>EFFORT6</u>	1	2	3	4
h. I felt hopeful about the future <u>HOPEFUL6</u>	1	2	3	4
i. I thought my life had been a failure <u>FAILURE6</u>	1	2	3	4
j. I felt fearful <u>FEARFUL6</u>	1	2	3	4
*k. My sleep was restless <u>RESTLES6</u>	1	2	3	4
l. I was happy <u>HAPPY6</u>	1	2	3	4
m. I talked less than usual <u>TALKLES6</u>	1	2	3	4
n. I felt lonely <u>LONELY6</u>	1	2	3	4
*o. People were unfriendly <u>UNFRNDL6</u>	1	2	3	4
p. I enjoyed life <u>ENJOY6</u>	1	2	3	4
q. I had crying spells <u>CRYING6</u>	1	2	3	4
r. I felt sad <u>SAD6</u>	1	2	3	4
*s. I felt that people disliked me <u>DISLIKE6</u>	1	2	3	4
t. I could not get going <u>GETGOIN6</u>	1	2	3	4

Now I would like to ask some questions that have to do with the events of September 11th, 2001.

D1. Were you directly exposed to the disaster of September 11? By directly, I mean that you were in the vicinity of the World Trade Center, Pentagon, or Somerset County, PA at the time the disaster occurred? **SEPEXP6**

NO..... 1 **(D2)**

YES..... 2

a. How strongly did you believe that your own life was threatened at the time? Would you say, Not at all, To some extent or Very much so? **SEPTHR6**

Not at all..... 1

To some extent.....2

Very much so 3

b. Were you injured physically in any way, that is (a) you were burned or harmed by debris or (b) your ability to breathe, see, hear, or move about was impaired in more than a transient way? Would you say, Not at all, Yes, but not seriously or Yes, seriously? **SEPINJ6**

Not at all..... 1

Yes, but not seriously.....2

Yes, seriously 3

D2. Was your spouse or partner, any member of your family, or a close friend directly exposed to the disaster of September 11? By directly, I mean that he or she was in the vicinity of the World Trade Center, the Pentagon, or Somerset County, PA or on one of the planes that crashed? **SEPFAM6**

NO..... 1 **(D3)**

YES..... 2

a. What was his or her or their relationship(s) to you? **#SEPREL6**

b. Did the person or any of the people you know lose their lives? **SEPLEV6**

NO..... 1

YES..... 2

D3. Occasionally, major events like this can change the way people view themselves, other people, or the world in general.

[HAND RESPONDENT CARD "K" AND READ RESPONSE CATEGORIES.]

How true are the following statements about you?

	Not at all true	A little true	Somewhat true	Very true	Extremely true
a. You feel less safe than you did before the disaster on September 11. Is this... SEPSAF6	1	2	3	4	5

- | | | | | | |
|--|---|---|---|---|---|
| b. Compared to how you felt before the disaster, you feel less able to control the forces that will influence your life. <u>SEPCON6</u> | 1 | 2 | 3 | 4 | 5 |
| c. You feel more pessimistic about the possibility of there ever being peace in the world. <u>SEPEAC6</u> | 1 | 2 | 3 | 4 | 5 |
| d. You feel more pessimistic about your own future well-being. <u>SEPFUT6</u> | 1 | 2 | 3 | 4 | 5 |
| e. You have less faith in government's ability to protect you than you did before the disaster. <u>SEPGOV6</u> | 1 | 2 | 3 | 4 | 5 |
| f. You became less confident in your own abilities to cope with major crises. <u>SEPCNF6</u> | 1 | 2 | 3 | 4 | 5 |

D4. Overall, how much stress or anxiety have you experienced because of the terrorist events of September 11th and events since then? [HAND RESPONDENT CARD "L."] Please answer this question on a scale from 1 to 10, where 1 means that you have not personally been stressed or distressed at all, and 10 means that you have been terribly or extremely stressed or distressed.

SEPANX6

1	2	3	4	5	6	7	8	9	10	
Not stressed										Extremely stressed

OCCUPATIONAL QUESTIONS

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

D1. Since your last study visit, has there been a change in any of your jobs, that is: your place of employment, your job title, or your usual job tasks? **CHNGJOB6**

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

D2. During the past 2 weeks, did you work at any time at a job or business, including work for pay performed at home? (Include unpaid work in the family farm or business. If you were on vacation, or scheduled leave or sick leave, please answer as though you were at your usual job.) **JOB6**

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

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

#JOBTIT16

JOB #1 _____

#JOBTIT26

JOB #2 _____

#JOBTIT36

JOB #3 _____

b. Briefly, what are your usual job activities?

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

#JOBACT16

JOB #1 _____

#JOBACT26

JOB #2 _____

#JOBACT36

JOB #3 _____

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

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

#JBMAKE16

JOB #1 _____

#JBMAKE26

JOB #2 _____

#JBMAKE36

JOB #3 _____

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

CHANGHR6

NO..... 1 (D5)
YES 2

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

JOB #1: START TIME: **STRTIM16** : A.M. 1. P.M. 2.
STOP TIME: **STPTIM16** : A.M. 1. P.M. 2.
ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTAT16**
NO..... 1
YES..... 2

JOB #2: START TIME: **STRTIM26** : A.M. 1. P.M. 2.
STOP TIME: **STPTIM26** : A.M. 1. P.M. 2.
ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTAT26**
NO..... 1
YES..... 2

JOB #3: START TIME: **STRTIM36** : A.M. 1. P.M. 2.
STOP TIME: **STPTIM36** : A.M. 1. P.M. 2.
ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTAT36**
NO..... 1
YES..... 2

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

HOURSPA6

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

D6. Do you do volunteer work?

VOLUNTE6

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
<u>#TYPVOL16</u>	<u>VLNTHR16</u>
1. _____	_____
<u>#TYPVOL26</u>	<u>VLNTHR26</u>
2. _____	_____
<u>#TYPVOL36</u>	<u>VLNTHR36</u>
3. _____	_____

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

MARITAL6

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

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

E1. Since your last study visit, has there been any change in who is living in your household? **CHGHHLD6**

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

E2. Other than yourself, is there anyone else living in your household? **HOUSEHL6**

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

E3. Please tell me their relationship to you, their gender, and their age. **FAMNUM6~**

	a. RELATIONSHIP TO YOURSELF	b. SEX	c. AGE
1.	_____	_____	_____
	#RELAT16	#SEX16	#AGE16
2.	_____	_____	_____
	#RELAT26	#SEX26	#AGE26
3.	_____	_____	_____
	#RELAT36	#SEX36	#AGE36
4.	_____	_____	_____
	#RELAT46	#SEX46	#AGE46
5.	_____	_____	_____
	#RELAT56	#SEX56	#AGE56
6.	_____	_____	_____
	#RELAT66	#SEX66	#AGE66
7.	_____	_____	_____
	#RELAT76	#SEX76	#AGE76
8.	_____	_____	_____
	#RELAT86	#SEX86	#AGE86
9.	_____	_____	_____
	#RELAT96	#SEX96	#AGE96
10.	_____	_____	_____
	#RELAT106	#SEX106	#AGE106
11.	_____	_____	_____
	#RELAT116	#SEX116	#AGE116
12.	_____	_____	_____
	#RELAT126	#SEX126	#AGE126

Thank you. This ends this portion of the interview

~E.3. Household composition has been condensed into variable FAMNUM6, representing total number of persons living in the household (including the participant).

SELF-ADMINISTERED QUESTIONNAIRE PART A**ANNUAL FOLLOW-UP***Study of Women's Health Across the Nation***SECTION A. GENERAL INFORMATION**

- A1. RESPONDENT ID: **ARCHID~**
- A2. SWAN STUDY VISIT # _____ **#VISIT**
- A3. FORM VERSION: 04/30/2002 **#FORM_V**
- A4. DATE FORM COMPLETED: / / **SAADAY6[†]**
- M M D D Y Y Y Y
- A5. INTERVIEWER'S INITIALS: _____ **#INITS**
- A6. RESPONDENT'S DOB: / / **DOB**
- M M D D Y Y Y Y
- VERIFY WITH RESPONDENT**

- A7. COMPLETED IN: **#LOCATIO6**
- RESPONDENT'S HOME 1
- CLINIC / OFFICE 2
- RESPONDENT'S HOME W/ PROXY 3
- CLINIC/OFFICE W/ PROXY 4
- TELEPHONE 5
- TELEPHONE BY PROXY 6
- A8. INTERVIEW LANGUAGE: **LANGSAA6**
- ENGLISH 1
- SPANISH 2
- CANTONESE 3
- JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? **#INTADMI6**
- NO 1
- YES 2

~ 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

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.) **OVERHLT6**

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 **HOSPSTA6**

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

___ # TIMES **MDTALK6**

- B4. Since your last study visit, about how many times did you see or talk to a health care provider or other professional for problems with emotions, "nerves", or mental health?

___ # TIMES **NERVES6**

Since your last study visit, have you had:

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

		NO	YES
B5.	A Pap Smear (a routine medical test in which the doctor examines the cervix)? <u>PAPSMEA6</u>	1	2
B6.	A breast physical examination (a doctor or medical assistant feels for lumps in the breast)? <u>BRSTEXA6</u>	1	2
B7.	A mammogram (an x-ray taken only of the breast by a machine that presses the breast against a glass plate)? <u>MAMOGRA6</u>	1	2

B8. Have your health care costs been covered by Medicaid (MediCal) in the past year?

MEDICDY6

No..... 1
Yes 2
Don't know.....-8

B9. Do you currently have insurance that covers any part of your **doctor bills**?

INSURDR6

No..... 1 (GO TO B10)
Yes 2
Don't know.....-8 (GO TO B10)

B9a. IF YES: How much does it cover?

INSDRCO6

All 1
Most 2
Part..... 3

B10. Do you currently have insurance that covers any part of your **prescription medication bills**?

INSURRX6

No..... 1 (GO TO B11)
Yes 2
Don't know.....-8 (GO TO B11)

B10a. IF YES: How much does it cover?

INSRXCO6

All 1
Most 2
Part..... 3

B11. Do you currently have insurance that covers any part of your **hospital bills**?

INSURHO6

No..... 1 (GO TO B12)
 Yes 2
 Don't know.....-8 (GO TO B12)

B11a. IF YES: How much does it cover?

INSHOCO6

All 1
 Most 2
 Part 3

B12. Since your last study visit, are there any health services that you needed but did not receive?

HLTHSER6

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

B12a. People fail to get health care for a variety of reasons. Have any of the following reasons prevented you from getting health care?

(PLEASE CIRCLE ONE NUMBER FOR EACH REASON)

	NO	YES
a. Insurance or health plan does not cover	1	2 <u>INSURAN6</u>
b. Cannot afford	1	2 <u>NOTAFFR6</u>
c. Travel distance / lack of transportation	1	2 <u>NOTRANS6</u>
d. No health care provider	1	2 <u>NOPROVI6</u>
e. Too busy/ didn't have the time	1	2 <u>TOOBUSY6</u>
f. Don't trust doctors	1	2 <u>NOTRUST6</u>
g. I'm better off not knowing	1	2 <u>BETTROF6</u>
h. Other	1	2 <u>FAILOTH6</u>
Please specify _____		<u>#FAILSPE6</u>

B13. Since your last study visit, have you smoked cigarettes regularly (at least one cigarette a day)?

SMOKERE6

No..... 1 (GO TO B14)
Yes 2

B13a. IF YES: How many cigarettes, on average, do you smoke per day now?
(If NONE, please indicate with a (0) zero and answer B13b.)

_____ CIGARETTES PER DAY **AVCIGDA6**

B13b. IF NONE, (You stopped smoking), What was the last month you smoked?

_____ MONTH **#LASTSMO6**

The next questions are about your consumption of alcoholic beverages.

B14. Since your last study visit, did you drink any beer, wine, liquor, or mixed drinks? **DRNKBEE6**

No 1 (GO TO B18, PAGE 7)
Yes..... 2

B15. 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.)

GLASBEE6

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

B16. How many glasses of 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) **GLASWIN6**

- 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

B17. 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) **GLASLIQ6**

- 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

B18. **THIS QUESTION HAS BEEN DELETED.**

B19. Compared to one year ago, how would you rate your health in general now? (CIRCLE ONE)

HLTHAYR6

- Much better now than one year ago 1
 Somewhat better now than one year ago 2
 About the same now as one year ago 3
 Somewhat worse now than one year ago 4
 Much worse now than one year ago 5

B20. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (CIRCLE ONE NUMBER ON EACH LINE)

Activities	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports <u>V ACTI6</u>	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf <u>M ACTI6</u>	1	2	3
c. Lifting or carrying groceries <u>LIFTING6</u>	1	2	3
d. Climbing several flights of stairs <u>CLIMBS6</u>	1	2	3
e. Climbing one flight of stairs <u>CLIMB1 6</u>	1	2	3
f. Bending, kneeling, or stooping <u>BENDING6</u>	1	2	3
g. Walking more than a mile <u>WALKM6</u>	1	2	3
h. Walking several blocks <u>WALKS6</u>	1	2	3
i. Walking one block <u>WALK1 6</u>	1	2	3
j. Bathing or dressing yourself <u>BATHING6</u>	1	2	3

B21. 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 on the amount of time you spent on work or other activities		1	2
	<u>PHYCTDW6</u>		
b. Accomplished less than you would like		1	2
	<u>PHYACCO6</u>		
c. Were limited in the kind of work or other activities		1	2
	<u>PHYLIMI6</u>		
d. Had difficulty performing the work or other activities (for example, it took extra effort)		1	2
	<u>PHYDFCL6</u>		

B22. During the past 4 weeks, have you had any of the following problems with your work or other regular 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 on the amount of time you spent on work or other activities		1	2
	<u>EMOCTDW6</u>		
b. Accomplished less than you would like		1	2
	<u>EMOACCO6</u>		
c. Didn't do work or other activities as carefully as usual		1	2
	<u>EMOCARE6</u>		

B23. 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)

INTERFR6

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

B24. How much bodily pain have you had during the past 4 weeks? (CIRCLE ONE)

BODYPAI6

None.....	1
Very Mild.....	2
Mild.....	3
Moderately.....	4
Severe.....	5
Very Severe.....	6

B25. During the past 4 weeks, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (CIRCLE ONE) **PAINTRF6**

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

B26. These 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)

How much of the time <u>during the</u> <u>past 4 weeks</u>	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of pep? <u>PEP6</u>	1	2	3	4	5	6
b. Have you been a very nervous person? <u>NERV4WK6</u>	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up? <u>CHER4WK6</u>	1	2	3	4	5	6
d. Have you felt calm and peaceful? <u>CALM4WK6</u>	1	2	3	4	5	6
e. Did you have a lot of energy? <u>ENERGY6</u>	1	2	3	4	5	6
f. Have you felt downhearted and blue? <u>BLUE4WK6</u>	1	2	3	4	5	6
g. Did you feel worn out? <u>WORNOUT6</u>	1	2	3	4	5	6
h. Have you been a happy person? <u>HAPY4WK6</u>	1	2	3	4	5	6
i. Did you feel tired? <u>TIRED6</u>	1	2	3	4	5	6

B27. 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)

SOCIAL6

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

B28. How TRUE or FALSE is each of the following statements for you?
 (CIRCLE ONE NUMBER ON EACH LINE)

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. I seem to get sick a little easier than other people <u>HEALSIC6</u>	1	2	3	4	5
b. I am as healthy as anybody I know <u>HEALTHY6</u>	1	2	3	4	5
c. I expect my health to get worse <u>HEALWOR6</u>	1	2	3	4	5
d. My health is excellent <u>HEALEXC6</u>	1	2	3	4	5

The next series of questions ask about your regular physical activities outside of your job: that is, other than the activities you do for pay.

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.

During the past year (in the last 12 months), how much time did you spend on average....

- C1. 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)

CARING6

None or less than one hour per week 1
At least 1 hour but less than 20 hours per week..... 2
20 hours or more per week..... 3

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

MEALS6

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, changing linens, grocery shopping or other shopping? (CIRCLE ONE ANSWER)

ROUTNCH6

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)

MODERAT6

Once a 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 windows, plumbing, tiling or outdoor painting? (CIRCLE ONE ANSWER)

VIGOROU6

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

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

C6. In comparison with other women of your own age, do you think your recreational physical activity is...

PHYSACT6

- Much less 1
- Somewhat less..... 2
- The same 3
- Somewhat more 4
- Much more..... 5

During the past year, when you were not working or doing chores around the house...

C7. Did you watch television...(CIRCLE ONE ANSWER)

WATCHTV6

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

WALKBIK6

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

SWEATPA6

- 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. Did you play sports or exercise...(CIRCLE ONE ANSWER)

SPORTS6

- Never..... 1
- Less than once a month..... 2
- Once a month..... 3
- 2-3 times a month 4
- Once a week..... 5
- More than once a week 6

(GO TO C20, PAGE 15)

The following questions are about your participation in sports and exercise during the past year.

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

SPOREX16

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

RATEIN16

- 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)

MTHSAC16

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

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

HRSACT16

- 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 this past year?

OTHSPOR6

- No..... 1 (GO TO C20, PAGE 15)
Yes 2

C16. What was the second most frequent sport or exercise you did during the past year?
(SPECIFY ONLY ONE)

SPOREX26

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

RATEIN26

- 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)

MTHSAC26

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

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

HRSACT26

- 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 D1, PAGE 17.**

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

PHYSWOR6

- 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)

WORKTIR6

- 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>WRKACTA6</u>	1	2	3	4	5	-8
b. Stand	<u>WRKACTB6</u>	1	2	3	4	5	-8
c. Walk	<u>WRKACTC6</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>WRKACTD6</u>	1	2	3	4	5	-8
e. Stoop and bend	<u>WRKACTE6</u>	1	2	3	4	5	-8
f. Push or move heavy objects	<u>WRKACTF6</u>	1	2	3	4	5	-8
g. Sweat from exertion	<u>WRKACTG6</u>	1	2	3	4	5	-8

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>STIFF6</u>	1	2	3	4	5
b. Back aches or pains? <u>ACHES6</u>	1	2	3	4	5
c. Cold sweats? <u>COLDSWE6</u>	1	2	3	4	5
d. Night sweats? <u>NITESWE6</u>	1	2	3	4	5
e. Vaginal dryness? <u>VAGINDR6</u>	1	2	3	4	5
f. Feeling blue or depressed? <u>FEELBLU6</u>	1	2	3	4	5
g. Dizzy spells? <u>DIZZY6</u>	1	2	3	4	5
h. Irritability or grouchiness? <u>IRRITAB6</u>	1	2	3	4	5
i. Feeling tense or nervous? <u>NRVOUS6</u>	1	2	3	4	5
j. Forgetfulness? <u>FORGET6</u>	1	2	3	4	5
k. Frequent mood changes? <u>MOODCHG6</u>	1	2	3	4	5
l. Heart pounding or racing? <u>HARTRAC6</u>	1	2	3	4	5
m. Feeling fearful for no reason? <u>FEARFULA6</u>	1	2	3	4	5
n. Headaches? <u>HDACHE6</u>	1	2	3	4	5
o. Hot flashes or flushes? <u>HOTFLAS6</u>	1	2	3	4	5
p. Breast pain/tenderness? <u>BRSTPAI6</u>	1	2	3	4	5

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

	No, not in the past 2 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times per week	Yes, 5 or more times a week
In the past two weeks...					
a. Did you have trouble falling asleep? <u>TRBLSLE6</u>	1	2	3	4	5
b. Did you wake up several times a night? <u>WAKEUP6</u>	1	2	3	4	5
c. Did you wake up earlier than you had planned to, and were unable to fall asleep again? <u>WAKEARL6</u>	1	2	3	4	5

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

D3. During the past month, how would you rate your sleep quality overall?

	<u>SLEEPQL6</u>
Very good	1
Fairly good.....	2
Fairly bad	3
Very bad.....	4

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

D4. How often do you usually get up from bed at night to urinate? (CIRCLE ONLY ONE ANSWER)

	<u>GETUPUR6</u>
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

D5. Since your last study visit, have you ever leaked, even a very small amount, of urine involuntarily?

INVOLEA6

No 1 (GO TO D6)
 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)

DAYSLEA6

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
b1.	When you are coughing, laughing, sneezing, jogging, or picking up an object from the floor. <u>COUGHLE6</u>	1	2
b2.	When you have an urge to void and can't get to a toilet fast enough. <u>URGEVOI6</u>	1	2
b3.	Other <u>OTHRLEA6</u> Specify: _____ <u>#LEAKSPE6</u>	1	2

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

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

	NO	YES
a. Special diets or nutritional remedies, such as macrobiotic or vegetarian diets, or vitamin supplements or therapy?	1	2
<u>NUTRIRE6</u>		
b. Herbs or herbal remedies, such as homeopathy or Chinese herbs or teas?	1	2
<u>HERBREM6</u>		
c. Psychological methods, such as meditation, mental imagery, or relaxation techniques?	1	2
<u>PSYCMET6</u>		
d. Physical methods, such as massage, acupressure, acupuncture, or chiropractic therapy?	1	2
<u>PHYSMET6</u>		
e. Folk medicine or traditional Chinese medicine?	1	2
<u>FOLKMED6</u>		
f. Any others?	1	2
<u>OTHRTHE6</u>		
IF YES, please specify: #SPECOTH6		

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>STARTNE6</u>	1	2	3	4	5
b. Had trouble with a boss or conditions at work got worse? <u>WORKTRB6</u>	1	2	3	4	5
c. Quit, fired or laid off from a job? <u>QUITJOB6</u>	1	2	3	4	5
d. Took on a greatly increased work load at job? <u>WORKLOA6</u>	1	2	3	4	5
e. Husband/partner became unemployed? <u>PRTUNEM6</u>	1	2	3	4	5
f. Major money problems? <u>MONEYPR6</u>	1	2	3	4	5
g. Relations with husband/partner changed for the worse but without separation or divorce? <u>WOSRELR6</u>	1	2	3	4	5
h. Were separated or divorced or a long-term relationship ended? <u>RELATEN6</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>SERIPRO6</u>	1	2	3	4	5
j. A child moved out of the house or left the area? <u>CHILDMO6</u>	1	2	3	4	5
k. Took on responsibility for the care of another child, grandchild, parent, other family member or friend? <u>RESPCAR6</u>	1	2	3	4	5

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very upsetting and still upsetting
l. Family member had legal problems or a problem with police? <u>LEGALPR6</u>	1	2	3	4	5
m. A close relative (husband/partner, child or parent) died? <u>CRELDIE6</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>CLOSDIE6</u>	1	2	3	4	5
o. Major accident, assault, disaster, robbery or other violent event happened to yourself? <u>SELFVIO6</u>	1	2	3	4	5
p. Major accident, assault, disaster, robbery or other violent event happened to a family member? <u>FAMLVIO6</u>	1	2	3	4	5
q. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? <u>PHYSILL6</u>	1	2	3	4	5
r. Other major event not included above? <u>MAJEVEN6</u> Specify: <u>#SPECENV6</u>	1	2	3	4	5

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

F1. Are you currently employed for pay? **EMPLYPA6**

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

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

REWRDJO6

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

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

STRSSJO6

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

F2. Are you currently caring for an older or disabled family member? **CRNTCAR6**

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

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

RWRDCAR6

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)

STRSCAR6

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

F3. Are you currently married or in a committed relationship? **CRNTMAR6**

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

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

RWRDREL6

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

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

STRSREL6

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

F4. Do you have any children or stepchildren? **CHILDRE6**

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

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

REWRDMO6

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)

STRSSMO6

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

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

G1. What is your total family income (before taxes) from all sources within your household in the last year? (CIRCLE THE ANSWER THAT IS YOUR BEST GUESS.)

THPPOV6^s #INCOME6

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

G2. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is...(CIRCLE ONE NUMBER)

HOW HAR6

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

G3. If you lost your current source of income (your paycheck, your family's paycheck(s), public assistance or other forms of income), how long could you keep your current address and standard of living? (CIRCLE ONE NUMBER THAT IS THE BEST GUESS.)

LOSSINC6

Less than 1 month 1
 1 to 2 months 2
 3-6 months 3
 7-12 months 4
 More than 1 year 5

^sG.1 Income categories have been condensed to **THPPOV6** "Under 200 percent poverty" (Yes/No)

G4. Compared to the current year, were your finances better off, the same or worse off during each of the time periods listed? (CIRCLE ONLY ONE NUMBER FOR EACH)

		Worse Off	Better Off	The Same
a. One year ago	<u>FINAN1Y6</u>	1	2	3
b. Two years ago	<u>FINAN2Y6</u>	1	2	3
c. Three years ago	<u>FINAN3Y6</u>	1	2	3

G5. Is the home where you live: (CIRCLE ONE NUMBER) HOMEOWN6

Owned or being bought by you (or someone in the household or family)? 1
 Rented for money?.....2
 Occupied without payment of money or rent?3
 Other (specify) _____4

#HOMESPE6

LADDERS - INSTRUCTIONS:

Think of this ladder as representing where people stand **in their communities**. People define community in different ways, e.g., including friends, neighbors, or coworkers. Please define it in whatever way is most meaningful to you. At the top of this ladder are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

- G6. Where would you place yourself on this ladder? Please place an "X" over the circle on the rung where you think you stand at this time in your life, relative to other people in **your community**. **LADERCO6**

A ladder diagram consisting of two parallel diagonal lines representing the sides of the ladder. Between these lines are nine horizontal rungs. Each rung is a rectangle with a small circle in the center. The rungs are numbered 1 through 9, starting from the top and moving down to the bottom. Rung 1 is at the top, and rung 9 is at the bottom.

INSTRUCTIONS:

Think of this ladder as representing where people stand **in the United States**. At the top of this ladder are the people who have the most money, most education, and the most respected jobs. At the bottom are the people who have the least money, least education, and least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

- G7. Where would you place yourself on this ladder? Please place an "X" over the circle on the rung where you think you stand at this time in your life, relative to other people in the **United States**. **LADERUS6**

A ladder diagram with 9 rungs, numbered 1 to 9 from top to bottom. Each rung has a small circle in the center. The ladder is tilted slightly to the right. The rungs are labeled 1, 2, 3, 4, 5, 6, 7, 8, and 9 from top to bottom.

H1. We are interested in how you have felt **this week** (the past 7 days) and below are a number of words that describe different feelings or emotions that people experience. Read each item and then, using the scale provided, indicate in the space next to each item how strongly you have experienced these feelings this past week. (CIRCLE ONLY ONE NUMBER FOR EACH.)

		Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
a. Interested	<u>INTRPAN6</u>	1	2	3	4	5
b. Disinterested	<u>DISIPAN6</u>	1	2	3	4	5
c. Excited	<u>EXCIPAN6</u>	1	2	3	4	5
d. Upset	<u>UPSEPAN6</u>	1	2	3	4	5
e. Strong	<u>STROPAN6</u>	1	2	3	4	5
f. Guilty	<u>GUILPAN6</u>	1	2	3	4	5
g. Scared	<u>SCARPAN6</u>	1	2	3	4	5
h. Hostile	<u>HOSTPAN6</u>	1	2	3	4	5
i. Enthusiastic	<u>ENTHPAN6</u>	1	2	3	4	5
j. Proud	<u>PROUPAN6</u>	1	2	3	4	5
k. Irritable	<u>IRRIPAN6</u>	1	2	3	4	5
l. Alert	<u>ALERPAN6</u>	1	2	3	4	5
m. Ashamed	<u>ASHAPAN6</u>	1	2	3	4	5
n. Inspired	<u>INSPPAN6</u>	1	2	3	4	5
o. Nervous	<u>NERVPAN6</u>	1	2	3	4	5
p. Determined	<u>DETEPAN6</u>	1	2	3	4	5
q. Attentive	<u>ATTEPAN6</u>	1	2	3	4	5
r. Jittery	<u>JITTPAN6</u>	1	2	3	4	5
s. Active	<u>ACTIPAN6</u>	1	2	3	4	5
t. Afraid	<u>AFRAPAN6</u>	1	2	3	4	5

During the <u>past 12 months</u> , have you used any of the following for your health? N=No Y=Yes →	IF YES, what were the reasons for using this? For each “Yes” answer only, circle N=No or Y=Yes for each reason a through i.									
	a. To reduce risk of heart disease	b. To reduce risk of osteoporosis	c. To relieve menopausal symptoms	d. To stay young-looking	e. To improve memory	f. To regulate periods	g. For general health	h. To lose weight or to stay the same weight	i. On advice from health care provider	j. Other (please specify)
I1. Acupuncture N Y → ↓ ACUPUNC6	<u>ACUPHAR6</u> N Y	<u>ACUPOST6</u> N Y	<u>ACUPMEN6</u> N Y	<u>ACUPLOO6</u> N Y	<u>ACUPMEM6</u> N Y	<u>ACUPPER6</u> N Y	<u>ACUPGEN6</u> N Y	<u>ACUPWGH6</u> N Y	<u>ACUPADV6</u> N Y	<u>ACUPOTH6</u> N Y #ACUPSPE6
I2. Black Cohosh N Y → ↓ BCOHOSH6	<u>BCOHHAR6</u> N Y	<u>BCOHOST6</u> N Y	<u>BCOHMEN6</u> N Y	<u>BCOHL006</u> N Y	<u>BCOHMEM6</u> N Y	<u>BCOHPER6</u> N Y	<u>BCOHGEN6</u> N Y	<u>BCOHWGH6</u> N Y	<u>BCOHADV6</u> N Y	<u>BCOHOTH6</u> N Y #BCOHSPE6
I3. DHEA dehydroepiandrosterone N Y → ↓ DHEA6	<u>DHEAHAR6</u> N Y	<u>DHEAOST6</u> N Y	<u>DHEAMEN6</u> N Y	<u>DHEAL006</u> N Y	<u>DHEAMEM6</u> N Y	<u>DHEAPER6</u> N Y	<u>DHEAGEN6</u> N Y	<u>DHEAWGH6</u> N Y	<u>DHEAADV6</u> N Y	<u>DHEAOTH6</u> N Y #DHEASPE6
I4. Dong Quai N Y → ↓ DQUAI6	<u>DQUAHAR6</u> N Y	<u>DQUAOST6</u> N Y	<u>DQUAMEN6</u> N Y	<u>DQUAL006</u> N Y	<u>DQUAMEM6</u> N Y	<u>DQUAPER6</u> N Y	<u>DQUAGEN6</u> N Y	<u>DQUAWGH6</u> N Y	<u>DQUAADV6</u> N Y	<u>DQUAOTH6</u> N Y #DQUASPE6
I5. Eating a nutritious diet N Y → ↓ DIETNUT6	<u>DIETHAR6</u> N Y	<u>DIETOST6</u> N Y	<u>DIETMEN6</u> N Y	<u>DIETLOO6</u> N Y	<u>DIETMEM6</u> N Y	<u>DIETPER6</u> N Y	<u>DIETGEN6</u> N Y	<u>DIETWGH6</u> N Y	<u>DIETADV6</u> N Y	<u>DIETOTH6</u> N Y #DIETSPE6
I6. Energy healing N Y → ↓ HEALENR6	<u>HEALHAR6</u> N Y	<u>HEALOST6</u> N Y	<u>HEALMEN6</u> N Y	<u>HEALLOO6</u> N Y	<u>HEALMEM6</u> N Y	<u>HEALPER6</u> N Y	<u>HEALGEN6</u> N Y	<u>HEALWGH6</u> N Y	<u>HEALADV6</u> N Y	<u>HEALOTH6</u> N Y #HEALSPE6
I7. Exercise N Y → ↓ EXERCIS6	<u>EXERHAR6</u> N Y	<u>EXEROST6</u> N Y	<u>EXERMEN6</u> N Y	<u>EXERLOO6</u> N Y	<u>EXERMEM6</u> N Y	<u>EXERPER6</u> N Y	<u>EXERGEN6</u> N Y	<u>EXERWGH6</u> N Y	<u>EXERADV6</u> N Y	<u>EXEROTH6</u> N Y #EXERSPE6

During the past 12 months, have you used any of the following for your health? N=No Y=Yes →	IF YES, what were the reasons for using this? For each "Yes" answer only, circle N=No or Y=Yes for each reason a through i.									
	a. To reduce risk of heart disease	b. To reduce risk of osteoporosis	c. To relieve menopausal symptoms	d. To stay young-looking	e. To improve memory	f. To regulate periods	g. For general health	h. To lose weight or to stay the same weight	i. On advice from health care provider	j. Other (please specify)
I8. Flaxseed or flaxseed oil supplements N Y → ↓ FLAXSEE6	<u>FLAXHAR6</u> N Y	<u>FLAXOST6</u> N Y	<u>FLAXMEN6</u> N Y	<u>FLAXLOO6</u> N Y	<u>FLAXMEM6</u> N Y	<u>FLAXPER6</u> N Y	<u>FLAXGEN6</u> N Y	<u>FLAXWGH6</u> N Y	<u>FLAXADV6</u> N Y	<u>FLAXOTH6</u> N Y #FLAXSPE6
I9. Ginkgo Biloba N Y → ↓ GINKGO6	<u>GINKHAR6</u> N Y	<u>GINKOST6</u> N Y	<u>GINKMEN6</u> N Y	<u>GINKLOO6</u> N Y	<u>GINKMEM6</u> N Y	<u>GINKPER6</u> N Y	<u>GINKGEN6</u> N Y	<u>GINKWGH6</u> N Y	<u>GINKADV6</u> N Y	<u>GINKOTH6</u> N Y #GINKSPE6
I10. Ginseng N Y → ↓ GINSENG6	<u>GINSHAR6</u> N Y	<u>GINSOST6</u> N Y	<u>GINSMEN6</u> N Y	<u>GINSLOO6</u> N Y	<u>GINSMEM6</u> N Y	<u>GINSPER6</u> N Y	<u>GINSGEN6</u> N Y	<u>GINSWGH6</u> N Y	<u>GINSADV6</u> N Y	<u>GINSOTH6</u> N Y #GINSSPE6
I11. Glucosamine with or without Chondroitin N Y → ↓ GLUSAMI6	<u>GLUSHAR6</u> N Y	<u>GLUSOST6</u> N Y	<u>GLUSMEN6</u> N Y	<u>GLUSLOO6</u> N Y	<u>GLUSMEM6</u> N Y	<u>GLUSPER6</u> N Y	<u>GLUSGEN6</u> N Y	<u>GLUSWGH6</u> N Y	<u>GLUSADV6</u> N Y	<u>GLUSOTH6</u> N Y #GLUSSPE6
I12. Mexican yam/progesterone cream N Y → ↓ MYAMPRO6	<u>MYAMHAR6</u> N Y	<u>MYAMOST6</u> N Y	<u>MYAMMEN6</u> N Y	<u>MYAMLOO6</u> N Y	<u>MYAMMEM6</u> N Y	<u>MYAMPER6</u> N Y	<u>MYAMGEN6</u> N Y	<u>MYAMWGH6</u> N Y	<u>MYAMADV6</u> N Y	<u>MYAMOTH6</u> N Y #MYAMSPE6
I13. MSM methyl-sulfonyl-methane N Y → ↓ MSM6	<u>MSMHAR6</u> N Y	<u>MSMOST6</u> N Y	<u>MSMMEN6</u> N Y	<u>MSMLOO6</u> N Y	<u>MSMMEM6</u> N Y	<u>MSMPER6</u> N Y	<u>MSMGEN6</u> N Y	<u>MSMWGH6</u> N Y	<u>MSMADV6</u> N Y	<u>MSMOTH6</u> N Y #MSMSPE6

Variable Excluded from Public Use Data File

Follow-up Visit 06 Self-Administered Questionnaire, Part A

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During the <u>past 12 months</u> , have you used any of the following for your health?										
N=No Y=Yes →	IF YES, what were the reasons for using this? For each “Yes” answer only, circle N=No or Y=Yes for each reason a through i.									
	a. To reduce risk of heart disease	b. To reduce risk of osteoporosis	c. To relieve menopausal symptoms	d. To stay young-looking	e. To improve memory	f. To regulate periods	g. For general health	h. To lose weight or to stay the same weight	i. On advice from health care provider	j. Other (please specify)
I14. Prayer N Y → ↓ PRAYER6	<u>PRAYHAR6</u> N Y	<u>PRAYOST6</u> N Y	<u>PRAYMEN6</u> N Y	<u>PRAYLOO6</u> N Y	<u>PRAYMEM6</u> N Y	<u>PRAYPER6</u> N Y	<u>PRAYGEN6</u> N Y	<u>PRAYWGH6</u> N Y	<u>PRAYADV6</u> N Y	<u>PRAYOTH6</u> N Y #PRAYSPE6
I15. SAM-E S-adenosylmethionine endogenous N Y → ↓ SAME6	<u>SAMEHAR6</u> N Y	<u>SAMEOST6</u> N Y	<u>SAMEMEN6</u> N Y	<u>SAMELOO6</u> N Y	<u>SAMEMEM6</u> N Y	<u>SAMEPER6</u> N Y	<u>SAMEGEN6</u> N Y	<u>SAMEWGH6</u> N Y	<u>SAMEADV6</u> N Y	<u>SAMEOTH6</u> N Y #SAMESPE6
I16. Self-help group N Y → ↓ SELFHEL6	<u>SELFHAR6</u> N Y	<u>SELFOST6</u> N Y	<u>SELFMEN6</u> N Y	<u>SELFLOO6</u> N Y	<u>SELFMEM6</u> N Y	<u>SELFPER6</u> N Y	<u>SELFGEN6</u> N Y	<u>SELFWGH6</u> N Y	<u>SELFADV6</u> N Y	<u>SELFOTH6</u> N Y #SELFSP66
I18. Soy supplement N Y → ↓ SOYSUPP6	<u>SOYHAR6</u> N Y	<u>SOYOST6</u> N Y	<u>SOYMEN6</u> N Y	<u>SOYLOO6</u> N Y	<u>SOYMEM6</u> N Y	<u>SOYPER6</u> N Y	<u>SOYGEN6</u> N Y	<u>SOYWGH6</u> N Y	<u>SOYADV6</u> N Y	<u>SOYOTH6</u> N Y #SOYSPE6
I19. St. John’s Wort N Y → ↓ WORTSTJ6	<u>WORTHAR6</u> N Y	<u>WORTOST6</u> N Y	<u>WORTMEN6</u> N Y	<u>WORTLOO6</u> N Y	<u>WORTMEM6</u> N Y	<u>WORTPER6</u> N Y	<u>WORTGEN6</u> N Y	<u>WORTWGH6</u> N Y	<u>WORTADV6</u> N Y	<u>WORTOTH6</u> N Y #WORTSPE6
I19. Tai Chi N Y → ↓ TAICH6	<u>TAIHAR6</u> N Y	<u>TAIOST6</u> N Y	<u>TAIMEN6</u> N Y	<u>TAILOO6</u> N Y	<u>TAIMEM6</u> N Y	<u>TAIPER6</u> N Y	<u>TAIGEN6</u> N Y	<u>TAIWGH6</u> N Y	<u>TAIADV6</u> N Y	<u>TAIOTH6</u> N Y #TAISPE6

Variable Excluded from Public Use Data File

Follow-up Visit 06 Self-Administered Questionnaire, Part A

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During the <u>past 12 months</u> , have you used any of the following for your health?										
N=No Y=Yes →	IF YES, what were the reasons for using this? For each “Yes” answer only, circle N=No or Y=Yes for each reason a through i.									
	a. To reduce risk of heart disease	b. To reduce risk of osteoporosis	c. To relieve menopausal symptoms	d. To stay young-looking	e. To improve memory	f. To regulate periods	g. For general health	h. To lose weight or to stay the same weight	i. On advice from health care provider	j. Other (please specify)
I20. Vitamin/supplement combination especially for women’s health N Y → ↓ <u>WVITAMI6</u>	<u>WVITHAR6</u> N Y	<u>WVITOST6</u> N Y	<u>WVITMEN6</u> N Y	<u>WVITLOO6</u> N Y	<u>WVITMEM6</u> N Y	<u>WVITPER6</u> N Y	<u>WVITGEN6</u> N Y	<u>WVITWGH6</u> N Y	<u>WVITADV6</u> N Y	<u>WVITOTH6</u> N Y #WVITSPE6
I21. Yoga N Y → ↓ <u>YOGA6</u>	<u>YOGAHAR6</u> N Y	<u>YOGAOST6</u> N Y	<u>YOGAMEN6</u> N Y	<u>YOGALOO6</u> N Y	<u>YOGAMEM6</u> N Y	<u>YOGAPER6</u> N Y	<u>YOGAGEN6</u> N Y	<u>YOGAWGH6</u> N Y	<u>YOGAADV6</u> N Y	<u>YOGAOTH6</u> N Y #YOGASPE6
I22. Other (specify): <u><u>OTHALT6</u></u>	<u>OTHAR6</u> N Y	<u>OSTH6</u> N Y	<u>OTHMEN6</u> N Y	<u>OTHLOO6</u> N Y	<u>OTHMEN6</u> N Y	<u>OTHPER6</u> N Y	<u>OTHGEN6</u> N Y	<u>OTHWGH6</u> N Y	<u>OTHADV6</u> N Y	<u>OTHALTR6</u> N Y #WHYOTHA6

Thank you for your time. This ends this questionnaire.

Please give it to the study personnel.

**ADDITIONAL QUESTIONS FROM OTHER FORM VERSIONS OF THE
SELF ADMINSTRATED QUESTIONNAIRE, PART A**

Information on two physical activity variables (STRENEX6 and MODEREX6) are only available for the AIN/PAT participants.

Considering a usual 7-day period in the past year, how many times on the average did you do the following kinds of exercise or physical activity?

- | | TIMES/WEEK |
|---|-------------------|
| a. Strenuous exercise or physical activity where your heart beats rapidly
(i.e., running, jogging, soccer, singles tennis, vigorous swimming, vigorous long distance bicycling, vigorous aerobic dance)
<u>STRENEX6</u> | _____ |
| b. Moderate exercise or physical activity, not exhausting
(i.e., fast walking, doubles tennis, easy bicycling, easy swimming, alpine skiing, dancing, low impact aerobics, weight lifting/training)
<u>MODEREX6</u> | _____ |

Date Data Entered / Initials _____

Date Verified / Initials _____

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

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID:

ARCHID~

A2. SWAN STUDY VISIT #

#VISIT

A3. FORM VERSION:

01/01/2002

#FORM_V

A4. DATE FORM COMPLETED:

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

SABDAY6[†]

A5. INTERVIEWER'S INITIALS:

== == ==

#INITS

A6. RESPONDENT'S DOB:

M	M	D	D	Y	/	Y	Y	Y	/	1	9		
---	---	---	---	---	---	---	---	---	---	---	---	--	--

#DOB

VERIFY WITH RESPONDENT

A7. COMPLETED IN:

#LOCATIO6

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

A8. INTERVIEW LANGUAGE:

LANGSAB6

ENGLISH	1
SPANISH	2
CANTONESE	3
JAPANESE	4

A9. INTERVIEWER-ADMINISTERED?

#ADMIN6

NO	1
YES	2

~ 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

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) **IMPORSE6**

1	2	3	4	5
Extremely important	Quite important	Moderately important	Not very important	Not at all important

B2. During the past 6 months, how often have you felt a desire to engage in any form of sexual activity, either alone or with a partner? (CIRCLE ONE NUMBER) **DESIRSE6**

1	2	3	4	5
Not at all	Once or twice per month	About once per week	More than once per week	Daily

B3. During the past 6 months, have you engaged in sexual activities with a partner? (CIRCLE ONE NUMBER) **ENGAGSE6**

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.	1	2
2) My partner has a physical problem that interferes with sex.	1	2
3) I have a physical problem that interferes with sex.	1	2
4) Other: Please Specify _____	1	2

PLEASE TURN TO PAGE 6, AND ANSWER QUESTION B14

B4. In the past 6 months, how emotionally satisfying was your relationship with your main partner?

SATISFY6

1	2	3	4	5
Extremely satisfying	Very satisfying	Moderately satisfying	Slightly satisfying	Not at all satisfying

B5. 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 per month	About once per week	More than once per week	Daily
a) Kissing or hugging? <u>KISSING6</u>	1	2	3	4	5
b) Sexual touching or caressing? <u>TOUCHIN6</u>	1	2	3	4	5
c) Oral sex? <u>ORALSEX6</u>	1	2	3	4	5
d) Sexual intercourse? <u>INTCOUR6</u>	1	2	3	4	5

Please answer the following questions, B6 – B8, about sexual activity with your partner(s).

B6. During the last 6 months, how often did you feel aroused during sexual activity? **AROUSED6**

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

B7. During the past 6 months, have you felt vaginal or pelvic pain during intercourse? **PELVIC6**

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

B8. During the last 6 months, how often have you used lubricants, such as creams or jellies, to make sex more comfortable? **LUBRICN6**

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

Please answer the following questions, B9 – B12, about sexual activity with your partner(s).

B9. During the past 6 months, how often were you able to reach climax (come)? **ABLECLM6**

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

B10. During the past 6 months, how often was it important for you to reach a climax? **IMPCLMX6**

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

B11. During the past 6 months, how often did you feel satisfied after sexual activity? **SATISFD6**

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

B12. During the past 6 months, how often were you satisfied with the frequency of sexual activity?

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

FREQUEN6

We have a couple final questions for you. We are asking this next question to gather information about the risk of acquiring HIV/AIDS and other sexually transmitted diseases. We understand that this question is very personal. There are many women in this study with a wide range of experiences. Please answer only if you have had sex with men in the last six months. Your answers are important in this research study and will be kept confidential.

B13. Over the past 6 months, how many men have you had intercourse with? **MEN6MOS6**

Zero	1
One	2
Two.....	3
Three.....	4
Four - ten	5
More than 10	6

B14. On average, in the last 6 months, how often have you engaged in masturbation (self-stimulation)?

MASTURB6

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

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

PHYSICAL MEASURES

SECTION A. GENERAL INFORMATION

ARCHID~

A1. RESPONDENT ID: AFFIX ID LABEL HERE

A2. SWAN STUDY VISIT #

#VISIT

A3. READING: PRIMARY DATA COLLECTION.....1
 QC DATA COLLECTION.....2

#DATA_COL

A4. FORM VERSION: 01/01/2002

#FORM_V

A5. DATE FORM COMPLETED: / /
 M M / D D / Y Y Y Y

PHYDAY6[†]

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

#DOB

VERIFY WITH RESPONDENT

A7. MEASUREMENTS COMPLETED IN:

#LOCATIO6

RESPONDENT'S HOME.....1
 CLINIC/OFFICE.....2

A8. TECHNICIAN'S INITIALS

- a. BLOOD PRESSURE
- b. HEIGHT/WEIGHT
- c. WAIST/HIP

#INITSA6

#INITSB6

#INITSC6

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

Variable Excluded from Public Use Data File

Physical Measures

Section B. Measurements

B.1. ARM LENGTH . cm **#ARMLNGT6**

B.2. ARM CIRCUMFERENCE . cm **#ARMCIRC6**

B.3. CUFF SIZE USED (Circle one.) **#CUFFSIZE6**
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 **PULSE6**

B.5. BLOOD PRESSURE #1 (SYS./DIA. 5th Phase) / mmHg
SYSBP16 / DIABP16

B.6. BLOOD PRESSURE #2 (SYS./DIA. 5th Phase) / mmHg
SYSBP26 / DIABP26

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

B.7. HEIGHT **HEIGHT6** . cm

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

B.8. WEIGHT **HTMETHO6**
WEIGHT6 . kg

B.8.1. Scales **SCALE6**
1. Balance Beam 2. Clinic Digital
3. Portable

B.9. WAIST CIRCUMFERENCE **WAIST6** . cm

B.9.1. Measurement taken in: 1. Undergarments 2. Light clothing
WASTMEA6

B.10. HIP CIRCUMFERENCE **HIP6** . cm

B.10.1. Measurement taken in: 1. Undergarments 2. Light clothing
HIPMEAS6

B.11. Please note if there were any unusual circumstances or deviations from the protocol.
#DEVIAT16 / #DEVIAT26

ADDITIONAL PHYSICAL MEASURES

One additional measure, BMI4, has been made available:

<i>Variable</i>	<i>Meaning</i>	<i>Codes</i>
BMI6	Body Mass Index	numeric

BMI6 is calculated as weight in kilograms divided by the square of height in meters.

Date Data Entered / Initials _____

Date Verified / Initials _____

Study of Women's Health Across the Nation**COGNITIVE FUNCTION FORM****ANNUAL FOLLOW-UP****SECTION A. GENERAL INFORMATION**

A1. RESPONDENT ID:

AFFIX ID LABEL HERE

ARCHID~

A2. SWAN STUDY VISIT #

#VISIT

A3. FORM VERSION:

04/30/2002

#FORM_V

A4. DATE FORM COMPLETED:

__	__	/	__	__	/	__	__	__	__	__	__
M	M		D	D		Y	Y	Y	Y	Y	Y

COGDAY6[†]

A5. INTERVIEWER'S INITIALS:

#INITS

A6. RESPONDENT'S DOB:

__	__	/	__	__	/	1	9	__	__	__	__
M	M		D	D		Y	Y	Y	Y	Y	Y

#DOB**VERIFY WITH RESPONDENT**

A7. COMPLETED IN:

#LOCATIO6

RESPONDENT'S HOME 1
 CLINIC / OFFICE 2

A8. INTERVIEW LANGUAGE:

LANGCOG6

ENGLISH 1
 SPANISH 2
 CANTONESE 3
 JAPANESE 4

#START6

A9. START TIME

____ : ____

AM....1

PM....2

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Variable Excluded from Public Use Data File

EAST BOSTON MEMORY TEST

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

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

I. IMMEDIATE RECALL OF STORY

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

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

The story is:

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

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

RECORD RESPONSE VERBATIM

SCORE EACH IDEA AS PRESENT OR ABSENT

<u>IMEDTHR6</u>	Idea	Present	Absent
<u>IMEDCH16</u>	Three	1	0
<u>IMEDHOU6</u>	Children	1	0
<u>IMEDHOU6</u>	House	1	0
<u>IMEDFIR6</u>	On Fire	1	0
<u>IMEDFMN6</u>	Fireman	1	0
<u>IMEDCLM6</u>	Climb In	1	0
<u>IMEDCH26</u>	Children	1	0
<u>IMEDRES6</u>	Rescued	1	0
<u>IMEDMIN6</u>	Minor	1	0
<u>IMEDINJ6</u>	Injuries	1	0
<u>IMEDEV6</u>	Everyone	1	0
<u>IMEDWEL6</u>	Well	1	0
<u>TOTIDE16</u>	Total Ideas		

B. SYMBOL DIGIT MODALITIES TEST

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

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

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

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

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

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

Now what number belongs in the next box?

POINT TO BOX IF NECESSARY. RECORD RESPONSE.

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

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

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

DRAW OVER THE DOUBLE LINE IN THE PRACTICE ROW.

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

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

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

AFTER PRACTICE ROW IS COMPLETED, SAY:

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

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

RECORD RESPONSES.

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

C. SYMBOL DIGIT MODALITIES TEST SCORING:

1. Administration status (1, 6-10) **SDMTSTA6** _____
- 1 = test administered
- 6 = Not administered because of physical impairment
- 7 = Not administered because of verbal refusal
- 8 = Not administered because of a behavioral reason
- 9 = Not administered for some other reason
- Specify _____ **#SDMTSPE6** _____
- 10 = Administered but not according to protocol
- Specify _____
-
2. Number of Test Administrations **SDMTADM6** _____
3. Number of Practice Items Correct (0-7) **SDMTPRA6** _____
4. Number of Test Items Attempted (0-110) **SDMTATM6** _____
5. Number of Test Items Correct (0-110) **SDMTCOR6** _____

D. DIGITS BACKWARD

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

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

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

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

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

ITEM

RESPONSE CODE

P1. Try this one : 2 – 8 – 3.” _____

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

[GO TO 1a]

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

[GO TO P2]

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

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

[GO TO 1a]

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

DIGITS BACKWARD (CONTINUED)

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

<i>Item</i>	<i>Response Code</i>
1a. Ready? 5 – 1	<u>DIGIT1A6</u>
1b. Here is another: 3 – 8	<u>DIGIT1B6</u>
2a. Here is another: 4 – 9 – 3	<u>DIGIT2A6</u>
2b. Here is another: 5 – 2 – 6	<u>DIGIT2B6</u>
3a. Here is another: 3 – 8 – 1 – 4	<u>DIGIT3A6</u>
3b. Here is another: 1 – 7 – 9 – 5	<u>DIGIT3B6</u>
4a. Here is another: 6 – 2 – 9 – 7 – 2	<u>DIGIT4A6</u>
4b. Here is another: 4 – 8 – 5 – 2 – 7	<u>DIGIT4B6</u>
5a. Here is another: 7 – 1 – 5 – 2 – 8 – 6	<u>DIGIT5A6</u>
5b. Here is another: 8 – 3 – 1 – 9 – 6 – 4	<u>DIGIT5B6</u>
6a. Here is another: 4 – 7 – 3 – 9 – 1 – 2 – 8	<u>DIGIT6A6</u>
6b. Here is another: 8 – 1 – 2 – 9 – 3 – 6 – 3	<u>DIGIT6B6</u>

Specify **#SPCDIG16 #SPCDIG26**

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

E. DELAYED RECALL OF STORY

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

RECORD RESPONSE VERBATIM

DLAYTHR6

DLAYCH16

DLAYHOU6

DLAYFIR6

DLAYFMN6

DLAYCLM6

DLAYCH26

DLAYRES6

DLAYMIN6

DLAYINJ6

DLAYEVR6

DLAYWEL6

SCORE EACH IDEA AS PRESENT OR ABSENT

Idea	Present	Absent
Three	1	0
Children	1	0
House	1	0
On Fire	1	0
Fireman	1	0
Climb In	1	0
Children	1	0
Rescued	1	0
Minor	1	0
Injuries	1	0
Everyone	1	0
Well	1	0
Total Ideas	TOTIDE26	

F. PLACEMENT OF COGNITIVE PROTOCOL

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

PROTOCOL COMPONENT:	COMPLETED PRIOR TO COGNITIVE ASSESSMENT?		
	NO	YES	NOT APPLICABLE
CONSENT #CONSENT6	1	2	-1
INTERVIEWER ADMINISTERED FORM #INTADMI6	1	2	-1
FAMILY MEDICAL HISTORY #FAMHIST6	1	2	-1
BLOOD PRESSURE MEASUREMENTS #BLDPRSS6	1	2	-1
BLOOD DRAW #BLODDRA6	1	2	-1
ANTHROPOMETRIC MEASUREMENTS #ANTHROP6	1	2	-1
SAQ A #SELFA6	1	2	-1
SAQ B #SELFB6	1	2	-1
DHS ASSESSMENT #DHSASMN6	1	2	-1
BONE DENSITY #BONEDNS6	1	2	-1
BIOIMPEDANCE #BIOIMPE6	1	2	-1
OTHER (If yes, specify protocol(s) done prior to Cognitive Assessment):	1	2	
#OTHSTDY6			
#OTHPRO16			
#OTHPRO26			
#OTHPRO36			
#OTHPRO46			
#OTHPRO56			

Date Data Entered / Initials _____

Date Verified / Initials _____

BIOIMPEDANCE**INTERVIEWER-ADMINISTERED ANNUAL FOLLOW-UP FORM***Study of Women's Health Across the Nation***SECTION A. GENERAL INFORMATION**

- A1. RESPONDENT ID: AFFIX ID LABEL HERE ARCHID~
- A2. SWAN STUDY VISIT # _____ #VISIT
- A3. FORM VERSION: 04/30/2002 #FORM_V
- A4. DATE FORM COMPLETED: M M / D D / Y Y Y Y BIODAY6[†]
- A5. OPERATOR'S INITIALS: _____ #INITS
- A6. RESPONDENT'S DOB: M M / D D / 1 9 Y Y Y Y #DOB

VERIFY WITH RESPONDENT

- A7. INTERVIEW COMPLETED IN: #LOCATIO6
RESPONDENT'S HOME/OFFICE 1
CLINIC/OFFICE 2
- A8. INTERVIEW LANGUAGE: LANGUAGE6
ENGLISH 1
SPANISH..... 2
CANTONESE..... 3
JAPANESE..... 4

~ 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.

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

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

AICDPUM6

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

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

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

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

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

EXER12H6

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

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

EAT5HR6

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

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

ALCO24H6

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

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

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

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

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

B5. WAS BIOIMPEDANCE MEASUREMENT COMPLETED?

COMPBIA6

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

B6. ON WHICH SIDE OF THE BODY WERE THE ELECTRODES PLACED?

SIDE6

RIGHT1
LEFT2

B7. RECORD THE CONDUCTANCE / RESISTANCE VALUE THAT APPEARS ON THE IMPEDANCE METER:

CONDRAW6 / CONDFRZ6

(+ OR -) _____ OHMS

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

IMPERAW6 / IMPEFRZ6

(+ OR -) _____ OHMS

B9. COMMENTS: _____

#OPERC016

#OPERC026

REMOVE AND DISPOSE OF THE ELECTRODES, BE SURE NOT TO INJURE THE SUBJECT'S SKIN.

Thank you for your participation in this study.

ADDITIONAL MEASURES COLLECTED

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

SERUM HORMONE MEASURES

1. Variables for assays

<i>Variable</i>	<i>Assay</i>	<i>Units</i>
DHAS6	Dehydroepiandrosterone sulfate	ug/dL
E2AVE6*	Estradiol (see important note below)	pg/mL
FSH6	Follicle-stimulating hormone	mIU/mL
SHBG6	Sex hormone-binding globulin	nM
T6	Testosterone	ng/dL

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

2. Flags and other variables

<i>Variable</i>	<i>Meaning</i>	<i>Codes</i>
CYCDAY6	Day of cycle	n/a
FLGCV6	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%.	0=no, 1=yes
FLGDIF6	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:

Hormone	Time Window on hormone measurement corresponding to LLD	Lower Limit of Detection
DHEAS	~ Sep. 15, 1997	<1.52 ug/dL (Initial value)
	Sep. 16, 1997 ~ Jan. 14, 1999	<0.304 ug/dL
	Jan. 15, 1999 ~	<1.5 ug/dL
E2	~ Feb. 20, 2000	<1.0 pg/mL (Initial value)
	Feb. 21, 2000 ~ Aug. 27, 2001	<2.0 pg/mL
	Aug. 28, 2001 ~ May 03, 2009	<4.0 pg/mL
	May 04, 2009 ~	<7.0 pg/mL
FSH	~ Aug. 05, 1999	<1.05 mIU/mL (Initial value)
	Aug. 06, 1999 ~ Nov. 10, 1999	<1.0 mIU/mL
	Nov. 11, 1999 ~ Jul. 19, 2000	<0.7 mIU/mL
	Jul. 20, 2000 ~ Oct. 29, 2002	<0.6 mIU/mL
	Oct. 30, 2002 ~ Sep. 28, 2003	<0.5 mIU/mL
	Sep. 29, 2003 ~ Feb 20, 2006	<0.4 mIU/mL
	Feb 21, 2006 ~	<0.8 mIU/mL
SHBG	~ Aug. 05, 1999	<1.95 nM (Initial value)
	Aug. 06, 1999 ~ Oct. 31, 1999	<1.9 nM
	Nov. 01, 1999 ~ Mar. 22, 2006	<2.0 nM
	Mar. 23, 2006 ~	<3.2 nM
T	~ Jun. 04, 1998	<2.19 ng/dL (Initial value)
	Jun. 05, 1998 ~ Jun. 17, 1999	<2.2 ng/dL
	Jun. 18, 1999 ~	<2.0 ng/dL
TSH	~ Sep. 24, 2000	<0.03 uIU/mL (Initial value)
	Sep. 25, 2000 ~ Jun. 21, 2006	<0.13 uIU/mL
	Jun. 22, 2006 ~ Mar. 26, 2007	<0.011 uIU/mL
	Mar. 27, 2007 ~	<0.01 uIU/mL

CARDIOVASCULAR MEASURES

1. Variables for assays

Variable	Assay	Units
CHOLRES6	Total cholesterol	mg/dl
TRIGRES6	Triglycerides	mg/dl
LDLRESU6	Low-density lipoprotein cholesterol (estimated)	mg/dl
HDLRESU6	High density lipoprotein cholesterol	mg/dl
GLUCRES6	Glucose	mg/dl
INSURES6	Insulin	uIU/ml
PAIRESU6	PAI-1	ng/ml
TPARES6	tPA	ng/ml
LPARES6	Lipoprotein Lp(a)	mg/dl
APOARES6	Apolipoprotein A-1	mg/dl
APOBRES6	Apolipoprotein B	mg/dl
CRPRESU6	C-reactive protein	mg/l

2. *Flags and other variables*

<i>Variable</i>	<i>Meaning</i>	<i>Codes</i>
<u>FLAGSER6</u>	Flag to indicate that lipids were measured on serum rather than plasma because plasma was not available. Lipids for these subjects were <u>not</u> set to missing.	0=no, 1=yes

*1=yes means flagged

3. *Changes to the data:*

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

RACE/ETHNICITY

RACE Participant race/ethnicity is provided from the Screener dataset, coded as:

- 1= Black
- 2= Chinese/Chinese American
- 3= Japanese/Japanese American
- 4= White Non-Hispanic
- 5= Hispanic