



FOLLOW-UP VISIT 10

CODEBOOK

ARCHIVED DATASET 2019
Dataset file nia102019

PAGE INTENTIONALLY BLANK

TABLE OF CONTENTS

Documentation for the SWAN Visit 10 Dataset	4
Interview Questionnaire.....	7
Self-Administered Questionnaire Part A	34
Self-Administered Questionnaire Part B	56
Physical Measures.....	62
Cognitive Function Form	65
Bioimpedance Measures.....	72
Additional Measures.....	76

DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 10 DATASET

1. Who is included in the public use dataset:

The dataset contains follow-up visit 10 information for the subset of the original cohort still participating in the SWAN longitudinal study from the seven clinical sites. The sites include 11, 12, 13, 14, 15, and 17. Data was not collected from site 16 for this visit.

Difference from the prior release of the Visit 10 archive dataset (nia102018): The calibrated cardiovascular measure C-reactive protein (CRPRESU10) assay and flag variable were added. CRP was calibrated due to changes in labs and machines over time during the study.

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

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 10. 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 10 Self-Administered Questionnaire Part A was collected 10 years after the baseline interview, the day for the Self-Administered Part A would be day 3,650 and the Baseline Interview would be day 0.

All variables for visit 10 have a 10 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, most 'Other, specify' text fields are not included in the dataset.
- Age (AGE10) was calculated from date of birth to when the interview form was completed, and is rounded to the next lowest integer.
- CES-D scores can be created from the questions in F.4.
- A perceived stress score can be created from questions in F.3.
- A social support score can be calculated from the questions in F.2a-d after recoding them from a 1-5 range to a 0-4 range.
- In depth complementary and alternative medicine questions are asked in questions C.1 through C.21.
- Several forms of the interview could be administered, depending on the amount of time available with the participant. This visit also implemented the final menstrual period form, which contains some of the same variables as are found in the interview. The flag FORMINT10 was set to indicate which version of the interview was administered:
 - a) FUI indicates participants that completed the full interview.
 - b) AINT (Abbreviated FU interview) (130 participants) completed an abbreviated interview in combination with either an abbreviated or full Self-Administered Part A form.

- c) AFUI (Abbreviated Plus FU Interview) (16 participants) completed an abbreviated form of the interview that comprised key questions from the interview and Self-Administered Questionnaire – Part A.
- d) FMP (Final Menstrual Period Form) (2 participant) – could be filled in at the clinic, home or by mail.
- e) The mail interview was discontinued with this visit.

Self-Administered Questionnaire Part A

The participant could fill in a full Self-Administered Questionnaire, Part A, a phone interview, or an abbreviated version as described above (AINT or AFUI). The flag FORMSAA10 delineates those who did the full questionnaire (SAA) from the 110 participants who did the abbreviated questionnaire (AIN), the 4 that did the phone interview (PAT) and the 16 that did the abbreviated plus follow-up interview (AFU).

- The income question (F.1) was omitted due to small cell sizes.
- Current smoking is defined as anyone who answered 'yes' to question B.9 (SMOKERE10) and an answer greater than 0 for B.9a (AVGCIGDA10).
- 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.
- 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.20 and B.21. 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.22.a, .e, .g and .i. Questions B.22.a and B.22.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.19 and B.23. Question B.19 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.18a-c. All items are positively scored, so a higher score indicates better role-emotional functioning. The Mental Health Score is calculated from questions B.22.b - .d, B.22.f and B.22.h. Questions B.22.d and B.22.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.24.a-d. Questions B.1, B.24.b and B.24.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.16.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.17a-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.
- Life Events can be calculated from questions E.1.a-r. A total number of life events can be calculated, a score that totals the number of 'very upsetting' stressful life events, and a categorical event score can be calculated where 0 = no very upsetting/stressful life events, 1 = one very upsetting/stressful life event, and 2 = two or more very upsetting/stressful life events.
- The flag FLGSAAV10 is set for the one participant who completed the questionnaire after the 01/31/2008 cutoff.

Self-Administered Questionnaire Part B

- The flag FLGSABV10 is set for the 1 participant who completed the questionnaire after the 01/31/2008 cutoff.
- There are inconsistencies with the answering of this questionnaire, but due to the nature of the form, the interviewers did not contact the participant to clarify the information.

Physical Measures

- In addition to the variables on the form, BMI10 was also calculated as weight in kilograms divided by the square of height in meters.
- Self-reported weight and height were collected, along with the reason for using self-reported measures.
-

Cognitive Function Form

Documentation

- 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.
- 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
- The flag FLGCOG10 is set for the 1 participant who completed the questionnaire after the 01/31/2008 cutoff.

Additional Measures

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

Serum Hormone Measures

The Visit 10 hormone results are included. Of special note is that the estradiol assay was run in duplicate. The average (E2AVE10) 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 $\leq$ 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.

- Thyroid-stimulating hormone (TSH), which was last collected in Visit 4, is collected with visit 10.
- The flag FLGHRM10 is set for the 2 participants who completed the questionnaire after the 01/31/2008 cutoff.

Bioimpedance Measures

Body composition was measured using bioimpedance equipment. Percent body fat (equation provided by Dr. MaryFran Sowers), skeletal muscle mass (Janssen, 2000), fat free mass, total body water, and percent body fat (all provided by RJL Systems and validated using NHANES III data (Chumlea, 2002)) are also provided. Variable MISSPHY10 flags where missing physical measures caused the created variables to be missing, and MISSCON10 flags where conductance was missing. A flag (FLAGSRP10) indicates where self-reported physical measures were used in calculations. A flag FLGBIOV10 indicates where one participant completed the bioimpedance measures after the Visit 10 cutoff (01/31/2008).

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 (INTDAY10, SAADAY10, SABDAY10, PHYDAY10, HRMDAY10, COGDAY10, BIODAY10, CAMDAY10, and HYSTDAY10) are given in days from interview date at baseline. Note that for 5 participants, interview completion dates at baseline were not available and alternative dates were substituted either from the Self-Administered Questionnaire-A or Physical Measures completion dates at baseline.

Longitudinal Measures

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

Date Data Entered / Initials _____

Date Verified / Initials _____

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

AFFIX ID LABEL HERE

A1. RESPONDENT ID:

ARCHID~

A2. SWAN STUDY VISIT #

10

VISIT

A3. FORM VERSION:

01/15/2006

#FORM_V

A4. DATE FORM COMPLETED:

 / / INTDAY10[†]

A5. INTERVIEWER'S INITIALS:

 #INITS

A6. RESPONDENT'S DOB:

 / / #DOB**VERIFY WITH RESPONDENT**

A7. INTERVIEW COMPLETED IN:

#LOCATIO10

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

A8. INTERVIEW LANGUAGE:

LANGINT10

ENGLISH1
 SPANISH2
 CANTONESE3
 JAPANESE4

A9. Are you currently pregnant?

PREGNAN10

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

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

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

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

REFER TO THE "MEDICATION REFERENCE LIST" AS PER PROTOCOL.

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

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

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

				PRESCRIPTION DRUGS			
				IF YES			
				a. What is the name of the medication?	b. Have you been taking it at least two times per week for the last month?	c. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
Since your last study visit....	NO	YES		NO	YES	NO	YES
B1. Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)?	1	2	<u>#ACOEN110, #ACOAMD110</u>	1	<u>ACOATW110</u> 2	1	<u>#ACOVR110</u> 2
	1	2	<u>#ACOEN210, #ACOAMD210</u>	1	<u>ACOATW210</u> 2	1	<u>#ACOVR210</u> 2
			<u>ANTICO110</u> <u>ANTICO210</u>		<u>HARTTW110</u>		<u>#HARTVR110</u>
B2. Anything for your heart or heart beat, including pills or patches?	1	2	<u>#HARTEN110, #HARTMD110</u>	1	<u>HARTTW210</u> 2	1	<u>#HARTVR210</u> 2
	1	2	<u>#HARTEN210, #HARTMD210</u>	1	2	1	2
			<u>HEART110</u> <u>HEART210</u>		<u>CHOLTW110</u>		<u>#CHOLVR110</u>
B3. Any medications for cholesterol or fats in your blood?	1	2	<u>#CHOLEN110, #CHOLMD110</u>	1	<u>CHOLTW210</u> 2	1	<u>#CHOLVR210</u> 2
	1	2	<u>#CHOLEN210, #CHOLMD210</u>	1	2	1	2
			<u>CHOLST110</u> <u>CHOLST210</u>		<u>BPTW110</u>		<u>#BPVER110</u>
B4. Blood pressure pills?	1	2	<u>#BPEN110, #BPMED110</u>	1	<u>BPTW210</u> 2	1	<u>#BPVER210</u> 2
	1	2	<u>#BPEN210, #BPMED210</u>	1	2	1	2

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

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

	NO	YES		NO	YES	NO	YES
B5. Diuretics for water retention?	1	2	<u>#DIUREN110, #DIURMD110</u>	1	<u>DIURTW110</u> 2	1	<u>#DIURVR110</u> 2
<u>DIURET110</u> <u>DIURET210</u>	1	2	<u>#DIUREN210, #DIURMD210</u>	1	<u>DIURTW210</u> 2	1	<u>#DIURVR210</u> 2
B6. Thyroid pills?	1	2	<u>#THYREN110, #THYRMD110</u>	1	<u>THYRTW110</u> 2	1	<u>#THYRVR110</u> 2
<u>THYROI110</u> <u>THYROI210</u>	1	2	<u>#THYREN210, #THYRMD210</u>	1	<u>THYRTW210</u> 2	1	<u>#THYRVR210</u> 2
B7. Insulin or pills for sugar in your blood?	1	2	<u>#INSUEN110, #INSUMD110</u>	1	<u>INSUTW110</u> 2	1	<u>#INSUVR110</u> 2
<u>INSULN110</u> <u>INSULN210</u>	1	2	<u>#INSUEN210, #INSUMD210</u>	1	<u>INSUTW210</u> 2	1	<u>#INSUVR210</u> 2
B8. Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti- depression medication?	1	2	<u>#NERVEN110, #NERVMD110</u>	1	<u>NERVTW110</u> 2	1	<u>#NERVVR110</u> 2
<u>NERVS110</u> <u>NERVS210</u>	1	2	<u>#NERVEN210, #NERVMD210</u>	1	<u>NERVTW210</u> 2	1	<u>#NERVVR210</u> 2
B09. Steroid pills such as Prednisone, or cortisone?	1	2	<u>#STEREN110, #STERMD110</u>	1	<u>STERTW110</u> 2	1	<u>#STERVVR110</u> 2
<u>STEROI110</u> <u>STEROI210</u>	1	2	<u>#STEREN210, #STERMD210</u>	1	<u>STERTW210</u> 2	1	<u>#STERVVR210</u> 2
B10. Prescribed medications for arthritis?	1	2	<u>#ARTHEN110, #ARTHMD110</u>	1	<u>ARTHTW110</u> 2	1	<u>#ARTHVR110</u> 2
<u>ARTHRT110</u> <u>ARTHRT210</u>	1	2	<u>#ARTHEN210, #ARTHMD210</u>	1	<u>ARTHTW210</u> 2	1	<u>#ARTHVR210</u> 2
B11. Fertility medications to help you get pregnant (such as Pergonal, Clomid, Fertinex, Gonal-F, Follistim or Repronex)?	1	2	<u>#FRTLEN110, #FRTLMD110</u>	1	<u>FRTLTLW110</u> 2	1	<u>#FRTLVR110</u> 2
<u>FERTIL110</u> <u>FERTIL210</u>	1	2	<u>#FRTLEN210, #FRTLMD210</u>	1	<u>FRTLTLW210</u> 2	1	<u>#FRTLVR210</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?

HORMONE QUESTIONS B12-17:

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

	NO	YES		NO	YES		NO	YES
B12. Birth Control pills?	1 (B13)	2	<u>#BCPEN110, #BCPMED110</u>	1	2		1	2
<u>BCP110</u>					<u>BCPTWI110</u>			<u>#BCPVER110</u>
<u>BCP210</u>	1	2	<u>#BCPEN210, #BCPMED210</u>	1	2		1	2
					<u>BCPTWI210</u>			<u>#BCPVER210</u>

B12.d For your most recent use, what was the primary reason for taking birth control pills? BCREAS10

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 9
 (SPECIFY) #BCRES_S10
 DON'T KNOW -8

	NO	YES		NO	YES		NO	YES
B13. Estrogen pills (such as Premarin, Estrace, Ogen, etc)?	1 (B14)	2	<u>#ESTREN110, #ESTRMD110</u>	1	2		1	2
<u>ESTROG110</u>					<u>ESTRTW110</u>			<u>#ESTRVR110</u>
<u>ESTROG210</u>	1	2	<u>#ESTREN210, #ESTRMD210</u>	1	2		1	2
					<u>ESTRTW210</u>			<u>#ESTRVR210</u>

B13.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.]

ESTRDA110 ESTRDA210
 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
B14. Estrogen by injection or patch (such as Estraderm)?	1	2	<u>#EINJEN110, #EINJMD110</u>	1	2		1	2
<u>ESTRNJ110</u>					<u>EINJTW110</u>			<u>#EINJVR110</u>
<u>ESTRNJ210</u>	1	2	<u>#EINJEN210, #EINJMD210</u>	1	2		1	2
					<u>EINJTW210</u>			<u>#EINJVR210</u>
B15. Combination estrogen/progestin (such as Premphase or Prempro)?	1	2	<u>#COMBEN110, #COMBMD110</u>	1	2		1	2
<u>COMBIN110</u>					<u>COMBTW110</u>			<u>#COMBVR110</u>
<u>COMBIN210</u>	1	2	<u>#COMBEN210, #COMBMD210</u>	1	2		1	2
					<u>COMBTW210</u>			<u>#COMBVR210</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?

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

	NO	YES		NO	YES		NO	YES
B16. Progestin pills (such as Provera)?	1 (B17)	2	<u>#PROGEN110, #PROGMD110</u>	1	2		1	2
<u>PROGES110</u>	1	2	<u>#PROGEN210, #PROGMD210</u>	1	2	<u>PROGTW110</u>	1	<u>#PROGVR110</u>
<u>PROGES210</u>						<u>PROGTW210</u>		<u>#PROGVR210</u>

B16.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.]

- PROGDA110
1. EVERY DAY1
OFF AND ON2
DON'T KNOW-8
- PROGDA210
2. EVERY DAY1
OFF AND ON2
DON'T KNOW-8

- 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
B17. Any other <u>prescription hormones</u> that I haven't asked you about, for example vaginal rings (such as Femring), progestin injections (such as Depo-Provera), estrogen/testosterone combinations (such as Estratest), or vaginal creams?	1	2	<u>#OHRMED110</u>	1	2		1	2
	<u>OHRM 110</u>			<u>OHRMMO110</u>		<u>#OHRMVR110</u>		
	1	2	<u>#OHRMED210</u>	1	2		1	2
	<u>OHRM 210</u>			<u>OHRMMO210</u>		<u>#OHRMVR210</u>		
	1	2	<u>#OHRMED310</u>	1	2		1	2
	<u>OHRM 310</u>			<u>OHRMMO310</u>		<u>#OHRMVR310</u>		
	1	2	<u>#OHRMED410</u>	1	2		1	2
	<u>OHRM 410</u>			<u>OHRMMO410</u>		<u>#OHRMVR410</u>		

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

	NO	YES		NO	YES
B18. IV (into the vein) medication to prevent or treat osteoporosis (brittle or thinning bones) such as IV bisphosphonates ?	1	2	B18a. If yes , have you taken it in the last year?	1	2
<u>OSTEIV110</u>			<u>OSTIVL110</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. Have you been taking it once a week for the last month?
- d. Have you been taking it once a month?
- e. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?

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

	NO	YES		NO	YES		NO	YES		NO	YES
B19. Non IV											
medications to	1	2	<u>#OSTENN110,</u>	1 (c)	2 (e)	1 (d)	2 (e)	1	2	1	2
prevent or treat			<u>#OSTNMD110</u>	<u>OSTNTW110</u>		<u>OSTN1W110</u>		<u>OSTN1MO110</u>		<u>#OSTVCK110</u>	
osteoporosis;											
(brittle or thinning	1	2	<u>#OSTENN210,</u>	1 (c)	2 (e)	1 (d)	2 (e)	1	2	1	2
bones; such as			<u>#OSTNMD210</u>	<u>OSTNTW210</u>		<u>OSTN1W210</u>		<u>OSTN1MO210</u>		<u>#OSTVCK210</u>	
Fosamax, Didronel,											
Evista, Miacalcin,											
Rocaltrol, Actonel,											
Forteo (PTH))?											
<u>OSTEON110</u>											
<u>OSTEON210</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....

	NO	YES		NO	YES	NO	YES
<u>OTHMED110</u>					<u>OTHRTW110</u>		<u>#OTHRVR110</u>
B20. Are there any other	1	2	<u>#OTHRMD110</u>	1	2	1	2
prescription pills or					<u>OTHRTW210</u>		<u>#OTHRVR210</u>
medications	1	2	<u>#OTHRMD210</u>	1	2	1	2
that you have taken, that					<u>OTHRTW310</u>		<u>#OTHRVR310</u>
I haven't	1	2	<u>#OTHRMD310</u>	1	2	1	2
<u>OTHMED310</u>					<u>OTHRTW410</u>		<u>#OTHRVR410</u>
asked you about?					<u>OTHRTW510</u>		<u>#OTHRVR510</u>
<u>OTHMED410</u>	1	2	<u>#OTHRMD410</u>	1	2	1	2
(PLEASE LIST)					<u>OTHRTW610</u>		<u>#OTHRVR610</u>
<u>OTHMED510</u>	1	2	<u>#OTHRMD510</u>	1	2	1	2
					<u>OTHRTW710</u>		<u>#OTHRVR710</u>
<u>OTHMED610</u>	1	2	<u>#OTHRMD610</u>	1	2	1	2
					<u>OTHRTW810</u>		<u>#OTHRVR810</u>
<u>OTHMED710</u>	1	2	<u>#OTHRMD710</u>	1	2	1	2
					<u>OTHRTW910</u>		<u>#OTHRVR910</u>
<u>OTHMED810</u>	1	2	<u>#OTHRMD810</u>	1	2	1	2
					<u>OTHTW1010</u>		<u>#OTHVR1010</u>
<u>OTHMED910</u>	1	2	<u>#OTHRMD910</u>	1	2	1	2
					<u>OTHTW1110</u>		<u>#OTHVR1110</u>
<u>OTHME1010</u>	1	2	<u>#OTHRM1010</u>	1	2	1	2
					<u>OTHTW1210</u>		<u>#OTHVR1210</u>
<u>OTHME1110</u>	1	2	<u>#OTHRM1110</u>	1	2	1	2
					<u>OTHTW1310</u>		<u>#OTHVR1310</u>
<u>OTHME1210</u>	1	2	<u>#OTHRM1210</u>	1	2	1	2
					<u>OTHTW1410</u>		<u>#OTHVR1410</u>
<u>OTHME1310</u>	1	2	<u>#OTHRM1310</u>	1	2	1	2
					<u>OTHTW1510</u>		<u>#OTHVR1510</u>
<u>OTHME1410</u>	1	2	<u>#OTHRM1410</u>	1	2	1	2
<u>OTHME1510</u>	1	2	<u>#OTHRM1510</u>	1	2	1	2

IF RESPONDENT HAS TAKEN ANY HORMONES (IF YES TO ANY OF B13 -17) ASK B21,
OTHERWISE GO TO PAGE 9, Q B23.

B21. Were you using any prescription medications containing estrogen or progestin at the time of your last study visit?

ESTLSTV10

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

B22. 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>REDUHAR10</u>	1	2
b.	To reduce the risk of osteoporosis (brittle or thinning bones) <u>OSTEOP010</u>	1	2
c.	To relieve menopausal symptoms <u>MENOSYM10</u>	1	2
d.	To stay young-looking <u>YOUNGLK10</u>	1	2
e.	A health care provider advised me to take them <u>HCPADVI10</u>	1	2
f.	A friend or relative advised me to take them <u>FRNADVI10</u>	1	2
g.	To improve my memory <u>IMPRMEM10</u>	1	2
h.	To regulate periods <u>REGPERI10</u>	1	2
i.	Any other? SPECIFY <u>HORMOTH10</u> , <u>#HORMSPE10</u> _____	1	2
j.	DON'T KNOW/REMEMBER <u>DONTKNO10</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 B13-17 **AND** “NO” TO ALL OF B13b - 17b), ASK B23, OTHERWISE GO TO Q B24.

B23. **Since your last study visit**, you were taking some hormones and then stopped.

In what month and year did you last take hormones? **HORMDAY10[†]**

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

[PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -9 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>PRBBLEE10</u>	1	2
b.	DIDN'T LIKE HAVING PERIODS <u>HAVEPER10</u>	1	2
c.	DIDN'T LIKE HOW I FELT ON THEM <u>LIKEFEL10</u>	1	2
d.	WORRIED ABOUT POSSIBLE SIDE EFFECTS <u>SIDEEFF10</u>	1	2
e.	WORRIED ABOUT CANCER <u>CANCER10</u>	1	2
f.	MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS) <u>ADVISTO10</u>	1	2
g.	TOO EXPENSIVE <u>EXPENSI10</u>	1	2
h.	DON'T LIKE TO TAKE ANY MEDICATIONS <u>NOLIKE10</u>	1	2
i.	COULDN'T REMEMBER TO TAKE THEM <u>NOREMEB10</u>	1	2
j.	DON'T KNOW <u>DNTKNOW10</u>	1	2
k.	OTHER, SPECIFY: <u>STOPOTH10</u> , <u>#STOPSPE10</u> _____	1	2
l.	NO REASON GIVEN <u>NOREASO10</u>	1	2
m.	NEWS / MEDIA REPORTS ABOUT WOMEN WHO TOOK HORMONES AS PART OF A RESEARCH STUDY (E.G. RESULTS OF WHI) <u>NEWSRPT10</u>	1	2

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

- B24. Since your last study visit, have you taken any vitamins or minerals fairly regularly, at least once a week?
- NO..... 1 (GO TO B26, PAGE 11)
- YES.....2 **REGVITA10**
- B25. IF YES: Since your last study visit, what vitamins and minerals have you taken fairly regularly, at least once per week? [HAND RESPONDENT CARD “A” AND READ RESPONSE CATEGORIES.]

Multi-Vitamins, how often do you take...		Don't take any	1-3 days per week	4-6 days per week	Every Day
a.	Regular Once-A-Day, Centrum, or Thera type ONCEADA10	1	2	3	4
b.	Antioxidant combination type ANTIOXI10	1	2	3	4
c.	Any other combination types? NO (B25d) YES IF YES, specify VITCOMB10 #VTMSPE110, VTMOTH110		2	3	4
	#VTMSPE210, VTMOTH210		2	3	4
	#VTMSPE310, VTMOTH310		2	3	4
	#VTMSPE410, VTMOTH410		2	3	4
Single Vitamins or minerals, not part of multi-vitamins, how often do you take...					
d.	Vitamin A, not beta carotene VITAMNA10	1	2	3	4
e.	Beta-carotene BETACAR10	1	2	3	4
f.	Vitamin C VITAMNC10	1	2	3	4
g.	Vitamin D VITAMND10	1	2	3	4
h.	Vitamin E VITAMNE10	1	2	3	4
i.	Calcium or Tums CALCTUM10	1	2	3	4
j.	Iron IRON10	1	2	3	4
k.	Zinc ZINC10	1	2	3	4
l.	Selenium SELENIU10	1	2	3	4
m.	Folate FOLATE10	1	2	3	4
n.	Any other single vitamins or minerals? NO (B26) YES IF YES, specify (continued on page 11): VTMSING10 #SVTMNA110, SVTMOT110		2	3	4
	#SVTMNA210, SVTMOT210		2	3	4

Question B25n. continued...

n.	Any other single vitamins or minerals? IF YES, specify:	Don't take any	1-3 days per week	4-6 days per week	Every day
	<u>#SVTMNA310, SVTMOT310</u>		2	3	4
	<u>#SVTMNA410, SVTMOT410</u>		2	3	4
	<u>#SVTMNA510, SVTMOT510</u>		2	3	4
	<u>#SVTMNA610, SVTMOT610</u>		2	3	4
	<u>#SVTMNA710, SVTMOT710</u>		2	3	4
	<u>#SVTMNA810, SVTMOT810</u>		2	3	4
	<u>#SVTMNA910, SVTMOT910</u>		2	3	4
	<u>#SVTMN1010, SVTMO1010</u>		2	3	4

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

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

a. What is the name of the
medication?

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

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

	NO	YES		NO	YES
B26. Any over-the-counter medications for pain including headaches and arthritis?	1	2	<u>#PAINMD110</u>	1	2
<u>PAIN110</u> <u>PAIN210</u>	1	2	<u>#PAINMD210</u>	1	2
				<u>PAINTW110</u>	
				<u>PAINTW210</u>	
B27. Anything for problems sleeping?	1	2	<u>#SLEPMD110</u>	1	2
<u>SLEEP110</u> <u>SLEEP210</u>	1	2	<u>#SLEPMD210</u>	1	2
				<u>SLEPTW110</u>	
				<u>SLEPTW210</u>	

Variable Excluded from Public Use Data File

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

a. What is the name of the
medication?

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

Since your last study visit...

B28. Have you taken any other over-the-counter pills or other medications (including liquids or ointments or aspirin) that I haven't asked you about? (PLEASE LIST)

	NO	YES		NO	YES
<u>OTC110</u>	1	2	<u>#OTCMD110</u>	<u>OTCTW110</u> 1	2
<u>OTC210</u>	1	2	<u>#OTCMD210</u>	<u>OTCTW210</u> 1	2
<u>OTC310</u>	1	2	<u>#OTCMD310</u>	<u>OTCTW310</u> 1	2
<u>OTC410</u>	1	2	<u>#OTCMD410</u>	<u>OTCTW410</u> 1	2
<u>OTC510</u>	1	2	<u>#OTCMD510</u>	<u>OTCTW510</u> 1	2
<u>OTC610</u>	1	2	<u>#OTCMD610</u>	<u>OTCTW610</u> 1	2
<u>OTC710</u>	1	2	<u>#OTCMD710</u>	<u>OTCTW710</u> 1	2
<u>OTC910</u>	1	2	<u>#OTCMD810</u>	<u>OTCTW810</u> 1	2
<u>OTC910</u>	1	2	<u>#OTCMD910</u>	<u>OTCTW910</u> 1	2
<u>OTC1010</u>	1	2	<u>#OTCMD1010</u>	<u>OTCTW1010</u> 1	2
<u>OTC1110</u>	1	2	<u>#OTCMD1110</u>	<u>OTCTW1110</u> 1	2
<u>OTC1210</u>	1	2	<u>#OTCMD1210</u>	<u>OTCTW1210</u> 1	2
<u>OTC1310</u>	1	2	<u>#OTCMD1310</u>	<u>OTCTW1310</u> 1	2
<u>OTC1410</u>	1	2	<u>#OTCMD1410</u>	<u>OTCTW1410</u> 1	2
<u>OTC1510</u>	1	2	<u>#OTCMD1510</u>	<u>OTCTW1510</u> 1	2

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

NO.....	1	(B30)
YES.....	2	
DON'T KNOW	-8	(B30) <u>SOYYSNO10</u>

B29a. IF YES: How many times per week? [MAY USE RESPONDENT CARD “A” AGAIN.] SOYPROT10

Don't take any (OR TAKE LESS THAN ONCE PER WEEK).....	1
1-3 days per week	2
4-6 days per week	3
Every day	4
DON'T KNOW	-8

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

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?

CEREACA10

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?

BREADCA10

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

ORANGCA10

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

During the <u>past 12 months</u>, have you used any of the following for your health? N=No Y=Yes →	[IF YES, HAND RESPONDENT CARD “C”.] Please look at the reasons listed on the card. Please tell me whether or not you use X ... ASK EACH REASON FOR EACH “YES” RESPONSE. FOR EACH “YES” ANSWER ONLY, CIRCLE “N=NO” OR “Y=YES” FOR EACH REASON A THROUGH J.									
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
C1. Acupuncture <u>ACUPUNC10</u> N Y → ↓	<u>ACUPHAR10</u> N Y	<u>ACUPOST10</u> N Y	<u>ACUPMEN10</u> N Y	<u>ACUPLOO10</u> N Y	<u>ACUPMEM10</u> N Y	<u>ACUPPER10</u> N Y	<u>ACUPGEN10</u> N Y	<u>ACUPWGH10</u> N Y	<u>ACUPADV10</u> N Y	<u>ACUPOTH10</u> N Y #ACUPSPE10 —
C2. Black Cohosh <u>BCOHOSH10</u> N Y → ↓	<u>BCOHHAR10</u> N Y	<u>BCOHOST10</u> N Y	<u>BCOHMEN10</u> N Y	<u>BCOHL0010</u> N Y	<u>BCOHMEM10</u> N Y	<u>BCOHPER10</u> N Y	<u>BCOHGEN10</u> N Y	<u>BCOHWGH10</u> N Y	<u>BCOHADV10</u> N Y	<u>BCOHOTH10</u> N Y #BCOHSPE10
C3. Dong Quai <u>DQUAI10</u> N Y → ↓	<u>DQUAHAR10</u> N Y	<u>DQUAOST10</u> N Y	<u>DQUAMEN10</u> N Y	<u>DQUAL0010</u> N Y	<u>DQUAMEM10</u> N Y	<u>DQUAPER10</u> N Y	<u>DQUAGEN10</u> N Y	<u>DQUAWGH10</u> N Y	<u>DQUAADV10</u> N Y	<u>DQUAOTH10</u> N Y #DQUASPE10
C4. Eating a nutritious diet <u>DIETNUT10</u> N Y → ↓	<u>DIETHAR10</u> N Y	<u>DIETOST10</u> N Y	<u>DIETMEN10</u> N Y	<u>DIETLOO10</u> N Y	<u>DIETMEM10</u> N Y	<u>DIETPER10</u> N Y	<u>DIETGEN10</u> N Y	<u>DIETWGH10</u> N Y	<u>DIETADV10</u> N Y	<u>DIETOTH10</u> N Y #DIETSPE10
C5. Exercise <u>EXERCIS10</u> N Y → ↓	<u>EXERHAR10</u> N Y	<u>EXEROST10</u> N Y	<u>EXERMEN10</u> N Y	<u>EXERLOO10</u> N Y	<u>EXERMEM10</u> N Y	<u>EXERPER10</u> N Y	<u>EXERGEN10</u> N Y	<u>EXERWGH10</u> N Y	<u>EXERADV10</u> N Y	<u>EXEROTH10</u> N Y #EXERSPE10
C6. Flaxseed or flaxseed oil supplements <u>FLAXSEE10</u> N Y → ↓	<u>FLAXHAR10</u> N Y	<u>FLAXOST10</u> N Y	<u>FLAXMEN10</u> N Y	<u>FLAXLOO10</u> N Y	<u>FLAXMEM10</u> N Y	<u>FLAXPER10</u> N Y	<u>FLAXGEN10</u> N Y	<u>FLAXWGH10</u> N Y	<u>FLAXADV10</u> N Y	<u>FLAXOTH10</u> N Y #FLAXSPE10 —

During the <u>past 12 months</u> , have you used any of the following for your health? N=No Y=Yes →	FOR EACH “YES” ANSWER ONLY, CIRCLE “N=NO” OR “Y=YES” FOR EACH REASON A THROUGH J.									
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
C7. Ginkgo Biloba <u>GINKGO10</u> N Y → ↓	<u>GINKHAR10</u> N Y	<u>GINKOST10</u> N Y	<u>GINKMEN10</u> N Y	<u>GINKLOO10</u> N Y	<u>GINKMEM10</u> N Y	<u>GINKPER10</u> N Y	<u>GINKGEN10</u> N Y	<u>GINKWGH10</u> N Y	<u>GINKADV10</u> N Y	<u>GINKOTH10</u> N Y #GINKSPE10 —
C8. Ginseng <u>GINSENG10</u> N Y → ↓	<u>GINSHAR10</u> N Y	<u>GINSOST10</u> N Y	<u>GINSMEN10</u> N Y	<u>GINSLOO10</u> N Y	<u>GINSMEM10</u> N Y	<u>GINSPER10</u> N Y	<u>GINSGEN10</u> N Y	<u>GINSWGH10</u> N Y	<u>GINSADV10</u> N Y	<u>GINSOTH10</u> N Y #GINSSPE10 —
C9. Glucosamine with or without Chondroitin <u>GLUSAMI10</u> N Y → ↓	<u>GLUSHAR10</u> N Y	<u>GLUSOST10</u> N Y	<u>GLUSMEN10</u> N Y	<u>GLUSLOO10</u> N Y	<u>GLUSMEM10</u> N Y	<u>GLUSPER10</u> N Y	<u>GLUSGEN10</u> N Y	<u>GLUSWGH10</u> N Y	<u>GLUSADV10</u> N Y	<u>GLUSOTH10</u> N Y #GLUSSPE10 —
C10. Mexican yam or progesterone cream <u>MYAMPRO10</u> N Y → ↓	<u>MYAMHAR10</u> N Y	<u>MYAMOST10</u> N Y	<u>MYAMMEN10</u> N Y	<u>MYAMLOO10</u> N Y	<u>MYAMMEM10</u> N Y	<u>MYAMPER10</u> N Y	<u>MYAMGEN10</u> N Y	<u>MYAMWGH10</u> N Y	<u>MYAMADV10</u> N Y	<u>MYAMOTH10</u> N Y #MYAMSPE10 —
C11. Prayer <u>PRAYER10</u> N Y → ↓	<u>PRAYHAR10</u> N Y	<u>PRAYOST10</u> N Y	<u>PRAYMEN10</u> N Y	<u>PRAYLOO10</u> N Y	<u>PRAYMEM10</u> N Y	<u>PRAYPER10</u> N Y	<u>PRAYGEN10</u> N Y	<u>PRAYWGH10</u> N Y	<u>PRAYADV10</u> N Y	<u>PRAYOTH10</u> N Y #PRAYSPE10
C12. Self-help group <u>SELFHEL10</u> N Y → ↓	<u>SELFHAR10</u> N Y	<u>SELFOST10</u> N Y	<u>SELFMEN10</u> N Y	<u>SELFLOO10</u> N Y	<u>SELFMEM10</u> N Y	<u>SELFPER10</u> N Y	<u>SELFGEN10</u> N Y	<u>SELFWGH10</u> N Y	<u>SELFADV10</u> N Y	<u>SELFOTH10</u> N Y #SELFSP10

During the <u>past 12 months</u>, have you used any of the following for your health? N=No Y=Yes →	FOR EACH “YES” ANSWER ONLY, CIRCLE “N=NO” OR “Y=YES” FOR EACH REASON A THROUGH J.									
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
C13. Soy supplement <u>SOYSUPP10</u> N Y → ↓	<u>SOYHAR10</u> N Y	<u>SOYOST10</u> N Y	<u>SOYMEN10</u> N Y	<u>SOYLOO10</u> N Y	<u>SOYMEM10</u> N Y	<u>SOYPER10</u> N Y	<u>SOYGEN10</u> N Y	<u>SOYWGH10</u> N Y	<u>SOYADV10</u> N Y	<u>SOYOTH10</u> N Y #SOYSPE10 —
C14. St. John’s Wort <u>WORTSTJ10</u> N Y → ↓	<u>WORTHAR10</u> N Y	<u>WORTOST10</u> N Y	<u>WORTMEN10</u> N Y	<u>WORTLOO10</u> N Y	<u>WORTMEM10</u> N Y	<u>WORTPER10</u> N Y	<u>WORTGEN10</u> N Y	<u>WORTWGH10</u> N Y	<u>WORTADV10</u> N Y	<u>WORTOTH10</u> N Y #WORTSPE10 —
C15. Vitamin or supplement combination especially for women’s health <u>WVITAMI10</u> N Y → ↓	<u>WVITHAR10</u> N Y	<u>WVITOST10</u> N Y	<u>WVITMEN10</u> N Y	<u>WVITLOO10</u> N Y	<u>WVITMEM10</u> N Y	<u>WVITPER10</u> N Y	<u>WVITGEN10</u> N Y	<u>WVITWGH10</u> N Y	<u>WVITADV10</u> N Y	<u>WVITOTH10</u> N Y #WVITSPE10 —
C16. Yoga <u>YOGA10</u> N Y → ↓	<u>YOGAHAR10</u> N Y	<u>YOGAOST10</u> N Y	<u>YOGAMEN10</u> N Y	<u>YOGALOO10</u> N Y	<u>YOGAMEM10</u> N Y	<u>YOGAPER10</u> N Y	<u>YOGAGEN10</u> N Y	<u>YOGAWGH10</u> N Y	<u>YOGAADV10</u> N Y	<u>YOGAOTH10</u> N Y #YOGASPE10 —
C17. Botanica / Curandero <u>BOTANIC10</u> N Y → ↓	<u>BOTAHAR10</u> N Y	<u>BOTAOST10</u> N Y	<u>BOTAMEN10</u> N Y	<u>BOTALOO10</u> N Y	<u>BOTAMEM10</u> N Y	<u>BOTAPER10</u> N Y	<u>BOTAGEN10</u> N Y	<u>BOTAWGH10</u> N Y	<u>BOTAADV10</u> N Y	<u>BOTAOTH10</u> N Y #BOTASPE10

During the past 12 months, have you used any of the following for your health? N=No Y=Yes →	FOR EACH "YES" ANSWER ONLY, CIRCLE "N=NO" OR "Y=YES" FOR EACH REASON A THROUGH J.									
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
C18. Herbal Tea <u>HERBALT10</u> N Y → ↓	<u>HTEAHAR10</u> N Y	<u>HTEAOST10</u> N Y	<u>HTEAMEN10</u> N Y	<u>HTEALOO10</u> N Y	<u>HTEAMEM10</u> N Y	<u>HTEAPER10</u> N Y	<u>HTEAGEN10</u> N Y	<u>HTEAWGH10</u> N Y	<u>HTEAADV10</u> N Y	<u>HTEAOTH10</u> N Y #HTEASPE10
C19. Any other health practice or remedy (specify): N Y → <u>OTHALT10</u> #OTHALTS10	<u>OTHHAR10</u> N Y	<u>OTHOST10</u> N Y	<u>OTHMEN10</u> N Y	<u>OTHLOO10</u> N Y	<u>OTHHMEM10</u> N Y	<u>OTHPER10</u> N Y	<u>OTHGEN10</u> N Y	<u>OTHWGH10</u> N Y	<u>OTHADV10</u> N Y	<u>OTHALTR10</u> N Y #WHYOTHA10
C20. Any other health practice or remedy (specify): N Y → <u>OTHALT210</u> #OTALT2S10	<u>OT2HAR10</u> N Y	<u>OT2OST10</u> N Y	<u>OT2MEN10</u> N Y	<u>OT2LOO10</u> N Y	<u>OT2MEM10</u> N Y	<u>OT2PER10</u> N Y	<u>OT2GEN10</u> N Y	<u>OT2WGH10</u> N Y	<u>OT2ADV10</u> N Y	<u>OT2ALT10</u> N Y #WHYOT2A10
C21. Any other health practice or remedy (specify): N Y → <u>OTHALT310</u> #OTALT3S10	<u>OT3HAR10</u> N Y	<u>OT3OST10</u> N Y	<u>OT3MEN10</u> N Y	<u>OT3LOO10</u> N Y	<u>OT3MEM10</u> N Y	<u>OT3PER10</u> N Y	<u>OT3GEN10</u> N Y	<u>OT3WGH10</u> N Y	<u>OT3ADV10</u> 0 N Y	<u>OT3ALT10</u> N Y #WHYOT3A10

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

D1. Since your last study visit, has a doctor, nurse practitioner or other health care provider told you that you had any of the following conditions or treated you for them?

		NO	YES	DON'T KNOW
a.	Anemia? <u>ANEMIA10</u>	1	2	-8
b.	Diabetes? <u>DIABETE10</u>	1	2	-8
c.	High blood pressure or hypertension? <u>HIGHBP10</u>	1	2	-8
d.	High cholesterol? <u>HBCHOLE10</u>	1	2	-8
e.	Migraines? <u>MIGRAIN10</u>	1	2	-8
f.	Stroke? <u>STROKE10</u>	1	2	-8
g.	Arthritis or osteoarthritis (degenerative joint disease)? <u>OSTEOAR10</u>	1	2	-8
h.	Overactive or underactive thyroid? <u>THYROID10</u>	1	2	-8
i.	Heart attack? <u>HEARTAT10</u>	1	2	-8
j.	Angina? <u>ANGINA10</u>	1	2	-8
k.	Osteoporosis (brittle or thinning bones)? <u>OSTEOPR10</u>	1	2	-8
l.	Skin cancer? <u>SKCNCER10</u>	1 (m)	2	-8 (m)
	11.If yes, what type of cancer were you told you had?			
	a. Melanoma? <u>MECNCER10</u>	1	2	-8
	b. Non melanoma skin cancer? <u>NMECNCR10</u>	1	2	-8
m.	Cancer, other than skin cancer? <u>CANCERS10</u>	1(D2)	2	-8 (D2)
m.1.	IF YES, What is/was the <u>primary</u> site of the cancer? (CIRCLE ONE ANSWER.) <u>PSITECA10</u>			
	ONE BREAST	1		
	BOTH BREASTS	2		
	OVARY	3 (b)		
	UTERUS	4 (b)		
	CERVIX.....	5 (b)		
	LEUKEMIA.....	6 (b)		
	LUNG.....	7 (b)		
	COLON.....	8 (b)		
	RECTUM.....	9 (b)		
	THROAT.....	10 (b)		
	VULVA.....	12 (b)		
	RENAL CELL.....	13 (b)		
	NONE OF THE ABOVE / OTHER	11		
	SPECIFY: <u>#SITESPE10</u>	(b)		
	DON'T KNOW	-8 (b)		
a.	IF BREAST CANCER: Have you taken Tamoxifen since your last study visit? <u>TAMOXIF10</u>			
	NO.....	1		
	YES.....	2		
	DON'T KNOW	-8		
	NOT APPLICABLE	-1		
b.	Since your last study visit, have you received chemotherapy or radiation treatment for this cancer?			
	NO.....	1 <u>CHEMOTH10</u>		
	YES.....	2		
	DON'T KNOW	-8		

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

BROKEBO10 # of events where bone(s) were broken or fractured

- a. Which bones did you break or fracture?
LIST BELOW. [IF BONE WAS BROKEN MORE THAN ONCE, RECORD EACH BREAK AND SPECIFY WHEN “REBROKEN”.
BE SPECIFIC IN IDENTIFYING WHICH BONE WAS BROKEN (I.E. RIGHT TIBIA).]
- b. How did it happen? Was it for any of the following reasons? [HAND RESPONDENT CARD “B” AND READ RESPONSE CATEGORIES.]
- after a fall from a height above the ground greater than six inches,
 - in a motor vehicle accident,
 - while moving fast, like running, bicycling or skating,
 - while playing sports,
 - **or** because something heavy fell on you or struck you.
- | | NO | YES |
|----------|----|-----|
| 1. _____ | 1 | 2 |
| 2. _____ | 1 | 2 |
| 3. _____ | 1 | 2 |
- BONES110** **HAPPEN110**
BONES210 **HAPPEN210**
BONES310 **HAPPEN310**

Since your last study visit, have you had any of the following surgeries or procedures?		NO	YES	DON'T KNOW
D3.	D and C, a scraping of the uterus for any reason, including abortion?	1 (D4)	2	-8 (D4)
	u. Since your last study visit, how many times have you had a D and C? <u>DANDC10</u> _____ # TIMES <u>NUMDAND10</u>			
D4.	Hysterectomy (an operation to remove your uterus or womb)?	1 (D5)	2	-8 (D5)
	u. When was this performed? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -9 IF MONTH IS UNKNOWN.] <u>HYSTERE10</u> M M / Y Y Y Y <u>HYSTDAY10[†]</u>			

IF HYSTERECTOMY, COMPLETE “HYSTERECTOMY PARTICIPANT FORM” AT END OF INTERVIEW.

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

Variable Excluded from Public Use Data File

Follow-up 10 Interview Administered Questionnaire Codebook

Page 25

Since your last study visit, have you had any of the following surgeries or procedures?		NO	YES	DON'T KNOW
D5.	Did you have one or both ovaries removed (an oophorectomy)? <u>OOPHORE10</u>	1 (D6)	2	-8 (D6)
	i. Was one ovary removed or were both ovaries removed? ONE OVARY REMOVED 1 BOTH OVARIES REMOVED 2 DON'T KNOW -8 <u>ONEOVAR10</u>			
D6	Did you have an endometrial ablation (a procedure to reduce or eliminate menstrual periods by partially or completely destroying the lining of the uterus)? <u>ABLATIN10</u>	1	2	-8
D7.	Any <u>other</u> uterine procedures, other than D and C, for example: cesarean section, IUD insertion, fibroid removal or endometrial biopsy? <u>UTERPRO10</u>	1	2	-8
D8.	Thyroid gland removed? <u>THYRREM10</u>	1	2	-8

D9. Since your last study visit, have you had any of the following conditions?		NO	YES	DON'T KNOW
a.	endometriosis diagnosed by a physician (abnormal growths in lining of uterus)? <u>ENDO10</u>	1	2	-8
b.	pelvic pain (pain in the lowest part of the abdomen)? <u>PELVCPN10</u>	1	2	-8
c.	pelvic prolapse or relaxation (the uterus, bladder, or rectum drops, sometimes bulging out of vagina)? <u>PROLAPS10</u>	1	2	-8
d.	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>ABBLEED10</u>	1	2	-8
e.	fibroids (benign growths in the uterus or womb)? <u>FIBRUTR10</u>	1	2	-8

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

D10. Do you have a health care provider from whom you primarily get your care for women's health conditions? (If you have an obstetrician or gynecologist (ob/gyn), refer to him or her. If you don't, refer to the person from whom you get care for women's health. We will not contact your provider unless we request your specific written permission.)

PRVIDER10

No 1(GO TO E1, PAGE 22)

Yes 2

D11. What is the name of this health care provider? #PRVFRST10 _____ #PRVLAST10 _____
(FIRST) (LAST)

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

a. **#PRVTOWN10** _____ . **#PRVSTAT10** _____ c. If foreign country,
CITY/TOWN STATE Specify **#SPCNTRY10**

D13. What professional degree does this health care provider have? If you are not sure, please make your best guess:
[HAND RESPONDENT CARD "D" AND READ RESPONSE CATEGORIES.] **PROFDEG10**

Medical Doctor (MD).....	1	
Doctor of Osteopathy (DO)	2	
Chiropractor (DC).....	3	
Registered Nurse (RN)	4	(D15)
Nurse Practitioner (NP)	5	(D15)
Physician Assistant (PA)	6	(D15)
Other: Specify #SPECIFY10	7	
DON'T KNOW	-8	(D15)

D14. Which of the following best describes this provider's specialty? **PROVSPC10**

A family practitioner.....	1
An internist	2
An obstetrician or gynecologist	3
A naturopath (one who uses non-medicinal therapy)	4
Other: Specify #SPECIAL10	5
No specialty	6
DON'T KNOW	8

D15. On average, how much time does this health care provider spend with you at each visit? **PROVTIM10**

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

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

- E1. Did you have any menstrual bleeding since your last study visit? **BLEEDNG10**
- NO 1 (E6)
YES..... 2
- E2. Did you have any menstrual bleeding in the last 3 months? **BLD3MON10**
- NO 1
YES..... 2
- E3. What was the date that you started your most recent menstrual bleeding? [PROMPT FOR MONTH AND YEAR, EVEN IF DAY IS UNKNOWN. ENTER -8 FOR DAY FIELD IF UNKNOWN] **LMPDAY†**
- | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

For the next two questions, I would like to ask you to think about your periods since your last study visit, during times when you were not using birth control pills or other hormone medications.

- E4. Which of the following best describes your menstrual periods since your last study visit? Have they:
[HAND RESPONDENT CARD “E”] **DESCPER10**
- Become farther apart? 1
Become closer together? 2
Occurred at more variable intervals? 3
Stayed the same? 4
Become more regular? 5
DON’T KNOW -8
NOT APPLICABLE -1 (E6)
- E5. A menstrual cycle is the period of time from the beginning of bleeding from one menstrual period to the beginning of bleeding of the next menstrual period. Since your last study visit, what was the usual length of your menstrual cycles? **LENGCYL10**
- LESS THAN 24 DAYS 1
24-35 DAYS 2
MORE THAN 35 DAYS 3
TOO VARIABLE OR IRREGULAR TO SAY 4
DON'T KNOW -8
- E6. Since your last study visit, have you been pregnant? Please include live births, stillbirths, abortions, miscarriages, tubal or ectopic pregnancies. **PRGNANT10**
- NO 1 (F1)
YES..... 2
- a. IF YES: [HAND RESPONDENT CARD “F”] What was the outcome of the pregnancy?
[READ RESPONSE CATEGORIES. IF RESPONDENT WAS PREGNANT MORE THAN ONCE SINCE LAST VISIT, RECORD OUTCOME OF MOST RECENT PREGNANCY.] **OUTCOME10**
- Live birth 1
Still birth 2 (F1)
Miscarriage 3 (F1)
Abortion..... 4 (F1)
Tubal/ectopic pregnancy..... 5 (F1)
Still pregnant..... 6 (F1)
- b. FOR LIVE BIRTHS ONLY: Are you currently breastfeeding? **BRSTFEE10**
- NO 1
YES 2

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

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

- F1. Thinking about your quality of life at the present time, I'd like you to give it a rating where 0 represents the worst possible quality for you and 10 represents the best possible quality for you. [HAND RESPONDENT CARD "G."] Looking at this line, how would you rate your overall quality of life at the present time? Choose a number between 0 and 10.

QLTYLIF10

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

- F2. 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 "H" 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>LISTEN10</u>	1	2	3	4	5
b. Someone to take you to the doctor if you needed it? <u>TAKETOM10</u>	1	2	3	4	5
c. Someone to confide in or talk to about yourself or your problems? <u>CONFIDE10</u>	1	2	3	4	5
d. Someone to help with daily chores if you were sick? <u>HELPSIC10</u>	1	2	3	4	5

- F3. I would now like to ask you about your feelings over the past two weeks. Tell me how often you have felt or thought this way. [HAND RESPONDENT CARD "H" AND READ RESPONSE CATEGORIES]

*[READ STEM INSTRUCTIONS]

	Never	Almost Never	Sometimes	Fairly Often	Very Often
In the past two weeks you have:					
*a. Felt unable to control important things in your life? <u>CONTROL10</u>	1	2	3	4	5
*b. Felt confident about your ability to handle your personal problems? <u>ABILITY10</u>	1	2	3	4	5
c. Felt that things were going your way? <u>YOURWAY10</u>	1	2	3	4	5
d. Felt difficulties were piling so high that you could not overcome them? <u>PILING10</u>	1	2	3	4	5

- F4. I am going to read you a list of ways you might have felt or behaved recently. Please tell me how often you have felt or behaved **this way during the past week**. [HAND RESPONDENT CARD “I” AND READ RESPONSE CATEGORIES]

* [READ STEM INSTRUCTIONS]		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)
During the past week:					
*a.	I was bothered by things that usually don't bother me <u>BOTHER10</u>	1	2	3	4
*b.	I did not feel like eating; my appetite was poor <u>APPETIT10</u>	1	2	3	4
*c.	I felt that I could not shake off the blues even with help from my friends <u>BLUES10</u>	1	2	3	4
d.	I felt that I was just as good as other people <u>GOOD10</u>	1	2	3	4
e.	I had trouble keeping my mind on what I was doing <u>KEEPMIN10</u>	1	2	3	4
f.	I felt depressed <u>DEPRESS10</u>	1	2	3	4
*g.	I felt that everything I did was an effort <u>EFFORT10</u>	1	2	3	4
h.	I felt hopeful about the future <u>HOPEFUL10</u>	1	2	3	4
i.	I thought my life had been a failure <u>FAILURE10</u>	1	2	3	4
j.	I felt fearful <u>FEARFUL10</u>	1	2	3	4
*k.	My sleep was restless <u>RESTLES10</u>	1	2	3	4
l.	I was happy <u>HAPPY10</u>	1	2	3	4
m.	I talked less than usual <u>TALKLES10</u>	1	2	3	4
n.	I felt lonely <u>LONELY10</u>	1	2	3	4
*o.	People were unfriendly <u>UNFRNDL10</u>	1	2	3	4
p.	I enjoyed life <u>ENJOY10</u>	1	2	3	4
q.	I had crying spells <u>CRYING10</u>	1	2	3	4
r.	I felt sad <u>SAD10</u>	1	2	3	4
*s.	I felt that people disliked me <u>DISLIKE10</u>	1	2	3	4
t.	I could not get going <u>GETGOIN10</u>	1	2	3	4

OCCUPATIONAL QUESTIONS

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

- G1. **Since your last study visit**, has there been a change in any of your jobs, that is: your place of employment, your job title, or your usual job tasks? **CHNGJOB10**

NO 1 (G3, p26)
YES..... 2
N/A -1 (G6, p27)

- G2. During the **past 2 weeks**, did you work at any time at a job or business, (Including work for pay performed at home? Include unpaid work in the family farm or business. If you were on vacation, or scheduled leave or sick leave, please answer as though you were at your usual job.) **JOB10**

NO 1 (G6, p27)
YES..... 2

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

JOB #1 **#JOBTITL110** _____

JOB #2 **#JOBTITL210** _____

JOB #3 **#JOBTITL310** _____

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

JOB #1 **#JOBACT110** _____

JOB #2 **#JOBACT210** _____

JOB #3 **#JOBACT310** _____

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

JOB #1 **#JBMAKE110** _____

JOB #2 **#JBMAKE210** _____

JOB #3 **#JBMAKE310** _____

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

CHANGHR10

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

G4. On average, how many total hours a week do you work, for pay?

HOURSPA10

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

G5. What is your current marital status? Would you say...

MARITAL10

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

FINAL MENSTRUAL PERIOD FORM

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

A6. INTERVIEW COMPLETED IN:

MAILLOC10

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

B5. Since your last study visit, did you have **both** ovaries removed (a bilateral oophorectomy)?
(PLEASE CIRCLE ONE RESPONSE)

BOTHOVR10

No 1
Yes 2
Don't know -8

A8. INTERVIEWER ADMINISTERED?

#INTADMIN10

NO 1
YES 2

Date Data Entered / Initials _____

Date Verified / Initials _____

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

AFFIX ID LABEL HERE

A1. RESPONDENT ID:

ARCHID

A2. SWAN STUDY VISIT #

10

#VISIT

A3. FORM VERSION:

01/15/2006

#FORM_V

A4. DATE FORM COMPLETED:

 / /
M M D D Y Y Y Y**SAADAY10[†]**

A5. INTERVIEWER'S INITIALS:

#INITS

A6. RESPONDENT'S DOB:

 / /
M M D D Y Y Y Y

#DOB

VERIFY WITH RESPONDENT

A7. COMPLETED IN:

#LOCATIO10

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:

LANGSAA10

ENGLISH 1
 SPANISH 2
 CANTONESE 3
 JAPANESE 4

A9. INTERVIEWER-ADMINISTERED?

#INTADMI10

NO 1
 YES 2

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

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.

Please remember that this information will remain confidential.

Thank you for your participation in this important study.

We are interested in learning more about women's health during their 40's, 50's and 60's. This first set of questions asks about your health and use of health care.

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

OVERHLT10

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

HOSPSTA10

- 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

MDTALK10

- 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

NERVES10

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>PAPSMEA10</u>	1	2
B6.	A breast physical examination (a doctor or medical assistant feels for lumps in the breast)? <u>BRSTEXA10</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>MAMOGRA10</u>	1	2

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

HLTHSER10

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

B8a. People fail to get health care for a variety of reasons. Have any of the following reasons prevented you from getting health care? (PLEASE CIRCLE ONE NUMBER FOR EACH REASON)

	NO	YES
a. Insurance or health plan does not cover	1	2 <u>INSURAN10</u>
b. Cannot afford.....	1	2 <u>NOTAFFR10</u>
c. Travel distance / lack of transportation	1	2 <u>NOTRANS10</u>
d. No health care provider	1	2 <u>NOPROVI10</u>
e. Too busy/ didn't have the time.....	1	2 <u>TOOBUSY10</u>
f. Don't trust doctors	1	2 <u>NOTRUST10</u>
g. I'm better off not knowing.....	1	2 <u>BETTROF10</u>
h. Other, Specify <u>#FAILSPE10</u>	1	2 <u>FAILOTH10</u>

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

SMOKERE10

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

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

_____ CIGARETTES PER DAY **AVCIGDA10**

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

M M

/

Y Y Y Y

Don't Know (-8) ☐

#SMOKEMO10 / **#SMOKEYR10**

The next questions are about your exposure to smoke. If you are a smoker, please do not include yourself when answering Q B10 – B10b.

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

___ # PERSONS

HHMEMSM10

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

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

HMOEXPD10

B10b. **Over the past 7 days**, when you were exposed to tobacco smoke in your home, how many hours were you exposed during a typical day?

___ # HOURS

HOMEXPH10

The next questions are about your consumption of alcoholic beverages.

B11. Since your last study visit, did you drink any beer, wine, liquor, or mixed drinks? **DRNKBEE10**

No 1 (GO TO B15, PAGE 7)
Yes..... 2

B12. How many glasses of beer (a medium glass or serving of beer is twelve ounces) did you drink on average per day, week or month? (PLEASE CIRCLE ONLY ONE RESPONSE.) **GLASBEE10**

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

B13. How many glasses of wine or wine coolers, (a medium glass or serving of wine is 4 to 6 ounces), did you drink on average per day, week or month? (CIRCLE ONE NUMBER) **GLASWIN10**

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

B14. How many glasses of liquor or mixed drinks, (a medium serving is one shot), did you drink on average, per day, week or month? (CIRCLE ONE NUMBER) **GLASLIQ10**

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

B15. Compared to one year ago, how would you rate your health in general now? (CIRCLE ONE)

HLTHAYR10

- 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

B16. 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 ACTI10</u>	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<u>M ACTI10</u>	1	2	3
c. Lifting or carrying groceries	<u>LIFTING10</u>	1	2	3
d. Climbing several flights of stairs	<u>CLIMBS10</u>	1	2	3
e. Climbing one flight of stairs	<u>CLIMB1 10</u>	1	2	3
f. Bending, kneeling, or stooping	<u>BENDING10</u>	1	2	3
g. Walking more than a mile	<u>WALKM10</u>	1	2	3
h. Walking several blocks	<u>WALKS10</u>	1	2	3
i. Walking one block	<u>WALK1 10</u>	1	2	3
j. Bathing or dressing yourself	<u>BATHING10</u>	1	2	3

B17. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of 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>PHYCTDW10</u>		
b. Accomplished less than you would like	1	2
<u>PHYACCO10</u>		
c. Were limited in the kind of work or other activities	1	2
<u>PHYLIMI10</u>		
d. Had difficulty performing the work or other activities (for example, it took extra effort)	1	2
<u>PHYDFCL10</u>		

B18. 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 <u>EMOCTDW10</u>	1	2
b. Accomplished less than you would like <u>EMOACCO10</u>	1	2
c. Didn't do work or other activities as carefully as usual <u>EMOCARE10</u>	1	2

B19. 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)

INTERFER10

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

B20. How much bodily pain have you had during the past 4 weeks? (CIRCLE ONE)

BODYPAI10

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

B21. During the past 4 weeks, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (CIRCLE ONE)

PAINTRF10

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

B22. 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>PEP10</u>	1	2	3	4	5	6
b. Have you been a very nervous person? <u>NERV4WK10</u>	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up? <u>CHER4WK10</u>	1	2	3	4	5	6
d. Have you felt calm and peaceful? <u>CALM4WK10</u>	1	2	3	4	5	6
e. Did you have a lot of energy? <u>ENERGY10</u>	1	2	3	4	5	6
f. Have you felt downhearted and blue? <u>BLUE4WK10</u>	1	2	3	4	5	6
g. Did you feel worn out? <u>WORNOUT10</u>	1	2	3	4	5	6
h. Have you been a happy person? <u>HAPY4WK10</u>	1	2	3	4	5	6
i. Did you feel tired? <u>TIRED10</u>	1	2	3	4	5	6

B23. 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)

SOCIAL10

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

B24. 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>HEALSIC10</u>	1	2	3	4	5
b. I am as healthy as anybody I know <u>HEALTHY10</u>	1	2	3	4	5
c. I expect my health to get worse <u>HEALWOR10</u>	1	2	3	4	5
k. My health is excellent <u>HEALEXC10</u>	1	2	3	4	5

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

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

C1. Hot flashes or flushes?

HOTFLAS10

(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

☐ Not at all ⁽¹⁾ (GO TO C2)

☐ 1-5 days ⁽²⁾

☐ 6-8 days ⁽³⁾

☐ 9-13 days ⁽⁴⁾

☐ Every day ⁽⁵⁾

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

NUMBER OF TIMES PER DAY: ____ (GO TO C1b)

NUMHOTF10

C1b. How much are you usually bothered by hot flashes or flushes?
(CIRCLE ONE NUMBER.): **BOTHOTF10**

Not at all.....1
Very little2
Moderately3
A lot.....4

C2. Cold sweats?

COLDSWE10

(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

☐ Not at all ⁽¹⁾ (GO TO C3)

☐ 1-5 days ⁽²⁾

☐ 6-8 days ⁽³⁾

☐ 9-13 days ⁽⁴⁾

☐ Every day ⁽⁵⁾

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

NUMBER OF TIMES PER DAY: ____ (GO TO C2b)

NUMCLDS10

C2b. How much are you usually bothered by cold sweats?
(CIRCLE ONE NUMBER.): **BOTCLDS10**

Not at all.....1
Very little2
Moderately3
A lot.....4

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

C3. Night sweats?

NITESWE10

(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

☐ Not at all ⁽¹⁾ (GO TO C4)

☐ 1-5 days ⁽²⁾

☐ 6-8 days ⁽³⁾

☐ 9-13 days ⁽⁴⁾

☐ Every day ⁽⁵⁾

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

NUMBER OF TIMES PER NIGHT: ____ (GO TO C3b)

NUMNITS10

C3b. How much are you usually bothered by night sweats?
(CIRCLE ONE NUMBER.): **BOTNITS10**

Not at all.....1
Very little2
Moderately3
A lot.....4

C4. Stiffness or soreness in joints, neck or shoulders?

STIFF10

(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

☐ Not at all ⁽¹⁾ (GO TO C5)

☐ 1-5 days ⁽²⁾

☐ 6-8 days ⁽³⁾

☐ 9-13 days ⁽⁴⁾

☐ Every day ⁽⁵⁾

C4a. How much are you usually bothered by stiffness or soreness in joints, neck or shoulders? (CIRCLE ONE NUMBER): **BOTSTIF10**

Not at all.....1
Very little2
Moderately3
A lot.....4

C5. Irritability or grouchiness?

IRRITAB10

(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

☐ Not at all ⁽¹⁾ (GO TO C6)

☐ 1-5 days ⁽²⁾

☐ 6-8 days ⁽³⁾

☐ 9-13 days ⁽⁴⁾

☐ Every day ⁽⁵⁾

C5a. How much are you usually bothered by irritability or grouchiness?
(CIRCLE ONE NUMBER.): **BOTIRRT10**

Not at all.....1
Very little2
Moderately3
A lot.....4

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

C6. Tense or nervous?

NRVOUS10

(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

☐ Not at all ⁽¹⁾ (GO TO C7)

☐ 1-5 days ⁽²⁾

☐ 6-8 days ⁽³⁾

☐ 9-13 days ⁽⁴⁾

☐ Every day ⁽⁵⁾

C6a. How much are you usually bothered by feeling tense or nervous?
(CIRCLE ONE NUMBER.): **BOTNERV10**

Not at all.....1
Very little2
Moderately3
A lot.....4

C7. Below is a list of common problems which affect us from time to time in our daily lives.

Thinking back over the past two weeks, please circle the number corresponding to how often you experienced any of the following.

How often have you had...	Not at all	1-5 days	6-8 days	9-13 days	Every day
a. Back aches or pains? <u>ACHES10</u>	1	2	3	4	5
b. Vaginal dryness? <u>VAGINDR10</u>	1	2	3	4	5
c. Feeling blue or depressed? <u>FEELBLU10</u>	1	2	3	4	5
d. Dizzy spells? <u>DIZZY10</u>	1	2	3	4	5
e. Forgetfulness? <u>FORGET10</u>	1	2	3	4	5
f. Frequent mood changes? <u>MOODCHG10</u>	1	2	3	4	5
g. Heart pounding or racing? <u>HARTRAC10</u>	1	2	3	4	5
h. Feeling fearful for no reason? <u>FEARFULA10</u>	1	2	3	4	5
i. Headaches? <u>HDACHE10</u>	1	2	3	4	5
j. Breast pain/tenderness? <u>BRSTPA110</u>	1	2	3	4	5
k. Vaginal irritation/itching? <u>VAGIRRT10</u>	1	2	3	4	5
l. Vaginal discharge? <u>VAGDISH10</u>	1	2	3	4	5
m. Vaginal soreness/pain? <u>VAGSORE10</u>	1	2	3	4	5

C8. These questions (a - c) are about your sleep habits over the past two weeks. Please circle one answer for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 2 weeks.

In the past two weeks...	No, not in the past 2 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times per week	Yes, 5 or more times a week
a. Did you have trouble falling asleep? <u>TRBLSLE10</u>	1	2	3	4	5
b. Did you wake up several times a night? <u>WAKEUP10</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>WAKEARL10</u>	1	2	3	4	5

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

C9. During the past month, how would you rate your sleep quality overall? **SLEEPQL10**

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

A common complaint among women is having to urinate a lot or the involuntary loss of urine. We would like to understand more about this problem. The following questions will help us understand how you've experienced these things recently.

C10. Since your last study visit, have you ever leaked, even a very small amount, of urine involuntarily?

No..... 1 (GO TO D1, PAGE 16)

Yes 2

↓

INVOLEA10

IF YES:

C10a. **In the last month**, about how many days have you lost any urine, even a small amount, beyond your control? (CIRCLE ONLY ONE ANSWER.) DAYSLEA10

Never..... 1

Less than one day per week 2

Several days per week..... 3

Almost daily/daily..... 4

C10b. Under what circumstances does it occur?

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

		NO	YES
1.	When you are coughing, laughing, sneezing, jogging, or picking up an object from the floor. <u>COUGHLE10</u>	1	2
2.	When you have an urge to void and can't get to a toilet fast enough. <u>URGEVOI10</u>	1	2
3.	Other Specify: <u>OTHROLEA10</u> <u>#LEAKSPE10</u>	1	2

C10c. How much urine do you lose when you leak? LEKAMNT10

A drop or two..... 1

Enough to change undergarments or wear a liner or pad..... 2

Enough to wet outer clothing..... 3

Enough to wet the floor 4

C10d. On a scale from 0 to 10, where 0 = Not at all bothered and 10 = Extremely bothered, how much does the leakage of urine bother you? (CIRCLE ONE NUMBER.) LEKBOTH10

0 1 2 3 4 5 6 7 8 9 10

Not at all
bothered

Somewhat
bothered

Extremely
bothered

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

D1. 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
b. Herbs or herbal remedies, such as homeopathy or Chinese herbs or teas?	1	2
c. Psychological methods, such as meditation, mental imagery, or relaxation techniques?	1	2
d. Physical methods, such as massage, acupressure, acupuncture, or chiropractic therapy?	1	2
e. Folk medicine or traditional Chinese medicine?	1	2
f. Any others?	1	2

IF YES, please specify:

#SPECOTH10 _____

- 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, indicate how upsetting it was by circling 2, 3 4 or 5. (PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION.)

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very upsetting and still upsetting
a. Started school, a training program, or new job? <u>STARTNE10</u>	1	2	3	4	5
b. Had trouble with a boss or conditions at work got worse? <u>WORKTRB10</u>	1	2	3	4	5
c. Quit, fired or laid off from a job? <u>QUITJOB10</u>	1	2	3	4	5
d. Took on a greatly increased work load at job? <u>WORKLOA10</u>	1	2	3	4	5
e. Husband/partner became unemployed? <u>PRTUNEM10</u>	1	2	3	4	5
f. Major money problems? <u>MONEYPR10</u>	1	2	3	4	5
g. Relations with husband/partner changed for the worse but without separation or divorce? <u>WORSREL10</u>	1	2	3	4	5
h. Were separated or divorced or a long-term relationship ended? <u>RELATEN10</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>SERIPRO10</u>	1	2	3	4	5
j. A child moved out of the house or left the area? <u>CHILDMO10</u>	1	2	3	4	5
k. Took on responsibility for the care of another child, grandchild, parent, other family member or friend? <u>RESPCAR10</u>	1	2	3	4	5

Question E1 continued:

	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>LEGALPR10</u>	1	2	3	4	5
m. A close relative (husband/partner, child or parent) died? <u>CRELDIE10</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>CLOSDIE10</u>	1	2	3	4	5
o. Major accident, assault, disaster, robbery or other violent event happened to yourself? <u>SELFVIO10</u>	1	2	3	4	5
p. Major accident, assault, disaster, robbery or other violent event happened to a family member? <u>FAMLVIO10</u>	1	2	3	4	5
q. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? <u>PHYSILL10</u>	1	2	3	4	5
r. Other major event not included above? <u>MAJEVEN10</u>	1	2	3	4	5
Specify: <u>#SPECEVN10</u>					

F1. Are you currently married or in a committed relationship?

CRNTMAR10

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

a. How rewarding is this relationship? (CIRCLE ONE NUMBER) **RWRDREL10**

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

b. How stressful is this relationship? (CIRCLE ONE NUMBER) **STRSREL10**

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.) **#INCOME10^s**

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

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 HAR10**

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

^sG.1 Note that the 200% poverty indicator variable created for other visit years is not applicable at Visit 10 because household size was not collected. INCOME10 has been excluded from the public dataset due to small cell size.

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>INTRPAN10</u>	1	2	3	4	5
b. Disinterested	<u>DISIPAN10</u>	1	2	3	4	5
c. Excited	<u>EXCIPAN10</u>	1	2	3	4	5
d. Upset	<u>UPSEPAN10</u>	1	2	3	4	5
e. Strong	<u>STROPAN10</u>	1	2	3	4	5
f. Guilty	<u>GUILPAN10</u>	1	2	3	4	5
g. Scared	<u>SCARPAN10</u>	1	2	3	4	5
h. Hostile	<u>HOSTPAN10</u>	1	2	3	4	5
i. Enthusiastic	<u>ENTHPAN10</u>	1	2	3	4	5
j. Proud	<u>PROUPAN10</u>	1	2	3	4	5
k. Irritable	<u>IRRIPAN10</u>	1	2	3	4	5
l. Alert	<u>ALERPAN10</u>	1	2	3	4	5
m. Ashamed	<u>ASHAPAN10</u>	1	2	3	4	5
n. Inspired	<u>INSPPAN10</u>	1	2	3	4	5
o. Nervous	<u>NERVPAN10</u>	1	2	3	4	5
p. Determined	<u>DETEPAN10</u>	1	2	3	4	5
q. Attentive	<u>ATTEPAN10</u>	1	2	3	4	5
r. Jittery	<u>JITTPAN10</u>	1	2	3	4	5
s. Active	<u>ACTIPAN10</u>	1	2	3	4	5
t. Afraid	<u>AFRAPAN10</u>	1	2	3	4	5

The following section will ask you about personal feelings. These questions are important, as our feelings may directly affect our health or influence how we respond to health issues.

I1. In your day-to-day life have you had the following experiences: (CIRCLE ONE NUMBER FOR EACH.)

	Often	Sometimes	Rarely	Never
a. You are treated with less courtesy than other people. <u>COURTES10</u>	1	2	3	4
b. You are treated with less respect than other people. <u>RESPECT10</u>	1	2	3	4
c. You receive poorer service than other people at restaurants or stores. <u>POORSER10</u>	1	2	3	4
c. People act as if they think you are not smart. <u>NOTSMAR10</u>	1	2	3	4
e. People act as if they are afraid of you. <u>AFRAIDO10</u>	1	2	3	4
f. People act as if they think you are dishonest. <u>DISHONS10</u>	1	2	3	4
g. People act as if they're better than you are. <u>BETTER10</u>	1	2	3	4
h. You or your family members are called names or insulted. <u>INSULTE10</u>	1	2	3	4
i. You are threatened or harassed. <u>HARASSE10</u>	1	2	3	4
j. People ignore you or act as if you are not there. <u>IGNORED10</u>	1	2	3	4

IF YOU ANSWERED "OFTEN" OR "SOMETIMES", TO ANY STATEMENTS IN I1,
PLEASE ANSWER QUESTION I2.

I2. Were any of the following reasons why you "sometimes" or "often" had these experiences?

		NO	YES
a. Race	<u>BCRACE10</u>	1	2
b. Ethnicity	<u>BCETHN10</u>	1	2
c. Gender	<u>BCGENDR</u>	1	2
d. Age	<u>BCAGE10</u>	1	2
e. Income Level	<u>BCINCML10</u>	1	2
f. Language	<u>BCLANG10</u>	1	2
g. Body Weight	<u>BCWGHT10</u>	1	2
h. Physical Appearance (other than body weight)	<u>BCPHAPP10</u>	1	2
i. Sexual Orientation	<u>BCORIEN10</u>	1	2
j. Other, Specify:	<u>OTHEREX10</u> <u>OTHSPE10</u>	1	2

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

Date Data Entered / Initials _____

Date Verified / Initials _____

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

AFFIX ID LABEL HERE

A1. RESPONDENT ID:

ARCHID

A2. SWAN STUDY VISIT #

#VISIT

A3. FORM VERSION:

01/01/2002

#FORM_V

A4. DATE FORM COMPLETED:

<u> </u>	<u> </u>	/	<u> </u>	<u> </u>	/	<u> </u>	<u> </u>	<u> </u>	<u> </u>
M	M		D	D		Y	Y	Y	Y

SABDAY10[†]

A5. INTERVIEWER'S INITIALS:

#INITS

A6. RESPONDENT'S DOB:

<u> </u>	<u> </u>	/	<u> </u>	<u> </u>	/	<u> </u>	<u> </u>	<u> </u>	<u> </u>
M	M		D	D		Y	Y	Y	Y

#DOB

VERIFY WITH RESPONDENT

A7. COMPLETED IN:

#LOCATIO10

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:

LANGSAB10

ENGLISH	1
SPANISH	2
CANTONESE	3
JAPANESE	4

A9. INTERVIEWER-ADMINISTERED?

#ADMIN10

NO	1
YES	2

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

Variable Excluded from Public Use Data File

Follow-up Visit 10 Self-Administered Questionnaire, Part B

Page 56

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) **IMPORSE10**

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) **DESIRSE10**

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) **ENGAGSE10**

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? **SATISFY10**

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>KISSING10</u>	1	2	3	4	5
b) Sexual touching or caressing? <u>TOUCHIN10</u>	1	2	3	4	5
c) Oral sex? <u>ORALSEX10</u>	1	2	3	4	5
d) Sexual intercourse? <u>INTCOUR10</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? AROUSED10

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? PELVIC10

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? LUBRICN10

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)? **ABLECLM10**

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? **IMPCLMX10**

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? **SATISFD10**

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

FREQUEN10

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? **MEN6MOS10**

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)?

MASTURB10

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.

PHYSICAL MEASURES*Study of Women's Health Across the Nation***SECTION A. GENERAL INFORMATION**

A1. RESPONDENT ID: AFFIX ID LABEL HERE ARCHID

A2. SWAN STUDY VISIT # 09 #VISIT

A3. FORM VERSION: 06/01/2003 #FORM_V

A4. DATE FORM COMPLETED:
 ____ / ____ / ____
 M M D D Y Y Y Y
 PHYDAY10[†]

A5. RESPONDENT'S DOB:
 ____ / ____ / ____
 M M D D Y Y Y Y
 #DOB

VERIFY WITH RESPONDENT

A6. MEASUREMENTS COMPLETED IN: #LOCATIO10

RESPONDENT'S HOME.....1

CLINIC/OFFICE.....2

A7. TECHNICIAN'S INITIALS

a. BLOOD PRESSURE ____ ____ ____ #INITSA10

b. HEIGHT/WEIGHT ____ ____ ____ #INITSB10

c. WAIST/HIP ____ ____ ____ #INITSC10

A8. WERE PHYSICAL MEASURES COMPLETED? #PHYCOMP10

NO..... 1

YES..... 2 **(B1)**

A8.1. IF NO (i.e. PHYSICAL MEASURES NOT DONE), SPECIFY REASON: #PHYNOT

UNWILLING/UNABLE TO COME TO OFFICE..... 1 **(END)**

OUTSIDE OF 90-DAY WINDOW..... 2 **(END)**

OTHER..... 3 **(END)**

IF OTHER, SPECIFY _____

#PHYNOTS

REFUSED.....-7 **(END)**

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

Section B. Measurements

- B1. ARM LENGTH _____ ▪ _____ cm **#ARMLNGT10**
- B2. ARM CIRCUMFERENCE _____ ▪ _____ cm **#ARMCIRC10**
- B3. CUFF SIZE USED (Circle one.) 1. Pediatric 3. Large Adult
2. Adult 4. Thigh **#CUFFSIZ10**

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.

- B4. PULSE **PULSE10** _____ beats/30 sec
- B5. BLOOD PRESSURE #1 (SYS./DIA. 5th Phase) _____ / _____ mmHg
SYSBP110 / DIABP110
- B6. BLOOD PRESSURE #2 (SYS./DIA. 5th Phase) _____ / _____ mmHg
SYSBP210 / DIABP210

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

- B7. HEIGHT **HEIGHT10** _____ ▪ _____ cm
- B7.1. Measurement Method 1. Stadiometer 2. Portable
HTMETHO10 3. Self Report
- B7.1.a. If Self Report, then choose one of the following **HTSELF10**
1. Participant in wheelchair/disabled 2. Equipment Failure
3. Refused to be measured 4. Other **#HTSELFS10**
Specify _____
- B8. WEIGHT **WEIGHT10** _____ ▪ _____ kg
- B8.1. Scales **SCALE10** 1. Balance Beam 2. Clinic Digital
3. Portable 4. Self Report
- B8.1.a. If Self Report, then choose one of the following **WTSELF10**
1. Participant in wheelchair/disabled 2. Equipment Failure
3. Refused to be weighed 4. Participant weight more than scale
5. Other
Specify _____ **#WTSELFS10**
- B9. WAIST CIRCUMFERENCE _____ ▪ _____ cm **WAIST10**
- B9.1. Measurement taken in: 1. Undergarments 2. Light clothing
WASTMEA10
- B10. HIP CIRCUMFERENCE _____ ▪ _____ cm **HIP10**
- B10.1. Measurement taken in: 1. Undergarments 2. Light clothing
HIPMEAS10
- B11. Please note if there were any unusual circumstances or deviations from the protocol.

DEVIAT110 / #DEVIAT210 _____

ADDITIONAL PHYSICAL MEASURES

One additional measure, BMI, has been made available:

Variable	Meaning	Values
<u>BMI10</u>	Body Mass Index	numeric

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

Date Data Entered / Initials _____

Date Verified / Initials _____

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

A1. RESPONDENT ID: AFFIX ID LABEL HERE
 ARCHID

A2. SWAN STUDY VISIT # 10 **#VISIT**

A3. FORM VERSION: 01/15/2006 **#FORM_V**

A4. DATE FORM COMPLETED: **COGDAY[†]**

M
M
/
D
D
/
Y
Y
Y
Y

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

_
_
_

A6. RESPONDENT'S DOB: **#DOB**

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

VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO10**

RESPONDENT'S HOME..... 1

CLINIC / OFFICE..... 2

A8. INTERVIEW LANGUAGE: **LANGCOG10**

ENGLISH..... 1

SPANISH..... 2

CANTONESE 3

JAPANESE..... 4

A9. WERE ANY OF THE COGNITIVE FUNCTION TESTS COMPLETED? **#COGCOMP10**

NO..... 1

YES..... 2 **(A10)**

A9.1. IF NO (i.e. COGNITIVE FUNCTION TESTS NOT DONE), SPECIFY REASON: **#COGNOT10**

UNWILLING/UNABLE TO COME TO OFFICE..... 1 **(END)**

OUTSIDE OF 90-DAY WINDOW 2 **(END)**

OTHER 3 **(END)**

IF OTHER, SPECIFY **#COGNOTS10** _____

REFUSED -7 **(END)**

A10. START TIME AM....1

_
:
_
_
_
_

#START10 PM....2

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

Variable Excluded from Public Use Data File

Cognitive – Follow-Up 10 Cognitive Assessment

B. EAST BOSTON MEMORY TEST I

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

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

I. IMMEDIATE RECALL OF STORY

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

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

The story is:

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

RECORD RESPONSE VERBATIM

IMEDTHR10

IMEDCH110

IMEDHOU10

IMEDFIR10

IMEDFMN10

IMEDCLM10

IMEDCH210

IMEDRES10

IMEDMIN10

IMEDINJ10

IMEDEV10

IMEDWEL10

TOTIDE110

SCORE EACH IDEA AS PRESENT OR ABSENT

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

C. SYMBOL DIGIT MODALITIES TEST

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

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

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

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

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

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

Now what number belongs in the next box?

POINT TO BOX IF NECESSARY. RECORD RESPONSE.

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

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

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

DRAW OVER THE DOUBLE LINE IN THE PRACTICE ROW.

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

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

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

AFTER PRACTICE ROW IS COMPLETED, SAY:

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

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

RECORD RESPONSES.

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

SYMBOL DIGIT MODALITIES TEST (CONTINUED) – SCORING:

1. Administration status (1, 6-10)

SDMTSTA10

- 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 **#SDMTSPE10** _____

- 10 = Administered but not according to protocol

Specify _____

2. Number of Test Administrations

_____ **SDMTADM10**

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

_____ **SDMTPRA10**

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

SDMTATM10

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

SDMTCOR10

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 <u>CORRECT</u> (1), SAY: That's right. Now I have some more numbers. Remember, you are to say them backwards. [GO TO 1a]	
IF <u>ERROR</u> (0), SAY: No, I said 2 – 8 – 3, so to say them backwards, you would need to say 3 – 8 – 2. [GO TO P2]	
P2. Try this one. Remember, you are to say them backwards. Ready? 1 – 5 – 8.	_____
IF <u>CORRECT</u> (1), SAY: That's right. Now I have some more numbers. Remember, you are to say them backwards. [GO TO 1a]	
IF <u>ERROR</u> (0), SAY: No, I said 1 – 5 – 8, so to say them backwards, you would need to say 8 - 5 - 1. Now I have some more numbers. Remember, you are to say them backwards.	

DIGITS BACKWARD (CONTINUED)

0 = Error
 1 = Correct
 -1 = Not Administered due to discontinuation rule
 6 = Not administered because of physical impairment
 7 = Not administered because of verbal refusal
 8 = Not administered because of behavioral reason
 9 = Not administered for some other reason, Specify below
 10 = Administered but not according to protocol, Specify below

<i>Item</i>	<i>Response Code</i>
-------------	----------------------

1a. Ready? 5 – 1	<u>DIGIT1A10</u>
1b. Here is another: 3 – 8	<u>DIGIT1B10</u>
2a. Here is another: 4 – 9 – 3	<u>DIGIT2A10</u>
2b. Here is another: 5 – 2 – 6	<u>DIGIT2B10</u>
3a. Here is another: 3 – 8 – 1 – 4	<u>DIGIT3A10</u>
3b. Here is another: 1 – 7 – 9 – 5	<u>DIGIT3B10</u>
4a. Here is another: 6 – 2 – 9 – 7 – 2.....	<u>DIGIT4A10</u>
4b. Here is another: 4 – 8 – 5 – 2 – 7.....	<u>DIGIT4B10</u>
5a. Here is another: 7 – 1 – 5 – 2 – 8 – 6.....	<u>DIGIT5A10</u>
5b. Here is another: 8 – 3 – 1 – 9 – 6 – 4.....	<u>DIGIT5B10</u>
6a. Here is another: 4 – 7 – 3 – 9 – 1 – 2 – 8.....	<u>DIGIT6A10</u>
6b. Here is another: 8 – 1 – 2 – 9 – 3 – 6 – 3.....	<u>DIGIT6B10</u>

Specify:

#SPCDIG110

#SPCDIG210

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

E. EAST BOSTON MEMORY TEST II – DELAYED RECALL OF STORY

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

RECORD RESPONSE VERBATIM

DLAYTHR10

DLAYCH110

DLAYHOU10

DLAYFIR10

DLAYFMN10

DLAYCLM10

DLAYCH210

DLAYRES10

DLAYMIN10

DLAYINJ10

DLAYEVR10

DLAYWEL10

TOTIDE210

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		

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**

AFFIX ID LABEL HERE

A1. RESPONDENT ID:

ARCHID

A2. SWAN STUDY VISIT #

10

#VISIT

A3. FORM VERSION:

03/03/2003

#FORM_V

A4. DATE FORM COMPLETED:

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

BIODAY10[†]

A5. OPERATOR'S INITIALS:

#INITS

A6. RESPONDENT'S DOB:

___	___	/	___	___	/	1	9	___	___
M	M		D	D		Y	Y	Y	Y

#DOB

VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN:

#LOCATIO10

RESPONDENT'S HOME/OFFICE 1

CLINIC/OFFICE 2

A8. INTERVIEW LANGUAGE:

LANGBIO10

ENGLISH 1

SPANISH 2

CANTONESE 3

JAPANESE 4

A9. WAS BIOIMPEDANCE MEASUREMENT COMPLETED?

COMPBIA10

NO 1

YES 2 (B1)

A9.1. IF NO (i.e. BIOIMPEDANCE NOT DONE), SPECIFY REASON:

#BIONOT10

UNWILLING/UNABLE TO COME TO OFFICE 1 (END)

OUTSIDE OF 90-DAY WINDOW 2 (END)

OTHER 3 (END)

IF OTHER, SPECIFY **#BIONOTS10**

INELIGIBLE (B1 = YES or DON'T KNOW) 4 (END)

REFUSED -7 (END)

Variable Excluded from Public Use Data File

Bioimpedance

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)?

AICDPUM10

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.?

EXER12H10

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.?

EAT5HR10

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.?

ALCO24H10

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

B5. Do you have any embedded medical devices, metal pins or plates, clips or beads used to treat cancer, braces, staples from surgery or any other type of embedded metal? **EMBDDEV10**

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

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

METJEWL10

B6. DID PARTICIPANT WEAR ANY METAL JEWELRY DURING MEASUREMENT?

NO.....1 (B7)
YES.....2

B6.1. IF YES, WERE THERE ANY RINGS, BRACELETS, WATCHES OR ANKLE JEWELRY ON THE MEASURED SIDE? **ONMEASS10**

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

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

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

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

B7. ON WHICH SIDE OF THE BODY WERE THE ELECTRODES PLACED? **SIDE10**

RIGHT.....1
LEFT.....2

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

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

(+ OR -) **CONDRAW10 / CONDFRZ10** _____ OHMS

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

(+ OR -) **IMPERAW10 / IMPEFRZ10** _____ OHMS

B10. WAS THE MEASUREMENT RE-RUN? **BIORRUN10**

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

B11. COMMENTS: _____
#OPERC0110 #OPERC0210

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

Thank you for your participation in this study.

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

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

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

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

ADDITIONAL MEASURES COLLECTED

The following answers pertain to the serum hormone measures:

- A9. WAS BLOOD DRAWN? **BLDDRAW10**
- NO..... 1
- YES..... 2 (A10)

THE FOLLOWING ONLY APPLY IF BLOOD WAS DRAWN.

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

- A10. Are you currently pregnant? **PREGNAN10**
- NO..... 1
- YES..... 2
- DON'T KNOW..... -9

- A11. Have you had anything to eat or drink, other than water, **in the last 12 hours?** That is, since ___ : ___ last night ? **EATDRIN10**
- NO..... 1
- YES..... 2

- A12. Did you start a menstrual period in the last five days? **STRTPER10**
- NO..... 1 (A13)
- YES..... 2

- A12.1. What is the date that you started to bleed? **DATEBLE10**
- ___ / ___ / ___
- M M D D Y Y Y Y

- A13. BLOOD DRAW CATEGORY: **BLDRWAT10**
- BLOOD DRAWN, PER PROTOCOL 1
- BLOOD DRAWN, MENSES TOO VARIABLE 2
- BLOOD DRAWN, LAST ATTEMPT 3
- BLOOD DRAWN, RESPONDENT PREGNANT 4

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

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

- A14. Have you had any alcohol **in the last 24 hours?** **ALCHL2410**
- NO..... 1
- YES..... 2

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

Variable Excluded from Public Use Data File

Additional Measures

SERUM HORMONE MEASURES

1. Variables for assays

Variable	Assay	Units
DHAS10	Dehydroepiandrosterone sulfate	ug/dL
E2AVE10*	Estradiol (see important note below)	pg/mL
FSH10	Follicle-stimulating hormone	mIU/mL
SHBG10	Sex hormone-binding globulin	nM
T10	Testosterone	ng/dL
TSH10	Thyroid-stimulating hormone	uIU/mL

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

2. Flags and other variables

Variable	Meaning	Codes
CYCDAY10	Day of cycle	n/a
FLGCV10	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%.	0=no, 1=yes
FLGDIF10	One or both Estradiol results $\leq$ 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 $\leq$ 15%. 2. If one or both E2 $\leq$ 20 pg/ml, the two E2 results must agree within 10 pg/ml. DATA WITH THESE FLAGS SHOULD BE OMITTED FROM DATA ANALYSES, OR USED WITH CAUTION IF INCLUDED IN ANALYSES.	

*1=yes means flagged

3. Changes to the data:

- Lower limit of detection (LLD). Hormone results below the LLD were recoded to a value of '.L'.
- LLDs changed over time. The following LLDs were provided by the lab and apply to all samples through 2009:

Hormone	Time Window on hormone measurement corresponding to LLD	Lower Limit of Detection
DHEAS	~ Sep. 15, 1997	<1.52 ug/dL (Initial value)
	Sep. 16, 1997 ~ Jan. 14, 1999	<0.304 ug/dL
	Jan. 15, 1999 ~	<1.5 ug/dL
E2	~ Feb. 20, 2000	<1.0 pg/mL (Initial value)
	Feb. 21, 2000 ~ Aug. 27, 2001	<2.0 pg/mL
	Aug. 28, 2001 ~ May 03, 2009	<4.0 pg/mL
	May 04, 2009 ~	<7.0 pg/mL
FSH	~ Aug. 05, 1999	<1.05 mIU/mL (Initial value)
	Aug. 06, 1999 ~ Nov. 10, 1999	<1.0 mIU/mL
	Nov. 11, 1999 ~ Jul. 19, 2000	<0.7 mIU/mL
	Jul. 20, 2000 ~ Oct. 29, 2002	<0.6 mIU/mL
	Oct. 30, 2002 ~ Sep. 28, 2003	<0.5 mIU/mL
	Sep. 29, 2003 ~ Feb 20, 2006	<0.4 mIU/mL
	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	Calibrated
CRPRESU10	C-reactive protein calibrated result	mg/l	Yes

2. Flags and other variables

Variable	Meaning	Codes
FLAGSER10	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. Additional flag variables indicating "unusual" results data

Flag variables have been created for each of the key primary CV results variables. These flag variables indicate 'unusual' or outlying values. They have been identified following examination of the 06 lab results, as well as longitudinal checks on absolute change, and percentage change, in values for a given participant between follow-ups 05 and 06.

Variable Excluded from Public Use Data File

Additional Measures

The table below indicates the ranges that were used to identify ‘unusual’ values in the 06 dataset. Flags for all key variables were set to 1 for any result outside of these specified ranges. In the case of the longitudinal checks, we have identified unusual cases based on the distribution of the data. No flags were set to indicate the values identified by longitudinal checks, but outliers were identified, submitted to MRL for verification and were reported to be fine.

Lab result	Flag Name	Flag Range*	Units
CRP	<u>CRPFLG10</u>	(0.00001,100)	mg/l

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