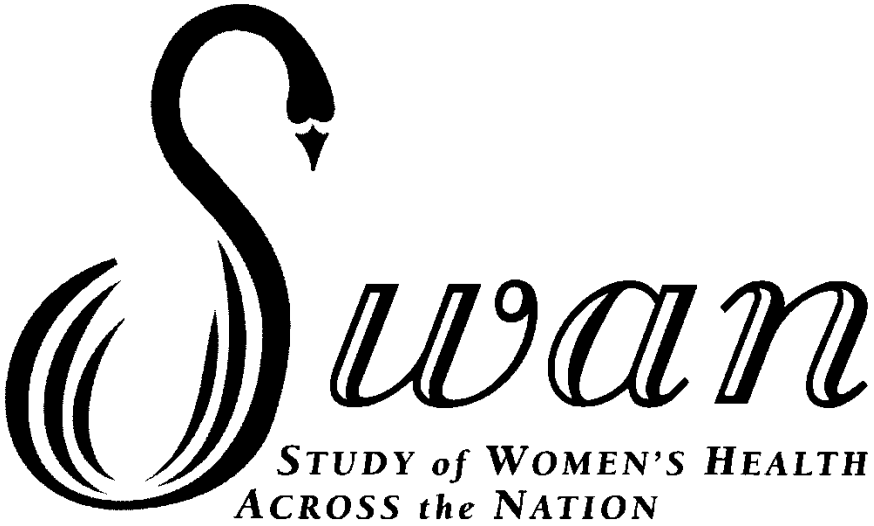

FOLLOW-UP VISIT 13

CODEBOOK

ARCHIVED DATASET 2019

Dataset file nia132019

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TABLE OF CONTENTS

DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 13 DATASET

1. Who is included in the public use dataset:

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

Differences from the prior release of the Visit 13 archive dataset (nia132018):

- The Arthritis Disability Questionnaire (ARDIS) was added.
- All Cardiovascular measures were calibrated measures except glucose and direct LDL cholesterol due to changes in labs and machines over time during the study. Glucose measurement done at the University of Michigan Pathology lab measurements were not calibrated because the MRL lab measurements from Visits 00-07 were calibrated to those for Visits 09-15.:
  - Insulin was added, since a suitable calibration was applied.
  - Cholesterol, triglycerides, HDL-C and LDL-C assay results were calibrated. However, even with the calibration applied, there is an unexplained "dip" in the CV assay results at visits 12 and 13. It is strongly suggested that the visit 12 and visit 13 assays only be used for cross-sectional analyses. If these data are used in longitudinal analyses, it is highly recommended that analysts 1) adjust for the visit effect and 2) run sensitivity analyses without the visit 12 and 13 data.
  - FLAGSER13 was inconsistently applied over visits, and did not capture whether the analyte was measured on serum rather than plasma. This flag now indicates that the plasma draw was not obtained, and serum from another draw was sent to the lab.
  - Flags to indicate out of range values for results were added. In addition, the flags for calibrated results were changed to the range of the lab results to which they were being calibrated.

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

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 13. 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 13 Self-Administered Questionnaire Part A was collected 13 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 13 have a 13 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 (AGE13) was calculated from date of birth to when the interview form was completed, and is rounded to the next lowest integer. If the interview date is not available and the Self-Administered Part A date is available, that date was used to compute AGE13.
- CES-D scores can be created from the questions in E.5.
- 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 FORMINT13 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) completed an abbreviated interview in combination with either an abbreviated or full Self-Administered Part A form.
c) FMP (Final Menstrual Period Form) could be filled in at the clinic or home.

1. Differences between Visit 12 and Visit 13: Certain questions that were asked for the first time at Visit 12 were asked as 'since the last study visit' at Visit 13. These questions include the B6 (diagnosed or treated for heart problems), B12 – B13 (the knee and hip replacement questions), and section C (taken preparations for the treatment of hot flashes). These variables were prefaced with an 'L' to indicate that the variable was asked with 'since the last study visit' as the time frame.

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 FORMSAA13 delineates those who did the full questionnaire (SAA) from the participants who did the abbreviated questionnaire (AIN), the phone interview (PAT) or the abbreviated plus follow-up interview (AFU).
- The income question (F.1) was omitted due to small cell sizes.
- Flag Data Source/Form (DATAFLG13) is a flag variable to indicate whether the record is from the Self-Administered Questionnaire Part A (SAA), the Abbreviated Follow-up Interview (AIN), or the Self A Amended Telephone Interview (PAT). Data collected varies by form (see Additional Notes below).
- Out of Visit Collection Window Flag (OUTOF13) is a flag variable for cases where the questionnaire was completed after the study-wide Visit 13 cut-off date of 04/30/2013 (OUTOF13 = 1) or was completed before Visit 13 officially began on 09/02/2011 (OUTOF13 = -1).
- 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.
- The variable FEARFUL13 from the SAA form has been rename FEARFULA13 to avoid confusion with the variable of the same name from the INT form, which conveys different information.

Self-Administered Questionnaire Part B

- 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.
- The flag variable FLGSABV13 indicates completion dates that were outside of the official data collection period for the 13 visit (09/02/2011 - 04/30/2013). Any valid values were flagged as "0" and invalid values were flagged as "1".

Physical Measures

- This dataset includes data from cohort participants who completed either the Visit 13 Physical Measures (PHY) form or the Visit 13 AINT (Abbreviated Interview), or the Visit 13 PATI (Self-A Amended Telephone Interview). The variable FORMPHY13 indicates which form was completed.
- In addition to the variables on the form, BMI13 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

- Individual and summary scores are available for the following tests:
  - Rey Auditory Verbal Learning Test.
  - Backward Counting from 100
  - Letter Number Sequencing
  - Rey Auditory Verbal Learning Test: Short Delay Word Recall
  - East Boston Memory Test
  - Symbol Digit Modalities
  - Digit Span Backward
- 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
- In addition, the Letter Number Sequencing (FLGLNS12 helps delineate these differences) has the following differences in administration due to language:
  - Chinese speaking participants used the English version of the LNS with the letters said in English and the numbers said in Chinese. (Chinese speakers did know the order of the English language alphabet.)
  - Japanese speaking participants used a published version of the LNS created for Japanese women by Japanese researchers. However, the Japanese LNS is not a "literal" translation of the English LNS. There are some differences necessitated by the unique attributes of the English and Japanese languages. A summary of the differences between the English and the Japanese language versions follows:
    1) Japanese alphabets ("kana かな"or Japanese aiueo alphabetsあいうえお50音) were used. Rationale: Letter-Number Sequencing (LNS) using the English alphabet was tested, but it was too difficult and too unfamiliar for Japanese native speakers. In one study one half of healthy elderly Japanese in Japan couldn't process L-N Sequencing using English alphabets (Yamanaka et al., 2004*). Therefore, Japanese psychologists developed a form using the Japanese alphabet ("kana かな"or Japanese aiueo alphabetsあいうえお50音). Reference: *Katsuo Yamanaka, Hitoshi Dairoku, Hisao Maekawa, Kazuhiro Fujita, "Preliminary Research on Standardization of Letter-Number Sequencing Test in WAIS-III in the Japanese version (2)," presented at the annual conference of the Japanese Psychological Association, Tokyo, 2004.*

    2) Japanese psychologists introduced letter-only practices and number-only practices first. It was too difficult for Japanese test takers to respond to the LNS that began with combined groups of letters and numbers. This difficulty arises because the Japanese aiueo alphabet is not one dimensional like English alphabet letters. Each component of the Japanese aieuo alphabet consists of 10 rows of 5 sounds (each ending w/ a vowel) and one sound "nん".
    3) The Japanese LNS had to be re-designed (compared to the English version) in some fundamental ways to similar sounding "letters" and numbers, which could cause mis-perception and errors. The main examples of this are given here:
       a) To avoid Japanese aiueo alphabets such as "shiし" and "kuく" which may be mixed up with the numbers in Japanese due to their sounds, (i.e., "shi" is number 4四; "ku" is number 9九.) As a result, we pronounce number 4 as "yon四," and number 9 as "kyu九."
       b) To avoid Japanese aiueo alphabets such as "iい" and "saさ" in Japanese aiueo alphabets because they are likely to be mixed up with numbers.

c) To use Japanese aiueo alphabets such as “toと” and “kaか” only in the beginning or the end of a question/practice, because they sound like a particle in grammar.
d) To avoid Japanese aiueo alphabets such as “koこ” and “riり” in the end of a question/practice because they can be misunderstood as a number.
e) To avoid confusing combinations such as “3-‘taた’,” “’kaか’-3’ or “’toと’-3” which may imply other meaning such as “santa サンタ(Santa),” “kaasan母さん (mother)” or “tohsan 父さん (father).”
f) To avoid Japanese numbers such as “ni に(2)” or “goご (5)” which have 1 mora (unit of syllable) because it’s difficult for a test taker to distinguish a number from a letter phonetically.
g) Japanese psychologists created only up to 7 digits in the Japanese version (instead of 8 digits in the English version) because almost none of the Japanese test takers answered 8 digits. They didn’t have 2 digits in order to reduce the burden of the test taker after adding letter-only and number-only questions.

- An LNS total score was calculated when a participant answered some of the questions, then verbally refused to answer any more questions.

- In addition, the Rey Auditory Verbal Learning Test (FLGREY13 helps delineate these differences) has the following differences in administration due to language:
  - Chinese speaking participants used a revision based on a published Cantonese version of the Rey – the Chinese Rey Auditory Verbal Learning Test (C-RAVLT). A list of revisions that were made to the English version, in order to be suitable to Chinese speakers, follows. This approach taken to the creation of the Chinese version is summarized in items 1-3 below (Lee et al., J Clin Exp Neuropsychol. 2002 24:615-32; Tong et al., Brain Injury. 2002, 16: 987-95).
    1) All the Chinese words are exact translations of the English word list, except for one case – ‘turkey’. The translation of turkey - it is "fire chicken" -- because that is how you describe that animal in Chinese. There is no exact translation of the English word, "turkey".
    2) The "syllable-equivalents" of most of the exact Chinese translations are the same as the number of syllables in the English words. However, in most cases, the translations of a single 2-syllable word in English require two one-syllable words in Chinese. For example, the translation of curtain is 2 one-syllable words which, taken together, mean curtain. There is no one-word translation of curtain. But, the "syllable-equivalent number" is the same in both languages if you add up the two short Chinese words and think of them as syllables. Other examples of words in this category are coffee (#4), color, house, river (13 to 15).
    3) There are some one syllable words in English, for example, school and moon (5th and 7th words), that require two words to be translated to Chinese. Thus, the syllable-equivalents are not the same. But the duration of how long it takes to say the word is roughly the same.
  - In addition, some additional modifications to the translations for Chinese speakers. For drum, bell, nose, house and river, SWAN used different translations from that used in the published Cantonese version.

SWAN Version	Published Cantonese version
Drum (exact translation, two Chinese characters)	Flute (translation of Flute, one Chinese character)
Bell (exact translation, one Chinese character)	Bell (exact translation, two Chinese characters)
Nose (exact translation, one Chinese character)	Nose (exact translation, two Chinese characters)
House (exact translation, two Chinese characters)	House (exact translation, one Chinese character)
River(exact translation, two Chinese characters)	River (exact translation, one Chinese character)

- Japanese speaking participants used a published Japanese version (Wakamatsu et al., Nippon Rinsho, 2003, 61 suppl 9: 279-84). In the published Japanese version, some words could not be directly translated from the English version due to rare semantic frequency (i.e. turkey is not eaten by Japanese, nor is it a part of a holiday, etc., so duck was used instead). In the Japanese translation the word lake was used instead of river.
- Site 15 made one further modification to the published version by altering the translation of the word, 'farmer.' The direct Japanese translation has multiple meanings; thus, in the SWAN version, the word 'farm house/farming family' was used instead of farmer.

- LNUMPCT13 (Letter Number Sequencing Percent Correct Score): The English, Spanish, and Chinese versions of the LNS include 7 levels of testing, with 3 items at each level, for a possible range of 0-21 for the Total Score. The Japanese version of the LNS has 8 levels of testing, with 3 items at each level, for a possible range of 0-24 for the Total Score. Although the Japanese form of the LNS is longer than the English version, the degree of difficulty of the Japanese form and the English form was designed to be equivalent (see above reference). Based on psychometric properties, achieving a score of 24 on the Japanese version is judged to be the equivalent of achieving a score of 21 on the English version. Because the absolute value of the total LNS score is greater for the Japanese version than for the non-Japanese versions (24 vs. 21, respectively), LNS scores are expressed as the percent correct.

Bioimpedance

- Body composition was measured using bioimpedance equipment. Percent body fat (equation provided by Dr. MaryFran Sowers), skeletal muscle mass (Janssen, 2000), fat free mass, total body water, and percent body fat (all provided by RJL Systems and validated using NHANES III data (Chumlea, 2002)) are also provided.
- Variable MISSPHY13 flags missing physical measures that caused created variables to be missing, and MISSCON13 flags where conductance was missing. A flag (FLAGSRP13) indicates where self-reported physical measures were used in calculations.

Physical Functioning

- Visit 12-to-visit 13 protocol change: The sit-to-stand assessment performed at visit 12 is not comparable to the sit-to-stand assessment performed at visit 13. Specifically, at visit 12, the sit-to-stand assessment was comprised of five repetitions, performed with or without chair assistance, and recorded to the nearest tenth of a second. The visit 12 protocol had recorded five separate times for the sit-to-stand assessment. The visit 13 protocol required a single-chair stand preceding a repeated-chair stand comprised of five repetitions that were timed together and recorded to the nearest hundredth of a second. The sit-to-stand assessment will be referred to as the chair stand at visit 13 to avoid confusion.
- The timed 40-foot walk was an optional assessment at visit 13. Sites 15 and 16 did not participate in the timed 40-foot walk assessment. Therefore, these 463 subjects have been set to B (not applicable) for this assessment. Apart from these site-specific protocols, all subjects attending a visit 13 follow-up visit were expected to complete the Physical Functioning Assessment form.
- The following created variables were added to assist analysis:
  - WLKTIM113 - WLKTIM213 are variables that represent the completion time, in seconds, for each of the 2 timed 40-foot walk assessments, which combines the associated minutes (WALKMI113-WALKMI213) and seconds variables (WALKSE113-WALKSE213).
  - WALKMIN13 is the minimum of the two timed 40-foot walk assessment repetitions. WALKAVG13 is the average of both timed 40-foot walk assessment repetitions for each subject, rounded to the nearest tenth of a second.
  - RGRPAVG13 and LGRPAVG13 are the average of all three right/left hand grip strength assessment repetitions, rounded to the nearest integer.
  - RGRPMAX13 and LGRPMAX13 are the maximum of the three right/left hand grip strength assessment repetitions for each subject completing the right/left hand strength assessment.
- In addition, Short Physical Performance Battery (SPPB) variables may be created from the physical function variables provided in the dataset, using the following references:

- To impute SPPB component scores:
  Ostir GV, Volpato S, Fried LP, Chaves P, Guralnik JM. Reliability and sensitivity to change assessed for a summary measure of lower body function: results from the Women's Health and Aging Study. Journal of Clinical Epidemiology. 2002;55(9):916-921.
- To calculate the continuous SPPB summary score (NIA method):
  Time cutoffs used for scoring each SPPB component were derived from the Short Physical Performance Battery Protocol and Score Sheet (http://www.grc.nia.nih.gov/branches/leps/sppb/).

  Guralnik JM, Simonsick EM, Ferrucci L, et al. A short physical performance battery assessing lower extremity function: association with self-reported disability and prediction of mortality and nursing home admission. Journal of Gerontology. 1994;49(2):M85-M94.
- To calculate the SPPB categorical variables:
  Guralnik JM, Ferrucci L, Simonsick EM, Salive ME, Wallace RB. Lower-extremity function in persons over the age of 70 years as a predictor of subsequent disability. New England Journal of Medicine. 1995;332(9):556-562.

- Puthoff ML. Outcome Measures in Cardiopulmonary Physical Therapy: Short physical performance battery. Cardiopulmonary Physical Therapy Journal. 2008;19(1):17.

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Arthritis Disability Questionnaire

- This dataset is comprised of two components: (1) knee-related injury questions derived from the National Health and Nutrition Examination Survey (NHANES) Arthritis Questionnaire and (2) functioning and disability questions using the World Health Organization Disability Assessment Schedule (WHODAS 2.0).
- Note: Checks were run and verified where women indicating 0 days with difficulties responded with >0 days unable to perform activities, >0 days reduction of usual activities, or one WHODAS item = 5 (extreme).
- In addition, imputation may be executed using the following references:
  World Health Organization (WHO). 2010. Measuring Health and Disability Manual for WHO Disability Assessment Schedule: WHODAS 2.0, ed. K. N. Ustun TB, Chatterji S, Rehm J. <http://whqlibdoc.who.int/publications/2010/9789241547598_eng.pdf>.
- The WHODAS 2.0 scoring may be created using the following references:
  Karvonen-Gutierrez CA, Ylitalo KR. Prevalence and correlates of disability in a late middle-aged population of women. Journal of aging and health. 2013;25(4):701-717.

  Maierhofer S, Almazán-Isla J, Alcalde-Cabero E, de Pedro-Cuesta J. Prevalence and features of ICF-disability in Spain as captured by the 2008 National Disability Survey. BMC public health. 2011;11(1):897.

  Virués-Ortega J, de Pedro-Cuesta J, Seijo-Martínez M, et al. Prevalence of disability in a composite≥ 75 year-old population in Spain: A screening survey based on the International Classification of Functioning. BMC public health. 2011;11(1):176.

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

- Estradiol was run in duplicate; E2AVE13 is the within-person arithmetic average of E213 and EE213
- Hormone results below the lower limit of detection were recoded as .L (SAS missing code).

- Testosterone was collected, but is undergoing a lab calibration study. This data will be available once this study is completed.

Cardiovascular Measures

The Visit 13 cardiovascular results are included. A flag (FLAGSER13) indicates incomplete blood draw. FLAGFAS13 indicates the sample was non-fasting.

When the cardiovascular assay results were examined longitudinally, an unexpected “dip” in values was seen for all assays at Visits 13. Part of this trend was thought to be explained by the change in lab (Medical Research Laboratories (MRL) and University of Michigan Pathology lab) and method. A calibration study was conducted, and calibration equations were developed for and applied to cholesterol, HDL, LDL, and Triglycerides (Please note: for triglycerides, the calibration was applied to log transformed triglyceride values and then the calibrated triglyceride values were back transformed).

However, even with the calibrations applied. There is still an unexplained dip. . It is strongly suggested that the Visit 13 assays only be used for cross-sectional analyses. If these data are used in longitudinal analyses, it is highly recommended that analysts 1) adjust for the visit effect and 2) run sensitivity analyses without the visit 13 data.

Calibration equations are in the process of being developed for the insulin and glucose values and the insulin and glucose data will be made available once the calibrations are applied.

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 (INTDAY13, SAADAY13, SABDAY13, PHYDAY13, HRMDAY13, COGDAY13, BIODAY13, and HYSTDAY13) 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

A1. RESPONDENT ID: AFFIX ID LABEL HERE **ARCHID~**

A2. SWAN STUDY VISIT # 13 **VISIT**

A3. FORM VERSION: 01/01/2011 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ (M M / D D / Y Y Y Y) **INTDAY13†**

A5. INTERVIEWER'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: **#LOCATIO13**

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

A8. INTERVIEW LANGUAGE: **LANGINT13**

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

A9. DID RESPONDENT SIGN THE AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION?

- SIGNED AT PREVIOUS VISIT ..... -1 **(B1)**
- NO ..... 1 **(A9.1)**
- YES 2 **SIGNAUT13**

A9.1. IF NO AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS SIGNED, SPECIFY REASON:

- NEVER APPROACHED TO SIGN _____ 1 **#NOAUTH13**
- OTHER, SPECIFY ___**#NOAUTHS13**_____ 2
- RESPONDENT REFUSED TO SIGN ..... -7
  - SPECIFY REASON FOR REFUSAL _____

~ A randomly generated ID will be provided that is different from the original ID.
† This date is given in days since the initial baseline interview, which is day zero.

 # Variable Excluded from Public Use Data File

We last interviewed you on _____[DATE]. We would like to ask you questions about what's happened to you since then.

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

B1. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had any of the following conditions or treated you for them?

			NO	YES	DON'T KNOW
a.	Anemia?	ANEMIA13	1	2	-8
b.	Diabetes?	DIABETE13	1	2	-8
c.	High blood pressure or hypertension?	HIGHBP13	1	2	-8
d.	High cholesterol?	HBCHOLE13	1	2	-8
e.	Migraines?	MIGRAIN13	1	2	-8
f.	Arthritis or osteoarthritis (degenerative joint disease)?	OSTEOAR13	1	2	-8
g.	Overactive or underactive thyroid?	THYROID13	1	2	-8
h.	Osteoporosis (brittle or thinning bones)?	OSTEOPR13	1	2	-8
i.	Skin cancer?	SKCNCER13	1 **(B2)**	2	-8 **(B2)**
	i1. **If yes**, what type of cancer were you told you had?				
	a. Melanoma?	MECNCER13	1	2	-8
	b. Non melanoma skin cancer?	NMECNCR13	1	2	-8

B2. **Have you ever** been told you had colon cancer? EVCOLCN13 — 1 | 2 | -8

B3. **Have you ever** been told you had breast cancer? BRCNCR13 — 1 **(B5)** | 2 | -8 **(B5)**

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

B4. **Since your last study visit** have you taken…	NO	YES	DON'T KNOW	B4a.1. Have you taken within **the last 3 months?**	NO	YES	DON'T KNOW
a. Nolvadex (Tamoxifen)? NOLVAD13	1 **(b)**	2	-8 **(b)**	IF YES → NOLVAD313	1	2	-8
b. Arimidex (Anastrozole)? ARIMID13	1 **(c)**	2	-8 **(c)**	IF YES → ARIMID313	1	2	-8
c. Femara (Letrozole)? FEMARA13	1 **(d)**	2	-8 **(d)**	IF YES → FEMARA313	1	2	-8
d. Aromasin (Exemestane)? AROMAS13	1 **(e)**	2	-8 **(e)**	IF YES → AROMAS313	1	2	-8
e. Herceptin (Trastuzumab)? HERCEPT13	1 **(B5)**	2	-8 **(B5)**	IF YES → HERCEP313	1	2	-8

 # Variable Excluded from Public Use Data File

Since your last study visit…	NO	YES	DON'T KNOW
B5. Has a doctor, nurse practitioner, or other health care provider told you that you had or treated you for cancer, other than skin cancer? **CANCERS13**	1 **(B6)**	2	-8 **(B6)**

B5a. IF YES, what is/was the primary site of the cancer? (CIRCLE ONE ANSWER.) **PSITECA13**

ONE BREAST 1
BOTH BREASTS 2
OVARY 3
UTERUS 4
CERVIX 5
LEUKEMIA 6
LUNG 7
COLON 8
RECTUM 9
THROAT 10
VULVA 12
RENAL CELL 13
NONE OF THE ABOVE / OTHER 11
SPECIFY: #**SITESPE13**_____
DON'T KNOW ..... -8

B5b. IF YES, what was the date of the diagnosis? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.]

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

PSITEDAY13†

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

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

B7. 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.]

_**BROKEBO13**_____ # of events where bone(s) were broken or fracture.

IF ANY BREAK OR FRACTURE EVENTS ARE REPORTED, COMPLETE A "BREAK/FRACTURE EVENT" FORM NOW.

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

 # Variable Excluded from Public Use Data File

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

Since your last study visit, have you had a…	**NO**	**YES**	**DON'T KNOW**
B8. Hysterectomy (an operation to remove your uterus or womb)? HYSTERE13	1 **(B9)**	2	-8 **(B9)**

B8a. When was this performed? [PROMPT FOR YEAR, EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.]

M M	/	Y Y Y Y
#HYSTMO13		#HYSTYR13

HYSTDAY13†

IF HYSTERECTOMY, COMPLETE A "HYSTERECTOMY PARTICIPANT FORM" AND A "HOSPITALIZATION FORM" NOW.

		NO	**YES**	**DON'T KNOW**
B9.	**Since your last study visit**, did you have one or both ovaries removed (an oophorectomy)? OOPHORE13	1 **(B10)**	2	-8 **(B10)**

B9a. Was one ovary removed or were both ovaries removed? ONEOVAR13

ONE OVARY REMOVED 1
BOTH OVARIES REMOVED.....2
DON'T KNOW..... -8

B10.	**Since your last study visit**, did you have your thyroid gland removed? THYRREM13	1	2	-8
B11.	**Since your last study visit**, have you been hospitalized overnight for any other medical conditions not previously reported? HOSPTL13	1	2	-8

B11a. IF YES, how many other hospitalizations?

___ ___ OTHHOSP13

IF ANY HOSPITALIZATIONS ARE REPORTED ("YES" TO Q. B11), COMPLETE A "HOSPITALIZATION" FORM FOR EACH EVENT NOW.

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

 # Variable Excluded from Public Use Data File

B12. **Since your last study visit,** have you had a knee replacement where all or part of the joint was replaced? (CIRCLE ONE RESPONSE.) **LKNEREP13**

NO ..... 1 **(B13, PAGE 6)**
YES 2

a. Was it the right knee, left knee or both? (CIRCLE ONE RESPONSE.) **LRTKNE13**

RIGHT KNEE ONLY ..... 1 **(b)**
LEFT KNEE ONLY ..... 2 **(c)**
BOTH KNEES ..... 3 **(b & c)**

b. When did the first knee replacement on the **RIGHT** knee occur? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER –8 IF MONTH IS UNKNOWN.]

1. **RIGHT KNEE**
#LRKNEMO13 #LRKNEYR13 RKNDAY13†

M M	/	Y Y Y Y	DON'T KNOW (-8) ☐

2. Was the knee replacement to repair an injury? (CIRCLE ONE RESPONSE.) **LRKNEINJ13**

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

3. What was the reason for the knee replacement? (CIRCLE ONE RESPONSE.) **LRKNERP13**

FRACTURE 1
OSTEOARTHRITIS 2
OTHER 3
SPECIFY__**#LRKNERS13**_____
DON'T KNOW ..... -8

c. When did the first knee replacement on the **LEFT** knee occur? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER –8 IF MONTH IS UNKNOWN.]

1. **LEFT KNEE**
#LLKNEMO13 #LLKNEYR13 LKNDAY13†

M M	/	Y Y Y Y	DON'T KNOW (-8) ☐

2. Was the knee replacement to repair an injury? (CIRCLE ONE RESPONSE.) **LLKNEINJ13**

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

3. What was the reason for the knee replacement? (CIRCLE ONE RESPONSE.) **LLKNERP13**

FRACTURE 1
OSTEOARTHRITIS 2
OTHER 3
SPECIFY__**#LLKNERS13**_____
DON'T KNOW ..... -8

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

 # Variable Excluded from Public Use Data File

B13. **Since your last study visit,** have you had a hip replacement? (CIRCLE ONE RESPONSE.) **LHIPREP13**

NO ..... 1 **(B14)**
YES 2

a. Was it your right hip, left hip or both? (CIRCLE ONE RESPONSE.) **LRTHIP13**

RIGHT HIP ONLY ..... 1 **(b)**
LEFT HIP ONLY ..... 2 **(c)**
BOTH HIPS ..... 3 **(b & c)**

b. When did the hip replacement on the **RIGHT** hip occur? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER –8 IF MONTH IS UNKNOWN.]

1. **RIGHT HIP**
#LRHIPMO13 #LRHIPYR13 RHPDAY13†

__ __ / __ __ __ __ DON'T KNOW (-8) ☐
M M Y Y Y Y

2. What was the reason for the hip replacement? (CIRCLE ONE RESPONSE.) **LRHIPRP13**

FRACTURE 1
OSTEOARTHRITIS 2
OTHER 3
SPECIFY_#LRHIPRS13_____
DON'T KNOW ..... -8

c. When did the hip replacement on the **LEFT** hip occur? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER –8 IF MONTH IS UNKNOWN.]

1. **LEFT HIP**
#LLHIPMO13 #LLHIPYR13 LHPDAY13†

__ __ / __ __ __ __ DON'T KNOW (-8) ☐
M M Y Y Y Y

2. What was the reason for the hip replacement? (CIRCLE ONE RESPONSE.) **LLHIPRP13**

FRACTURE 1
OSTEOARTHRITIS 2
OTHER 3
SPECIFY_#LLHIPRS13_____
DON'T KNOW ..... -8

B14. **Since your last study visit**, have you had any of the following conditions?

	NO	YES	DON'T KNOW
a. pelvic pain (pain in the lowest part of the abdomen)? **PELVCPN13**	1	2	-8
b. pelvic prolapse or relaxation (the uterus, bladder, or rectum drops, sometimes bulging out of vagina)? **PROLAPS13**	1	2	-8
c. 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)? **ABBLEED13**	1	2	-8
d. fibroids (benign growths in the uterus or womb)? **FIBRUTR13**	1	2	-8

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

 # Variable Excluded from Public Use Data File

C1. **Since your last study visit,** have you taken any preparations for the treatment of hot flashes, flushes and/or night sweats? **LFLASH13**

NO ..... 1 **(D1, PAGE 8)**
YES 2

C1a. IS THIS AN ADDENDUM PARTICIPANT? **ADDEND13**

NO 1
YES ..... 2 **(D1, PAGE 8)**

C1b. For these hot flashes, flushes and/or night sweats what treatments have you used? …. [HAND RESPONDENT **CARD "A"** . CIRCLE ONE NUMBER FOR "NO" OR "YES" IN EACH COLUMN UNLESS INSTRUCTED TO SKIP TO NEXT QUESTION ("NO" TO "… have you used?")]

*[READ STEM INSTRUCTIONS.]

	Since your last study visit, have you used any of the following for hot flashes, flushes and/or night sweats, have you used		**NO**	**YES**	**Do you currently use? NO**	**YES**	**Did/Does it work (i.e. relieve symptoms)? NO**	**YES**
*1.	Birth Control pills?	LBCNTRL13	1 **(GO TO 2)**	2	LBCNCUR13 1	2	LBCNWRK13 1	2
2.	Estrogen pills (such as Premarin, Estrace, Ogen, etc.)?	LESPILL13	1 **(GO TO 3)**	2	LESPCUR13 1	2	LESPWRK13 1	2
3.	Estrogen by injection or patch (such as Estraderm)?	LESINJ13	1 **(GO TO 4)**	2	LESICUR13 1	2	LESTIWRK131	2
*4.	Estrogen (topical gel/lotion/spray on the skin)?	LESSKIN13	1 **(GO TO 5)**	2	LESSCUR13 1	2	LESSWRK13 1	2
5.	Estrogen by vaginal ring?	LESVAGR13	1 **(GO TO 6)**	2	LESVCUR13 1	2	LESVWRK13 1	2
6.	Combination estrogen/progestin (such as Premphase or Prempro)?	LCESPRG13	1 **(GO TO 7)**	2	LCESCUR13 1	2	LCESWRK13 1	2
7.	Progestin pills (such as Provera)?	LPRGPIL13	1 **(GO TO 8)**	2	LPRGCUR13 1	2	LPRGWRK13 1	2
*8.	Celexa (Citalopram)?	LCELEXA13	1 **(GO TO 9)**	2	LCELCUR13 1	2	LCELWRK13 1	2
9.	Prozac or Sarafem (Fluoxetine)?	LPROZAC13	1 **(GO TO 10)**	2	LPROCUR13 1	2	LPROWRK13 1	2
10.	Zoloft (Sertraline)?	LZOLOFT13	1 **(GO TO 11)**	2	LZOLCUR13 1	2	LZOLWRK13 1	2
11.	Luvox (Fluvoxamine)?	LLUVOX13	1 **(GO TO 12)**	2	LLUVCUR13 1	2	LLUVWRK13 1	2
*12.	Paxil or Seroxat (Paroxetine)?	LPAXIL13	1 **(GO TO 13)**	2	LPAXCUR13 1	2	LPAXWRK13 1	2
13.	Lexapro (Escitalopram)?	LLEXAPR13	1 **(GO TO 14)**	2	LLEXCUR13 1	2	LLEXWRK13 1	2
14.	Effexor (Venlafaxine)?	LEFFEX13	1 **(GO TO 15)**	2	LEFFCUR13 1	2	LEFFWRK13 1	2
15.	Pristiq (Desvenlafaxine)?	LPRISTI13	1 **(GO TO 16)**	2	LPRICUR13 1	2	LPRIWRK13 1	2
*16.	Cymbalta (Duloxetine)?	LCYMBAL13	1 **(GO TO 17)**	2	LCYMCUR13 1	2	LCYMWRK13 1	2
17.	Neurontin (Gabapentin)?	LNEURON13	1 **(GO TO 18)**	2	LNEUCUR13 1	2	LNEUWRK13 1	2
18.	Catapres (Clonidine)?	LCATAPR13	1 **(GO TO 19)**	2	LCATCUR13 1	2	LCATWRK13 1	2
19.	Acupuncture?	LACUPUN13	1 **(GO TO 20)**	2	LACUCUR13 1	2	LACUWRK13 1	2
*20.	Black cohosh?	LBLKCOH13	1 **(GO TO 21)**	2	LBLKCUR13 1	2	LBLKWRK13 1	2
21.	Soy Supplements?	LSOYSUP13	1 **(GO TO 22)**	2	LSOYCUR13 1	2	LSOYWRK13 1	2
22.	Flaxseed?	LFLAXSE13	1 **(GO TO 23)**	2	LFLXCUR13 1	2	LFLXWRK13 1	2
23.	Other?	LFLASHO13	1 **(GO TO D1)**	2	LFLACUR13 1	2	LFLAWRK13 1	2
	Specify _#LFLASSP13_____							

 # Variable Excluded from Public Use Data File

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

D1. Did you have any menstrual bleeding **since your last study visit**? **BLEEDNG13**

NO ..... 1 **(E1)**
YES 2

D2. Did you have any menstrual bleeding in the **last 3 months**? **BLD3MON13**

NO 1
YES 2

D3. What was the date that you started your most recent menstrual bleeding? [PROMPT FOR MONTH AND YEAR, EVEN IF DAY IS UNKNOWN. ENTER -8 FOR DAY FIELD IF UNKNOWN.]

__ __ /	__ __ /	__ __ __ __
M M	D D	Y Y Y Y
#BLEEMO13	#BLEEDAY13	#BLEEYR13

LMPDAY†

Interviewer, please initial to indicate that conversation about PMB was done and PMB reminder handout was given:

_____ I talked to ppt. about PMB. **#TALKPMB13**

_____ I gave/sent ppt. PMB reminder handout. **#PMBHAND13**

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.

D4. Which of the following best describes your menstrual periods **since your last study visit**? **Have they…** [HAND RESPONDENT **CARD "B**."] **DESCPER13**

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 **(E1)**

D5. 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? **LENGCYL13**

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

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

E1. 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 "C**."] Looking at this line, how would you rate your overall quality of life at the present time? Choose a number between 0 and 10. **QLTYLIF13**

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

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

 # Variable Excluded from Public Use Data File

E2. About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind? CLOSERL13

WRITE IN NUMBER OF CLOSE FRIENDS AND RELATIVES: ___ ___

DON'T KNOW..... -8
REFUSED..... -7

E3. 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 "D"** 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? LISTEN13	1	2	3	4	5
b.	Someone to take you to the doctor if you needed it? TAKETOM13	1	2	3	4	5
c.	Someone to confide in or talk to about yourself or your problems? CONFIDE13	1	2	3	4	5
d.	Someone to help with daily chores if you were sick? HELPSIC13	1	2	3	4	5

E4. 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 "E"** AND READ RESPONSE CATEGORIES.]

	*[READ STEM INSTRUCTIONS.] **In the past two weeks you have:**	Never	Almost Never	Sometimes	Fairly Often	Very Often
*a.	Felt unable to control important things in your life? CONTROL13	1	2	3	4	5
*b.	Felt confident about your ability to handle your personal problems? ABILITY13	1	2	3	4	5
c.	Felt that things were going your way? YOURWAY13	1	2	3	4	5
d.	Felt difficulties were piling so high that you could not overcome them? PILING13	1	2	3	4	5

 # Variable Excluded from Public Use Data File

E5. 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 "F"** AND READ RESPONSE CATEGORIES.]

* [READ STEM INSTRUCTIONS] **During the past week:**	**Rarely or none of the time (less than 1 DAY)**	**Some or a little of the time (1-2 DAYS)**	**Occasionally or a moderate amount of the time (3-4 DAYS)**	**Most or all of the time (5-7 DAYS)**
*a. I was bothered by things that usually don't bother me BOTHER13	1	2	3	4
*b. I did not feel like eating; my appetite was poor APPETIT13	1	2	3	4
*c. I felt that I could not shake off the blues even with help from my friends BLUES13	1	2	3	4
d. I felt that I was just as good as other people GOOD13	1	2	3	4
e. I had trouble keeping my mind on what I was doing KEEPMIN13	1	2	3	4
f. I felt depressed DEPRESS13	1	2	3	4
*g. I felt that everything I did was an effort EFFORT13	1	2	3	4
h. I felt hopeful about the future HOPEFUL13	1	2	3	4
i. I thought my life had been a failure FAILURE13	1	2	3	4
j. I felt fearful FEARFUL13	1	2	3	4
*k. My sleep was restless RESTLES13	1	2	3	4
l. I was happy HAPPY13	1	2	3	4
m. I talked less than usual TALKLES13	1	2	3	4
n. I felt lonely LONELY13	1	2	3	4
*o. People were unfriendly UNFRNDL13	1	2	3	4
p. I enjoyed life ENJOY13	1	2	3	4
q. I had crying spells CRYING13	1	2	3	4
r. I felt sad SAD13	1	2	3	4
*s. I felt that people disliked me DISLIKE13	1	2	3	4
t. I could not get going GETGOIN13	1	2	3	4

 # Variable Excluded from Public Use Data File

During the past 12 months, have you used any of the following for your health? **N=No Y=Yes →**	[IF YES, HAND RESPONDENT **CARD "G".]** 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 H.							
	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 lose weight or to stay the same weight?	g. On advice from health care provider?	h. Is there any other reason you use X? **(SPECIFY)**
F1. Black Cohosh BCOHOSH13 N Y → ↓	BCOHHAR13 N Y	BCOHOST13 N Y	BCOHMEN13 N Y	BCOHLOO13 N Y	BCOHMEM13 N Y	BCOHWGH13 N Y	BCOHADV13 N Y	BCOHOTH13 N Y #BCOHSPE13
F2. Flaxseed or flaxseed oil supplements FLAXSEE13 N Y → ↓	FLAXHAR13 N Y	FLAXOST13 N Y	FLAXMEN13 N Y	FLAXLOO13 N Y	FLAXMEM13 N Y	FLAXWGH13 N Y	FLAXADV13 N Y	FLAXOTH13 N Y #FLAXSPE13
F3. Ginkgo Biloba GINKGO13 N Y → ↓	GINKHAR13 N Y	GINKOST13 N Y	GINKMEN13 N Y	GINKLOO13 N Y	GINKMEM13 N Y	GINKWGH13 N Y	GINKADV13 N Y	GINKOTH13 N Y #GINKSPE13
F4. Glucosamine with or without Chondroitin GLUSAMI13 N Y → ↓	GLUSHAR13 N Y	GLUSOST13 N Y	GLUSMEN13 N Y	GLUSLOO13 N Y	GLUSMEM13 N Y	GLUSWGH13 N Y	GLUSADV13 N Y	GLUSOTH13 N Y #GLUSSPE13
F5. Mexican yam or progesterone cream MYAMPRO13 N Y → ↓	MYAMHAR13 N Y	MYAMOST13 N Y	MYAMMEN13 N Y	MYAMLOO13 N Y	MYAMMEM13 N Y	MYAMWGH13 N Y	MYAMADV13 N Y	MYAMOTH13 N Y #MYAMSPE13

 # Variable Excluded from Public Use Data File

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 H.							
	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 lose weight or to stay the same weight?	g. On advice from health care provider?	h. Is there any other reason you use X? **(SPECIFY)**
F6. Prayer PRAYER13 N Y → ↓	PRAYHAR13 N Y	PRAYOST13 N Y	PRAYMEN13 N Y	PRAYLOO13 N Y	PRAYMEM13 N Y	PRAYWGH13 N Y	PRAYADV13 N Y	PRAYOTH13 N Y #PRAYSPE13_
F7. Self-help group SELFHEL13 N Y → ↓	SELFHAR13 N Y	SELFOST13 N Y	SELFMEN13 N Y	SELFLOO13 N Y	SELFMEM13 N Y	SELFWGH13 N Y	SELFADV13 N Y	SELFOTH13 N Y #SELFSPE13__
F8. Soy supplement SOYSUPP13 N Y → ↓	SOYHAR13 N Y	SOYOST13 N Y	SOYMEN13 N Y	SOYLOO13 N Y	SOYMEM13 N Y	SOYWGH13 N Y	SOYADV13 N Y	SOYOTH13 N Y #SOYSPE13___
F9. St. John's Wort WORTSTJ13 N Y → ↓	WORTHAR13 N Y	WORTOST13 N Y	WORTMEN13 N Y	WORTLOO13 N Y	WORTMEM13 N Y	WORTWGH13 N Y	WORTADV13 N Y	WORTOTH13 N Y #WORTSPE13_
F10. Vitamin or supplement combination especially for women's health WVITAMI13 N Y → ↓	WVITHAR13 N Y	WVITOST13 N Y	WVITMEN13 N Y	WVITLOO13 N Y	WVITMEM13 N Y	WVITWGH13 N Y	WVITADV13 N Y	WVITOTH13 N Y #WVITSPE13__

 # Variable Excluded from Public Use Data File

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 H.							
	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 lose weight or to stay the same weight?	g. On advice from health care provider?	h. Is there any other reason you use X? **(SPECIFY)**
F11. Yoga YOGA13 N Y → ↓	YOGAHAR13 N Y	YOGAOST13 N Y	YOGAMEN13 N Y	YOGALOO13 N Y	YOGAMEM13 N Y	YOGAWGH13 N Y	YOGAADV13 N Y	YOGAOTH13 N Y #YOGASPE13___
F12. Herbal Tea HERBALT13 N Y → ↓	HTEAHAR13 N Y	HTEAOST13 N Y	HTEAMEN13 N Y	HTEALOO13 N Y	HTEAMEM13 N Y	HTEAWGH13 N Y	HTEAADV13 N Y	HTEAOTH13 N Y #HTEASPE13___
F13. Any other health practice or remedy (Specify): N Y → OTHALT13 OTHALTS13	OTHHAR13 N Y	OTHOST13 N Y	OTHMEN13 N Y	OTHLOO13 N Y	OTHMEM13 N Y	OTHWGH13 N Y	OTHADV13 N Y	OTHALTR13 N Y #WHYOTHA13___
F14. Any other health practice or remedy (Specify): N Y → OTHALT213 OTALT2S13	OT2HAR13 N Y	OT2OST13 N Y	OT2MEN13 N Y	OT2LOO13 N Y	OT2MEM13 N Y	OT2WGH13 N Y	OT2ADV13 N Y	OT2ALT13 N Y #WHYOT2A13___
F15. Any other health practice or remedy (Specify): N Y → OTHALT313 OTALT3S13	OT3HAR13 N Y	OT3OST13 N Y	OT3MEN13 N Y	OT3LOO13 N Y	OT3MEM13 N Y	OT3WGH13 N Y	OT3ADV13 N Y	OT3ALT13 N Y #WHYOT3A13___

 # Variable Excluded from Public Use Data File

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? **CHNGJOB13**

NO .....1 **(G3)**
YES..... 2
N/A ..... -1 **(G5)**

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.) **JOB13**

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

G3. **Since your last study visit**, has there been a change in your usual hours of work of any of your jobs? **CHANGHR13**

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

G4. On average, how many total hours a week do you work, for pay? **HOURSPA13**

≤ 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... **MARITAL13**

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

SECTION H – OTHER STUDY PARTICIPATION

We would like know about your participation in a health related research study other than the SWAN Study. Participation in a data registry would not be considered participation in a health related research study. (A data registry is a study that does not require a woman to do anything more than allow access to her medical records.)

H1. Are you currently participating in any other health related research study that is not a data registry? (CIRCLE ONE RESPONSE.) **STUDYOT13**

No ..... 1**(END)**
Yes ..... 2**(GO TO H1a)**
Refused ..... -7**(END)**

H1a. If yes, what is the name of the research study (or studies)?

Please SPECIFY:

_____ #**STUDYS113**
_____ #**STUDYS213**
_____ #**STUDYS313**

H1b. If yes, do you receive health/medical care (medications, therapy, diet/exercise regime, etc.) as part of any other research study? (CIRCLE ONE RESPONSE.) **STUDYCA13**

No 1
Yes 2
Refused ..... -7
Don't know ..... -8

COMPLETE A "RX/OTC/VITAMIN/SUPPLEMENT MEDICATION" FORM NOW, IF NOT COMPLETED PREVIOUSLY.

****

INTERVIEWER OBSERVATION:

I1. Length of interview: ___ minutes **#LENGTH13**

I2. Do you have any other observations, comments or concerns about this interview? [Please note that if your concern may impact participant safety, it should be brought to the attention of the project director.]

_____ **#COMMENT13**

_____ **#COMMEN213**

 # Variable Excluded from Public Use Data File

FINAL MENSTRUAL PERIOD FORM

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

A6. INTERVIEW COMPLETED IN: **#MAILLOC13**

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) **BOTHOVR13**

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

 # Variable Excluded from Public Use Data File

Date Data Entered / Initials _____ Date Verified / Initials _____

RX/OTC/VITAMIN/SUPPLEMENT MEDICATION FORM

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: **ID**

A2. SWAN STUDY VISIT # 13 **VISIT**

A3. FORM VERSION: 01/01/2011 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **#MCOMP_D**
M M D D Y Y Y Y

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

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___ **#DOB**
M M D D Y Y Y Y

VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN: **#LOCATIO13**
RESPONDENT'S HOME/OFFICE.....1
CLINIC/OFFICE 2
RESPONDENT'S HOME W/ PROXY 3
CLINIC/OFFICE W/ PROXY 4
TELEPHONE 5
TELEPHONE BY PROXY.....6

A8. INTERVIEW LANGUAGE: **#LANGUAG13**
ENGLISH 1
SPANISH.....2
CANTONESE.....3
JAPANESE.....4

A9. WAS THE MEDICATION FORM COMPLETED? **MEDCOMP13**
NO.....1
YES.....2 **(B1)**

A9.1. IF NO (i.e. MEDICATION FORM NOT DONE), SPECIFY REASON: **#MEDNOT13**
INTERVIEWER DID NOT ATTEMPT.....1 **(END)**
OTHER.....2 **(END)**
IF OTHER, SPECIFY _____ **#MEDNOTS13**
REFUSED..... -7 **(END)**

 # Variable Excluded from Public Use Data File

SECTION B. RX/OTC MEDICATIONS SINCE LAST STUDY VISIT

We last interviewed you on _____[DATE]. We would like to ask you questions about what's happened to you since then.

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**.

	Since your last study visit…	**NO**	**YES**	**DON'T KNOW**
B1.	Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)? ANTICO113	1	2	-8
B2.	Anything for your heart or heart beat, including pills or patches? HEART113	1	2	-8
B3.	Any medications for cholesterol or fats in your blood? CHOLST113	1	2	-8
B4.	Blood pressure pills? BP113	1	2	-8
B5.	Diuretics for water retention? DIURET113	1	2	-8
B6.	Thyroid pills? THYROI113	1	2	-8
B7.	Insulin or pills for sugar in your blood? INSULN113	1	2	-8
B8.	Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti- depression medication? NERVS113	1	2	-8
B9.	Steroid pills such as Prednisone or Cortisone? STEROI113	1	2	-8
B10.	Prescribed medication for arthritis? ARTHRT113	1	2	-8
B11.	Fertility medications to help you get pregnant? FERTIL113	1	2	-8
B12.	**IV** (into the vein) medication to prevent or treat osteoporosis (brittle or thinning bones)? OSTEIV113	1	2	-8
B13.	**Non IV** medications to prevent or treat osteoporosis (brittle or thinning bones)? OSTEON113	1	2	-8
B14.	Birth Control pills? BCP113	1	2	-8
B15.	Estrogen pills (such as Premarin, Estrace, Ogen, etc)? ESTROG113	1	2	-8
B16.	Estrogen by injection or patch (such as Estraderm)? ESTRNJ113	1	2	-8
B17.	Combination estrogen/progestin (such as Premphase or Prempro)? COMBIN113	1	2	-8
B18.	Progestin pills (such as Provera)? PROGES113	1	2	-8
B19.	Any other prescription hormones 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? OHRM_113	1	2	-8

 # Variable Excluded from Public Use Data File

IF RESPONDENT HAS TAKEN ANY HORMONES (IF YES TO ANY OF B15 - 19) ASK B20, OTHERWISE GO TO Q B22.

B20. Were you using any prescription medications containing estrogen or progestin **at the time of your last study visit**? **ESTLSTV13**

NO ..... 1 **(B21)**
YES ..... 2 **(B22)**
DON'T KNOW ..... -8 **(B21)**

B21. 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	**REDUHAR13**	1	2
b.	To reduce the risk of osteoporosis (brittle or thinning bones)	**OSTEOPO13**	1	2
c.	To relieve menopausal symptoms	**MENOSYM13**	1	2
d.	To stay young-looking	**YOUNGLK13**	1	2
e.	A health care provider advised me to take them	**HCPADVI13**	1	2
f.	A friend or relative advised me to take them	**FRNADVI13**	1	2
g.	To improve my memory	**IMPRMEM13**	1	2
h.	To regulate periods	**REGPERI13**	1	2
i.	Any other? SPECIFY _____ _____	**HORMOTH13** **#HORMSPE13**	1	2
j.	DON'T KNOW/REMEMBER	**DONTKNO13**	1	2

IF PARTICIPANT REPORTED TAKING ANY HORMONES SINCE HER LAST STUDY VISIT (THAT IS, "YES" TO ANY OF B15 - 19), ASK B22, OTHERWISE GO TO Q B23 ON PAGE 4.)

B22. You reported taking hormones. Have you taken any hormones in the past month? **MONHORM13**

NO 1
YES ..... 2 **(B23, PAGE 4)**

B22.1 In what month and year did you last take hormones? **#HORMMO13** **#HORMYR13** **HORMDAY13**†

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

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

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

 # Variable Excluded from Public Use Data File

B22.2. 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	PRBBLEE13	1	2
b.	DIDN'T LIKE HAVING PERIODS	HAVEPER13	1	2
c.	DIDN'T LIKE HOW I FELT ON THEM	LIKEFEL13	1	2
d.	WORRIED ABOUT POSSIBLE SIDE EFFECTS	SIDEEFF13	1	2
e.	WORRIED ABOUT CANCER	CANCER13	1	2
f.	MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS)	ADVISTO13	1	2
g.	TOO EXPENSIVE	EXPENSI13	1	2
h.	DON'T LIKE TO TAKE ANY MEDICATIONS	NOLIKE13	1	2
i.	COULDN'T REMEMBER TO TAKE THEM	NOREMEB13	1	2
j.	DON'T KNOW	DNTKNOW13	1	2
k.	OTHER, SPECIFY: _____	STOPOTH13, #STOPSPE13	1	2
l.	NO REASON GIVEN	NOREASO13	1	2
m.	NEWS / MEDIA REPORTS ABOUT WOMEN WHO TOOK HORMONES AS PART OF A RESEARCH STUDY (E.G. RESULTS OF WHI)	NEWSRPT13	1	2

B23. **Since your last study visit**, did you take any medications that are administered **only once or twice per year**? (CIRCLE ONE.) MEDSONC13

NO 1
YES 2

B24. **In the past three months**, have you used any prescription or over the counter medications including supplements, vitamins, pain medications, laxatives, cold medications, cough medications, stomach medications, and ointments or salves? (CIRCLE ONE.) RXOTC3M13

NO 1
YES 2

IF PARTICIPANT REPORTED "YES" to B23 or B24,

- **RECORD ALL RX and SELECTED NON-RX MEDICATIONS (Page 8) ON "RX/SELECTED Non-Rx Medication Data Collection Sheet" (SECTION C)**
- **RECORD ALL OTHER OTC/VITAMINS/SUPPLEMENTS PRODUCTS ON "Over-the-Counter (OTC) / VITAMIN/Dietary SUPPLEMENT (Non Prescription) Products Data Collection Sheet" (SECTION D)**

 # Variable Excluded from Public Use Data File

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

A1. RESPONDENT ID: AFFIX ID LABEL HERE **ARCHID~**

A2. SWAN STUDY VISIT # 13 **VISIT**

A3. FORM VERSION: 01/01/2011 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **SAADAY13†**
M M D D Y Y Y Y

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

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___ **#DOB**
M M D D Y Y Y Y
VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO13**
- 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: **LANGSAA13**
- ENGLISH 1
- SPANISH 2
- CANTONESE 3
- JAPANESE 4

A9. INTERVIEWER-ADMINISTERED? **#INTADMI13**
- NO 1
- YES 2

~ A randomly generated ID will be provided that is different from the original ID.
† This date is given in days since the initial baseline interview, which is day zero.

 # Variable Excluded from Public Use Data File

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

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 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? **OVERHLT13**
(PLEASE CIRCLE ONE RESPONSE.)

Excellent 1
Very good 2
Good 3
Fair 4
Poor 5
Don't know ..... -8

We are interested in learning more about your health care and health care decisions.

B2. Have your health care costs been covered by Medicaid (MediCal) in the past year? **MEDICYR13**

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

B3. Do you currently have insurance that covers any part of your **doctor bills**? **INSURDR13**

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

B4. Do you currently have insurance that covers any part of your **prescription medication bills**? **INSURME13**

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

B5. Do you currently have insurance that covers any part of your **hospital bills**? **INSURHO13**

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

B6. **Since your last study visit**, are there any health services that you needed but did not receive? **HLTHSER13**

No 1
Yes 2

 # Variable Excluded from Public Use Data File

B7. **Since your last study visit**, have you smoked cigarettes regularly (at least one cigarette a day)?
SMOKERE13

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

B7a. IF YES: How many cigarettes, on average, do you smoke per day now?
(If NONE, please indicate with a (0) zero and answer B7b.)

_____ CIGARETTES PER DAY AVCIGDA13

B7b. If you stopped smoking **since your last study visit**, what was the last month and year you smoked?

___ ___	/	___ ___ ___ ___	Don't Know (-8) ☐
M M		Y Y Y Y	

#SMOKEMO13 / #SMOKEYR13

The next questions are about your exposure to smoke. If you are a smoker, please do not include yourself when answering Q B8 – B8b.

B8. How many members of your household smoke tobacco in the house (at least 1 cigarette, cigar or pipe bowl per day)?

___ # PERSONS HHMEMSM13

B8a. **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 B9 ON PAGE 5.** HOMEXPD13

B8b. **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 HOMEXPH13

 # Variable Excluded from Public Use Data File

The next questions are about your consumption of alcoholic beverages.

B9. **Since your last study visit**, did you drink any beer, wine, liquor, or mixed drinks?
DRNKBEE13

No .....1**(GO TO B13, PAGE 6)**
Yes.....2

B10. 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.)
GLASBEE13

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

B11. 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.)
GLASWIN13

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

B12. 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.)
GLASLIQ13

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

 # Variable Excluded from Public Use Data File

B13. Compared to one year ago, how would you rate your health in general now? (CIRCLE ONE.)
HLTHAYR13

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

B14. 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	V_ACTI13	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	M_ACTI13	1	2	3
c. Lifting or carrying groceries	LIFTING13	1	2	3
d. Climbing several flights of stairs	CLIMBS13	1	2	3
e. Climbing one flight of stairs	CLIMB1_13	1	2	3
f. Bending, kneeling, or stooping	BENDING13	1	2	3
g. Walking more than a mile	WALKM13	1	2	3
h. Walking several blocks	WALKS13	1	2	3
i. Walking one block	WALK1_13	1	2	3
j. Bathing or dressing yourself	BATHING13	1	2	3

B15. **During the <u>past 4 weeks</u>**, 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	PHYCTDW13	1	2
b. Accomplished less than you would like	PHYACCO13	1	2
c. Were limited in the kind of work or other activities	PHYLIMI13	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort)	HYDFCL13	1	2

 # Variable Excluded from Public Use Data File

B16. **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	EMOCTDW13	1	2
b. Accomplished less than you would like	EMOACCO13	1	2
c. Didn't do work or other activities as carefully as usual	EMOCARE13	1	2

B17. **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.) INTERFR13

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

B18. How much bodily pain have you had **during the past 4 weeks**? (CIRCLE ONE.) BODYPAI13

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

B19. **During the past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (CIRCLE ONE.) PAINTRF13

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

 # Variable Excluded from Public Use Data File

B20. 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 **during the past 4 weeks**….	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? PEP13	1	2	3	4	5	6
b. Have you been a very nervous person? NERV4WK13	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up? CHER4WK13	1	2	3	4	5	6
d. Have you felt calm and peaceful? CALM4WK13	1	2	3	4	5	6
e. Did you have a lot of energy? ENERGY13	1	2	3	4	5	6
f. Have you felt downhearted and blue? BLUE4WK13	1	2	3	4	5	6
g. Did you feel worn out? WORNOUT13	1	2	3	4	5	6
h. Have you been a happy person? HAPY4WK13	1	2	3	4	5	6
i. Did you feel tired? TIRED13	1	2	3	4	5	6

B21. **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.)

SOCIAL13

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

B22. 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 HEALSIC13	1	2	3	4	5
b. I am as healthy as anybody I know HEALTHY13	1	2	3	4	5
c. I expect my health to get worse HEALWOR13	1	2	3	4	5
d. My health is excellent HEALEXC13	1	2	3	4	5

 # Variable Excluded from Public Use Data File

B23. **In the past 3 months** how often did you have pain in each of the following areas (a. thru k.)…

PAINHEA13

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

☐ **None of the time** (1) **(GO TO b)**

☐ **A slight bit of the time** (2)

☐ **Some of the time** (3)

☐ **Most of the time** (4)

☐ **All of the time** (5)

a1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your head, **over the past 3 months**? (CIRCLE ONE NUMBER.)

SCALHEA13

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

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

PAINFAC13

☐ **None of the time** (1) **(GO TO c)**

☐ **A slight bit of the time** (2)

☐ **Some of the time** (3)

☐ **Most of the time** (4)

☐ **All of the time** (5)

b1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your face, **over the past 3 months**? (CIRCLE ONE NUMBER.)

SCALFAC13

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

c. Neck or shoulders? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

PAINNEC13

☐ **None of the time** (1) **(GO TO d)**

☐ **A slight bit of the time** (2)

☐ **Some of the time** (3)

☐ **Most of the time** (4)

☐ **All of the time** (5)

c1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your neck or shoulders, **over the past 3 months**? (CIRCLE ONE NUMBER.)

SCALNEC13

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

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

PAINBAC13

☐ **None of the time** (1) **(GO TO e, Page 10)**

☐ **A slight bit of the time** (2)

☐ **Some of the time** (3)

☐ **Most of the time** (4)

☐ **All of the time** (5)

d1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your back, **over the past 3 months**? (CIRCLE ONE NUMBER.)

SCALBAC13

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

 # Variable Excluded from Public Use Data File

In the past 3 months how often did you have pain in your…

e. Arms or hands? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)
PAINARM13

☐ **None of the time** (1) **(GO TO f)**

☐ **A slight bit of the time** (2)
☐ **Some of the time** (3)
☐ **Most of the time** (4)
☐ **All of the time** (5)

e1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your arms or hands, **over the past 3 months**?(CIRCLE ONE NUMBER.)
SCALARM13

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

f. Legs or feet? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)
PAINLEG13

☐ **None of the time** (1) **(GO TO g)**

☐ **A slight bit of the time** (2)
☐ **Some of the time** (3)
☐ **Most of the time** (4)
☐ **All of the time** (5)

f1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your legs or feet, **over the past 3 months**? (CIRCLE ONE NUMBER.)
SCALLEG13

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

g. Knee? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)
PAINKNE13

☐ **None of the time** (1) **(GO TO h)**

☐ **A slight bit of the time** (2)
☐ **Some of the time** (3)
☐ **Most of the time** (4)
☐ **All of the time** (5)

g1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your knee, **over the past 3 months**? (CIRCLE ONE NUMBER.)
SCALKNE13

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

h. Chest? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)
PAINCHE13

☐ **None of the time** (1) **(GO TO i, PAGE 11)**

☐ **A slight bit of the time** (2)
☐ **Some of the time** (3)
☐ **Most of the time** (4)
☐ **All of the time** (5)

h1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your chest, **over the past 3 months**? (CIRCLE ONE NUMBER.)
SCALCHE13

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

 # Variable Excluded from Public Use Data File

In the past 3 months how often did you have pain in your…

i. Abdomen or pelvis? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)
PAINABD13

☐ **None of the time** (1) **(GO TO j)**

☐ **A slight bit of the time** (2)
☐ **Some of the time** (3)
☐ **Most of the time** (4)
☐ **All of the time** (5)

i1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your abdomen or pelvis, **over the past 3 months**? (CIRCLE ONE NUMBER.)
SCALABD13

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

j. Hip? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)
PAINHIP13

☐ **None of the time** (1) **(GO TO k)**

☐ **A slight bit of the time** (2)
☐ **Some of the time** (3)
☐ **Most of the time** (4)
☐ **All of the time** (5)

j1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your hip, **over the past 3 months**? (CIRCLE ONE NUMBER.)
SCALHIP13

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

k. Other location? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)
PAINOTH13

☐ **None of the time** (1) **(GO TO C1, PAGE 12)**

☐ **A slight bit of the time** (2)
☐ **Some of the time** (3)
☐ **Most of the time** (4)
☐ **All of the time** (5)

If other location, SPECIFY #PAINOTS13_____

k1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your specified other location, **over the past 3 months**? (CIRCLE ONE NUMBER.)
SCALOTH13

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain

 # Variable Excluded from Public Use Data File

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

☐ **Not at all** (1) **(GO TO C2)** HOTFLAS13

☐ **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)**

NUMHOTF13

C1b. How much are you usually bothered by hot flashes or flushes?

(CIRCLE ONE NUMBER.) BOTHOTF13

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

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

C2. Cold sweats? COLDSWE13
(CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.)

☐ **Not at all** (1) **(GO TO C3, PAGE 13)**

☐ **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)**

NUMCLDS13

C2b. How much are you usually bothered by cold sweats?

(CIRCLE ONE NUMBER.) BOTCLDS13

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

 # Variable Excluded from Public Use Data File

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

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

☐ **Not at all** (1) **(GO TO C4)** NITESWE13

☐ **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)**

NUMNITS13

C3b. How much are you usually bothered by night sweats?

(CIRCLE ONE NUMBER.) BOTNITS13

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

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

C4. Stiffness or soreness in joints, neck or shoulders? STIFF13
(CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

☐ **Not at all** (1) **(GO TO C5, PAGE 14)**

☐ **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.)

BOTSTIF13

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

 # Variable Excluded from Public Use Data File

C5. **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? ACHES13	1	2	3	4	5
b.	Knee pain? KNEEPAI13	1	2	3	4	5
c.	Headaches? HDACHE13	1	2	3	4	5
d.	Breast pain/tenderness? BRSTPAI13	1	2	3	4	5
e.	Feeling blue or depressed? FEELBLU13	1	2	3	4	5
f.	Dizzy spells? DIZZY13	1	2	3	4	5
g.	Forgetfulness? FORGET13	1	2	3	4	5
h.	Frequent mood changes? MOODCHG13	1	2	3	4	5
i.	Heart pounding or racing? HARTRAC13	1	2	3	4	5
j.	Feeling fearful for no reason? FEARFULA13	1	2	3	4	5
k.	Irritability or grouchiness? IRRITAB13	1	2	3	4	5
l.	Tense or nervous? NRVOUS13	1	2	3	4	5
m.	Vaginal dryness? VAGINDR13	1	2	3	4	5
n.	Vaginal irritation/itching? VAGIRRT13	1	2	3	4	5
o.	Vaginal discharge? VAGDISH13	1	2	3	4	5
p.	Vaginal soreness/pain? VAGSORE13	1	2	3	4	5

 # Variable Excluded from Public Use Data File

C6. These questions are about how much you were bothered **during the past 2 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 **during the past 2 weeks**….		Not at All	Several days	More than half the days	Nearly everyday
a. Feeling nervous, anxious, or on edge?	ONEDGE13	0	1	2	3
b. Not being able to stop or control worrying?	STOPWOR13	0	1	2	3
c. Worrying too much about different things?	WORRY13	0	1	2	3
d. Trouble relaxing?	RELAX13	0	1	2	3
e. Being so restless that it is hard to sit still?	SITSTIL13	0	1	2	3
f. Becoming easily annoyed or irritable?	ANNOY13	0	1	2	3
g. Feeling afraid as if something awful might happen?	AFRAID13	0	1	2	3

C7. Please indicate the extent to which you agree or disagree with each statement by circling the corresponding number. (PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION.)

		Strongly Agree	Somewhat Agree	Cannot Say	Somewhat Disagree	Strongly Disagree
a	The future seems to me to be hopeless, and I can't believe things are changing for the better. FUTURE13	0	1	2	3	4
b	I feel it is impossible for me to reach the goals that I would like to strive for. GOALS13	0	1	2	3	4

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? TRBLSLE13	1	2	3	4	5
b. Did you wake up several times a night? WAKEUP13	1	2	3	4	5
c. Did you wake up earlier than you had planned to, and were unable to fall asleep again? WAKEARL13	1	2	3	4	5

 # Variable Excluded from Public Use Data File

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

C9. **During the past month**, how many hours of **actual sleep** did you get at night? (This may be different than the number of hours you spend in bed.)

HOURS OF SLEEP PER NIGHT _____ **HRSSLEE13**

C10. **During the past month**, how would you rate your sleep quality overall? **SLEEPQL13**

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

C11. **During the past month**, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

TRBAWAK13

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

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.

C12. **During the last 7 days,** on average, how many times did you go to the bathroom to urinate (empty your bladder) during the day?

___ ___ times per day **URINDAY13**

C13. **During the last 7 days,** on average, how many times did you go to the bathroom to urinate (empty your bladder) during the night (after going to bed)?

___ ___ times per night (after going to bed) **URINNIG13**

C14. **How often do you get the sudden urge to urinate that makes you want to stop what you are doing and rush to the bathroom? (**CIRCLE ONLY ONE ANSWER.)

RUSHBAT13

Never 1
Rarely 2
A few times per month 3
A few times per week 4
Daily 5

 # Variable Excluded from Public Use Data File

C15. **Since your last study visit**, have you ever leaked, even a very small amount, of urine involuntarily or beyond your control? INVOLEA13

No ..... 1**(GO TO D1, PAGE 18)**
Yes 2

C16. **In the last month**, about how many days have you lost any urine, even a small amount, beyond your control? (CIRCLE ONLY ONE ANSWER.) LEKDAYS13

Never ..... 1**(GO TO D1, PAGE 18)**
Less than one day per week 2
Several days per week 3
Almost daily/daily 4

C17. **In the last month,** have you lost any urine, even a small amount, beyond your control when you were coughing, laughing, sneezing, jogging, picking up an object from the floor or similar type of activity?

No ..... 1 **(GO TO C18)**
Yes 2 LEKCOUG13

C17a. About how many times per week have you lost any urine under these circumstances? (CIRCLE ONLY ONE ANSWER.) COUGLWK13

Less than once per week 1
At least once per week to several times per week 2
Almost daily/daily 3

C17b. IF YES, how much urine do you lose when you leak under these circumstances? LEKAMNT13

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

C18. **In the last month,** have you lost any urine, even a small amount, beyond your control when you have the urge to urinate and can't get to the toilet fast enough? LEKURGE13

No ..... 1**(GO TO D1, PAGE 18)**
Yes 2

C18a. About how many times per week have you lost any urine under these circumstances? (CIRCLE ONLY ONE ANSWER.) URGELWK13

Less than once per week 1
At least once per week to several times per week 2
Almost daily/daily 3

C18b. IF YES, how much urine do you lose when you leak under these circumstances? URGEAMT13

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

 # Variable Excluded from Public Use Data File

D1. These next questions ask about events that we sometimes experience in our lives. **Since your last study visit,** have you experienced any of the following: If you have not, circle 1 (NO). If you have, indicate how upsetting it was by circling 2, 3, 4 or 5. (PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION.)

		NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very upsetting and still upsetting
a.	Started school, a training program, or new job? STARTNE13	1	2	3	4	5
b.	Had trouble with a boss or conditions at work got worse? WORKTRB13	1	2	3	4	5
c.	Quit, fired or laid off from a job? QUITJOB13	1	2	3	4	5
d.	Took on a greatly increased work load at job? WORKLOA13	1	2	3	4	5
e.	Husband/partner became unemployed? PRTUNEM13	1	2	3	4	5
f.	Major money problems? MONEYPR13	1	2	3	4	5
g.	Relations with husband/partner changed for the worse but without separation or divorce? WORSREL13	1	2	3	4	5
h.	Were separated or divorced or a long-term relationship ended? RELATEN13	1	2	3	4	5
i.	Had a serious problem with child or family member (other than husband/partner) or with a close friend? SERIPRO13	1	2	3	4	5
j.	A child moved out of the house or left the area? CHILDMO13	1	2	3	4	5
k.	Took on responsibility for the care of another child, grandchild, parent, other family member or friend? RESPCAR13	1	2	3	4	5
l.	Family member had legal problems or a problem with police? LEGALPR13	1	2	3	4	5
m.	A close relative (husband/partner, child or parent) died? CRELDIE13	1	2	3	4	5

 # Variable Excluded from Public Use Data File

Question D1 continued:	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very upsetting and still upsetting
n. A close friend or family member other than a husband/partner, child or parent died? CLOSDIE13	1	2	3	4	5
o. Major accident, assault, disaster, robbery or other violent event happened to yourself? SELFVIO13	1	2	3	4	5
p. Major accident, assault, disaster, robbery or other violent event happened to a family member? FAMLVIO13	1	2	3	4	5
q. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? PHYSILL13	1	2	3	4	5
r. Other major event not included above? MAJEVEN13 Specify: #SPECEVN13 _____	1	2	3	4	5

D2. Below are 5 statements that you may agree or disagree with. Using the 1 – 7 scale below, indicate your agreement with each item. **(CIRCLE ONE NUMBER ON EACH LINE.)**

Please be open and honest in your responding.

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
a. In most ways my life is close to my ideal. MYIDEAL13	1	2	3	4	5	6	7
b. The conditions of my life are excellent. EXCELNT13	1	2	3	4	5	6	7
c. I am satisfied with my life. SATWLIF13	1	2	3	4	5	6	7
d. So far I have gotten the important things I want in life. IMPTHNG13	1	2	3	4	5	6	7
e. If I could live my life over, I would change almost nothing. NOCHANG13	1	2	3	4	5	6	7

 # Variable Excluded from Public Use Data File

D3. Please think about your life as a whole. How satisfied are you with it? (PLEASE CIRCLE ONE RESPONSE.) HOWSAT13

Are you…

Completely satisfied 1
Very satisfied 2
Somewhat satisfied 3
Not very satisfied 4
Not at all satisfied 5

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

We want to know about your activities at home, not including activities you may do for pay at your home or other people's homes. Please circle only one answer to each question.

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

E1. Caring for a child or children 5 years of age or less, a disabled child or an elderly person? Only count time actually spent doing physical activities like feeding, dressing, moving, playing or bathing. (If child turned 6 less than 6 months ago, consider him/her age 5 for the whole year.) (CIRCLE ONE ANSWER.)

CARING13

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

E2. **During the past year (in the last 12 months)**, how much time did you spend preparing meals or cleaning up from meals? (CIRCLE ONE ANSWER.)

MEALS13

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

E3. **During the past year (in the last 12 months)**, how often did you do routine chores requiring light physical effort, such as dusting, laundry, changing linens, grocery shopping or other shopping? (CIRCLE ONE ANSWER.)

ROUTNCH13

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

E4. **During the past year (in the last 12 months)**, how often did you do chores requiring moderate physical effort, such as vacuuming, washing floors, or gardening /yard work such as mowing the lawn or raking leaves? (CIRCLE ONE ANSWER.)

MODERAT13

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

 # Variable Excluded from Public Use Data File

E5. **During the past year (in the last 12 months)**, how often did you do chores at home requiring vigorous physical effort, such as chopping wood, tilling soil, shoveling snow, shampooing carpets, washing walls or windows, plumbing, tiling or outdoor painting? (CIRCLE ONE ANSWER.) **VIGOROU13**

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

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

E6. In comparison with other women of your own age, do you think your recreational physical activity is… **PHYSACT13**

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

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

E7. Did you watch television...(CIRCLE ONE ANSWER.) **WATCHTV13**

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

E8. Did you walk or bike to and from work, school or errands…(CIRCLE ONE ANSWER.) **WALKBIK13**

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

E9. Did you sweat from exertion...(CIRCLE ONE ANSWER.) **SWEATPA13**

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

E10. Did you play sports or exercise...(CIRCLE ONE ANSWER.) **SPORTS13**

Never ..... 1 **(GO TO F1)**
Less than once a month 2
Once a month 3
2-3 times a month 4
Once a week 5
More than once a week 6

 # Variable Excluded from Public Use Data File

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

E11. Which sport or exercise did you do most frequently during the past year? (SPECIFY ONLY ONE.)

_____ SPOREX113

E12. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER.) RATEIN113

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

E13. How many months in this past year did you do this activity? (CIRCLE ONE ANSWER.) MTHSAC113

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

E14. During these months, on average, how many hours a week did you do this activity? (CIRCLE ONE ANSWER.) HRSACT113

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

E15. Did you do any other exercise or play any other sport in this past year? OTHSPOR13

No ..... 1 **(GO TO F1, PAGE 23)**
Yes 2

E16. What was the second most frequent sport or exercise you did during the past year? (SPECIFY ONLY ONE) SPORTEX213

_____

E17. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER.) RATEIN213

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

E18. How many months in this past year did you do this activity? (CIRCLE ONE ANSWER.) MTHSAC213

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

 # Variable Excluded from Public Use Data File

E19....During these months, on average, how many hours a week did you do this activity? (CIRCLE ONE ANSWER) HRSACT213

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

F1. Over the **past 2 weeks** how often have you been bothered by any of the following problems? (PLEASE CIRCLE ONE RESPONSE FOR EACH QUESTION.)

Pick the answer that best describes how often you experienced the situation in the past 2 weeks.

In the past two weeks...	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
a. Little interest or pleasure in doing things INTERST13	0	1	2	3
b. Feeling down, depressed, or hopeless FEELDWN13	0	1	2	3
c. Trouble falling or staying asleep, or sleeping too much FALLSLP13	0	1	2	3
d. Feeling tired or having little energy FEELTIR13	0	1	2	3
e. Poor appetite or overeating OVEREAT13	0	1	2	3
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down FEELBAD13	0	1	2	3
g. Trouble concentrating on things, such as reading the newspaper or watching television CONCENT13	0	1	2	3
h. Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual FIDGETY13	0	1	2	3

F2. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? (PLEASE CIRCLE ONE RESPONSE.) DIFICLT13

No problems circled above .....-1
Not difficult at all 1
Somewhat difficult 2
Very difficult 3
Extremely difficult.....4

 # Variable Excluded from Public Use Data File

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

F3. Are you currently married or in a committed relationship? **CRNTMAR13**

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

a. How rewarding is this relationship? (CIRCLE ONE NUMBER.) **RWRDREL13**

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

b. How stressful is this relationship? (CIRCLE ONE NUMBER.) **STRSREL13**

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.) **#INCOME13[$]**

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_HAR13**

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

[$] Note that the 200% poverty indicator variable created for other visit years is not applicable at Visit 13 because household size was not collected. INCOME13 has been excluded from the public dataset due to small cell size.

 # Variable Excluded from Public Use Data File

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 INTRPAN13	1	2	3	4	5
b. Disinterested DISIPAN13	1	2	3	4	5
c. Excited EXCIPAN13	1	2	3	4	5
d. Upset UPSEPAN13	1	2	3	4	5
e. Strong STROPAN13	1	2	3	4	5
f. Guilty GUILPAN13	1	2	3	4	5
g. Scared SCARPAN13	1	2	3	4	5
h. Hostile HOSTPAN13	1	2	3	4	5
i. Enthusiastic ENTHPAN13	1	2	3	4	5
j. Proud PROUPAN13	1	2	3	4	5
k. Irritable IRRIPAN13	1	2	3	4	5
l. Alert ALERPAN13	1	2	3	4	5
m. Ashamed ASHAPAN13	1	2	3	4	5
n. Inspired INSPPAN13	1	2	3	4	5
o. Nervous NERVPAN13	1	2	3	4	5
p. Determined DETEPAN13	1	2	3	4	5
q. Attentive ATTEPAN13	1	2	3	4	5
r. Jittery JITTPAN13	1	2	3	4	5
s. Active ACTIPAN13	1	2	3	4	5
t. Afraid AFRAPAN13	1	2	3	4	5

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

 # Variable Excluded from Public Use Data File

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: 01/01/2011 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ (M M / D D / Y Y Y Y) **SABDAY13†**

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

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___ (M M / D D / Y Y Y Y) **#DOB**

VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO13**

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: **LANGSAB13**

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

A9. INTERVIEWER-ADMINISTERED? **#ADMIN13**

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

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.

 # Variable Excluded from Public Use Data File

B1. How important is sex in your life? **(CIRCLE ONE NUMBER.)** IMPORSE13

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.)** DESIRSE13

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.) ENGAGSE13

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 six questions.

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

	NO	YES
1) I do not have a partner at this time. NOPARTN13	1	2
2) My partner has a physical problem that interferes with sex. PARTPRO13	1	2
3) I have a physical problem that interferes with sex. PHYSPRO13	1	2
4) My partner is too tired or busy. PARTIRE13	1	2
5) My partner is not interested. PARTNOI13	1	2
6) Other: Please Specify_____ NOSEXOT13 _____ #NOSEXSP13	1	2

PLEASE TURN TO PAGE 6, AND ANSWER QUESTIONS B13 & B14

B4. In the past 6 months, how emotionally satisfying was your relationship with your main partner? SATISFY13

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

 # Variable Excluded from Public Use Data File

B5. In the past 6 months, how physically pleasurable was your relationship with your main partner? **PHYSPLE13**

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

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

	Not at all	Once or twice per month	About once per week	More than once per week	Daily
a) Kissing or hugging? **KISSING13**	1	2	3	4	5
b) Sexual touching or caressing? **TOUCHIN13**	1	2	3	4	5
c) Oral sex? **ORALSEX13**	1	2	3	4	5
d) Sexual intercourse? **INTCOUR13**	1	2	3	4	5

Please answer the following questions, B7 – B12, about sexual activity with your partner(s).

B7. During the last 6 months, how often did you feel aroused during sexual activity? **AROUSED13**

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

B8. During the past 6 months, have you felt vaginal or pelvic pain during intercourse? **PELVIC13**

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

B9. During the last 6 months, how often have you used lubricants, such as creams or jellies, to make sex more comfortable? **LUBRICN13**

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

 # Variable Excluded from Public Use Data File

B10. During the past 6 months, how often were you able to reach climax (come)? ABLECLM13

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

B11. During the past 6 months, how often were you satisfied with the frequency of sexual activity? FREQUEN13

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

B12. During the past 6 months, how much has each of the following been a problem? **(CIRCLE ONE ANSWER FOR EACH QUESTION.)**

	In the past 6 months…	**Not at all**				**A great deal**
a.	My partner has had a physical problem that interferes with sex. PHYPPAR13	1	2	3	4	5
b.	My partner is too tired or busy for sex. BUSYPAR13	1	2	3	4	5
c.	My partner is not interested in sex. NOINPAR13	1	2	3	4	5

CONTINUE ON THE NEXT PAGE, PLEASE.

The next questions are about the way health problems might interfere with your sex life. These questions are personal, but your answers are important in understanding how health problems affect people's lives.

B13. How much of a problem was each of the following during the past 4 weeks? **(CIRCLE ONE ANSWER FOR EACH QUESTION.)**

	Not a problem	Little of a problem	Somewhat of a problem	Very much a problem	Not Applicable
a. Lack of sexual interest… SEXINTE13	1	2	3	4	-1
b. Unable to relax and enjoy sex… RELAXSE13	1	2	3	4	-1
c. Difficulty in becoming sexually aroused… DIFAROU13	1	2	3	4	-1
d. Difficulty in having an orgasm… DIFORGS13	1	2	3	4	-1

B14. On average, in the last 6 months, how often have you engaged in masturbation (self-stimulation)? MASTURB13

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.

Variable Excluded from Public Use Data File

Date Data Entered / Initials _____ Date Verified / Initials _____

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 # 13 **VISIT**

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

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y) **PHYDAY13†**

A5. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___ (M M D D Y Y Y Y) **#DOB**

VERIFY WITH RESPONDENT

A6. MEASUREMENTS COMPLETED IN: **#LOCATIO13**

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

A7. TECHNICIAN'S INITIALS

a. BLOOD PRESSURE ____ ____ ____ **#INITSA13**

b. HEIGHT/WEIGHT ____ ____ ____ **#INITSB13**

c. WAIST/HIP ____ ____ ____ **#INITSC13**

A8. WERE PHYSICAL MEASURES COMPLETED? **#PHYCOMP13**

NO 1
YES .....2 **(B1)**

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

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

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

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

 # Variable Excluded from Public Use Data File

Section B. Measurements

B1. ARM LENGTH ___ ___ ___ . ___ cm #ARMLNGT13

B2. ARM CIRCUMFERENCE ___ ___ ___ . ___ cm #ARMCIRC13

B3. CUFF SIZE USED (Circle one.)
1. Pediatric
2. Adult
3. Large Adult
4. Thigh
#CUFFSIZ13

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 ___ ___ beats/30 sec PULSE13

B5. BLOOD PRESSURE **#1** (SYS./DIA. 5th Phase) ___ ___ ___ / ___ ___ ___ mmHg
SYSBP113 / DIABP113

B6. BLOOD PRESSURE **#2** (SYS./DIA. 5th Phase) ___ ___ ___ / ___ ___ ___ mmHg
SYSBP213 / DIABP213

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

B7. HEIGHT ___ ___ ___ . ___ ___ **cm** HEIGHT13

B7.1. Measurement Method
1. Stadiometer
2. Portable
3. Self Report
HTMETHO13

B7.1.a. If Self Report, then choose one of the following HTSELF13
1. Participant in wheelchair/disabled
2. Equipment Failure
3. Refused to be measured
4. Other
Specify_____
#HTSELFS13

B8. WEIGHT ___ ___ ___ . ___ **kg** WEIGHT13

B8.1. Scales
1. Balance Beam
2. Clinic Digital
3. Portable
4. Self Report
SCALE13

B8.1.a. If Self Report, then choose one of the following WTSELF13
1. Participant in wheelchair/disabled
2. Equipment Failure
3. Refused to be weighed
4. Participant weight more than scale
5. Other
Specify_____
#WTSELFS13

B9. WAIST CIRCUMFERENCE ___ ___ ___ . ___ **cm** WAIST13

B9.1. Measurement taken in: 1. Undergarments 2. Light clothing WASTMEA13

B10. HIP CIRCUMFERENCE ___ ___ ___ . ___ **cm** HIP13

B10.1. Measurement taken in: 1. Undergarments 2. Light clothing HIPMEAS13

B11. **Please note if there were any unusual circumstances or deviations from the protocol.**
_____ #DEVIAT113
_____ #DEVIAT213

 # Variable Excluded from Public Use Data File

Date Data Entered / Initials _____ Date Verified / Initials _____

COGNITIVE FUNCTION FORM

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID**

A2. SWAN STUDY VISIT # 13 **VISIT**

A3. FORM VERSION: 01/01/2011 05/13/2017 in green **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y) **COGDAY13†**

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

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___ (M M D D Y Y Y Y) **#DOB**

VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO13**

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

A8. INTERVIEW LANGUAGE: **LANGCOG13**

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

A9. WERE ANY OF THE COGNITIVE FUNCTION TESTS COMPLETED? **#COGCOMP13**

NO..... 1
YES..... 2 **(A10)**

A9.1. IF NO (i.e. COGNITIVE FUNCTION TESTS NOT DONE), SPECIFY REASON **#COGNOT13**

UNWILLING/UNABLE TO COME TO OFFICE..... 1 **(END)**
OUTSIDE OF 90-DAY WINDOW..... 2 **(END)**
OTHER..... 3 **(END)**
IF OTHER, SPECIFY **#COGNOTS13**_____
REFUSED..... -7 **(END)**

A10. START TIME ___ ___ : ___ ___ AM....1 PM....2

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

 # Variable Excluded from Public Use Data File

IF NON-PARTICIPATING SITE (11, 16 OR 17f), SKIP SECTION B AND GO TO SECTION C.

B. REY AUDITORY VERBAL LEARNING TEST: WORD LIST RECALL

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

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

WORD LIST: THE GOAL IS TO RECALL WORDS FROM THE STUDIED LIST.

SCORING:

- THE INTERVIEWER CHECKS OFF WORDS RECALLED FROM THE LIST ON THE SCRIPT; REPETITIONS CAN BE CHECKED TWICE, AND INTRUSIONS WRITTEN IN.
- CREDIT IS GIVEN IF A NOUN IS MADE PLURAL (FARMERS INSTEAD OF FARMER).
- AN INTRUSION ERROR IS A WORD THAT WAS CLEARLY NOT ON THE LIST (E.G. COWBOY INSTEAD OF FARMER).
- PARTIAL WORDS ARE NOT CORRECT (E.G. FARM INSTEAD OF FARMER).
- A REPETITION IS DEFINED AS A FAILURE OF SELF-MONITORING. SO IF SOMEONE SAYS DRUM, CURTAIN, BELL, DRUM, THEY ARE FAILING TO REMEMBER THEY ALREADY SAID DRUM.
- SOMETIMES PEOPLE USE A THINKING-OUT-LOUD STRATEGY THAT IS NOT A FAILURE OF SELF-MONITORING: THEY MIGHT SAY “DRUM, CURTAIN, BELL…HMMM… DRUM, CURTAIN, BELL, HOUSE”… WHERE THEY ARE RUNNING THROUGH THE LIST AGAIN IN THEIR MINDS BUT ARE AWARE THAT THEY ALREADY SAID THOSE WORDS. OR THEY MIGHT SAY “DRUM, I ALREADY SAID DRUM”, SO WE KNOW THAT THEY KNOW THEY ARE REPEATING. THESE SITUATIONS DO NOT COUNT AS REPETITIONS.
- SOMETIMES WE WILL NEED TO DEPEND ON TONE OF VOICE: E.G. IF SOMEONE SAYS “DRUM, CURTAIN, BELL…. DID I SAY DRUM?” OR SOUNDS QUESTIONING. THE KEY ISSUE IS WHETHER THEY ARE AWARE THAT THEY HAVE SAID THE WORD ALREADY.

 # Variable Excluded from Public Use Data File

REY AUDITORY VERBAL LEARNING TEST: WORD LIST RECALL

"I am going to read a list of 15 words. Listen carefully. When I am finished, you are to repeat as many of the words as you can remember. It doesn't matter in what order you repeat them. Just try to remember as many as you can. I will say each word only one time, and I cannot repeat any words. You will have up to one and a half minutes, and I will not say anything until I tell you that your time is up. Do you have any questions? Are you ready?"

READ THE LIST BELOW WITH ONE SECOND INTERVAL BETWEEN EACH WORD.

AFTER THE LIST OF WORDS IS READ ASK THE PARTICIPANT THE FOLLOWING:

"Now tell me as many words as you can remember."

If person stops before 90 seconds is up, say, "*There's still time left, can you think of any more*?"
Ready? Begin **(TIME FOR 90 SECONDS)**

	Repeats word (One check per box for first word recall.)	**Repetitions** (Check box each time word is repeated after the first time)	**Intrusions (write in word)** (Write in word(s) not on the word recall list.)
DRUM			
CURTAIN			
BELL			
COFFEE			
SCHOOL			
PARENT			
MOON			
GARDEN			
HAT			
FARMER			
NOSE			
TURKEY			
COLOR			
HOUSE			
RIVER			
TOTALS			

1. Administration status: (CIRCLE ONE RESPONSE.) **REYSTA113**

   1 = Test administered
   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, _____ **#REYSPE113**
   10 = Administered but not according to protocol, Specify, _____ **#REYSPE213**

2. Total number of correct (unique) responses (range 0 – 15): _____ **REYCOR113**

3. Total number of repetitions: _____ **REYREP113**

4. Total number of intrusions: _____ **REYINT113**

 # Variable Excluded from Public Use Data File

C. BACKWARD COUNTING FROM 100

THE GOAL IS TO SEE HOW FAR PARTICIPANTS CAN GET IN COUNTING BACK FROM 100 WITHOUT OMITTING ANY NUMBERS FROM THE PROPER SEQUENCE.

THE INTERVIEWER RECORDS THE LAST NUMBER REACHED, AND ALSO KEEPS TRACK OF THE NUMBER OF ERRORS.

IF A NUMBER IS OMITTED ENTIRELY, IT IS AN ERROR (99, 98, 96….). EACH NUMBER OMITTED COUNTS AS ONE ERROR. SO (99, 98, 95, 94…) WOULD BE 2 NUMBERS MISSED, 2 ERRORS.

OCCASIONALLY A PARTICIPANT WILL SKIP AN ENTIRE DECADE OF NUMBERS: E.G. GO FROM 91 TO 80. THIS COUNTS AS 10 ERRORS.

REPEATING THE SAME NUMBER ("99, 98, 97, 97, 96") IS ALSO SCORED AS AN ERROR.

"*Now, I would like to see how fast you can count backwards. When I give the signal to begin, start counting backwards from 100 out loud, as fast as you can. So you will say 100, 99, 98 and so on. You will have 30 seconds. Do you have any questions? I will let you know when the time is up.*"

Ready? Begin ***(Time for 30 seconds)***

Record final number reached _____, *and number of errors* _____ *(Use grid to track errors.).*

Check box if Participant self-corrected ☐

100	*99*	*98*	*97*	*96*	*95*	*94*	*93*	*92*	*91*	*90*	*89*	*88*	*87*	*86*	*85*	*84*	*83*	*82*	*81*
80	*79*	*78*	*77*	*76*	*75*	*74*	*73*	*72*	*71*	*70*	*69*	*68*	*67*	*66*	*65*	*64*	*63*	*62*	*61*
60	*59*	*58*	*57*	*56*	*55*	*54*	*53*	*52*	*51*	*50*	*49*	*48*	*47*	*46*	*45*	*44*	*43*	*42*	*41*
40	*39*	*38*	*37*	*36*	*35*	*34*	*33*	*32*	*31*	*30*	*29*	*28*	*27*	*26*	*25*	*24*	*23*	*22*	*21*
20	*19*	*18*	*17*	*16*	*15*	*14*	*13*	*12*	*11*	*10*	*9*	*8*	*7*	*6*	*5*	*4*	*3*	*2*	*1*

1. Administration status: (CIRCLE ONE RESPONSE.) **BACKSTA13**

   1 = Test administered (Participant did not self correct)
   2 = Test administered (Participant did self correct)
   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

2. Record final number reached: ____ **BACKFIN13**

3. Record number of errors: ____ **BACKERR13**

4. Total number of digits produced [calculated as: 100 – (number reached + number errors)] **BACKTOT13**
   Specify _____ **#BACKSP113**
   _____ **#BACKSP213**
   _____ **#BACKSP313**

 # Variable Excluded from Public Use Data File

D. EAST BOSTON MEMORY TEST I

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

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

I. IMMEDIATE RECALL OF STORY

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

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

The story is:

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

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

RECORD RESPONSE VERBATIM

IMEDTHR13

IMEDCH113

IMEDHOU13

IMEDFIR13

IMEDFMN13

IMEDCLM13

IMEDCH213

IMEDRES13

IMEDMIN13

IMEDINJ13

IMEDEVR13

IMEDWEL13

TOTIDE113

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		

 # Variable Excluded from Public Use Data File

E. 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.

 # Variable Excluded from Public Use Data File

SYMBOL DIGIT MODALITIES TEST (CONTINUED) – SCORING:

1. Administration status (1, 6-10) **SDMTSTA13** ___

    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__ _____ **#SDMTSPE13**

    10 = Administered but not according to protocol

    Specify_____

2. Number of Test Administrations **SDMTADM13** _____
3. Number of Practice Items Correct (0-7) **SDMTPRA13** _____
4. Number of Test Items Attempted (0-110) **SDMTATM13** _____ _____ _____
5. Number of Test Items Correct (0-110) **SDMTCOR13** _____ _____ _____

 # Variable Excluded from Public Use Data File

F. 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;10 = ADMINISTERED BUT NOT ACCORDING TO PROTOCOL.

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

ITEM **Response Code**

P1. Try this one : 2 – 8 – 3. _____

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

[GO TO 1a]

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

[GO TO P2]

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

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

[GO TO 1a]

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

 # Variable Excluded from Public Use Data File

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

Item		Response Code
1a.	Ready? 5 – 1	DIGIT1A13_____
1b.	Here is another: 3 – 8	DIGIT1B13_____
2a.	Here is another: 4 – 9 – 3	DIGIT2A13_____
2b.	Here is another: 5 – 2 – 6	DIGIT2B13_____
3a.	Here is another: 3 – 8 – 1 – 4	DIGIT3A13_____
3b.	Here is another: 1 – 7 – 9 – 5	DIGIT3B13_____
4a.	Here is another: 6 – 2 – 9 – 7 – 2.....	DIGIT4A13_____
4b.	Here is another: 4 – 8 – 5 – 2 – 7.....	DIGIT4B13_____
5a.	Here is another: 7 – 1 – 5 – 2 – 8 – 6.....	DIGIT5A13_____
5b.	Here is another: 8 – 3 – 1 – 9 – 6 – 4.....	DIGIT5B13_____
6a.	Here is another: 4 – 7 – 3 – 9 – 1 – 2 – 8.....	DIGIT6A13_____
6b.	Here is another: 8 – 1 – 2 – 9 – 3 – 6 – 3.....	DIGIT6B13_____

Specify

_____ #SPCDIG113

_____ #SPCDIG213

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

 # Variable Excluded from Public Use Data File

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

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

RECORD RESPONSE VERBATIM

SCORE EACH IDEA AS PRESENT OR ABSENT

DLAYTHR13

DLAYCH113

DLAYHOU13

DLAYFIR13

DLAYFMN13

DLAYCLM13

DLAYCH213

DLAYRES13

DLAYMIN13

DLAYINJ13

DLAYEVR13

DLAYWEL13

TOTIDE213

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		

 # Variable Excluded from Public Use Data File

IF NON-PARTICIPATING SITE (11 or 17), SKIP SECTION H AND GO TO SECTION I.

H. LETTER NUMBER SEQUENCING

FOR THIS SUBTEST, THE PARTICIPANT IS READ A COMBINATION OF NUMBERS AND LETTERS AND IS ASKED TO RECALL THE NUMBERS FIRST IN ASCENDING ORDER AND THEN THE LETTERS IN ALPHABETICAL ORDER. EACH ITEM CONSISTS OF THREE TRIALS, AND EACH TRIAL IS A DIFFERENT COMBINATION OF NUMBERS AND LETTERS.

Note: The participant is given full credit if all the letters and numbers are recalled in the correct sequence, **even if the letters are recalled before the numbers**

COMPLETE PRACTICE ITEMS AND THEN START WITH ITEM 1.

DISCONTINUE AFTER SCORES OF 0 ON ALL THREE TRIALS OF AN ITEM.

GENERAL DIRECTIONS: ADMINISTER ALL PRACTICE TRIALS. FOR EACH PRACTICE ITEM AND TRIAL ITEM, SAY EACH COMBINATION AT A RATE OF ONE NUMBER OR LETTER PER SECOND. ALLOW THE PARTICIPANT AMPLE TIME TO RESPOND (CORRECT RESPONSES ARE IN PARENTHESIS).

IF THE PARTICIPANT MAKES AN ERROR ON ANY PRACTICE ITEM, CORRECT HER AND REPEAT THE INSTRUCTIONS AS NECESSARY. EVEN IF THE PARTICIPANT FAILS ALL PRACTICE ITEMS, CONTINUE WITH THE SUBTEST.

SCORING: CLASSIFY EACH RESPONSE AS ERROR (0) OR CORRECT (1) AND ENTER THE SCORE IN THE SPACE PROVIDED. FOR ITEMS NOT ADMINISTERED FOR ANY REASON, ENTER THE APPROPRIATE CODE: 6 = PHYSICAL IMPAIRMENT; 7 = VERBAL REFUSAL; 8 = BEHAVIORAL REASON; 9 = OTHER REASON; 10 = ADMINISTERED BUT NOT ACCORDING TO PROTOCOL.

Practice Test: *"I am going to say a group of number and letters. After I say them, I want you to tell me the numbers first, in order, starting with the lowest number. Then tell me the letters in alphabetical order. For example, if I say B-7, your answer should be 7-B. The number goes first, then the letter. If I say 9-C-3, then your answer should be 3-9-C, the numbers in order first, then the letters in alphabetical order. Let's practice."*

ITEM		Response Code
6-F	(6-F)	_____
[IF CORRECT (1); IF ERROR (0)]		
G-4	(4-G)	_____
[IF CORRECT (1); IF ERROR (0)]		
3-W-5	(3-5-W)	_____
[IF CORRECT (1); IF ERROR (0)]		
T-7-L	(7-L-T)	_____
[IF CORRECT (1); IF ERROR (0)]		
1-J-A	(1-A-J)	_____
[IF CORRECT (1); IF ERROR (0)]		

"Very good. Do you have any questions?"

 # Variable Excluded from Public Use Data File

LETTER NUMBER SEQUENCING (CONTINUED)

[READ ALL SEQUENCES FROM BELOW AT THE RATE OF ONE NUMBER OR LETTER PER SECOND. AND RECORD THE SCORE IN SPACE PROVIDED.]

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 _____#LNSQSPE13
10 = Administered but not according to protocol,
Specify, _____

Let's begin.

			Response Code
1.	**L-2**	(2-L)	LNSQ1A13 _____
	6-P	(6-P)	LNSQ1B13 _____
	B-5	(5-B)	LNSQ1C13 _____
2.	**F-7-L**	(7-F-L)	LNSQ2A13 _____
	R-4-D	(4-D-R)	LNSQ2B13 _____
	H-1-8	(1-8-H)	LNSQ2C13 _____
3.	**T-9-A-3**	(3-9-A-T)	LNSQ3A13 _____
	V-1-J-5	(1-5-J-V)	LNSQ3B13 _____
	7-N-4-L	(4-7-L-N)	LNSQ3C13 _____
4.	**8-D-6-G-1**	(1-6-8-D-G)	LNSQ4A13 _____
	K-2-C-7-S	(2-7-C-K-S)	LNSQ4B13 _____
	5-P-3-Y-9	(3-5-9-P-Y)	LNSQ4C13 _____
5.	**M-4-E-7-Q-2**	(2-4-7-E-M-Q)	LNSQ5A13 _____
	W-8-H-5-F-3	(3-5-8-F-H-W)	LNSQ5B13 _____
	6-G-9-A-2-S	(2-6-9-A-G-S)	LNSQ5C13 _____
6.	**R-3-B-4-Z-1-C**	(1-3-4-B-C-R-Z)	LNSQ6A13 _____
	5-T-9-J-2-X-7	(2-5-7-9-J-T-X)	LNSQ6B13 _____
	E-1-H-8-R-4-D	(1-4-8-D-E-H-R)	LNSQ6C13 _____
7.	**5-H-9-S-2-N-6-A**	(2-5-6-9-A-H-N-S)	LNSQ7A13 _____
	D-1-R-9-B-4-K-3	(1-3-4-9-B-D-K-R)	LNSQ7B13 _____
	7-M-2-T-6-F-1-Z	(1-2-6-7-F-M-T-Z)	LNSQ7C13 _____
8.	**[TRIAL A – Japanese version]**		LNSQ8A13 _____
	[TRIAL B – Japanese version]		LNSQ8B13 _____
	[TRIAL C – Japanese version]		LNSQ8C13 _____

 # Variable Excluded from Public Use Data File

[NOTE: DISCONTINUE IF THE PARTICIPANT MISSES ALL 3 SEQUENCES OF A LEVEL.]

LETTER NUMBER SEQUENCING (CONTINUED)

SCORING

- RECORD THE PARTICIPANT'S RESPONSE TO EACH TRIAL ***VERBATIM,*** THE TRIAL SCORE, THE ITEM SCORE AND THE TOTAL SUBSET RAW SCORE.
- FOR EACH TRIAL OF AN ITEM, SCORE 1 POINT FOR EACH CORRECT RESPONSE, 0 POINTS FOR EACH INCORRECT RESPONSE. A RESPONSE IS INCORRECT IF A NUMBER OR LETTER IS OMITTED OR IF THE NUMBERS OR LETTERS ARE NOT SAID IN SPECIFIED SEQUENCE. ***AS LONG AS THE NUMBERS AND LETTERS ARE RECALLED IN SEQUENCE, GIVE CREDIT IF THE PARTICIPANT GIVES THE LETTERS IN SEQUENCE BEFORE THE NUMBERS.*** SUM THE TOTAL SCORE TO OBTAIN THE ITEM SCORES; SUM THE ITEM SCORES TO OBTAIN THE TOTAL SCORE.
- EACH ITEM IS SCORED 3,2,1, OR 0 POINTS AS FOLLOWS (MAXIMUM SCORE = 21 POINTS IN FORM VERSION 01/01/2011; MAXIMUM SCORE = 24 IN FORM VERSION 05/13/2017):

  3 POINTS IF THE PARTICIPANT PASSES ALL THREE TRIALS
  2 POINTS IF THE PARTICIPANT PASSES TWO TRIALS
  1 POINT IF THE PARTICIPANT PASSES ONLY ONE TRIAL
  0 POINTS IF THE EXAMINEE FAILS ALL THREE TRIALS

	Passes all 3 trials	Passes 2 trials	Passes 1 trial	Fails all 3 trials
Item 1	**3**	**2**	**1**	**0**
Item 2	**3**	**2**	**1**	**0**
Item 3	**3**	**2**	**1**	**0**
Item 4	**3**	**2**	**1**	**0**
Item 5	**3**	**2**	**1**	**0**
Item 6	**3**	**2**	**1**	**0**
Item 7	**3**	**2**	**1**	**0**
Item 8	**3**	**2**	**1**	**0**

If no trials were administered Total score is not applicable "-1".

8. Add the number of passes circled for Items 1 to 7 and record the total score. (Form version 01/01/2011)

   Total score (0 to 21) ___ ___ **LNSQTOT13**

9. Add the number of passes circled for Items 1 to 8 and record the total score. (Form version 05/13/2017)

   Total score (0 to 24) ___ ___ **LNSQTOT13**

 # Variable Excluded from Public Use Data File

IF NON-PARTICIPATING SITE (11, 16 OR 17), SKIP SECTION I AND GO TO SECTION J.

I. REY AUDITORY VERBAL LEARNING TEST: SHORT DELAY WORD RECALL

"Good now one more question. Do you remember the very first list of 15 words that I read to you in the beginning? It was the very first thing we did. (WAIT FOR PARTICIPANT TO RESPOND "YES.") I want you to tell me as many of the words from that list as you can. You will have up to one minute. I will tell you when your time is up."

RECORD WORDS RECALLED, INCLUDING INTRUSIONS AND REPETITIONS. IF PERSON STOPS BEFORE ONE MINUTE IS UP, SAY, "*There is still more time can you think of any more?*

"Now tell me as many words as you can remember." Ready? Begin **(TIME FOR 60 SECONDS)**

	Repeats word (One check per box for first word recall.)	**Repetitions** (Check box each time work is repeated after the first time)	**Intrusions (write in word)** (Write in words not on the word recall list.)
DRUM			
CURTAIN			
BELL			
COFFEE			
SCHOOL			
PARENT			
MOON			
GARDEN			
HAT			
FARMER			
NOSE			
TURKEY			
COLOR			
HOUSE			
RIVER			
TOTALS			

1. Administration status: (CIRCLE ONE RESPONSE.) **REYSTA213**

   1 = Test administered
   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, _____ **#REYSPE113**
   10 = Administered but not according to protocol, Specify, _____ **#REYSPE213**

2. Total number of correct (unique) responses (range 0 – 15): _____ **REYCOR213**

3. Total number of repetitions: _____ **REYREP213**

4. Total number of intrusions: _____ **REYINT213**

 # Variable Excluded from Public Use Data File

J. PLACEMENT OF COGNITIVE PROTOCOL

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

PROTOCOL COMPONENT:		**COMPLETED PRIOR TO COGNITIVE ASSESSMENT?**		
		NO	**YES**	**NOT APPLICABLE**
CONSENT	**#CONSENT13**	1	2	-1
INTERVIEWER-ADMIN. ANNUAL FOLLOW UP FORM	**#INTADMI13**	1	2	-1
INTERVIEWER ADDENDUM FOLLOW UP FORM	**#ADDEND13**	1	2	-1
RX/OTC/VITAMIN/SUPPLEMENT MEDICATION FORM	**#MEDFORM13**	1	2	-1
BLOOD PRESSURE MEASUREMENTS	**#BLDPRSS13**	1	2	-1
BLOOD DRAW (BLOOD CONTACT FORM)	**#BLODDRA13**	1	2	-1
ANTHROPOMETRIC MEASUREMENTS	**#ANTHROP13**	1	2	-1
REPRODUCTIVE HISTORY FORM	**#REPROD13**	1	2	-1
SAQ A	**#SELFA13**	1	2	-1
SAQ B	**#SELFB13**	1	2	-1
SAQ D	**#SELFD13**	1	2	-1
BERLIN QUESTIONNAIRE	**#BERLIN13**	1	2	-1
PHYSICAL FUNCTION	**#PHYFUNC13**	1	2	-1
ARTHRITIS/DISABILITY FORMS (ARDIS/WOMAC)	**#ARTHRIT13**	1	2	-1
KNEE XRAY FORM	**#KNEEXRA13**	1	2	-1
BONE DENSITY	**#BONEDNS13**	1	2	-1
BIOIMPEDANCE	**#BIOIMPE13**	1	2	-1
VERTEBRAL MORPHOMETRY	**#VERTMOR13**	1	2	-1
BREAK / FRACTURE EVENT	**#BRKEVNT13**	1	2	-1
HYSTERECTOMY PARTICIPANT FORM	**#HYSPART13**	1	2	-1
CARDIOVASCULAR EVENT FORM	**#CARDEVT13**	1	2	-1
CANCER EVENT FORM	**#CANCEVT13**	1	2	-1
CVA HEALTH CARE UTILIZATION FORM	**#CVAHCU13**	1	2	-1
HOSPITALIZATION EVENT FORM	**#HOSPEVT13**	1	2	-1
CAROTID IMT	**#CAROTID13**	1	2	-1
PULSEWAVE VELOCITY ASSESSMENTS	**#PULSWAV13**	1	2	-1
SITE SPECIFIC PROTOCOL	**#SSPPROT13**	1	2	-1
OTHER (If yes, specify protocol(s) done prior to Cognitive Assessment): **#OTHSTDY13**		1	2	
#OTHPRO113, **#OTHPRO213**, **#OTHPRO313**				
#OTHPRO413, **#OTHPRO513**				

 # Variable Excluded from Public Use Data File

Date Data Entered / Initials _____ Date Verified / Initials _____

BIOIMPEDANCE

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID**

A2. SWAN STUDY VISIT # 13 **VISIT**

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

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **BIODAY13†**
M M D D Y Y Y Y

A5. OPERATOR'S INITIALS: ___ ___ ___ **#INITS**

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___ **#DOB**
M M D D Y Y Y Y

VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN: **#LOCATIO13**

RESPONDENT'S HOME/OFFICE 1
CLINIC/OFFICE 2

A8. INTERVIEW LANGUAGE: **LANGBIO13**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

A9. WAS BIOIMPEDANCE MEASUREMENT COMPLETED? **COMPBIA13**

NO 1
YES ..... 2 **(B1)**

A9.1. IF NO (i.e. BIOIMPEDANCE NOT DONE), SPECIFY REASON: **#BIONOT13**

UNWILLING/UNABLE TO COME TO OFFICE ..... 1 **(END)**
OUTSIDE OF 90-DAY WINDOW ..... 2 **(END)**
OTHER ..... 3 **(END)**
IF OTHER, SPECIFY ____ _____ **#BIONOTS13**
INELIGIBLE (B1 = YES or DON'T KNOW) ..... 4 **(END)**
REFUSED ..... -7 **(END)**

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

 # Variable Excluded from Public Use Data File

SECTION B. BIOIMPEDANCE MEASUREMENT

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)? **AICDPUM13**

NO 1
YES ..... 2 **(A9)**
DON'T KNOW ..... -8 **(A9)**

IF YES OR DON'T KNOW, **STOP**. SUBJECT INELIGIBLE FOR BIOIMPEDANCE. CODE Q.A9 AS "NO=1" AND Q.A9.1 AS "REASON=4."

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.? **EXER12H13**

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.? **EAT5HR13**

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

B4. Have you had more than 2 alcohol drinks in the last 24 hours? **ALCO24H13**
That is, since __ __ : __ __ a.m. / p.m.?

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

 # Variable Excluded from Public Use Data File

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? **EMBDDEV13**

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. **METJEWL13**

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? **ONMEASS13**

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? **SIDE13**

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 -) _____ _____ _____ OHMS **CONDUCT13**

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

(+ OR -) _____ _____ _____ OHMS **REACT13**

 # Variable Excluded from Public Use Data File

B10. WAS THE MEASUREMENT RE-RUN? **BIORRUN13**

NO 1
YES 2

B11. COMMENTS: _____ **#OPERCO113**

_____ **#OPERCO213**

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* MEASURMENTS 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.

 # Variable Excluded from Public Use Data File

Date Data Entered / Initials _____Date Verified / Initials _____

PHYSICAL FUNCTIONING ASSESSMENT FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE **ARCHID**

A2. SWAN STUDY VISIT # 13 **VISIT**

A3. FORM VERSION: 06/01/2011 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y) **FUNCDAY13†**

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

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___ (M M D D Y Y Y Y) **#DOB**

VERIFY WITH RESPONDENT

A7. MEASUREMENTS ATTEMPTED/COMPLETED IN: **#LOCATIO13**

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

A8. WHAT PHYSICAL FUNCTION MEASURES WERE COMPLETED? **PHYFCOM13**

NO PHYSICAL FUNCTION MEASURES COMPLETED ..... 1 **(A8.1)**
ALL PHYSICAL FUNCTION MEASURES COMPLETED ..... 2 **(B1)**
SOME OR PARTIAL PHYSICAL FUNCTION MEASURES COMPLETED .... 3 **(B1)**

A8.1. IF NO (i.e. NO PHYSICAL FUNCTION MEASURES COMPLETED), SPECIFY REASON: **#NOPHYF13**

UNWILLING/UNABLE TO COME TO OFFICE..... 1 **(END)**
OTHER ..... 3 **(END)**
IF OTHER, SPECIFY _____ **#NOPHYFS13**
REFUSED..... -7 **(END)**

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

 # Variable Excluded from Public Use Data File

GRIP STRENGTH ASSESSMENT

B1. Identify the Dynamometer size setting: (CIRCLE ONE RESPONSE.)
1 = I (Small hands)
2 = III (Non-small hands)
DYNAMSE13

B2. Dominant hand? (hand used to write with) (CIRCLE ONE RESPONSE.)
1 = RIGHT HAND
2 = LEFT HAND
DOMHAND13

B3. Was right hand grip strength attempted? (CIRCLE ONE RESPONSE.)
1 = NO → **B3a**. Why not attempted? **NORGRIP13** →
2 = YES
RTGRIP13

1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY__**#NORGRPS13**__
-7 = REFUSED

B4. **RIGHT HAND: Round up to nearest kilogram. (Enter -1 if not completed.)**

#1 __ __ kgs **RTGRIP113**

#2 __ __ kgs **RTGRIP213**

#3 __ __ kgs **RTGRIP313**

B4a. **If any assessments were not completed on RIGHT hand, why unable to complete the task?** (CIRCLE ONE RESPONSE.) **NORHAND13**

1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY _____ **#NORHNDS13**
-7 = REFUSED

B5. Was left hand grip strength attempted? (CIRCLE ONE RESPONSE.)
1 = NO → **B5a**. Why not attempted? **NOLGRIP13** →
2 = YES
LTGRIP13

1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY__**#NOLGRPS13**__
-7 = REFUSED

B6. **LEFT HAND: Round up to nearest kilogram. (Enter -1 if not completed.)**

#1 __ __ kgs **LTGRIP113**

#2 __ __ kgs **LTGRIP213**

#3 __ __ kgs **LTGRIP313**

B6a. **If any assessments were not completed on LEFT hand, why unable to complete the task?** (CIRCLE ONE RESPONSE.) **NOLHAND13**

1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY _____ **#NOLHNDS13**
-7 = REFUSED

 # Variable Excluded from Public Use Data File

I would now like you to try to move your body in different movements. I will first describe and show each movement to you. Then I'd like you to try to do it. If you cannot do a particular movement, or if you feel it would be unsafe to try to do it, tell me and we'll move on to the next one. Let me emphasize that I do not want you to try to do any exercise that you feel might be unsafe. Any questions before we begin?

BALANCE TESTING:

The participant must be able to stand unassisted without the use of a cane or walker. You may help the participant to get up. Stand next to the participant to help her into the position. Supply just enough support to the participant's arm to prevent loss of balance. When the participant is in position (and secure), let go before you begin timing.

Now I will show you the first movement. [Demonstrate.] *I want you to try to stand with your feet together, side-by-side, for about 10 seconds.*

You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. Are you ready? [If supporting participant, let go.] *Ready, begin. Stop* [Stop the stopwatch after 10 seconds OR when the participant steps out of position OR grabs your arm.]

SBSSTND13

C1. SIDE-BY-SIDE STAND (Circle one number.)

1 = Held for less than 10 seconds: →
Number of seconds held __ __ . __ __ **sec**
2 = Held for 10 seconds SBSSDSE13
-1 = Not attempted

SBSSD1013

C1a. Why held for less than 10 seconds or not attempted?

("1" or "-1 " to C1)

1 = TRIED BUT UNABLE
2 = COULD NOT HOLD POSITION UNASSISTED
3 = INTERVIEWER FELT UNSAFE
4 = PARTICIPANT FELT UNSAFE
5 = UNABLE TO UNDERSTAND INSTRUCTIONS
6 = OTHER, SPECIFY _____#SBSS10S13_____
-7 = REFUSED

IF PARTICIPANT IS UNABLE TO HOLD THE POSITION FOR 10 SECONDS ("1" to C1) GO TO C4, PAGE 5.
IF THE MEASURE WAS NOT ATTEMPTED ("-1" TO C1), GO TO D1, PAGE 5 (TIMED 4 METER WALK),
OTHERWISE GO TO C2, PAGE 4.

 # Variable Excluded from Public Use Data File

Now I will show you the second movement. [Demonstrate.] *I want you to try to stand with the heel of one foot touching the big toe of the other foot, for about 10 seconds. You may put either foot in front, whichever is more comfortable for you.*

You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. Are you ready? [If supporting participant, let go] *Ready, begin. Stop* [Stop the stopwatch after 10 seconds OR when the participant steps out of position OR grabs your arm.]

C2. SEMI-TANDEM STAND (Circle one number.)

SEMTSTD13
1 = Held for less than 10 seconds: →
Number of seconds held __ __ . __ __ **sec**
2 = Held for 10 seconds **SEMTSEC13**
-1 = Not attempted →

SEMTS1013
C2a. Why held for less than 10 seconds or not attempted?
(1" or "-1 " to C2)

1 = TRIED BUT UNABLE
2 = COULD NOT HOLD POSITION UNASSISTED
3 = INTERVIEWER FELT UNSAFE
4 = PARTICIPANT FELT UNSAFE
5 = UNABLE TO UNDERSTAND INSTRUCTIONS
6 = OTHER, SPECIFY _____**#SEMT10S13**_____
-7 = REFUSED

IF PARTICIPANT IS UNABLE TO HOLD THE POSITION FOR 10 SECONDS ("1" to C2) OR IF THE MEASURE WAS NOT ATTEMPTED ("-1" TO C2) GO TO C4 ON PAGE 5, OTHERWISE GO TO C3.

Now I will show you the third movement. [Demonstrate.] *I want you to try to stand with the heel of one foot in front of and touching the toes of the other foot, for about 10 seconds. You may put either foot in front, whichever is more comfortable for you.*

You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop. Are you ready? [If supporting participant, let go] *Ready, begin. Stop* [Stop the stopwatch after 10 seconds OR when the participant steps out of position OR grabs your arm.]

C3. TANDEM STAND (Circle one number.)

TANDSD13
1 = Held for less than 10 seconds: →
Number of seconds held __ __ . __ __ **sec**
2 = Held for 10 seconds **TANDSE13**
-1 = Not attempted →

TAND1013
C3a. Why held for less than 10 seconds or not attempted?
("1" or "-1 " to C3)

1 = TRIED BUT UNABLE
2 = COULD NOT HOLD POSITION UNASSISTED
3 = INTERVIEWER FELT UNSAFE
4 = PARTICIPANT FELT UNSAFE
5 = UNABLE TO UNDERSTAND INSTRUCTIONS
6 = OTHER, SPECIFY _____**#TAND10S13**_____
-7 = REFUSED

 # Variable Excluded from Public Use Data File

C4. WHAT TYPE OF WALKING SURFACE? (CIRCLE ONE RESPONSE.)

1 = Linoleum surface STDSUR13
2 = Wood surface
3 = Commercial low-level nap carpet
4 = Concrete or cement surface
5 = Other type surface, Specify _____ #STDSURS13

C5. WHAT TYPE OF FOOT COVERING? (CIRCLE ONE RESPONSE.)

1 = Regular socks STDCOV13
2 = Non-skid socks
3 = Bare feet
4 = Flat walking/running shoes
5 = Other foot covering, Specify _____ #STDCOVS13

GAIT SPEED: TIMED 4 METER WALK ASSESSMENT

Now I am going to observe how you normally walk. If you use a cane or other walking aid and you feel you need it to walk a short distance, then you may use it. You will be asked to complete this walk 2 times.

This is our walking course. I want you to walk to the other end of the course at your usual speed, just as if you were walking down the street to the store. [Demonstrate.] *Walk all the way past the other end of the tape before you stop. I will walk with you. Do you feel this would be safe?* [If participant feels safe, have her stand with both feet touching the starting line.] *Ready, begin.*

D1. Timed Walk Assistance/Completion? (CIRCLE ONE RESPONSE.) WLK4M113

1 = Completed without assistance
2 = Completed with assistance
Specify _____ #WLK4M1S13
3 = Not completed
4 = Not attempted

D1a. WALK TIME WKSE4M113

#1 __ __ __ . __ __ sec

(GO TO D2, PAGE 6)

D1b. Why not completed/attempted? NO4MW113

1 = TRIED BUT UNABLE
2 = COULD NOT WALK UNASSISTED
3 = INTERVIEWER FELT UNSAFE
4 = PARTICIPANT FELT UNSAFE
5 = UNABLE TO UNDERSTAND INSTRUCTIONS
6 = OTHER, SPECIFY _____#NO4MW1S13_____
-7 = REFUSED

 # Variable Excluded from Public Use Data File

PROCEED TO THE NEXT PAGE TO COMPLETE THE SECOND TIMED WALK.
Now I want you to repeat the walk. Remember to walk at your usual pace, and go all the way past the other end of the tape.

D2. Timed Walk Assistance/Completion? (CIRCLE ONE RESPONSE.) **WLK4M213**

1 = Completed without assistance
2 = Completed with assistance
Specify _____ **#WLK4M2S13**
3 = Not completed
4 = Not attempted

D2a. WALK TIME **WKSE4M213**

#2 __ __ __ . __ __ sec → **(GO TO D3)**

D2b. Why not completed/attempted? **NO4MW213**

1 = TRIED BUT UNABLE
2 = COULD NOT WALK UNASSISTED
3 = INTERVIEWER FELT UNSAFE
4 = PARTICIPANT FELT UNSAFE
5 = UNABLE TO UNDERSTAND INSTRUCTIONS
6 = OTHER, SPECIFY _____ **#NO4MW2S13**
-7 = REFUSED

D3. WHAT TYPE OF WALKING SURFACE? (CIRCLE ONE RESPONSE.)

1 = Linoleum surface **WSUR4M13**
2 = Wood surface
3 = Commercial low-level nap carpet
4 = Concrete or cement surface
5 = Other type surface, Specify _____ **#WSUR4MS13**

D4. WHAT TYPE OF FOOT COVERING? (CIRCLE ONE RESPONSE.)

1 = Regular socks **W4MCOV13**
2 = Non-skid socks
3 = Bare feet
4 = Flat walking/running shoes
5 = Other foot covering, Specify _____ **#W4MCOVS13**

 # Variable Excluded from Public Use Data File

SIT-TO-STAND ASSESSMENTS

The next test measures the strength in your legs. Ask participant if she thinks it would be safe for her to stand up from a chair without using her arms. If "NO" ask if she thinks it would be safe for her to stand up from a chair using her arms. [If participant does not feel safe with either option she will be unable to complete any of the sit-to-stand assessments. Circle "Not attempted" in E1 and circle reason in E1b.]

SINGLE CHAIR STAND: [Demonstrate and explain the procedure.] *First, fold your arms across your chest and sit so that your feet are on the floor; then stand up keeping your arms folded across your chest. Please stand up keeping your arms folded across your chest. When fully upright drop your hands to your sides.* [If Participant cannot rise without using arms, ask her to stand using arms on chair or thighs to assist.] *This test will be timed. Wait until I tell you to start. Okay, try to stand up using your arms.*

E1. Result of single chair stand:
(CIRCLE ONE RESPONSE.) **SCSTD13**

1 = Participant stood without using arms →
2 = Participant used arms to stand →
3 = Not completed
4= Not attempted

E1a. Single chair stand time in seconds:

__ __ __ . __ __ **sec**
SCSTDSE13

→ **(IF E1 =1, GO TO E2, PAGE 8)**
→ **(IF E1 =2, GO TO E3, PAGE 8)**

E1b. Why not completed/attempted? **NOSCSTD13**

1 = TRIED BUT UNABLE
2 = COULD NOT STAND UNASSISTED
3 = INTERVIEWER FELT UNSAFE
4 = PARTICIPANT FELT UNSAFE
5 = UNABLE TO UNDERSTAND INSTRUCTIONS
6 = OTHER, SPECIFY _____ **#NOSCSDS13**
-7 = REFUSED

IF THE SINGLE CHAIR STAND WAS NOT COMPLETED ("3" to E1) GO TO E3, PAGE 8.
IF THE MEASURE WAS NOT ATTEMPTED ("4" TO E1), GO TO F1, PAGE 9 (TIMED 40 FOOT WALK).

REPEATED

 # Variable Excluded from Public Use Data File

CHAIR STAND:

Ask participant if she thinks it would be safe for her to stand up from a chair 5 times without using her arms. [If participant does not feel safe she will be unable to complete the repeated chair stand. Circle "Not attempted" in E2 and circle reason in E2b.]
[Demonstrate and explain the procedure.] *Please stand up straight as quickly as you can five times without stopping in between. After standing up each time, sit down and then stand up again. Keep your arms folded across your chest. Do not drop your hands to your sides. I'll be timing you with a stopwatch.* [When Participant is properly seated begin timing.] *Ready? Stand.* [Count out loud as the participant arises each time, up to five times.]

E2. REPEATED CHAIR STAND RESULTS:
(CIRCLE ONE RESPONSE.) RCSTD13

1 = Five stands done successfully → **E2a. REPEATED CHAIR STAND TIME:** ___ ___ ___ . ___ ___ **sec** RCSTDSE13 → **(GO TO E3)**

2 = Not completed
3 = Not attempted

→ **E2b. Why not completed/attempted?** NORCSTD13

1 = TRIED BUT UNABLE
2 = COULD NOT STAND UNASSISTED
3 = INTERVIEWER FELT UNSAFE
4 = PARTICIPANT FELT UNSAFE
5 = UNABLE TO UNDERSTAND INSTRUCTIONS
6 = OTHER, SPECIFY _____ #NORCSDS13
-7 = REFUSED

E3. WHAT TYPE OF FLOOR SURFACE? (CIRCLE ONE RESPONSE.)

1 = Linoleum surface CHRSUR13
2 = Wood surface
3 = Commercial low-level nap carpet
4 = Concrete or cement surface
5 = Other type surface, Specify _____ #CHRSURS13

E4. WHAT TYPE OF FOOT COVERING? (CIRCLE ONE RESPONSE.)

1 = Regular socks CHRCOV13
2 = Non-skid socks
3 = Bare feet
4 = Flat walking/running shoes
5 = Other foot covering, Specify _____ #CHRCOVS13

 # Variable Excluded from Public Use Data File

IF NON-PARTICIPATING SITE (15 OR 16), SKIP F1 – F5 AND GO TO G1.

TIMED 40 FOOT WALK ASSESSMENT (OPTIONAL) Instruct the participant to walk in a comfortable but steady, brisk pace as in the manner of showing purpose, but not being late.

F1. Were 40 foot timed walk assessments attempted? (CIRCLE ONE RESPONSE.) **WALK13**
1 = NO
2 = YES
→ **F1a.** Why not attempted? **NOWALK13**
→ 1 = PHYSICALLY UNABLE
2 = OTHER,
SPECIFY__**#NOWALKS13**__

IF 40 FOOT WALK NOT ATTEMPTED ("1" TO F1), GO TO G1.

F2. WALK TIME (Enter -1 if not completed.) **F2a. Timed Walk Assistance?** (CIRCLE ONE RESPONSE.)

# 1 __ __ __ __ . __ **min seconds** **WALKMI113** **WALKSE113**		1 = Not assisted **WALKAS113** 2 = Assisted, Specify _____**#WLKAS1S13**_____
# 2 __ __ __ __ . __ **min seconds** **WALKMI213** **WALKSE213**		1 = Not assisted **WALKAS213** 2 = Assisted, Specify _____**#WLKAS2S13**_____

F3. If any 40 foot timed walk assessments were not completed, why unable to complete the task? (CIRCLE ONE RESPONSE.) **UNABWLK13**
→ 1 = PHYSICALLY UNABLE
2 = OTHER,
SPECIFY _**#UNABWLS13**_

F4. WHAT TYPE OF WALKING SURFACE? (CIRCLE ONE RESPONSE.) **SURFACE13**
1 = Linoleum surface
2 = Wood surface
3 = Commercial low-level nap carpet
4 = Concrete or cement surface
5 = Other type surface, Specify _____ **#SURFACS13**

F5. WHAT TYPE OF FOOT COVERING? (CIRCLE ONE RESPONSE.) **W40FCOV13**
1 = Regular socks
2 = Non-skid socks
3 = Bare feet
4 = Flat walking/running shoes
5 = Other foot covering, Specify _____ **#W40FCVS13**

PHYSICAL FUNCTION COMMENTS:

G1. Comments _____**#COMMEN113**_____
_____**#COMMEN213**_____
_____**#COMMEN313**_____

 # Variable Excluded from Public Use Data File

Date Data Entered / Initials _____ Date Verified / Initials _____

ARTHRITIS DISABILITY QUESTIONNAIRE

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE **ARCHID~**

A2. SWAN STUDY VISIT # 13 **VISIT**

A3. FORM VERSION: **01/01/2011** **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **ARDISDAY13†**
M M D D Y Y Y Y

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

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___ **#DOB**
M M D D Y Y Y Y

VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO13**

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

A8. INTERVIEW LANGUAGE: **#LANGUAG13**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

A9. INTERVIEWER-ADMINISTERED? **#ADMIN13**

NO 1
YES 2

~ A randomly generated ID will be provided that is different from the original ID.
† This date is given in days since the initial baseline interview, which is day zero.

 # Variable Excluded from Public Use Data File

SECTION B: KNEES

B1. In the past** year, **have you had a serious knee injury? **KNEEINJ13**

No .....1 **(GO TO C1)**
Yes.....2

B2. Was the injury in your right knee, left knee or both knees? **BOTHKNE13**

Right knee.....1
Left knee 2
Both knees 3

a. How old were you at the time of your most recent injury? ___ ___ **INJAGE13**
(If >1 injury, list most recent age)

SECTION C: WHODAS 2.0

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

In the past 30 days how much difficulty did you have in: (CIRCLE ONE RESPONSE FOR EACH)						
Understanding and communication						
		None	**Mild**	**Moderate**	**Severe**	**Extreme or cannot do**
C1.	Concentrating on doing something for ten minutes? **CONC10M13**	1	2	3	4	5
C2.	Remembering to do important things? **REMIMP13**	1	2	3	4	5
C3.	Analyzing and finding solutions to problems in day-to-day life? **SOLUTIO13**	1	2	3	4	5
C4.	Learning a new task, for example, learning how to get to a new place? **LEARNEW13**	1	2	3	4	5
C5.	Generally understanding what people say? **UNDRSTD13**	1	2	3	4	5
C6.	Starting and maintaining a conversation? **STRTCON13**	1	2	3	4	5
Getting around						
C7.	Standing for long periods such as 30 minutes? **STND30M13**	1	2	3	4	5
C8.	Standing up from sitting down? **STNDUP13**	1	2	3	4	5
C9.	Moving around inside your home? **MOVHOM13**	1	2	3	4	5
C10.	Getting out of your home? **GETOUT13**	1	2	3	4	5
C11.	Walking a long distance such as a kilometer [or equivalent]? (a kilometer is approximately ½ mile) **WALK1K13**	1	2	3	4	5
Self-care						
C12.	Washing your whole body? **WASHBOD13**	1	2	3	4	5
C13.	Getting dressed? **GETDRES13**	1	2	3	4	5
C14.	Eating? **EATING13**	1	2	3	4	5
C15.	Staying by yourself for a few days? **STAYSLF13**	1	2	3	4	5

 # Variable Excluded from Public Use Data File

Getting along with people						
C16.	Dealing with people you do not know? **DEALPEO13**	1	2	3	4	5
C17.	Maintaining a friendship? **FRIENDS13**	1	2	3	4	5
C18.	Getting along with people who are close to you? **GETCLOS13**	1	2	3	4	5
C19.	Making new friends? **MAKENEW13**	1	2	3	4	5
C20.	Sexual activities? **SEXACTV13**	1	2	3	4	5

In the past 30 days how much difficulty did you have in: (CIRCLE ONE RESPONSE FOR EACH.)

Life activities

		None	Mild	Moderate	Severe	Extreme or cannot do
C21.	Taking care of your household responsibilities? **HSRESP13**	1	2	3	4	5
C22.	Doing most important household tasks well? **HSTASK13**	1	2	3	4	5
C23.	Getting all the household work done that you needed to do? **HSWDONE13**	1	2	3	4	5
C24.	Getting your household work done as quickly as needed? **HSWQUIK13**	1	2	3	4	5

If you work (paid, non-paid, self-employed) or go to school, complete questions C25 to C28, below. Otherwise, SKIP to C29.

Because of your health condition, in the past 30 days, how much difficulty did you have in: (CIRCLE ONE RESPONSE FOR EACH.)

		None	Mild	Moderate	Severe	Extreme or cannot do
C25.	Your day-to-day work/school? **WRKSCHL13**	1	2	3	4	5
C26.	Doing your most important work/school tasks well? **WRKWELL13**	1	2	3	4	5
C27.	Getting all of the work done that you need to do? **ALWDONE13**	1	2	3	4	5
C28.	Getting your work done as quickly as needed? **WRKQUIK13**	1	2	3	4	5

Participation in society

In the past 30 days: (CIRCLE ONE RESPONSE FOR EACH.)

		None	Mild	Moderate	Severe	Extreme or cannot do
C29.	How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? **JOINCOM13**	1	2	3	4	5
C30.	How much of a problem did you have because of barriers or hindrances in the world around you? **BARRIER13**	1	2	3	4	5
C31.	How much of a problem did you have living with dignity because of the attitudes and actions of others? **DIGNITY13**	1	2	3	4	5

 # Variable Excluded from Public Use Data File

C32.	How much time did you spend on your health condition, or its consequences? **TIMEHLT13**	1	2	3	4	5
C33.	How much have you been emotionally affected by your health condition? **EMOHLT13**	1	2	3	4	5
C34.	How much has your health been a drain on the financial resources of you or your family? **FINHLT13**	1	2	3	4	5
C35.	How much of a problem did your family have because of your health problem? **FAMHLT13**	1	2	3	4	5
C36.	How much of a problem did you have in doing things by yourself for relaxation or pleasure? **RELXSLF13**	1	2	3	4	5

C37.	Overall in the past 30 days, how many days were these difficulties present? **DPRESEN13**	**Record number of days** ___ ___
C38.	In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition? **DUNABLE13**	**Record number of days** ___ ___
C39.	In the past 30 days, not counting the days you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition? **DCUTBAC13**	**Record number of days** ___ ___

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

 # Variable Excluded from Public Use Data File

Date Data Entered / Initials _____ Date Verified / Initials _____

ARTHRITIS DISABILITY QUESTIONNAIRE

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE **ARCHID~**

A2. SWAN STUDY VISIT # 13 **VISIT**

A3. FORM VERSION: **11/01/2011** **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ (M M / D D / Y Y Y Y) **ARDISDAY13†**

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

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___ (M M / D D / Y Y Y Y) **#DOB**

VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO13**

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

A8. INTERVIEW LANGUAGE: **#LANGUAG13**

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

A9. INTERVIEWER-ADMINISTERED? **#ADMIN13**

- NO 1
- YES 2

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

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

 # Variable Excluded from Public Use Data File

SECTION B: KNEES

B1. **In the past year**, have you had knee pain? KPAINYR13

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

B1a. Was the pain in your right knee, left knee or both knees? RKPAINY13

Right knee 1
Left knee 2
Both knees 3

B1b. Was the knee pain due to any of the following reasons? (CIRCLE ONE RESPONSE FOR EACH REASON.)

			NO	YES	DON'T KNOW
1.	Injury	KPAINIJ13	1	2	-8
2.	Infection	KPAINIF13	1	2	-8
3.	Osteoarthritis	KPAINOS13	1	2	-8
4.	Rheumatoid arthritis	KPAINRA13	1	2	-8
5.	Arthritis, unknown type	KPAINAT13	1	2	-8
6.	Surgery on the knee in the past year	KPAINSU13	1	2	-8
7.	Other, autoimmune disease, SPECIFY___#KPAINAS13_____	KPAINAD13	1	2	-8
8.	Other, SPECIFY____#KPAIOTS13_____	KPAINOT13	1	2	-8

B2. **In the past year**, have you had joint swelling in your knees? KSWELYR13

No ..... 1 **(GO TO B3, PAGE 3)**
Yes 2

B2a. Was the joint swelling in your right knee, left knee or both knees? RKSWELY13

Right knee 1
Left knee 2
Both knees 3

B2b. Was the knee joint swelling due to any of the following reasons? (CIRCLE ONE RESPONSE FOR EACH REASON.)

			NO	YES	DON'T KNOW
1.	Injury	KSWELIJ13	1	2	-8
2.	Infection	KSWELIF13	1	2	-8
3.	Osteoarthritis	KSWELOS13	1	2	-8
4.	Rheumatoid arthritis	KSWELRA13	1	2	-8
5.	Arthritis, unknown type	KSWELAT13	1	2	-8
6.	Surgery on the knee in the past year	KSWELSU13	1	2	-8
7.	Other, autoimmune disease, SPECIFY_____#KSWELAS13_____	KSWELAD13	1	2	-8
8.	Other, SPECIFY_____#KSWEOTS13_____	KSWELOT13	1	2	-8

B3. *In the past year,* ***have you had a serious knee injury?*** KNEEINJ13

No ..... 1 **(GO TO C1, PAGE 4)**
Yes 2

 # Variable Excluded from Public Use Data File

B3a. Was the injury in your right knee, left knee or both knees? **BOTHKNE13**

Right knee 1
Left knee.....2
Both knees.....3

B3b. How old were you at the time of your most recent injury? ___ ___ **INJAGE13**
(If >1 injury, list most recent age)

PLEASE PROCEED TO NEXT PAGE.

 # Variable Excluded from Public Use Data File

SECTION C: WHODAS 2.0

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

In the past 30 days how much difficulty did you have in: (CIRCLE ONE RESPONSE FOR EACH.)						
Understanding and communication						
		None	**Mild**	**Moderate**	**Severe**	**Extreme or cannot do**
C1.	Concentrating on doing something for ten minutes? **CONC10M13**	1	2	3	4	5
C2.	Remembering to do important things? **REMIMP13**	1	2	3	4	5
C3.	Analyzing and finding solutions to problems in day-to-day life? **SOLUTIO13**	1	2	3	4	5
C4.	Learning a new task, for example, learning how to get to a new place? **LEARNEW13**	1	2	3	4	5
C5.	Generally understanding what people say? **UNDRSTD13**	1	2	3	4	5
C6.	Starting and maintaining a conversation?**STRTCON13**	1	2	3	4	5
Getting around						
C7.	Standing for long periods such as 30 minutes? **STND30M13**	1	2	3	4	5
C8.	Standing up from sitting down? **STNDUP13**	1	2	3	4	5
C9.	Moving around inside your home? **MOVHOM13**	1	2	3	4	5
C10.	Getting out of your home? **GETOUT13**	1	2	3	4	5
C11.	Walking a long distance such as a kilometer [or equivalent]? (a kilometer is approximately ½ mile) **WALK1K13**	1	2	3	4	5
Self-care						
C12.	Washing your whole body? **WASHBOD13**	1	2	3	4	5
C13.	Getting dressed? **GETDRES13**	1	2	3	4	5
C14.	Eating? **EATING13**	1	2	3	4	5
C15.	Staying by yourself for a few days? **STAYSLF13**	1	2	3	4	5
Getting along with people						
C16.	Dealing with people you do not know? **DEALPEO13**	1	2	3	4	5
C17.	Maintaining a friendship? **FRIENDS13**	1	2	3	4	5
C18.	Getting along with people who are close to you? **GETCLOS13**	1	2	3	4	5
C19.	Making new friends? **MAKENEW13**	1	2	3	4	5
C20.	Sexual activities? **SEXACTV13**	1	2	3	4	5

 # Variable Excluded from Public Use Data File

In the past 30 days how much difficulty did you have in: (CIRCLE ONE RESPONSE FOR EACH)						
Life activities						
		None	**Mild**	**Moderate**	**Severe**	**Extreme or cannot do**
C21.	Taking care of your household responsibilities? **HSRESP13**	1	2	3	4	5
C22.	Doing most important household tasks well? **HSTASK13**	1	2	3	4	5
C23.	Getting all the household work done that you needed to do? **HSWDONE13**	1	2	3	4	5
C24.	Getting your household work done as quickly as needed? **HSWQUIK13**	1	2	3	4	5

If you work (paid, non-paid, self-employed) or go to school, complete questions C25 to C28, below. Otherwise, SKIP to C29.

Because of your health condition, in the past 30 days, how much difficulty did you have in: (CIRCLE ONE RESPONSE FOR EACH.)						
		None	**Mild**	**Moderate**	**Severe**	**Extreme or cannot do**
C25.	Your day-to-day work/school? **WRKSCHL13**	1	2	3	4	5
C26.	Doing your most important work/school tasks well? **WRKWELL13**	1	2	3	4	5
C27.	Getting all of the work done that you need to do? **ALWDONE13**	1	2	3	4	5
C28.	Getting your work done as quickly as needed? **WRKQUIK13**	1	2	3	4	5
Participation in society						
In the past 30 days: (CIRCLE ONE RESPONSE FOR EACH.)						
		None	**Mild**	**Moderate**	**Severe**	**Extreme or cannot do**
C29.	How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? **JOINCOM13**	1	2	3	4	5
C30.	How much of a problem did you have because of barriers or hindrances in the world around you? **BARRIER13**	1	2	3	4	5
C31.	How much of a problem did you have living with dignity because of the attitudes and actions of others? **DIGNITY13**	1	2	3	4	5
C32.	How much time did you spend on your health condition, or its consequences? **TIMEHLT13**	1	2	3	4	5
C33.	How much have you been emotionally affected by your health condition? **EMOHLT13**	1	2	3	4	5
C34.	How much has your health been a drain on the financial resources of you or your family? **FINHLT13**	1	2	3	4	5
C35.	How much of a problem did your family have because of your health problem? **FAMHLT13**	1	2	3	4	5

 # Variable Excluded from Public Use Data File

C36.	How much of a problem did you have in doing things by yourself for relaxation or pleasure? **RELXSLF13**	1	2	3	4	5
C37.	Overall in the past 30 days, how many days were these difficulties present? **DPRESEN13**	**Record number of days ___ ___**				
C38.	In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition? **DUNABLE13**	**Record number of days ___ ___**				
C39.	In the past 30 days, not counting the days you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition? **DCUTBAC13**	**Record number of days ___ ___**				

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

 # Variable Excluded from Public Use Data File

ADDITIONAL MEASURES COLLECTED

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

A9. WAS BLOOD DRAWN? **BLDDRAW13**

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**.**

A12. Are you currently pregnant? **PREGNAN13**

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 ? **EATDRIN13**

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

A12. Did you start a menstrual period in the last five days? **STRTPER13**

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

A12.1. What is the date that you started to bleed? **LMPDAY**†

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

A13. BLOOD DRAW CATEGORY: **BLDRWAT13**

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**? **ALCHL2413**

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

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

 # Variable Excluded from Public Use Data File

SERUM HORMONE MEASURES

1. *Variables for assays*

Variable	*Assay*	*Units*
DHAS13	Dehydroepiandrosterone sulfate	ug/dL
E2AVE13*	Estradiol (see important note below)	pg/mL
FSH13	Follicle-stimulating hormone	mIU/mL
SHBG13	Sex hormone-binding globulin	nM
T13**	Testosterone	ng/dL

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

**** Testosterone was collected, but is undergoing a lab calibration study. This data will be available once this study is completed.**

Flags and other variables

Variable	*Meaning*	*Codes*
HRMDAY13	Hormone measures day, given in days since the initial baseline interview, which is day zero.	
FLGCV13 FLGDIF13	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%. One or both Estradiol results ≤ 20 pg/mL and the difference between them is > 10 pg/mL. Note: Differences were found between some of the Estradiol duplicate measurements. The following guidelines were decided upon: *If both E2 values>20 pg/ml, CV must be ≤15%.* *If one or both E2≤20 pg/ml, the two E2 results must agree within 10 pg/ml.* ***DATA WITH THESE FLAGS SHOULD BE OMITTED FROM DATA ANALYSES, OR USED WITH CAUTION IF INCLUDED IN ANALYSES.***	0=no, 1=yes

*1=yes means flagged

 # Variable Excluded from Public Use Data File

2. *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

 # Variable Excluded from Public Use Data File

CARDIOVASCULAR MEASURES

1. Assay Variables

Variable	Assay	Units	Calibrated
CHOLRES13	Total cholesterol calibrated result	mg/dl	Yes
HDLRESU13	HDL calibrated result	mg/dl	Yes
DLDLRESU13	Direct LDL cholesterol result	mg/dl	No
TRIGRES13	Triglycerides calibrated result	mg/dl	Yes
LDLRESU13	Estimated LDL cholesterol calibrated result	mg/dL	Yes
GLUCRES13	Glucose result	mg/dl	No
INSURES13	Insulin calibrated result	uIU/ml	Yes

2. Additional information:

- Estimated LDL was calculated by the coordinating center using the Friedewald calculation (Total cholesterol - (triglycerides / 5) - HDL).
- If TRIGRES13 > 400 or TRIGRES13 was missing, the LDLRESU13 was set to missing
- A flag FLAGSER13 to indicate incomplete blood draw and flag FLAGFAS13 to identify non-fasting samples are included.

3. *Flags and other variables*

Variable	Meaning	Codes
FLAGTG13	Flag to indicate that triglycerides>400 mg/dl.	0=no, 1=yes
FLAGSER13	Flag to indicate incomplete blood draw.	0=no, 1=yes
FLAGFAS13	Flag to indicate that the sample was non-fasting or that fasting information was missing or unreliable. When FLAGFAS13=1, triglycerides (TRIGRES13), direct LDL (DLDLRESU13), glucose (GLURESU13) and insulin (INSRESU13) are also set to missing. When triglycerides are missing, LDLRESU13 (estimated LDL) cannot be calculated so it is also set to missing.	0=No 1=Yes

*1=yes means flagged

4. *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 lab results, as well as longitudinal checks on absolute change, and percentage change, in values for a given participant between Visits 12 and 13.

The table below indicates the ranges that were used to identify 'unusual' values in the Visit 13 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.

 # Variable Excluded from Public Use Data File

Lab result	Flag Name	Flag Range	Units
Total Cholesterol	CHOLFLG13	(100,500)	mg/dl
Triglycerides	TRIGFLG13	(20,2000)	mg/dl
Total HDL	HDLFLG13	(20,150)	mg/dl
LDL	LDLFLG13	(25,400)	mg/dl
DLDL	DLDLFLG13	(25,400)	mg/dl
Glucose	GLUCFLG13	(40,400)	mg/dl
Insulin	INSUFLG13	(1,60)	uIU/ml

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

 # Variable Excluded from Public Use Data File