



FOLLOW-UP VISIT 15

CODEBOOK

ARCHIVED DATASET 2019

Dataset file nia152019

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TABLE OF CONTENTS

Documentation for the SWAN Visit 15 Dataset	4
Interview Questionnaire	12
Self-Administered Questionnaire Part A	34
Self-Administered Questionnaire Part B	58
Physical Measures	65
Cognitive Function Form	67
Bioimpedance Measures	82
Physical Functioning Form	90
Everyday Activities Questionnaire	101
Monofilament Testing Data Collection Form	106
Additional Measures	109

DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 15 DATASET

1. Who is included in the public use dataset:

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

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 15. 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 15 Self-Administered Questionnaire Part A was collected 15 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 15 have a 15 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 (AGE15) 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 AGE15.
- CES-D scores can be created from the questions in E.5.
- Michigan Neuropathy Screening Instrument (MNSI) summary and dichotomous scores can be derived from questions D6a through D6n, with some questions reverse coded.
- Modified Charlson Comorbidity Index and the NSHAP Comorbidity Index can be derived from the questions in B1-B12.

The reference for these indices is: *Vasilopoulos, T, Kotwal A, Huisingh-Scheetz M, Waite L, McClintock M, and Dale W, Comorbidity and Chronic Conditions in the National Social Life, Health and Aging Project (NSHAP), Wave 2, J Gerontol B Psychol Sci Soc Sci. 2014 Nov;69 Suppl 2:S154-65. PMC4303089.*

- 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 FORMINT15 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.
- Differences between Visit 12 and Visit 15: Certain questions that were asked for the first time at Visit 12 were asked as 'since the last study visit' at Visit 15. 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 FORMSAA15 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 (DATAFLG15) 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 (OUTOF15) is a flag variable for cases where the questionnaire was completed after the study-wide Visit 15 cut-off date of 02/28/2017 (OUTOF15 = 1) or was completed before Visit 15 officially began on 05/27/2015 (OUTOF15 = -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 FEARFUL15 from the SAA form has been rename FEARFULA15 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 FLGSABV15 indicates completion dates that were outside of the official data collection period for the 15 visit (05/27/2015 - 02/28/2017). 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 15 Physical Measures (PHY) form or the Visit 15 AINT (Abbreviated Interview), or the Visit 15 PATI (Self-A Amended Telephone Interview). The variable FORMPHY15 indicates which form was completed.
- In addition to the variables on the form, BMI15 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 (FLGLNS15 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 aiueo alphabet consists of 10 rows of 5 sounds (each ending w/ a vowel) and one sound “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 四; “ku” is number 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 “ii” 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-‘た’,” “‘か’-3” or “‘to’-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 (FLGREY15 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.
- LNUMPCT15 (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 MISSPHY15 flags missing physical measures that caused created variables to be missing, and MISSCON15 flags where conductance was missing. A flag (FLAGSRP15) indicates where self-reported physical measures were used in calculations.

Physical Functioning

- Visit 12-to-visit 15 protocol change: The sit-to-stand assessment performed at Visit 12 is not comparable to the sit-to-stand assessment performed at visit 15. 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 and Visit 15 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 Visits 13 and 15 to avoid confusion.
- The timed 40-foot walk was an optional assessment at Visit 15. Sites 15 and 16 did not participate in the timed 40-foot walk assessment. Therefore, these women have been set to .B (not applicable) for this assessment. Apart from these site-specific protocols, all subjects attending a Visit 15 follow-up visit were expected to complete the Physical Functioning Assessment form.
- The timed stair climb assessment at Visit 15 was not completed by the site 12. These women have been set to .B (not applicable) for this assessment. Apart from these site-specific protocols, all subjects attending a Visit 15 follow-up visit were expected to complete the Physical Functioning Assessment form.
- The following created variables were added to assist analysis:
 - WLKTIM115 - WLKTIM215 are variables that represent the completion time, in seconds, for each of the 2 timed 40-foot walk assessments, which combines the associated minutes (WALKMI115-WALKMI215) and seconds variables (WALKSE115-WALKSE215).
 - WALKMIN15 is the minimum of the two timed 40-foot walk assessment repetitions. WALKAVG15 is the average of both timed 40-foot walk assessment repetitions for each subject, rounded to the nearest tenth of a second.
 - RGRPAVG15 and LGRPAVG15 are the average of all three right/left hand grip strength assessment repetitions, rounded to the nearest integer.
 - RGRPMAX15 and LGRPMAX15 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 (<https://www.nia.nih.gov/research/labs/leps/short-physical-performance-battery-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.

Everyday Activities

- This data is comprised of two components: (1) Everyday Cognition (ECOG-12) and (2) functioning and disability questions using the World Health Organization Disability Assessment Schedule (WHODAS 2.0).
- ECOG-12 is a shorter version of E-Cog and comprised of 12 questions (section B. a-l) designed to detect cognitive and functional decline. The ECog-12 strongly correlated with established functional measures and neuropsychological scores, only weakly with age and education, and demonstrated high internal consistency. The ECog-12 shows promise as a clinical tool for the measurement of general and domain-specific everyday functions in the elderly as well as assisting clinicians in identifying individuals with dementia. Please refer to the following reference for further details:
Farias ST, Mungas D, Harvey DJ, Simmons A, Reed BR, DeCarli C. The measurement of everyday cognition: Development and validation of a short form of the Everyday Cognition scales. *Alzheimer's & Dementia*. 2011 Nov 30;7(6):593-601.
- 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 questionnaire is comprised of 36 questions (items C.1-C.36) that ask the participant to indicate how much difficulty they experienced performing a particular activity in the past 30 days. 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.

Monofilament Testing Data

An assessment testing the sensation or sense of touch in the feet was performed with a monofilament pressed to each foot.

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 and Testosterone were collected, but are undergoing a lab calibration study. This data will be available once this study is completed.

NOTE: These assays were run at Metabolomics using LC-MS/MS, a different lab and method than other visits.

Cardiovascular Measures

The Visit 15 cardiovascular results are included. A flag (FLAGSER15) indicates incomplete blood draw. FLAGFAS15 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 15. 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 15 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 15 data.

From the baseline through Visit 07, ApoA and ApoB sample processing was run at the MRL lab. However, at Visit 15 ApoA and ApoB samples were processed at Heinz lab at Pittsburgh. Analysts from the cardiovascular committee developed calibration equations in 2014 to convert ApoA and ApoB result obtained from Heinz to equivalent MRL values. These equations have been applied, and the results provided in this dataset represent the calibrated values. Calibrations were applied to CRP, and IL-6. In addition, the lower level of detection (LLD) samples were rerun for both CRP and IL-6. The LLD rerun samples did not require calibration, however the original samples for both CRP and IL-6 required a calibration that was log transformed, and the result then back transformed after calibration.

Endothelin-1, Factor VII and fibrinogen required no calibrations.

Glucose assays in visits 00-07 were run at MRL. Glucose assays from visit 09 forward were run at the University of Michigan Pathology Lab. Equations were developed to calibrate MRL values from visits 00-07 to University of Michigan Pathology Lab values to make all glucose values comparable in longitudinal analyses. Thus, glucose values from visits 00-07 are calibrated, and glucose values from visit 09 forward are as originally provided from the University of Michigan Pathology Lab. In addition, the flags for calibrated results were changed to the range of the lab results to which they were being calibrated.

Insulin assays in visits 00-07 were run at MRL, Insulin at visits 09-15 was done in the Central Ligand Assay Satellite Services (CLASS) lab. To calibrate insulin to a single lab for use in future longitudinal analyses, 400 samples drawn from visits 0-15 were run at a separate lab using the same method as the CLASS lab but a different machine. The results from the separate lab were used to calibrate CLASS to MRL at visits 09-15, the insulin values at visits 00-07 are left as originally provided from MRL.

C-Reactive Protein calibration equations were originally developed using a calibration sample that included both plasma and serum samples. Given there may be differences in results depending on the sample media used, study leadership decided that the calibration equations should be redeveloped using only the plasma samples. The calibration samples had two samples with unknown media and results very

close with and without them, so the missing results were included. Investigators will want to review FLAGSER15 for a missing value for exclusion.

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 (INTDAY15, SAADAY15, SABDAY15, PHYDAY15, HRMDAY15, COGDAY15, BIODAY15, and HYSTDAY15) 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.

ANNUAL FOLLOW-UP INTERVIEW

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

- A1. RESPONDENT ID: **ARCHID~**
- A2. SWAN STUDY VISIT # 15 **VISIT**
- A3. FORM VERSION: 03/17/2015 **#FORM_V**
- A4. DATE FORM COMPLETED: / / **INTDAY15[†]**
M M D D Y Y Y Y
- A5. INTERVIEWER'S INITIALS: **#INITS**
- A6. RESPONDENT'S DOB: / / **#DOB**
M M D D Y Y Y Y

VERIFY WITH RESPONDENT

- A7. INTERVIEW COMPLETED IN: **#LOCATIO15**
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: **LANGUAG15**
ENGLISH.....1
SPANISH.....2
CANTONESE.....3
JAPANESE.....4
- A9. DID RESPONDENT SIGN THE AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION? **SIGNAUT15**
NO.....1 (A9.1)
YES.....2
- A9.1. IF NO AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS SIGNED, SPECIFY REASON: **#NOAUTH15**
NEVER APPROACHED TO SIGN.....1
OTHER, SPECIFY **#NOAUTHS15**.....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?	<u>ANEMIA15</u>	1	2	-8
b.	Diabetes?	<u>DIABETE15</u>	1	2	-8
c.	High blood pressure or hypertension?	<u>HIGHBP15</u>	1	2	-8
d.	High cholesterol?	<u>HBCHOLE15</u>	1	2	-8
e.	Migraines?	<u>MIGRAIN15</u>	1	2	-8
f.	Arthritis or osteoarthritis (degenerative joint disease)?	<u>OSTEOAR15</u>	1	2	-8
g.	Rheumatoid arthritis?	<u>RHEUM15</u>	1	2	-8
h.	Hip fracture?	<u>HIPFX15</u>	1	2	-8
i.	Any other bone fracture?	<u>OTBONE15</u>	1	2	-8
j.	Osteoporosis (brittle or thinning bones)?	<u>OSTEOPR15</u>	1	2	-8
k.	Overactive or underactive thyroid	<u>THYROID15</u>	1	2	-8
l.	Parkinson's disease?	<u>PARKSN15</u>	1	2	-8
m.	Alzheimer's Disease?	<u>ALZHEIM15</u>	1	2	-8
n.	Dementia other than Alzheimer's (including mixed or unknown type)?	<u>DEMENT15</u>	1	2	-8
o.	Mild cognitive impairment?	<u>MLDCOG15</u>	1	2	-8
p.	Emphysema, asthma, chronic bronchitis or chronic obstructive pulmonary disease (COPD)?	<u>EMPHYS15</u>	1	2	-8
q.	Skin cancer?	<u>SKCNCR15</u>	1 (B2, PAGE 3)	2	-8 (B2, PAGE 3)
q1. If YES, what type of cancer were you told you had?					
a.	Melanoma?	<u>MECNCR15</u>	1	2	-8
b.	Non melanoma skin cancer?	<u>NMECNCR15</u>	1	2	-8

B2. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had cancer other than skin cancer or treated you for it? **CANCERS15**

NO.....1 (B5, PAGE 4)
 YES.....2
 DON'T KNOW.....-8 (B5, PAGE 4)

B2a. **If YES**, what is/was the primary site of the cancer? (CIRCLE ONE ANSWER.) **PSITECA15**

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: **#SITESPE15**
 DON'T KNOW.....-8

B2a1. 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

PSITEDAY15⁺

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

NO.....1 (B3b, PAGE 4)
 YES.....2
 DON'T KNOW.....-8 (B3b, PAGE 4)

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

ONE 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: **#OTSITES15**
 DON'T KNOW.....-8

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

____ / ____
 M M Y Y Y Y

OTSITEDAY15⁺

B3b. Did any of these cancers spread to other parts/systems (i.e. metastasize)? **CNCRSPR15**

NO 1

YES 2

DON'T KNOW -8

**IF BREAST CANCER EVENTS ARE REPORTED (Q. B2a. =“1”or “2”) AND/OR (Q. B3a. = “1”or “2”)
ANSWER QUESTION B4.**

B4. Since your last study visit, have you taken...	NO	YES	DON'T KNOW	B4.1. Have you taken within the last 3 months?	NO	YES	DON'T KNOW
a. Nolvadex (Tamoxifen)? NOLVAD15	1 (b)	2	-8 (b)	IF YES → NOLVAD315	1	2	-8
b. Arimidex (Anastrozole)? ARIMID15	1 (c)	2	-8 (c)	IF YES → ARIMID315	1	2	-8
c. Femara (Letrozole)? FEMARA15	1 (d)	2	-8 (d)	IF YES → FEMARA315	1	2	-8
d. Aromasin (Exemestane)? AROMAS15	1 (e)	2	-8 (e)	IF YES → AROMAS315	1	2	-8
e. Herceptin (Trastuzumab)? HERCEPT15	1 (B5)	2	-8 (B5)	IF YES → HERCEP315	1	2	-8

IF BREAST OR COLON CANCER EVENTS ARE REPORTED (Q. B2a. =“1”, “2”, or “8”) AND/OR (Q. B3a. = “1”, “2”, or “8”) COMPLETE A CANCER EVENT FORM, NOW.

B5. Since your last study visit, has a doctor, nurse practitioner or other health care provider told you that you had any of the following conditions or treated you for them?

	NO	YES	DON'T KNOW
a. Angina? CVANG15	1	2	-8
b. Blood clots in your <u>lungs</u> (Pulmonary embolism or PE)? CVPE15	1	2	-8
c. Blood clots in your <u>legs</u> (deep vein thrombosis or DVT)? CVDVT15	1	2	-8
d. A heart attack (coronary myocardial infarction or MI)? CVMI15	1 (e)	2	-8 (e)

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

M	M

D	D

Y	Y	Y	Y

CVMIDAY15[†]

d2. How many times were you hospitalized for a heart attack since your last study visit?

_____ hospitalizations

CVMIHSP15

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

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Follow-up 15 Interview-Administered Questionnaire Codebook

Page 15

B5. (continued) **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
e.	A stroke? <u>CVCVA15</u>	1 (f)	2	-8 (f)

e1. **If YES**, give the date of the first stroke since your last study visit (if more than one stroke):

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

CVCVADAY15[†]

e2. How many times were you hospitalized for a stroke since your last study visit?

_____ hospitalizations **CVCVAHSP15**

f.	Heart failure (congestive heart failure/CHF)? <u>CVCHF15</u>	1 (B6)	2	-8 (B6)
----	---	--------	---	---------

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

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

CVCHFDAY15[†]

f2. How many times were you hospitalized for a heart failure since your last study visit?

_____ hospitalizations **CVCHFHSP15**

[†] 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 medical procedures?

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

NO	YES	DON'T KNOW
----	-----	---------------

a. A procedure to unblock narrowed blood vessels in your neck (carotid endarterectomy, angioplasty or stent)? **CVNECK15**

1	2	-8
---	---	----

b. A procedure to unblock narrowed blood vessels in your arms or legs (bypass surgery, angioplasty or stent)? **CVLEG15**

1	2	-8
---	---	----

c. A heart bypass operation (coronary artery bypass graft surgery or CABG)? **CVCABG15**

1 (d)	2	-8 (d)
-------	---	--------

c1. If YES, please give the date of the first bypass operation since your last study visit (if more than one heart bypass operation):

—	—
M	M

—	—
D	D

—	—	—	—
Y	Y	Y	Y

CVCABGDAY13[†]

c2. How many times were you hospitalized for a heart bypass operation since your last study visit?

_____ hospitalizations

CVCABGHO15

d. A procedure to unblock vessels to your heart muscle (PTCA, angioplasty, stent or atherectomy)? **CVPCI15**

1 (B7)	2	-8 (B7)
--------	---	---------

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

CVPCIDAY15[†]

—	—
M	M

—	—
D	D

—	—	—	—
Y	Y	Y	Y

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

_____ hospitalizations

CVPCIHSP15

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

_____ day surgeries

CVPCIOUT15

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

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

Variable Excluded from Public Use Data File

Follow-up 15 Interview-Administered Questionnaire Codebook

Page 17

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
B7. Hysterectomy (an operation to remove your uterus or womb)?	1 (B8)	2	-8 (B8)

HYSTERE15

B7a. When was this performed? [PROMPT FOR YEAR, EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.]

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

HYSTDAY15[†]

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

	NO	YES	DON'T KNOW
B8. Since your last study visit, did you have one or both ovaries removed (an oophorectomy)?	1 (B9)	2	-8 (B9)

OOPHORE15

B8a. Was one ovary removed or were both ovaries removed?

ONEOVAR15

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

B9. Since your last study visit, did you have your thyroid gland removed?	1	2	-8
---	---	---	----

THYRREM15

B10. Since your last study visit, did you have pelvic prolapse or relaxation (the uterus, bladder, or rectum drops, sometimes bulging out of vagina)?	1	2	-8
---	---	---	----

PROLAPS15

B11. 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.]

_____ # of events where bone(s) were broken or fractured **BROKEBO15**

**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

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

LKNEREP15

NO 1 (B13)
YES 2

a. Was it the right knee, left knee or both?

LRTKNE15

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.]

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. **RIGHT KNEE**

LRKNEDAY15[†]

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

1. **LEFT KNEE**

LLKNEDAY15[†]

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

B13. **Since your last study visit**, have you had a hip replacement?

LHIPREP15

NO 1 (B14)
YES 2

a. Was it your right hip, left hip or both?

LRTHIP15

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.]

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. **RIGHT HIP**

LRHIPDAY15[†]

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

1. **LEFT HIP**

LLHIPDAY15[†]

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

The next questions ask about knee injuries and falls that may have happened in the past year.

B14. **In the past year**, have you had a serious knee injury? (CIRCLE ONE NUMBER.) **KNEEINJ15**

NO 1
YES 2

B15. **In the past year**, have you fallen and landed on the floor or ground (or fallen and hit an object like a table or stair)?

FALLEN15

NO 1 (GO TO B16, PAGE 9)
YES 2



- a. **If YES**, how many times have you fallen **in the past year**? **NUMFALL15**
- ONCE 1
- 2 TIMES 2
- 3 TIMES 3
- 4 TIMES 4
- MORE THAN 4 TIMES 5
- b. **During the past year**, were you injured in any of these falls? **INJURED15**
- NO 1 (GO TO B16)
- YES 2
- b1. **If YES** and you were injured in any of the falls you had **during the past year**, which of the following injuries did you experience?
- | | | NO | YES | DON'T KNOW |
|--|------------------|----|-----|------------|
| a. Broken or fractured bone? | INJFXBN15 | 1 | 2 | -8 |
| b. Hit or injured head? | INJHEAD15 | 1 | 2 | -8 |
| c. Sprain or strain? | INJSPRN15 | 1 | 2 | -8 |
| d. Bruises? | INJBRUI15 | 1 | 2 | -8 |
| e. Bleeding? | INJBLEE15 | 1 | 2 | -8 |
| f. Other kind of injury (please describe below)? | OINJ15 | 1 | 2 | -8 |
| _____ #OINJS15 | | | | |

- B16. Are you afraid of falling? Would you say... [READ RESPONSE CATEGORIES.] **FEARFAL15**
- No 1 (GO TO B17)
- A little fearful 2
- Moderately fearful 3
- Very fearful 4

The next questions ask about parental history of hip fractures and prior or current uses of steroid medication.

- B17. Has your mother ever broken a hip? **MFXHRIP15**
- NO 1 (GO TO B18)
- YES 2
- DON'T KNOW -8 (GO TO B18)

- a. If YES: Approximately what year did this occur? _____ **#MFXYR15**
- Y Y Y Y

- B18. Has your father ever broken a hip? **FFXHRIP15**
- NO 1 (GO TO B19)
- YES 2
- DON'T KNOW -8 (GO TO B19)

- a. If YES: Approximately what year did this occur? _____ **#FFXYR15**
- Y Y Y Y

- B19. **Have you ever** taken steroid pills (e.g., prednisone, prednisolone, dexamethasone) for **more than 3 months**? **STER3M15**
- NO 1
- YES 2
- DON'T KNOW -8

The next questions ask about pain symptoms you may have had ever in the past.

- C1. Have you ever had pain in muscles, bones or joints lasting at least 1 week? **MUPN1W15**
- NO 1 (GO TO C2)
- YES 2
- a. If YES, has this still been a problem in the past 3 months? **MUPN3M15**
- NO 1
- YES 2
- C2. Have you ever had pain in your shoulders, arms or hands lasting at least 1 week? **SHPN1W15**
- NO 1 (GO TO C3)
- YES 2
- a. If YES, on which side? **SHSIDE15**
- RIGHT 1
- LEFT 2
- BOTH 3
- b. If YES, has this still been a problem in the past 3 months? **SHPN3M15**
- NO 1
- YES 2
- C3. Have you ever had pains in your legs or feet lasting at least 1 week? **LEPN1W15**
- NO 1 (GO TO C4)
- YES 2
- a. If YES, on which side? **LESIDE15**
- RIGHT 1
- LEFT 2
- BOTH 3
- b. If YES, has this still been a problem in the past 3 months? **LEPN3M15**
- NO 1
- YES 2
- C4. Have you ever had pain in your neck, chest or back lasting at least 1 week? **NEPN1W15**
- NO 1 (GO TO C5, PAGE 11)
- YES 2
- a. If YES, has this still been a problem in the past 3 months? **NEPN3M15**
- NO 1
- YES 2

For the next question about pain symptoms, please focus on the past month.

C5. Have you had pain in the face, jaw, temples, in front of the ear, or in the ear in the past month?

FAPN1M15

NO 1 (GO TO C6)
YES 2

a. Has the pain in your face, jaw, temples, in front of the ear, or in the ear been present for 3 months or longer?

FAPN3M15

NO 1 (GO TO C6)
YES 2

b. How long has the pain in your face, jaw, temples, in front of the ear, or in the ear been present?

FAPNYRS15 _____ YEARS OR _____ MONTHS **FAPNMOS15**

The next question asks about pain symptoms you may have had ever in the past.

C6. Have you ever had your jaw lock or catch so that it won't open all the way? **JAWLCK15**

NO 1
YES 2

C7. Does your jaw click or pop when you open or close your mouth or when chewing? **JAWCLK15**

NO 1
YES 2

I'm going to ask you some questions about your hearing and vision.

D1. Do you feel that you have hearing loss?

HEARLOS15

NO 1
YES 2
DON'T KNOW -8

D2. At the present time, would you say your eyesight using both eyes (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind? [HAND RESPONDENT CARD "A" (if appropriate, i.e., not blind), AND READ RESPONSE CATEGORIES.]

EYESGHT15

Excellent..... 1
Good..... 2
Fair 3
Poor 4
Very poor..... 5
Completely blind..... 6

D3. How much difficulty do you have reading the small print in a telephone book, on a medicine bottle, or on legal forms (with glasses or contact lenses, if you wear them)? [HAND RESPONDENT **CARD “B”** AND READ RESPONSE CATEGORIES.] **READSML15**

- No difficulty at all 1
- A little difficulty 2
- Moderate difficulty 3
- Extreme difficulty 4
- Stopped doing this because of your eyesight..... 5
- Stopped doing this because of other reasons or not interested 6

D4. Because of your eyesight, how much difficulty do you have recognizing people you know from across a room? (with glasses or contact lenses, if you wear them)? [USE **CARD “B”** AS IN Q.D3.] **RECOG15**

- No difficulty at all 1
- A little difficulty 2
- Moderate difficulty 3
- Extreme difficulty 4
- Stopped doing this because of your eyesight..... 5
- Stopped doing this because of other reasons or not interested 6

D5. Have you **EVER** been told by a doctor, nurse practitioner or other health care provider that you had any of the following eye diseases or have you been treated for them?

		NO	YES	YES BUT HAD THEM REMOVED	DON'T KNOW
a.	Macular Degeneration MACDEG15	1	2		-8
b.	Glaucoma GLAUC15	1	2		-8
c.	Diabetic retinopathy DIABRET15	1	2		-8
d.	Cataracts CATAR15	1	2	3	-8

D6. The following questions are about the feelings in your legs and feet. Please answer how you usually feel.

Please answer how you **USUALLY** feel...

- a. Are your legs and/or feet numb? [HAND RESPONDENT **CARD “C”** AND READ RESPONSE CATEGORIES.] **NUMBLG15**
1. **During the past 24 hours**, how often do you experience **numbness** in your legs and/or feet? **ONUMBLG15**

NO	YES
1 (b)	2

- Never 1 (GO TO b)
- Occasional 2
- Often 3
- Almost continuous or always..... 4

Please answer how you **USUALLY** feel...

2. <u>During the past 24 hours</u> , how bothersome has the numbness in your legs and/or feet been?		<u>BNUMBLG15</u>		
Mild..... 1				
Moderate 2				
Severe..... 3				
			NO	YES
b. Do you ever have any burning pain in your legs and or feet?		<u>BURNLG15</u>	1 (c)	2
1. <u>During the past 24 hours</u> , how often do you experience burning pain in your legs and/or feet?		<u>OBURNLG15</u>		
Never..... 1 (GO TO c)				
Occasional..... 2				
Often 3				
Almost continuous or always 4				
2. <u>During the past 24 hours</u> , how bothersome has the burning pain in your legs and/or feet been?		<u>BBURNLG15</u>		
Mild..... 1				
Moderate 2				
Severe..... 3				
c. Do you ever have any prickling feelings in your legs or feet?		<u>PRCKLG15</u>	1 (d)	2
1. <u>During the past 24 hours</u> , how often do you experience prickling feelings in your legs or feet?		<u>OPRCKLG15</u>		
Never..... 1 (GO TO d)				
Occasional..... 2				
Often 3				
Almost continuous or always 4				
2. <u>During the past 24 hours</u> , how bothersome has the prickling in your legs or feet been?		<u>BPRCKLG15</u>		
Mild..... 1				
Moderate 2				
Severe..... 3				
d. Are your feet too sensitive to touch?		<u>FTSENS15</u>	1	2
e. Do you get muscle cramps in your legs and/or feet?		<u>LGCRMP15</u>	1	2
f. Does it hurt when the bed covers touch your skin?		<u>BEDCOV15</u>	1	2
g. When you get into the tub or shower, are you able to tell the hot water from the cold water?		<u>HCWAT15</u>	1	2
h. Have you ever had an open sore on your foot?		<u>FTSORE15</u>	1	2
i. Has your doctor ever told you that you have diabetic neuropathy?		<u>DIABNEU15</u>	1	2
j. Do you feel weak all over most of the time?		<u>FEELWK15</u>	1	2
k. Are your symptoms worse at night?		<u>NGHTSYM15</u>	1	2
D6. (continued) Please answer how you USUALLY feel...			NO	YES

l.	Do your legs hurt when you walk?	<u>LGWALK15</u>	1	2
m.	Are you able to sense your feet when you walk?	<u>FTWALK15</u>	1	2
n.	Is the skin on your feet so dry that it cracks open?	<u>FTSKIN15</u>	1	2
o.	Have you ever had an amputation?	<u>AMPUT15</u>	1	2

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 "D."] Looking at this line, how would you rate your overall quality of life at the present time? Choose a number between 0 and 10. **QLTYLIF15**

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

- 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? **CLOSERL15**

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 "E" AND READ RESPONSE CATEGORIES.]

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Someone you can count on to listen to you when you need to talk? <u>LISTEN15</u>	1	2	3	4	5
b. Someone to take you to the doctor if you needed it? <u>TAKETOM15</u>	1	2	3	4	5
c. Someone to confide in or talk to about yourself or your problems? <u>CONFIDE15</u>	1	2	3	4	5
d. Someone to help with daily chores if you were sick? <u>HELPSIC15</u>	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 “F” 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? <u>CONTROL15</u>	1	2	3	4	5
*b.	Felt confident about your ability to handle your personal problems? <u>ABILITY15</u>	1	2	3	4	5
c.	Felt that things were going your way? <u>YOURWAY15</u>	1	2	3	4	5
d.	Felt difficulties were piling so high that you could not overcome them? <u>PILING15</u>	1	2	3	4	5

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 “G” AND READ RESPONSE CATEGORIES.]

* [READ STEM INSTRUCTIONS]

During the past week:

Rarely or none of the time (less than 1 DAY) Some or a little of the time (1-2 DAYS) Occasionally or a moderate amount of the time (3-4 DAYS) Most or all of the time (5-7 DAYS)

*a.	I was bothered by things that usually don't bother me <u>BOTHER15</u>	1	2	3	4
*b.	I did not feel like eating; my appetite was poor <u>APPETIT15</u>	1	2	3	4
*c.	I felt that I could not shake off the blues even with help from my friends <u>BLUES15</u>	1	2	3	4
d.	I felt that I was just as good as other people <u>GOOD15</u>	1	2	3	4
e.	I had trouble keeping my mind on what I was doing <u>KEEPMIN15</u>	1	2	3	4
f.	I felt depressed <u>DEPRESS15</u>	1	2	3	4
*g.	I felt that everything I did was an effort <u>EFFORT15</u>	1	2	3	4
h.	I felt hopeful about the future <u>HOPEFUL15</u>	1	2	3	4
i.	I thought my life had been a failure <u>FAILURE15</u>	1	2	3	4
j.	I felt fearful <u>FEARFUL15</u>	1	2	3	4

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E5. (continued)

* [READ STEM INSTRUCTIONS]

During the past week:

E5. (continued)			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)
* [READ STEM INSTRUCTIONS]						
During the past week:						
*k.	My sleep was restless	<u>RESTLES15</u>	1	2	3	4
l.	I was happy	<u>HAPPY15</u>	1	2	3	4
m.	I talked less than usual	<u>TALKLES15</u>	1	2	3	4
n.	I felt lonely	<u>LONELY15</u>	1	2	3	4
* o.	People were unfriendly	<u>UNFRNDL15</u>	1	2	3	4
p.	I enjoyed life	<u>ENJOY15</u>	1	2	3	4
q.	I had crying spells	<u>CRYING15</u>	1	2	3	4
r.	I felt sad	<u>SAD15</u>	1	2	3	4
* s.	I felt that people disliked me	<u>DISLIKE15</u>	1	2	3	4
t.	I could not get going	<u>GETGOIN15</u>	1	2	3	4

OCCUPATIONAL QUESTIONS

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

F1. **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?

CHNGJOB15

NO 1 (F3)
 YES 2
 N/A.....-1 (F5, PAGE 17)

F2. 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.)

JOB15

NO 1 (F5, PAGE 17)
 YES 2

F3. **Since your last study visit**, has there been a change in your usual hours of work of any of your jobs?

CHANGHR15

NO 1
 YES 2

Variable Excluded from Public Use Data File

- F4. On average, how many total hours a week do you work, for pay? **HOURSPA15**
- | | |
|------------|---|
| ≤ 10..... | 1 |
| 11-19..... | 2 |
| 20-34..... | 3 |
| 35-40..... | 4 |
| 41-60..... | 5 |
| > 60..... | 6 |
- F5. What is your current marital status? Would you say... **MARITAL15**
- | | |
|---|----|
| Single/never married | 1 |
| Currently married or living as married..... | 2 |
| Separated | 3 |
| Widowed | 4 |
| Divorced..... | 5 |
| DON'T KNOW | -8 |
| REFUSED | -7 |

OTHER STUDY PARTICIPATION

We would like to 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.)

- G1. Are you currently participating in any other health related research study that is not a data registry? **STUDYOT15**
- | | | |
|--------------|----|-------------|
| No..... | 1 | (END) |
| Yes | 2 | (GO TO G1a) |
| Refused..... | -7 | (END) |

G1a. If yes, what is the name of the research study (or studies)?

Please SPECIFY: #STUDYS115, #STUDYS215, #STUDYS315

- G1b. If yes, do you receive health/medical care (medications, therapy, diet/exercise regime, etc.) as part of any other research study? **STUDYCA15**
- | | |
|-----------------|----|
| 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:

- H1. Length of interview: #LENGTH15 minutes
- H2. 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.]
- #COMMENT15** _____
- #COMMENT215** _____

Variable Excluded from Public Use Data File

ANNUAL FOLLOW UP SUPPLEMENTAL BLEEDING PATTERN FORM*Study of Women's Health Across the Nation*

We last interviewed you on _____[DATE]. According to our study records, you were not yet postmenopausal (by that, we mean that you had not yet gone 12 months without bleeding). The next questions are about your menstrual periods since _____[DATE]. .

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

B1. Did you have any menstrual bleeding since _____ [DATE]? **BLEEDNG15**
 NO1 (END)
 YES2

B2. Did you have any menstrual bleeding in the last **3 months**? **BLD3MON15**
 NO1
 YES2

B3. What was the date that you started your most recent menstrual bleeding? [PROMPT FOR MONTH AND YEAR, EVEN IF DAY IS UNKNOWN. ENTER -8 FOR DAY FIELD IF UNKNOWN.]

LMPDAY[†]

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

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

B4. Which of the following best describes your menstrual periods since _____ [DATE]? **Have they...** [HAND RESPONDENT CARD "H."] **DESCPER15**
 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 (END)

B5. 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? **LENGCYC15**

LESS THAN 24 DAYS.....1
 24-35 DAYS.....2
 MORE THAN 35 DAYS3
 TOO VARIABLE OR IRREGULAR TO SAY4
 DON'T KNOW-8

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

Section III. Copy of the Medication Form with Variable Names Included

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 #

15

VISIT

A3. FORM VERSION:

02/02/2015

#FORM_V

A4. DATE FORM COMPLETED:

 / / **#MCOMP_D**

A5. INTERVIEWER'S INITIALS:

 #INITS

A6. RESPONDENT'S DOB:

 / / **#DOB****VERIFY WITH RESPONDENT**

A7. INTERVIEW COMPLETED IN:

#LOCATIO15

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:

#LANGUAG15

ENGLISH 1
 SPANISH 2
 CANTONESE 3
 JAPANESE 4

A9. WAS THE MEDICATION FORM COMPLETED?

MEDCOMP15

NO 1
 YES 2 (B1)

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

#MEDNOT15

INTERVIEWER DID NOT ATTEMPT 1 (END)
 OTHER 2 (END)
 IF OTHER, SPECIFY **#MEDNOTS15**
 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)? <u>ANTICO115</u>	1	2	-8
B2.	Anything for your heart or heart beat, including pills or patches? <u>HEART115</u>	1	2	-8
B3.	Any medications for cholesterol or fats in your blood? <u>CHOLST115</u>	1	2	-8
B4.	Blood pressure pills? <u>BP115</u>	1	2	-8
B5.	Diuretics for water retention? <u>DIURET115</u>	1	2	-8
B6.	Thyroid pills? <u>THYRO115</u>	1	2	-8
B7.	Insulin or pills for sugar in your blood? <u>INSULN115</u>	1	2	-8
B8.	Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti- depression medication? <u>NERVS115</u>	1	2	-8
B9.	Steroid pills such as Prednisone or Cortisone? <u>STEROI115</u>	1	2	-8
B10.	Prescribed medication for arthritis? <u>ARTHRT115</u>	1	2	-8
B11.	Fertility medications to help you get pregnant? <u>FERTIL115</u>	1	2	-8
B12.	IV (into the vein) medication to prevent or treat osteoporosis (brittle or thinning bones)? <u>OSTEIV115</u>	1	2	-8
B13.	Non IV medications to prevent or treat osteoporosis (brittle or thinning bones)? <u>OSTEON115</u>	1	2	-8
B14.	Birth Control pills? <u>BCP115</u>	1	2	-8
B15.	Estrogen pills (such as Premarin, Estrace, Ogen, etc)? <u>ESTROG115</u>	1	2	-8
B16.	Estrogen by injection or patch (such as Estraderm)? <u>ESTRNJ115</u>	1	2	-8
B17.	Combination estrogen/progestin (such as Premphase or Prempro)? <u>COMBIN115</u>	1	2	-8
B18.	Progestin pills (such as Provera)? <u>PROGES115</u>	1	2	-8
B19.	Any other <u>prescription hormones</u> that I haven't asked you about, for example vaginal rings (such as Femring), progestin injections (such as Depo-Provera), estrogen/testosterone combinations (such as Estratest), or vaginal creams? <u>OHRM 115</u>	1	2	-8

**IF RESPONDENT HAS TAKEN ANY HORMONES (IF YES TO ANY OF B15 - 19) ASK B20,
OTHERWISE GO TO Q B23.**

B20. Were you using any prescription medications containing estrogen or progestin **at the time of your last study visit?** **ESTLSTV15**

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 h.)

	NO	YES
a. To reduce the risk of heart disease REDUHAR15	1	2
b. To reduce the risk of osteoporosis (brittle or thinning bones) OSTEOP015	1	2
c. To relieve menopausal symptoms MENOSYM15	1	2
d. To stay young-looking YOUNGLK15	1	2
e. A health care provider advised me to take them HCPADVI15	1	2
f. A friend or relative advised me to take them FRNADVI15	1	2
g. To improve my memory IMPRMEM15	1	2
h. Any other? SPECIFY HORMOTH15, #HORMSPE15 _____	1	2

i. DON'T KNOW/REMEMBER DONTKNO15	1	2

B22. You reported taking hormones. Have you taken any hormones in the past month? **MONHORM15**

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

B22.1 In what month and year did you last take hormones **HORMDAY15[†]**

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.

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 <u>PRBBLEE15</u>	1	2
b.	DIDN'T LIKE HAVING PERIODS <u>HAVEPER15</u>	1	2
c.	DIDN'T LIKE HOW I FELT ON THEM <u>LIKEFEL15</u>	1	2
d.	WORRIED ABOUT POSSIBLE SIDE EFFECTS <u>SIDEEFF15</u>	1	2
e.	WORRIED ABOUT CANCER <u>CANCER15</u>	1	2
f.	MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS) <u>ADVISTO15</u>	1	2
g.	TOO EXPENSIVE <u>EXPENSI15</u>	1	2
h.	DON'T LIKE TO TAKE ANY MEDICATIONS <u>NOLIKE15</u>	1	2
i.	COULDN'T REMEMBER TO TAKE THEM <u>NOREMEB15</u>	1	2
j.	DON'T KNOW <u>DNTKNOW15</u>	1	2
k.	OTHER, SPECIFY: <u>STOPOTH15, #STOPSP15</u>	1	2
l.	NO REASON GIVEN <u>NOREASO15</u>	1	2
m.	NEWS / MEDIA REPORTS ABOUT WOMEN WHO TOOK HORMONES AS PART OF A RESEARCH STUDY (E.G. RESULTS OF WHI) <u>NEWSRPT15</u>	1	2

B23. In the past three months, have you used any prescription or over-the-counter medications including supplements, vitamins or pain medications? (CIRCLE ONE.) RXOTC3M15

NO 1
 YES..... 2

B24. In the past three months, have you used any prescription or over-the-counter medication to help you sleep? (CIRCLE ONE.) SLEEP3MO15

NO 1
 YES..... 2

IF PARTICIPANT REPORTED "YES" to Q. B23 and/or Q. 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)

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: **ARCHID~**
- A2. SWAN STUDY VISIT # 15 **VISIT**
- A3. FORM VERSION: 03/08/2015 **#FORM_V**
- A4. DATE FORM COMPLETED:
 M M / D D / Y Y Y Y
 M M / D D / 1 9 Y Y Y Y
 SAADAY15[†]
- A5. INTERVIEWER'S INITIALS: _ _ _ **#INITS**
- A6. RESPONDENT'S DOB:
 M M / D D / 1 9 Y Y Y Y
 M M / D D / 1 9 Y Y Y Y
 #DOB
- VERIFY WITH RESPONDENT**

- A7. COMPLETED IN: **#LOCATIO15**
- 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: **LANGSAA15**
- ENGLISH 1
- SPANISH 2
- CANTONESE 3
- JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? **#INTADMI15**
- 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.

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 pay careful attention to the time frames of these questions, such as, since your last study visit, in the past month, in the last 2 weeks, etc.

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 early 60’s and beyond. 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? **OVERHLT15**
(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? **MEDICYR15**

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

B3. Do you currently have insurance that covers any part of your **doctor bills**? **INSURDR15**

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

B4. Do you currently have insurance that covers any part of your **prescription medication bills**? **INSURME15**

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

B5. Do you currently have insurance that covers any part of your **hospital bills**? **INSURHO15**

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? **HLTHSER15**

No.....	1
Yes.....	2

B7. Since your last study visit, have you smoked cigarettes regularly (at least one cigarette a day)? **SMOKERE15**

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 **AVCIGDA15**

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

M	M
---	---

Y	Y	Y	Y
---	---	---	---

Don't Know (-8) ☐

#SMOKEMO15 / #SMOKEYR15

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 **HHMEMSM15**

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.** **HOMEXPD15**

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 **HOMEXPH15**

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? **DRNKBEE15**

No..... 1 (GO TO B13, PAGE 5)

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 NUMBER.)

GLASBEE15

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.)

GLASWIN15

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.)

GLASLIQ15

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

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

HLTHAYR15

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 <u>V_ACT115</u>	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf <u>M_ACT115</u>	1	2	3
c. Lifting or carrying groceries <u>LIFTING15</u>	1	2	3
d. Climbing several flights of stairs <u>CLIMBS15</u>	1	2	3
e. Climbing one flight of stairs <u>CLIMB115</u>	1	2	3
f. Bending, kneeling, or stooping <u>BENDING15</u>	1	2	3
g. Walking more than a mile <u>WALKM15</u>	1	2	3
h. Walking several blocks <u>WALKS15</u>	1	2	3
i. Walking one block <u>WALK115</u>	1	2	3
j. Bathing or dressing yourself <u>BATHING15</u>	1	2	3

B15. **During the past 4 weeks**, have you had any of the following problems with your work or other regular daily activities as a result of your **physical health**? (CIRCLE ONE NUMBER ON EACH LINE.)

	NO	YES
a. Cut down on the amount of time you spent on work or other activities <u>PHYCTDW15</u>	1	2
b. Accomplished less than you would like <u>PHYACCO15</u>	1	2
c. Were limited in the kind of work or other activities <u>PHYLIMI15</u>	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort) <u>PHYDFCL15</u>	1	2

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 <u>EMOCTDW15</u>	1	2
b. Accomplished less than you would like <u>EMOACCO15</u>	1	2
c. Didn't do work or other activities as carefully as usual <u>EMOCARE15</u>	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 NUMBER.)

INTERFR15

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 NUMBER.)

BODYPAI15

None 1
Very Mild 2
Mild 3
Moderate 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 NUMBER.)

PAINTRF15

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

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? PEP15	1	2	3	4	5	6
b. Have you been a very nervous person? NERV4WK15	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up? CHER4WK15	1	2	3	4	5	6
d. Have you felt calm and peaceful? CALM4WK15	1	2	3	4	5	6
e. Did you have a lot of energy? ENERGY15	1	2	3	4	5	6
f. Have you felt downhearted and blue? BLUE4WK15	1	2	3	4	5	6
g. Did you feel worn out? WORNOUT15	1	2	3	4	5	6
h. Have you been a happy person? HAPY4WK15	1	2	3	4	5	6
i. Did you feel tired? TIRED15	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 NUMBER.)

SOCIAL15

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 <u>HEALSIC15</u>	1	2	3	4	5
b. I am as healthy as anybody I know <u>HEALTHY15</u>	1	2	3	4	5
c. I expect my health to get worse <u>HEALWOR15</u>	1	2	3	4	5
d. My health is excellent <u>HEALEX15</u>	1	2	3	4	5

B23. These next questions ask about how much you agree with the following statements as they apply to you over **the last month**. If a particular situation has not occurred recently, answer according to how you think you would have felt. (PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION.)

Over the last month I have felt that ...	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
a. I am able to adapt when changes occur. <u>TOADAPT15</u>	0	1	2	3	4
b. I can deal with whatever comes my way. <u>CANDEAL15</u>	0	1	2	3	4
c. I try to see the humorous side of things when I am faced with problems. <u>SEEHUMR15</u>	0	1	2	3	4
d. Having to cope with stress can make me stronger. <u>COPESTR15</u>	0	1	2	3	4
e. I tend to bounce back after illness, injury or other hardships. <u>BOUNCBK15</u>	0	1	2	3	4
f. I believe I can achieve my goals, even if there are obstacles. <u>MYGOALS15</u>	0	1	2	3	4
g. Under pressure, I stay focused and think clearly. <u>FOCUSED15</u>	0	1	2	3	4
h. I am not easily discouraged by failure. <u>DISCFA15</u>	0	1	2	3	4
i. I think of myself as a strong person when dealing with life's challenges and difficulties. <u>STRGPER15</u>	0	1	2	3	4
j. I am able to handle unpleasant or painful feelings like sadness, fear and anger. <u>PAINFEE15</u>	0	1	2	3	4

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...

HOTFLAS15

C1. **Hot flashes or flushes?** (CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.)

☐ Not at all (1) (GO TO C2)

☐ 1-5 days (2)

☐ 6-8 days (3)

☐ 9-13 days (4)

☐ Every day (5)

C1a. On the days that you have hot flashes or flushes, how many times each day do you usually have them? **NUMHOTF15**

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

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

(CIRCLE ONE NUMBER.)

BOTHOTF15

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

C2. **Over the past two weeks**, how often have you had **night sweats?** (CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.) **NITESWE15**

☐ Not at all (1) (GO TO C3)

☐ 1-5 days (2)

☐ 6-8 days (3)

☐ 9-13 days (4)

☐ Every day (5)

C2a. On the days that you have night sweats, how many times each night do you usually have them? **NUMNITS15**

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

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

(CIRCLE ONE NUMBER.)

BOTNITS15

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

C3. **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. (CIRCLE ONE NUMBER FOR EACH ITEM.)

How often have you had...	Not at all	1-5 days	6-8 days	9-13 days	Every day
a. Back aches or pains? <u>ACHES15</u>	1	2	3	4	5
b. Knee pain? <u>KNEEPA15</u>	1	2	3	4	5
c. Headaches? <u>HDACHE15</u>	1	2	3	4	5
d. Breast pain/tenderness? <u>BRSTPA15</u>	1	2	3	4	5

C3. (continued) Thinking back **over the past two weeks**, please circle the number corresponding to how often you experienced any of the following. (CIRCLE ONE NUMBER FOR EACH ITEM.)

How often have you had...	Not at all	1-5 days	6-8 days	9-13 days	Every day
e. Feeling blue or depressed? FEELBLU15	1	2	3	4	5
f. Dizzy spells? DIZZY15	1	2	3	4	5
g. Forgetfulness? FORGET15	1	2	3	4	5
h. Frequent mood changes? MOODCHG15	1	2	3	4	5
i. Heart pounding or racing? HARTRAC15	1	2	3	4	5
j. Feeling fearful for no reason? FEARFUL15	1	2	3	4	5
k. Irritability or grouchiness? IRRITAB15	1	2	3	4	5
l. Tense or nervous? NRVOUS15	1	2	3	4	5
m. Vaginal dryness? VAGINDR15	1	2	3	4	5
n. Vaginal irritation/itching? VAGIRRT15	1	2	3	4	5
o. Vaginal discharge? VAGDISH15	1	2	3	4	5
p. Vaginal soreness/pain? VAGSORE15	1	2	3	4	5

C4. 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? ONEDGE15	0	1	2	3
b. Not being able to stop or control worrying? STOPWOR15	0	1	2	3
c. Worrying too much about different things? WORRY15	0	1	2	3
d. Trouble relaxing? RELAX15	0	1	2	3
e. Being so restless that it is hard to sit still? SITSTIL15	0	1	2	3
f. Becoming easily annoyed or irritable? ANNOY15	0	1	2	3
g. Feeling afraid as if something awful might happen? AFRAID15	0	1	2	3

The next questions are about your sleep habits...

D1. **During the past month**, how many hours of **actual sleep** did you typically get at night? (This may be different than the number of hours you spend in bed.)

_____ hours/night **HRSSLEE15**

D2. Are you currently working for pay? (CIRCLE ONE NUMBER.) **CURWRK15**

No.....1 (ANSWER c, d)
Yes.....2 (ANSWER a, b)

IF working for pay “YES” to D2...

- a. **If working for pay**, how many hours of **actual sleep** do you typically get on a **work night**? **WHRSLPW15** _____ hours/night
- b. If working for pay, how many hours of **actual sleep** do you typically get on a **non-work night**? **WHRSLPNW15** _____ hours/night

IF NOT working for pay “NO” to D2...

- c. **If NOT working for pay**, how many hours of **actual sleep** do you typically get on a **week night** (Sunday through Thursday)? **NHRSLPW15** _____ hours/night
- d. **If NOT working for pay**, how many hours of **actual sleep** do you typically get on a **weekend night** (Friday and Saturday)? **NHRSLPWE15** _____ hours/night

D3. Have you ever worked for pay at a job where you **worked a night shift for at least 3 years**? [By night shift, we mean being at work overnight, for example, between 11 pm to 7 am.] (CIRCLE ONE NUMBER.)

SHFT3Y15

No.....1 (GO TO D4)
Yes.....2

- a. How many years did you work night shift? _____ years **SHFTDUR15**
- b. Are you still working the night shift? **SHFTNOW15**

No.....1
Yes.....2 (GO TO D4)

- c. If **NO**, how long has it been since you last worked the night shift? _____ years **SHFTLNG15**

D4. I’m going to ask you some additional questions about sleep.

	NO	YES	DON’T KNOW
a. Do you snore?	1	2	-8
b. Do you often feel tired, fatigued or sleepy during the day?	1	2	-8
c. Has anyone observed you stop breathing in your sleep?	1	2	-8

SNORE15

SLEEPY15

STPBREA15

D5. Are you currently being treated for sleep apnea? (CIRCLE ONE NUMBER.) **SLPAP15**

No.....1 (GO TO D6, PAGE 12)
Yes.....2



- a. Do you use a machine or oral device to help you breathe at night? **SLPAPDEV15**

No..... 1

Yes..... 2

- D6. 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 a week	Yes, 5 or more times a week
a. Did you have trouble falling asleep? TRBLSLE15	1	2	3	4	5
b. Did you wake up several times a night? WAKEUP15	1	2	3	4	5
c. Did you wake up earlier than you had planned to, and were unable to fall asleep again? WAKEARL15	1	2	3	4	5

- D7. How satisfied are you with your current sleep? (CIRCLE ONE NUMBER.) **SATSLP15**

0 1 2 3 4
Very satisfied Very dissatisfied

- D8. 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. MYIDEAL15	1	2	3	4	5	6	7
b. The conditions of my life are excellent. EXCELNT15	1	2	3	4	5	6	7
c. I am satisfied with my life. SATWLIF15	1	2	3	4	5	6	7
d. So far I have gotten the important things I want in life. IMPTHNG15	1	2	3	4	5	6	7
e. If I could live my life over, I would change almost nothing. NOCHANG15	1	2	3	4	5	6	7

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 over several time periods.

For the next question the time period is since your last study visit.

- E1. Since your last study visit, have you ever leaked, even a very small amount of urine, involuntarily or beyond your control? (CIRCLE ONE NUMBER.) **INVOLEA15**

No 1 (GO TO E5, PAGE 14)
Yes..... 2

For the next set of questions about leaking urine, please focus on the last month.

- E2. In the last month, about how many days have you lost any urine, even a small amount, beyond your control? (CIRCLE ONE NUMBER FOR EACH QUESTION.) **LEKDAY15**

Never 1 (GO TO E5, PAGE 14)
Less than one day per week..... 2
Several days per week..... 3
Almost daily/daily..... 4

- E3. 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? (CIRCLE ONE NUMBER FOR EACH QUESTION.) **LEKCOUG15**

No 1 (GO TO E4)
Yes..... 2

- a. About how many times per week have you lost any urine under these circumstances? (CIRCLE ONE NUMBER.) **COUGLWK15**

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

- b. If **YES**, how much urine do you lose when you leak under these circumstances? (CIRCLE ONE NUMBER.) **LEKAMNT15**

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

- E4. 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? (CIRCLE ONLY ONE NUMBER FOR EACH QUESTION.) **LEKURGE15**

No 1 (GO TO E5, PAGE 14)
Yes..... 2



- a. About how many times per week have you lost any urine under these circumstances?
(CIRCLE ONE NUMBER.) **URGELWK15**

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

- b. If **YES**, how much urine do you lose when you leak under these circumstances?
(CIRCLE ONE NUMBER.) **URGEAMT15**

A drop or two1
Enough to change undergarments or wear a liner or pad.....2
Enough to wet outer clothing.....3
Enough to wet the floor.....4

- E5. **In the last month**, 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 ONE NUMBER.) **RUSHBAT15**

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

For the next two questions, we are interested in learning about your urination patterns over the last 7 days.

- E6. **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

URINDAY15

- E7. **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)

URINIG15

- E8. **In the last month**, when I urinate, I feel a burning sensation in the opening where the urine comes out: (CIRCLE ONE NUMBER.) **BRNSENS15**

None of the time.....1
Some of the time.....2
Most of the time.....3
All of the time.....4

For the next 3 questions, we are interested in your experience in the past year (12 months).

E9. **In the past year**, have you had other problems with urinating, such as incomplete emptying, a weak urinary stream, straining to begin urination, or difficulty in postponing urination? (CIRCLE ONE NUMBER.)

OURINPRB15

No..... 1 (GO TO E10)
Yes..... 2

a. If **YES**, how frequently have you had this problem?

OURINFRQ15

Every day 1
Few times a week 2
Few times a month 3
A few times a year..... 4

E10. **In the past year**, have you had any urinary tract infections (UTI, bladder infections)? (CIRCLE ONE NUMBER.)

UTIYR15

No..... 1 (GO TO E11)
Yes..... 2

a. If **YES**, **in the past year**, how many times has a health professional told you that you had a urinary tract infection?

_____ number of urinary tract infections

NUMUTIYR15

E11. Now we would like to know if you have experienced stool incontinence. **In the past year**, have you lost control of your bowels (stool incontinence or anal incontinence)? (CIRCLE ONE NUMBER.)

BMINC15

No..... 1 (GO TO F1, PAGE 16)
Yes..... 2

a. If **YES**, how frequently have you had this problem? (CIRCLE ONE NUMBER.)

BMINCFRQ15

Every day 1
Few times a week 2
Few times a month 3
A few times a year..... 4

These next questions ask about events that we sometimes experience in our lives.

F1. **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? STARTNE15	1	2	3	4	5
b.	Had trouble with a boss or conditions at work got worse? WORKTRB15	1	2	3	4	5
c.	Quit, fired or laid off from a job? QUITJOB15	1	2	3	4	5
d.	Took on a greatly increased work load at job? WRKLOA15	1	2	3	4	5
e.	Husband/partner became unemployed? PRTUNEM15	1	2	3	4	5
f.	Major money problems? MONEYPR15	1	2	3	4	5
g.	Relations with husband/partner changed for the worse but without separation or divorce? WORSREL15	1	2	3	4	5
h.	Were separated or divorced or a long-term relationship ended? RELATEN15	1	2	3	4	5
i.	Had a serious problem with child or family member (other than husband/partner) or with a close friend? SERIPRO15	1	2	3	4	5
j.	A child moved out of the house or left the area? CHILDMO15	1	2	3	4	5
k.	Took on responsibility for the care of another child, grandchild, parent, other family member or friend? RESPCAR15	1	2	3	4	5
l.	Family member had legal problems or a problem with police? LEGALPR15	1	2	3	4	5
m.	A close relative (husband/partner, child or parent) died? CRELDIE15	1	2	3	4	5
n.	A close friend or family member <u>other than</u> a husband/partner, child or parent died? CLOSDIE15	1	2	3	4	5
o.	Major accident, assault, disaster, robbery or other violent event happened to yourself? SELFVIO15	1	2	3	4	5
p.	Major accident, assault, disaster, robbery or other violent event happened to a family member? FAMLVIO15	1	2	3	4	5
q.	Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? PHYSILL15	1	2	3	4	5
r.	Other major event not included above? MAJEVEN15	1	2	3	4	5
	Specify: SPECEVN15					

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....

G1. 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 NUMBER.)

CARING15

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

G2. 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.)

MEALS15

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

G3. 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.)

ROUTNCH15

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

G4. 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.)

MODERAT15

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

G5. 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 NUMBER.)

VIGOROU15

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.

G6. In comparison with other women of your own age, do you think your recreational physical activity is...
(CIRCLE ONE NUMBER.) **PHYSACT15**

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

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

G7. Did you watch television... (CIRCLE ONE NUMBER.) **WATCHTV15**

- 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

During the past year...

G8. Did you walk or bike to and from work, school or errands...(CIRCLE ONE NUMBER.) **WALKBIK15**

- 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

G9. Did you sweat from exertion...(CIRCLE ONE NUMBER.) **SWEATPA15**

- 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

G10. Did you play sports or exercise... (CIRCLE ONE NUMBER.) **SPORTS15**

- Never 1 (GO TO H1, PAGE 20)
- 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

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

G11. Which sport or exercise did you do most frequently during the past year? (SPECIFY ONLY ONE.)

_____ **SPOREX115**

G12. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE NUMBER.)

RATEIN115

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

G13. How many months in this past year did you do this activity? (CIRCLE ONE NUMBER.) **MTHSAC115**

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

G14. During these months, on average, how many hours a week did you do this activity? (CIRCLE ONE NUMBER.)

HRSACT115

- 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

G15. Did you do any other exercise or play any other sport in this past year? (CIRCLE ONE NUMBER.)

OTHSPOR15

- No 1 (GO TO H1, PAGE 20)
Yes 2

G16. What was the second most frequent sport or exercise you did during the past year? (SPECIFY ONLY ONE) _____ **SPOREX215**

G17. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE NUMBER.)

RATEIN215

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

G18. How many months in this past year did you do this activity? (CIRCLE ONE NUMBER.) **MTHSAC215**

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

G19. During these months, on average, how many hours a week did you do this activity? (CIRCLE ONE NUMBER.)

HRSACT215

- 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

The following set of questions deals with how you feel about yourself and your life. Please remember that there are no right or wrong answers.

H1. **Circle the number** that best describes your present agreement or disagreement with each statement.

		Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
a.	I live life one day at a time and don't really think about the future. LVE1DAY15	1	2	3	4	5	6
b.	I have a sense of direction and purpose in life. DIRECTN15	1	2	3	4	5	6
c.	My daily activities often seem trivial and unimportant to me. ACTTRIV15	1	2	3	4	5	6
d.	I don't have a good sense of what it is I'm trying to accomplish in life. ACCOMPL15	1	2	3	4	5	6
e.	I enjoy making plans for the future and working to make them a reality. PLANFUT15	1	2	3	4	5	6
f.	Some people wander aimlessly through life, but I am not one of them. WANDAIM15	1	2	3	4	5	6
g.	I sometimes feel as if I've done all there is to do in life. DONEALL15	1	2	3	4	5	6

H2. **Circle the number** that best describes your present agreement or disagreement with each statement.

a.	I am not interested in activities that will expand my horizons. HORIZON15	1	2	3	4	5	6
b.	I think it is important to have new experiences that challenge how you think about yourself and the world. CHALLNG15	1	2	3	4	5	6
c.	When I think about it, I haven't really improved much as a person over the years. IMPROVD15	1	2	3	4	5	6
d.	I have a sense that I have developed a lot as a person over time. DEVELPD15	1	2	3	4	5	6
e.	I do not enjoy being in new situations that require me to change my old familiar ways of doing things. CHGOLD15	1	2	3	4	5	6
f.	For me, life has been a continuous process of learning, changing, and growth. LEARNNG15	1	2	3	4	5	6
g.	I gave up trying to make big improvements or changes in my life a long time ago. CHANGES15	1	2	3	4	5	6

- H3. We are interested in how you have felt **this week (the past 7 days)** and below are a number of words that describe different feelings or emotions that people experience. Read each item and then, using the scale provided, indicate in the space next to each item how strongly you have experienced these feelings this past week. (CIRCLE ONLY ONE NUMBER FOR EACH.)

			Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
a.	Interested	<u>INTRPAN15</u>	1	2	3	4	5
b.	Disinterested	<u>DISIPAN15</u>	1	2	3	4	5
c.	Excited	<u>EXCIPAN15</u>	1	2	3	4	5
d.	Upset	<u>UPSEPAN15</u>	1	2	3	4	5
e.	Strong	<u>STROPAN15</u>	1	2	3	4	5
f.	Guilty	<u>GUILPAN15</u>	1	2	3	4	5
g.	Scared	<u>SCARPAN15</u>	1	2	3	4	5
h.	Hostile	<u>HOSTPAN15</u>	1	2	3	4	5
i.	Enthusiastic	<u>ENTHPAN15</u>	1	2	3	4	5
j.	Proud	<u>PROUPAN15</u>	1	2	3	4	5
k.	Irritable	<u>IRRIPAN15</u>	1	2	3	4	5
l.	Alert	<u>ALERPAN15</u>	1	2	3	4	5
m.	Ashamed	<u>ASHAPAN15</u>	1	2	3	4	5
n.	Inspired	<u>INSPPAN15</u>	1	2	3	4	5
o.	Nervous	<u>NERVPAN15</u>	1	2	3	4	5
p.	Determined	<u>DETEPAN15</u>	1	2	3	4	5
q.	Attentive	<u>ATTEPAN15</u>	1	2	3	4	5
r.	Jittery	<u>JITTPAN15</u>	1	2	3	4	5
s.	Active	<u>ACTIPAN15</u>	1	2	3	4	5
t.	Afraid	<u>AFRAPAN15</u>	1	2	3	4	5

We would now like to ask some questions about pain and bodily experience. We realize these are personal questions but we would appreciate you answering these questions.

- I1. During the past 3 months, have you had a feeling of pain, pressure, or discomfort in your pelvic area—that is, the part of your body that is above your legs and below your belly button? (CIRCLE ONE NUMBER.)

PELVPAI15

No.....1 (GO TO I2, PAGE 22)

Yes.....2

- a. For some women, this discomfort changes when their bladder fills. As your bladder starts to fill does your feeling of pain, pressure, discomfort or urgency usually: (CIRCLE ONE NUMBER.)

BLDRFIL15

Get worse1

Get better.....2

Stay the same (not affected by my bladder filling up)3

12. **During the past 3 months**, have you had a feeling of a strong urge or feeling that you had to urinate that made it difficult for you to wait to go to the bathroom? (CIRCLE ONE NUMBER.)

URIURGE15

No 1 (GO TO I3)
Yes 2

- a. Would you say this urge to urinate is mainly because of pain, pressure or discomfort or would you say this urge to urinate is mainly because you are afraid you will not make it to the bathroom in time to avoid wetting? (CIRCLE ONE NUMBER.)

URGEPAI15

Pain, pressure or discomfort 1
Fear of leakage or wetting 2
Both 3
Neither 4

13. **During the past 3 months**, how many times on average have you had to go to the bathroom to urinate during a typical day?

_____ times a day

URINXDY15

14. **During the past 3 month period** ... Have you had abdominal pain or discomfort? (CIRCLE ONE NUMBER.)

ABDPAI15

No 1 (GO TO I5)
Yes 2

If you have abdominal pain or discomfort is it....
(CIRCLE ONE NUMBER.)

- a. Relieved by having a bowel movement? **APRELB15**
b. Associated with more frequent or less frequent bowel movements? **APFRQBM15**
c. Associated with stools that are harder or looser than normal for you? **APBMHL15**

	NO	YES	DON'T KNOW
a. Relieved by having a bowel movement?	1	2	-8
b. Associated with more frequent or less frequent bowel movements?	1	2	-8
c. Associated with stools that are harder or looser than normal for you?	1	2	-8

15. **At least a quarter of the time (1 of 4 days, or 1 week/month, etc.), do you have:** (CIRCLE ONE NUMBER.)

- a. Stools/bowel movements that are more frequent (more than 3 a day) or less frequent (less than 3 a week) than usual? **BMFRQ15**
b. Change in passing of stool/bowel movements (straining, rushing to get to the bathroom in time, or feeling like you can't empty totally)? **BMCHG15**
c. Passing mucus from your rectum? **BMMUC15**

a. Stools/bowel movements that are more frequent (more than 3 a day) or less frequent (less than 3 a week) than usual?	1	2	-8
b. Change in passing of stool/bowel movements (straining, rushing to get to the bathroom in time, or feeling like you can't empty totally)?	1	2	-8
c. Passing mucus from your rectum?	1	2	-8

16. **During the past 3 months**, have you had pain, discomfort, or irritation when you had intercourse or after intercourse? (CIRCLE ONE NUMBER.) **INTPAI15**

- No.....1 (GO TO I7)
 Yes, more than once.....2
 Yes, but only once.....3
 Didn't have intercourse in past 3 months.....4 (GO TO I7)

During the past 3 months, what has been the location of the pain with intercourse? (CIRCLE ONE NUMBER FOR EACH ITEM.)

		NO	YES	DON'T KNOW
a.	Deep inside the vagina? IPINVAG15	1	2	-8
b.	At the opening of the vagina? IPOPVAG15	1	2	-8
c.	In the rectum? IPRECT15	1	2	-8
d.	Other, Specify IPOLOC15, #IPOLOCS15	1	2	-8

17. Thinking of **your whole life**, have you ever had pain/ discomfort, burning, or irritation at the vulva (at the opening to the vagina)? This could be with intercourse or on its own (spontaneously, for no reason, or with sitting, tampons, and so forth)? **VLVPAI15**

- No.....1 (GO TO J1, PAGE 24)
 Yes, and it continues2
 Yes, but it is not a continuing problem3

a. How old were you when you first experienced this vulvar pain/discomfort?

_____ age

VPAGE15

b. Have you had this pain at the opening to the vagina **during the past 3 months**? (CIRCLE ONE NUMBER.)

VP3M15

- No.....1
 Yes2

c. How long have you had (or did you have) the vulvar pain to date? (IF LESS THAN ONE YEAR. PLEASE INDICATE HOW MANY MONTHS YOU HAVE HAD THIS PAIN.)

VPDURYR15

VPDURMO15

_____ years OR _____ months

d. Do you feel like your vulvar pain has been cured or gone away?

VPCURE15

- No.....1
 Yes, cured.....2
 Yes, gone away3

These next questions concern different aspects of your life and how you may feel about them.

- J1. Are you currently married or in a committed relationship? **CRNTMAR15**
 No.....1 (GO TO J2)
 Yes.....2
- a. How rewarding is this relationship? (CIRCLE ONE NUMBER.) **RWRDREL15**
 Not at all.....1
 A little.....2
 Somewhat.....3
 Quite a bit.....4
 Extremely.....5
- b. How stressful is this relationship? (CIRCLE ONE NUMBER.) **STRSREL15**
 Not at all.....1
 A little.....2
 Somewhat.....3
 Quite a bit.....4
 Extremely.....5
- J2. How safe do you feel in your neighborhood? (CIRCLE ONE NUMBER.) **SAFENEI15**
 Very safe1
 Mostly safe2
 Somewhat safe.....3
 Not very safe4
 Not safe at all.....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.

- J3. 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.) **#INCOME15[§]**
 LESS THAN \$19,9991
 \$20,000 TO \$49,999.....2
 \$50,000 TO \$99,999.....3
 \$100,000 OR MORE.....4
 REFUSED.....-7
 DON'T KNOW.....-8
- J4. 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_HAR15**
 Very hard.....1
 Somewhat hard.....2
 Not hard at all.....3
 Don't know.....-8

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

[§]Note that the 200% poverty indicator variable created for other visit years is not applicable at Visit 13 because household size was not collected. INCOME15 has been excluded from the public dataset due to small cell size.

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

A1.	RESPONDENT ID:	AFFIX ID LABEL HERE 	<u>ARCHID</u>
A2.	SWAN STUDY VISIT #	_____	<u>VISIT</u>
A3.	FORM VERSION:	02/09/2016	<u>#FORM_V</u>
A4.	DATE FORM COMPLETED:	M M / D D / Y Y Y Y	<u>SABDAY15[†]</u>
A5.	INTERVIEWER'S INITIALS:	____ _	<u>#INITS</u>
A6.	RESPONDENT'S DOB:	M M / D D / 1 9 Y Y Y Y	<u>#DOB</u>

VERIFY WITH RESPONDENT

A7.	COMPLETED IN:	<u>#LOCATIO15</u>
	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:	<u>LANGSAB15</u>
	ENGLISH.....	1
	SPANISH.....	2
	CANTONESE	3
	JAPANESE.....	4
A9.	INTERVIEWER-ADMINISTERED?	<u>#ADMIN15</u>
	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.

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

IMPORSE15

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.)**

DESIRSE15

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, your spouse or your life companion? **(CIRCLE ONE NUMBER.)**

ENGAGSE15

No1 **(GO TO B3.a)**
 Yes2 **(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. <u>NOPARTN15</u>	1	2
2) My partner has a physical problem that interferes with sex. <u>PARTPRO15</u>	1	2
3) I have a physical problem that interferes with sex. <u>PHYSPRO15</u>	1	2
4) My partner is too tired or busy. <u>PARTIRE15</u>	1	2
5) I am too tired or busy. <u>METIRED15</u>	1	2
6) My partner is not interested. <u>PARTNOI15</u>	1	2
7) I am not interested. <u>MENOI15</u>	1	2
8) Other: Please Specify_____ <u>NOSEXOT15</u>	1	2
_____ <u>NOSEXSP15</u>		

PLEASE TURN TO PAGE 6, AND ANSWER QUESTIONS B13 TO B18

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

Variable Excluded from Public Use Data File

1	2	3	4	<u>PHYSPLE15</u>
Extremely Pleasurable	Very Pleasurable	Moderately Pleasurable	Slightly Pleasurable	Not at all Pleasurable

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

1	2	3	4	<u>SATISFY15</u>
Extremely satisfying	Very satisfying	Moderately satisfying	Slightly satisfying	Not at all satisfying

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? <u>KISSING15</u>	1	2	3	4	5
b) Sexual touching or caressing? <u>TOUCHIN15</u>	1	2	3	4	5
c) Oral sex? <u>ORALSEX15</u>	1	2	3	4	5
d) Sexual intercourse? <u>INTCOUR15</u>	1	2	3	4	5

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

B7. During the last 6 months, how often did you feel aroused during sexual activity? **AROUSED15**

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? **PELVIC15**

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? **LUBRICN15**

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

B10. During the past 6 months, how often were you able to reach climax (come)? **ABLECLM15**

Variable Excluded from Public Use Data File

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?

FREQUEN15

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. <u>PHYPPAR15</u>	1	2	3	4	5
b.	My partner is too tired or busy for sex. <u>BUSYPAR15</u>	1	2	3	4	5
c.	I am too tired or busy. <u>TOTIRED15</u>	1	2	3	4	5
d.	My partner is not interested in sex. <u>NOINPAR15</u>	1	2	3	4	5
e.	I am not interested in sex. <u>INTRSNO15</u>	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. During the past 6 months, how much have you had concerns about the appearance of your body that interfered with your sex life? **BODYAP15**

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

B14. On average, in the last 6 months, how often have you engaged in masturbation (self-stimulation)? **MASTURB15**

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

B15. How much of a problem was each of the following during the past 4 weeks? (CIRCLE ONE ANSWER FOR EACH QUESTION.)

	<u>Not a problem</u>	<u>Little of a problem</u>	<u>Somewhat of a problem</u>	<u>Very much a problem</u>	<u>Not Applicable</u>
a. Lack of sexual interest... SEXINTE15	1	2	3	4	-1
b. Unable to relax and enjoy sex... RELAXSE15	1	2	3	4	-1
c. Difficulty in becoming sexually aroused... DIFAROU15	1	2	3	4	-1
d. Difficulty in having an orgasm... DIFORGS15	1	2	3	4	-1

B16. Over the past 4 weeks, how satisfied have you been with your overall sexual life? **SEXLIFE15**

1	2	3	4	5
Very dissatisfied	Moderately dissatisfied	About equally satisfied and dissatisfied	Moderately satisfied	Very satisfied

CONTINUE ON THE NEXT PAGE, PLEASE.

B17. Regardless of whether you are currently sexually active, which response best describes who you have generally had sex with over your adult lifetime? (CIRCLE ONE.) **WHOSEX15**

- Have never had sex.....1
- Sex with a woman.....2
- Sex with a man.....3
- Sex sometimes with a woman and sometimes with a man.....4

B18. Do you consider yourself to be...? (CIRCLE ONE.) **CONSID15**

- Heterosexual or straight.....1
- Gay or lesbian.....2
- Bisexual.....3

Thank you for helping us with this important research study.

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

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

A1. RESPONDENT ID:	AFFIX ID LABEL HERE 	<u>ARCHID</u>
A2. SWAN STUDY VISIT #	15	<u>VISIT</u>
A3. FORM VERSION:	01/31/2015	#FORM_V
A4. DATE FORM COMPLETED:	M M / D D / Y Y Y Y	<u>PHYDAY15[†]</u>
A5. RESPONDENT'S DOB:	M M / D D / 1 9 Y Y Y Y	#DOB
VERIFY WITH RESPONDENT		
A6. MEASUREMENTS COMPLETED IN:	RESPONDENT'S HOME.....1 CLINIC/OFFICE.....2	#LOCATIO15
A7. TECHNICIAN'S INITIALS		
a. BLOOD PRESSURE	_____	#INITSA15
b. HEIGHT/WEIGHT	_____	#INITSB15
c. WAIST/HIP	_____	#INITSC15
d. NECK	_____	#INITSD15
A8. WERE PHYSICAL MEASURES COMPLETED?		#PHYCOMP15
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.

Section B. Measurements

B1. ARM LENGTH _____ ▪ _____ cm **#ARMLNGT15**

B2. ARM CIRCUMFERENCE _____ ▪ _____ cm **#ARMCIRC15**

B3. CUFF SIZE USED (Circle one.)
 1. Pediatric 3. Large Adult
 2. Adult 4. Thigh **#CUFFSIZ15**

**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 **PULSE15**

B5. BLOOD PRESSURE #1 (SYS./DIA. 5th Phase) _____ / _____ mmHg
SYSBP115 / DIABP115

B6. BLOOD PRESSURE #2 (SYS./DIA. 5th Phase) _____ / _____ mmHg
SYSBP215 / DIABP215

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

B7. HEIGHT _____ ▪ _____ cm **HEIGHT15**

B7.1. Measurement Method
 1. Stadiometer 2. Portable **HTMETHO15**
 3. Self Report

B7.1.a. If Self Report, then choose one of the following **HTSELF15**

1. Participant in wheelchair/disabled 2. Equipment Failure
 3. Refused to be measured 4. Other **#HTSELFS15**
 Specify _____

B8. WEIGHT _____ ▪ _____ kg **WEIGHT15**

B8.1. Scales
 1. Balance Beam 2. Clinic Digital **SCALE15**
 3. Portable 4. Self Report

B8.1.a. If Self Report, then choose one of the following **WTSELF15**

1. Participant in wheelchair/disabled 2. Equipment Failure
 3. Refused to be weighed 4. Participant weight more than scale
 5. Other **#WTSELFS15**
 Specify _____

B9. WAIST CIRCUMFERENCE _____ ▪ _____ cm **WAIST15**

B9.1. Measurement taken in:
 1. Undergarments 2. Light clothing **WASTMEA15**

B10. HIP CIRCUMFERENCE _____ ▪ _____ cm **HIP15**

B10.1. Measurement taken in:
 1. Undergarments 2. Light clothing **HIPMEAS15**

B11. NECK CIRCUMFERENCE _____ ▪ _____ cm **NECK15**

B12. Please note if there were any unusual circumstances or deviations from the protocol.
#DEVIAT115 / #DEVIAT215

Date Data Entered / Initials _____

Date Verified / Initials _____

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

A1. RESPONDENT ID: **ARCHID**

A2. SWAN STUDY VISIT # 15 **VISIT**

A3. FORM VERSION: 02/02/2015 05/15/2017 in blue **#FORM_V**

A4. DATE FORM COMPLETED: / / **COGDAY15**

M M D D Y Y Y Y

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

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

M M D D Y Y Y Y

VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO15**

RESPONDENT'S HOME..... 1

CLINIC / OFFICE..... 2

A8. INTERVIEW LANGUAGE: **LANCOG15**

ENGLISH..... 1

SPANISH..... 2

CANTONESE 3

JAPANESE..... 4

A9. WERE ANY OF THE COGNITIVE FUNCTION TESTS COMPLETED? **#COGCOMP15**

NO..... 1

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

A9.1. IF NO (i.e. COGNITIVE FUNCTION TESTS NOT DONE), SPECIFY REASON: **#COGNOT15**

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

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

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

IF OTHER, SPECIFY **#COGNOTS15**

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

Follow-up 15 Cognitive Assessment Codebook

Page 67

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.

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 <u>after</u> the first time)	Intrusions (write in word) (Write in word(s) <u>not</u> 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.)

REYSTA115

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, _____ **#REYSPE115**

10 = Administered but not according to protocol, Specify, _____ **#REYSPE215**

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

REYCOR115

3. Total number of repetitions: _____

REYREP115

4. Total number of intrusions: _____

REYINT115

1.

Variable Excluded from Public Use Data File

Follow-up 15 Cognitive Assessment Codebook

Page 69

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.)

BACKSTA15

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: _____

BACKFIN15

3. Record number of errors: _____

BACKERR15

4. Total number of digits produced [calculated as: 100 – (number reached + number errors)]

BACKTOT15

Specify _____

#BACKSP115

#BACKSP215

#BACKSP315

D. EAST BOSTON MEMORY TEST I

Variable Excluded from Public Use Data File

Follow-up 15 Cognitive Assessment Codebook

Page 70

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

	<u>IMEDTHR15</u>
	<u>IMEDCH115</u>
	<u>IMEDHOU15</u>
	<u>IMEDFIR15</u>
	<u>IMEDFMN15</u>
	<u>IMEDCLM15</u>
	<u>IMEDCH215</u>
	<u>IMEDRES15</u>
	<u>IMEDMIN15</u>
	<u>IMEDINJ15</u>
	<u>IMEDEV15</u>
	<u>IMEDWEL15</u>
	<u>TOTIDE115</u>

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		

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.

SYMBOL DIGIT MODALITIES TEST (CONTINUED) – SCORING:

1. Administration status (1, 6-10)

SDMTSTA15

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_____ **SDMTSPE15**

10 = Administered but not according to protocol

Specify_____

2. Number of Test Administrations

SDMTADM15

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

SDMTPRA15

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

SDMTATM15

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

SDMTCOR15

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.

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

<u>Item</u>	<u>Response Code</u>
1a. Ready? 5 – 1	<u>DIGIT1A15</u>
1b. Here is another: 3 – 8	<u>DIGIT1B15</u>
2a. Here is another: 4 – 9 – 3	<u>DIGIT2A15</u>
2b. Here is another: 5 – 2 – 6	<u>DIGIT2B15</u>
3a. Here is another: 3 – 8 – 1 – 4	<u>DIGIT3A15</u>
3b. Here is another: 1 – 7 – 9 – 5	<u>DIGIT3B15</u>
4a. Here is another: 6 – 2 – 9 – 7 – 2.....	<u>DIGIT4A15</u>
4b. Here is another: 4 – 8 – 5 – 2 – 7.....	<u>DIGIT4B15</u>
5a. Here is another: 7 – 1 – 5 – 2 – 8 – 6.....	<u>DIGIT5A15</u>
5b. Here is another: 8 – 3 – 1 – 9 – 6 – 4.....	<u>DIGIT5B15</u>
6a. Here is another: 4 – 7 – 3 – 9 – 1 – 2 – 8.....	<u>DIGIT6A15</u>
6b. Here is another: 8 – 1 – 2 – 9 – 3 – 6 – 3.....	<u>DIGIT6B15</u>

Specify _____ #SPCDIG115

_____ #SPCDIG215

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

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

<u>DLAYTHR15</u>
<u>DLAYCH115</u>
<u>DLAYHOU15</u>
<u>DLAYFIR15</u>
<u>DLAYFMN15</u>
<u>DLAYCLM15</u>
<u>DLAYCH215</u>
<u>DLAYRES15</u>
<u>DLAYMIN15</u>
<u>DLAYINJ15</u>
<u>DLAYEVR15</u>
<u>DLAYWEL15</u>
<u>TOTIDE215</u>

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		

IF NON-PARTICIPATING SITE (11 OR 17g), 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 <u>CORRECT</u> (1); IF <u>ERROR</u> (0)]	_____
G-4 (4-G) [IF <u>CORRECT</u> (1); IF <u>ERROR</u> (0)]	_____
3-W-5 (3-5-W) [IF <u>CORRECT</u> (1); IF <u>ERROR</u> (0)]	_____
T-7-L (7-L-T) [IF <u>CORRECT</u> (1); IF <u>ERROR</u> (0)]	_____
1-J-A (1-A-J) [IF <u>CORRECT</u> (1); IF <u>ERROR</u> (0)]	_____

"Very good. Do you have any questions?"

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 _____ **#LNSQSPE15**
10 = Administered but not according to protocol,
Specify, _____

Let's begin.

Response Code

1.	L-2	(2-L)	<u>LNSQ1A15</u> _____
	6-P	(6-P)	<u>LNSQ1B15</u> _____
	B-5	(5-B)	<u>LNSQ1C15</u> _____
2.	F-7-L	(7-F-L)	<u>LNSQ2A15</u> _____
	R-4-D	(4-D-R)	<u>LNSQ2B15</u> _____
	H-1-8	(1-8-H)	<u>LNSQ2C15</u> _____
3.	T-9-A-3	(3-9-A-T)	<u>LNSQ3A15</u> _____
	V-1-J-5	(1-5-J-V)	<u>LNSQ3B15</u> _____
	7-N-4-L	(4-7-L-N)	<u>LNSQ3C15</u> _____
4.	8-D-6-G-1	(1-6-8-D-G)	<u>LNSQ4A15</u> _____
	K-2-C-7-S	(2-7-C-K-S)	<u>LNSQ4B15</u> _____
	5-P-3-Y-9	(3-5-9-P-Y)	<u>LNSQ4C15</u> _____
5.	M-4-E-7-Q-2	(2-4-7-E-M-Q)	<u>LNSQ5A15</u> _____
	W-8-H-5-F-3	(3-5-8-F-H-W)	<u>LNSQ5B15</u> _____
	6-G-9-A-2-S	(2-6-9-A-G-S)	<u>LNSQ5C15</u> _____
6.	R-3-B-4-Z-1-C	(1-3-4-B-C-R-Z)	<u>LNSQ6A15</u> _____
	5-T-9-J-2-X-7	(2-5-7-9-J-T-X)	<u>LNSQ6B15</u> _____
	E-1-H-8-R-4-D	(1-4-8-D-E-H-R)	<u>LNSQ6C15</u> _____
7.	5-H-9-S-2-N-6-A	(2-5-6-9-A-H-N-S)	<u>LNSQ7A15</u> _____
	D-1-R-9-B-4-K-3	(1-3-4-9-B-D-K-R)	<u>LNSQ7B15</u> _____
	7-M-2-T-6-F-1-Z	(1-2-6-7-F-M-T-Z)	<u>LNSQ7C15</u> _____
8.	[TRIAL A – Japanese version]		<u>LNSQ8A15</u> _____
	[TRIAL B – Japanese version]		<u>LNSQ8B15</u> _____
	[TRIAL C – Japanese version]		<u>LNSQ8C15</u> _____

[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 02/02/2015; **MAXIMUM SCORE = 24 IN FORM VERSION 05/15/2017**):

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 02/02/2015)

Total score (0 to 21) ____ **LNSQTOT15**

9. Add the number of passes circled for Items 1 to 8 and record the total score. (Form version 05/15/2017)

Total score (0 to 24) ____ **LNSQTOT15**

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

I. KEY 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			

- Administration status: (CIRCLE ONE RESPONSE.) **REYSTA215**
 - 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, _____ **#REYSPE115**
 - 10 = Administered but not according to protocol, Specify, _____ **#REYSPE215**
- Total number of correct (unique) responses (range 0 – 15): _____ **REYCOR215**
- Total number of repetitions: _____ **REYREP215**
- Total number of intrusions: _____ **REYINT215**

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 #CONSENT15	1	2	-1
INTERVIEWER-ADMIN. ANNUAL FOLLOW UP FORM #INTADMI15	1	2	-1
RX/OTC/VITAMIN/SUPPLEMENT MEDICATION FORM#MEDFORM15	1	2	-1
BLOOD PRESSURE MEASUREMENTS #BLDPRSS15	1	2	-1
BLOOD DRAW (BLOOD CONTACT FORM) #BLODDRA15	1	2	-1
ANTHROPOMETRIC MEASUREMENTS #ANTHROP15	1	2	-1
SAQ A #SELFA15	1	2	-1
SAQ B #SELFB15	1	2	-1
SAQ D #SELFD15	1	2	-1
CHILDHOOD TRAUMA QUESTIONNAIRE (CTQ) #CHTRMA15	1	2	-1
PHYSICAL FUNCTION #PHYFUNC15	1	2	-1
MONOFILAMENT DATA COLLECTION FORM #MONOFLM15	1	2	-1
EVERYDAY ACTIVITIES QUESTIONNAIRE #EDAYACT15	1	2	-1
BONE DENSITY #BONEDNS15	1	2	-1
BIOIMPEDANCE #BIOIMPE15	1	2	-1
BREAK / FRACTURE EVENT #BRKEVNT15	1	2	-1
HYSTERECTOMY PARTICIPANT FORM #HYSPART15	1	2	-1
CANCER EVENT FORM #CANCEVT15	1	2	-1
CVA HEALTH CARE UTILIZATION FORM #CVAHCU15	1	2	-1
CAROTID IMT #CAROTID15	1	2	-1
VAGINAL SWAB AFTER COLLECTION FORM #VAGSWAB15	1	2	-1
SITE SPECIFIC PROTOCOL #SSPPROT15	1	2	-1
OTHER (If yes, specify protocol(s) done prior to Cognitive Assessment): #OTHSTDY15	1	2	
#OTHPRO115, #OTHPRO215, #OTHPRO315			
#OTHPRO415, #OTHPRO515			

Study of Women's Health Across the Nation

AFFIX ID LABEL HERE

ARCHID

VISIT

#FORM V

BIODAY15†

#INITS

#DOB

VERIFY WITH RESPONDENT

#LOCATION15

LANGBIO15**COMPBIA15**

#BIONOT15

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)? **AICDPUM15**

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.? **EXER12H15**

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.? **EAT5HR15**

NO 1
YES 2
REFUSED -7

B4. Have you had more than 2 alcohol drinks in the last 24 hours?
That is, since ____ : ____ a.m. / p.m.? **ALCO24H15**

NO 1
YES 2
REFUSED -7

B5. Do you have any embedded medical devices, metal pins or plates, clips or beads used to treat cancer, braces, staples from surgery or any other type of embedded metal? **EMBDDEV15**

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. **METJEWL15**

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? **ONMEASS15**

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? **SIDE15**

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 **CONDUCT15**

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

(+ OR -) _____ OHMS **REACT15**

B10. WAS THE MEASUREMENT RE-RUN?

BIORRUN15

NO 1
YES 2

B11. COMMENTS: _____ **#OPERC0115**

_____ **#OPERC0215**

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

Thank you for your participation in this study.

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

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

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

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

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 # 15 VISIT
- A3. FORM VERSION: 03/02/2015 #FORM_V
- A4. DATE FORM COMPLETED:

/

/

 FUNCDAY15[†]
- A5. INTERVIEWER'S INITIALS: #INITS
- A6. RESPONDENT'S DOB:

/

/

/

/

 #DOB

VERIFY WITH RESPONDENT

- A7. MEASUREMENTS ATTEMPTED/COMPLETED IN: #LOCATIO15
RESPONDENT'S HOME 1
CLINIC/OFFICE 2
- A8. WHAT PHYSICAL FUNCTION MEASURES WERE COMPLETED? PHYFCOM15
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: #NOPHYF15
UNWILLING/UNABLE TO COME TO OFFICE 1 (END)
OTHER 3 (END)
IF OTHER, SPECIFY #NOPHYFS15
REFUSED -7 (END)

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

GRIP STRENGTH ASSESSMENT

- B1.** Identify the Dynamometer size setting: (CIRCLE ONE RESPONSE.)
- 1 = I (Small hands) **DYNAMSE15**
2 = III (Non-small hands)
- B2.** Dominant hand? (hand used to write with) (CIRCLE ONE RESPONSE.)
- 1 = RIGHT HAND **DOMHAND15**
2 = LEFT HAND
- B3.** Was right hand grip strength attempted? (CIRCLE ONE RESPONSE.) **RTGRIP15**
- 1 = NO → **B3a.** Why not attempted? → **NORGRIP15**
- 2 = YES
- 1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY **#NORGRPS15**
-7 = REFUSED
- B4.** **RIGHT HAND: Round up to nearest kilogram.**
(Enter -1 if not completed.)
- B4a.** If any assessments were not completed on **RIGHT** hand, why unable to complete the task? (CIRCLE ONE RESPONSE.) **NORHAND15**
- #1 ___ kgs **RTGRIP115**
#2 ___ kgs **RTGRIP215**
#3 ___ kgs **RTGRIP315**
- 1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY _____ **#NORHNDS15**
-7 = REFUSED
- B5.** Was left hand grip strength attempted? (CIRCLE ONE RESPONSE.) **LTGRIP15**
- 1 = NO → **B5a.** Why not attempted? → **NOLGRIP15**
- 2 = YES
- 1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY **#NOLGRPS15**
-7 = REFUSED
- B6.** **LEFT HAND: Round up to nearest kilogram.**
(Enter -1 if not completed.)
- B6a.** If any assessments were not completed on **LEFT** hand, why unable to complete the task? (CIRCLE ONE RESPONSE.) **NOLHAND15**
- #1 ___ kgs **LTGRIP115**
#2 ___ kgs **LTGRIP215**
#3 ___ kgs **LTGRIP315**
- 1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY _____ **#NOLHNDS15**
-7 = REFUSED

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.]

SBSSND15

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 **SBSSDSE15** →
 -1 = Not attempted _____ →

SBSSD1015

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 _____ **#SBSS10S15** _____
 -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.

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.)

SEMTSTD15

1 = Held for less than 10 seconds: _____

Number of seconds held ____ . ____ sec

2 = Held for 10 seconds **SEMTSEC15**

-1 = Not attempted _____

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 **#SEMT10S15**
- 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.)

TANDSD15

1 = Held for less than 10 seconds: _____

Number of seconds held ____ . ____ sec

2 = Held for 10 seconds **TANDSE15**

-1 = Not attempted _____

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 **#TAND10S15**
- 7 = REFUSED

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

- 1 = Linoleum surface STDSUR15
- 2 = Wood surface
- 3 = Commercial low-level nap carpet
- 4 = Concrete or cement surface
- 5 = Other type surface, Specify _____ #STDSURS15

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

- 1 = Regular socks STDCOV15
- 2 = Non-skid socks
- 3 = Bare feet
- 4 = Flat walking/running shoes
- 5 = Other foot covering, Specify _____ #STDCOV15

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.)

- 1 = Completed without assistance
- 2 = Completed with assistance
Specify _____ #WLK4M1S15
- 3 = Not completed
- 4 = Not attempted

D1a. WALK TIME

WKSE4M115

#1 _ _ _ . _ _ sec

(GO TO D2, PAGE 6)

D1b. Why not completed/attempted? NO4MW115

- 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 _____ #NO4MW1S15 _____
- 7 = REFUSED

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.) **WLK4M215**

1 = Completed without assistance

2 = Completed with assistance

Specify _____ **#WLK4M2S15**

3 = Not completed

4 = Not attempted

D2a. WALK TIME

WKSE4M215

#2 ____ . ____ sec

(GO TO D3)

D2b. Why not completed/attempted?

NO4MW215

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 _____

#NO4MW2S15

-7 = REFUSED

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

1 = Linoleum surface

2 = Wood surface

3 = Commercial low-level nap carpet

4 = Concrete or cement surface

5 = Other type surface, Specify _____

WSUR4M15

#WSUR4MS15

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

1 = Regular socks

2 = Non-skid socks

3 = Bare feet

4 = Flat walking/running shoes

5 = Other foot covering, Specify _____

W4MCOV15

#W4MCOVS15

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.) **SCSTD15**

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

SCSTDSE15

(IF E1 =1, GO TO E2, PAGE 8)

(IF E1 =2, GO TO E3, PAGE 8)

E1b. Why not completed/attempted? **NOSCSTD15**

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 #NOSCSTD

-7 = REFUSED

(GO TO F1, PAGE 9)

REPEATED 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.)

RCSTD15

1 = Five stands done successfully

2 = Not completed

3 = Not attempted

E2a. REPEATED CHAIR STAND TIME:

_____ . _____ sec **RCSTDSE15**

→ (GO TO E3)

E2b. Why not completed/attempted?

NORCSTD15

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 _____ **#NORCSDS15**

-7 = REFUSED

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

1 = Linoleum surface

2 = Wood surface

3 = Commercial low-level nap carpet

4 = Concrete or cement surface

5 = Other type surface, Specify _____ **#CHRSURS15**

CHRSUR15

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

1 = Regular socks

2 = Non-skid socks

3 = Bare feet

4 = Flat walking/running shoes

5 = Other foot covering, Specify _____ **#CHRCOV15**

CHRCOV15

Variable Excluded from Public Use Data File

Follow-Up 15 Physical Functioning Assessment

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.) **WALK15** 1 = NO 2 = YES → F1a. Why not attempted? **NOWALK15** →

1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY **#NOWALKS15**
-7 = REFUSED

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 WALKMI115 WALKSE115	1 = Not assisted WALKAS115 2 = Assisted, Specify #WLKAS1S15
# 2 min seconds WALKMI215 WALKSE215	1 = Not assisted WALKAS215 2 = Assisted, Specify #WLKAS2S15

F3. If any 40 foot timed walk assessments were not completed, why unable to complete the task? (CIRCLE ONE RESPONSE.) **UNABWLK15** →

1 = PHYSICALLY UNABLE
2 = OTHER,
SPECIFY **#UNABWLS15**
-7 = REFUSED

F4. WHAT TYPE OF WALKING SURFACE? (CIRCLE ONE RESPONSE.)

- 1 = Linoleum surface **SURFACE15**
 2 = Wood surface
 3 = Commercial low-level nap carpet
 4 = Concrete or cement surface
 5 = Other type surface, Specify **#SURFACS15**

F5. WHAT TYPE OF FOOT COVERING? (CIRCLE ONE RESPONSE.)

- 1 = Regular socks **W40FCOV15**
 2 = Non-skid socks
 3 = Bare feet
 4 = Flat walking/running shoes
 5 = Other foot covering, Specify **#W40FCVS15**

Variable Excluded from Public Use Data File

Follow-Up 15 Physical Functioning Assessment

IF NON-PARTICIPATING SITE (12), SKIP G1 – G6 AND GO TO H1.

TIMED STAIR CLIMB ASSESSMENT

This assessment is our timed stair climb. I would like you to walk up and down the stairs three times without stopping. Once you go up the stairs, allow both feet to land on the top stair before returning back down. I will count each complete up and down cycle until you finish three full cycles. Although the measurement is being timed, please use the same pace you typically would when walking any set of stairs. You may use the rails for support or balance, if needed. Please start with your toes on the line. Ready and begin.

G1. Was the timed stair climb assessment attempted? 1 = NO → **G1a.** Why not attempted?

STRCLM15

2 = YES

NOSTR15

1 = PHYSICALLY UNABLE

2 = OTHER,
SPECIFY **#NOSTRS15**

-7 = REFUSED

(GOTO H1)

STAIR CLIMB SPLIT TIMES For G2a and G2c, record the split time (in seconds) for each ascent and descent if the cycle was completed. For G2a and G2d, record whether the participant used the handrail for that ascent or descent. If the ascents and descents were completed but the interviewer is unable to provide the times, please enter the time as -8.

G2. CYCLE COMPLETED?	ASCENT		DESCENT	
	G2a. TIME	G2b. HANDRAIL?	G2c. TIME	G2d. HANDRAIL?
1 ST <u>CYCLE115</u> 1 = NO (G4) 2 = YES	<u>ASCEN115</u> ____ . ____ (seconds)	1 = NO 1 = YES <u>ASCRL115</u>	<u>DESCEN115</u> ____ . ____ (seconds)	1 = NO 2 = YES <u>DESRL115</u>
2 ND <u>CYCLE215</u> 1 = NO (G4) 2 = YES	<u>ASCEN215</u> ____ . ____ (seconds)	1 = NO 2 = YES <u>ASCRL215</u>	<u>DESCEN215</u> ____ . ____ (seconds)	1 = NO 2 = YES <u>DESRL215</u>
3 RD <u>CYCLE315</u> 1 = NO (G4) 2 = YES	<u>ASCEN315</u> ____ . ____ (seconds)	1 = NO 2 = YES <u>ASCRL315</u>	<u>DESCEN315</u> ____ . ____ (seconds)	1 = NO 2 = YES <u>DESRL315</u>

Variable Excluded from Public Use Data File

G3. CUMULATIVE STAIR CLIMB TIME (Record time if all 3 cycles are completed.)

____ . ____ (seconds) (GO TO G5) **TOTSTR15**

G4. WHY WAS PARTICIPANT UNABLE TO COMPLETE ALL 3 CYCLES? **NO3CYC15**

1 = TRIED BUT UNABLE

2 = INTERVIEWER FELT UNSAFE

3 = PARTICIPANT FELT UNSAFE

4 = PARTICIPANT TOO FATIGUED TO COMPLETE

5 = UNABLE TO UNDERSTAND INSTRUCTIONS

6 = OTHER, SPECIFY **#NO3CYCS15**

-7 = REFUSED

G5. ASK PARTICIPANT:

Please rate your perception of exertion during the stair climb. This feeling should reflect how the exercise felt to you, combining all sensations and feelings of physical stress, effort, and fatigue. [HAND RESPONDENT RESPONSE CARD "V"]

*Look at the rating scale on the card; it ranges from 6 to 20, where 6 means "no exertion at all" and 20 means "maximal exertion". Choose the number that best describes your level of exertion. **EXRTION15***

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

No Exertion

Maximal Exertion

G6. ASK PARTICIPANT: "During the stair climb task, did you experience any of the following difficulties that were not present before beginning the task?"

		NO	YES
a. Pain	STRPAIN15	1	2
b. Shortness of breath	STRSHRT15	1	2
c. Dizziness	STRDIZY15	1	2

PHYSICAL FUNCTION COMMENTS:

H1. Comments **#COMMEN115, #COMMEN215, #COMMEN315**

Variable Excluded from Public Use Data File

Follow-Up 15 Physical Functioning Assessment

Page 100

EVERYDAY ACTIVITIES QUESTIONNAIRE

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

- A1. RESPONDENT ID: **ARCHID**
- A2. SWAN STUDY VISIT # 15 **VISIT**
- A3. FORM VERSION: 03/02/2015 **#FORM_V**
- A4. DATE FORM COMPLETED: ____ / ____ / ____ **EDAYDAY15[†]**
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: **#LOCATIO15**
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: **#LANGUAG15**
ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? **#INTADMIN15**
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

SECTION B: EVERYDAY COGNITION

Please rate your ability to perform certain everyday tasks **NOW**, as compared to your ability to do these same tasks 10 years ago. In other words, try to remember how you were doing 10 years ago and indicate any change in your level of ability. Rate the amount of change on a five-point scale ranging from: 1) better or there has been no change in my ability compared to 10 years ago, 2) I occasionally perform the task worse but not all of the time, 3) I consistently perform the task a little worse than 10 years ago, 4) I perform the task much worse than 10 years ago, or -8) I don't know. **(CIRCLE THE NUMBER THAT FITS YOUR RESPONSE.)**

Compared to 10 years ago, has there been any change in... (CIRCLE THE NUMBER THAT FITS YOUR RESPONSE.)		Better or no change	Questionable/ occasionally worse	Consistently a little worse	Consistently much worse	Don't Know
a.	Remembering where I have placed objects. <u>REMOBJ15</u>	1	2	3	4	-8
b.	Remembering the current date or day of the week. <u>REMDAY15</u>	1	2	3	4	-8
c.	Communicating thoughts in a conversation. <u>COMMUN15</u>	1	2	3	4	-8
d.	Understanding spoken directions or instructions. <u>UNDSPKN15</u>	1	2	3	4	-8
e.	Reading a map and helping with directions when someone else is driving. <u>READMAP15</u>	1	2	3	4	-8
f.	Finding my way around a house visited many times. <u>FINDWAY15</u>	1	2	3	4	-8
g.	The ability to anticipate weather changes and plan accordingly (i.e. bring a coat or umbrella). <u>PLNWEAT15</u>	1	2	3	4	-8
h.	Thinking ahead. <u>THNKAHD15</u>	1	2	3	4	-8
i.	Keeping living and work space organized. <u>KEEPORG15</u>	1	2	3	4	-8
j.	Balancing the checkbook without error. <u>CHECKBK15</u>	1	2	3	4	-8
k.	The ability to do two things at once. <u>DO2THNG15</u>	1	2	3	4	-8
l.	Cooking or working and talking at the same time. <u>COOKWRK15</u>	1	2	3	4	-8

SECTION C: WHODAS 2.0

The next questions ask 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 QUESTION.)

Getting around		None	Mild	Moderate	Severe	Extreme or cannot do
C1.	Standing for <u>long periods</u> such as <u>30 minutes</u> ? STND30M15	1	2	3	4	5
C2.	Standing <u>up</u> from sitting down? STNDUP15	1	2	3	4	5
C3.	Moving around <u>inside your home</u> ? MOVHOM15	1	2	3	4	5
C4.	Getting <u>out</u> of your <u>home</u> ? GETOUT15	1	2	3	4	5
C5.	Walking a <u>long distance</u> such as a <u>kilometer</u> [or equivalent]? (a kilometer is approximately ½ mile) WALK1K15	1	2	3	4	5
Self-care						
C6.	Washing your <u>whole body</u> ? WASHBOD15	1	2	3	4	5
C7.	Getting <u>dressed</u> ? GETDRES15	1	2	3	4	5
C8.	Eating? EATING15	1	2	3	4	5
C9.	Staying <u>by yourself</u> for a few <u>days</u> ? STAYSLF15	1	2	3	4	5
Getting along with people						
C10.	Dealing with people you do not know? DEALPEO15	1	2	3	4	5
C11.	Maintaining a <u>friendship</u> ? FRIENDS15	1	2	3	4	5
C12.	Getting along with people who are <u>close</u> to you? GETCLOS15	1	2	3	4	5
C13.	Making new friends? MAKENEW15	1	2	3	4	5
C14.	Sexual activities? SEXACTV15	1	2	3	4	5
Life activities						
C15.	Taking care of your <u>household responsibilities</u> ? HSRESP15	1	2	3	4	5
C16.	Doing most important household tasks <u>well</u> ? HSTASK15	1	2	3	4	5
C17.	Getting all the household work <u>done</u> that you needed to do? HSWDONE15	1	2	3	4	5
C18.	Getting your household work done as <u>quickly</u> as needed? HSWQUIK15	1	2	3	4	5

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

Understanding and communication		None	Mild	Moderate	Severe	Extreme or cannot do
C19.	<u>Concentrating</u> on doing something for <u>ten minutes</u> ? CONC10M15	1	2	3	4	5
C20.	<u>Remembering</u> to do <u>important things</u> ? REMIMP15	1	2	3	4	5
C21.	<u>Analyzing</u> and finding solutions to problems in day-to-day life? SOLUTIO15	1	2	3	4	5
C22.	<u>Learning</u> a <u>new task</u> , for example, learning how to get to a new place? LEARNEW15	1	2	3	4	5
C23.	<u>Generally understanding</u> what people say? UNDRSTD15	1	2	3	4	5
C24.	<u>Starting and maintaining</u> a <u>conversation</u> ? STRTCON15	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.

In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
C25.	Your day-to-day <u>work/school</u> ? WRKSCHL15	1	2	3	4	5
C26.	Doing your most important work/school tasks <u>well</u> ? WRKWELL15	1	2	3	4	5
C27.	Getting all of the work <u>done</u> that you need to do? ALWDONE15	1	2	3	4	5
C28.	Getting your work done as <u>quickly</u> as needed? WRKQUIK15	1	2	3	4	5
Participation in society						
C29.	How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can? JOINCOM15	1	2	3	4	5
C30.	How much of a problem did you have because of <u>barriers or hindrances</u> in the world around you? BARRIER15	1	2	3	4	5
C31.	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others? DIGNITY15	1	2	3	4	5
C32.	How much <u>time</u> did <u>you</u> spend on your health condition, or its consequences? TIMEHLT15	1	2	3	4	5
C33.	How much have you been <u>emotionally</u> affected by your health condition? EMOHLT15	1	2	3	4	5

In the <u>past 30 days</u> how much <u>difficulty</u> did you have in: (CIRCLE ONE RESPONSE FOR EACH QUESTION.)						
Participation in society (continued)		None	Mild	Moderate	Severe	Extreme or cannot do
C34.	How much has your health been a <u>drain on the financial resources</u> of you or your family? FINHLT15	1	2	3	4	5
C35.	How much of a problem did your <u>family</u> have because of your health problem? FAMHLT15	1	2	3	4	5
C36.	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ? RELXSLF15	1	2	3	4	5

C37. Overall in the past 30 days, how many days were these difficulties present? **DPRESEN15** 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? **DUNABLE15** 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? **DCUTBAC15** Record number of days ____

EVERYDAY ACTIVITIES COMMENTS:

G1.Comments **#COMMEN115**
#COMMEN215

Thank you for your time. This ends this questionnaire.

Please give it to the study personnel.

MONOFILAMENT TESTING DATA COLLECTION FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID~**

A2. SWAN STUDY VISIT # 15 **VISIT**

A3. FORM VERSION: 03/18/2015 **#FORM_V**

A4. DATE FORM COMPLETED: ____ / ____ / ____ **MONODAY15†**
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: **#LOCATIO15**
RESPONDENT'S HOME1
CLINIC/OFFICE.....2

A8. WERE ANY SUCCESSFUL MONOFILAMENT TESTING ATTEMPTS MADE WITH THIS PARTICIPANT? **MONOATT15**
NO1 (A8.1)
YES2 (A9)

A8.1. IF NO (i.e. MONOFILAMENT TESTING ATTEMPTS), SPECIFY REASON: **NOMONO15**
UNWILLING/UNABLE TO COME TO OFFICE1 (END)
OUTSIDE OF 90-DAY WINDOW2 (END)
CONTRAINDICATIONS TO PROTOCOL ON BOTH FEET3 (B1)
PARTICIPANT UNABLE TO COMPLY WITH PROTOCOL4 (END)
OTHER.....5 (END)
IF OTHER, SPECIFY _____ **#NOMONOS15**
REFUSED-7 (END)

A9. WHAT WAS THE POSITIONING OF THE PARTICIPANT DURING TESTING? **PPTPOS15**
LAYING SUPINE1
SEATED POSITION2

~ 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: 10 GRAM MONOFILAMENT TESTING: FOUR (4) ATTEMPTS ON EACH FOOT

This assessment will test the sensation or sense of touch on your feet. To do this test, I will use this small filament to apply pressure to your great toe. It is not sharp. I will now touch the filament to your inner wrist so you know what to expect. [APPLY THE MONOFILAMENT TO THE PARTICIPANT'S INNER WRIST ONE TIME SO THAT THE PARTICIPANT KNOWS WHAT TO EXPECT.]

Now, please close your eyes and respond with a 'Yes' each time you feel the filament touch your toe. Do you understand?

- B1. Was the **RIGHT** foot tested with the 10 gram monofilament? **RT10GM15**
- NO 1
- YES 2 **(B2)**
- B1a. Why was the **RIGHT** foot not tested? **NORT10GM15**
- Ulcer or open sore on foot 1 **(B5)**
- Foot amputated 2 **(B5)**
- Recent trauma or surgery on foot 3 **(B5)**
- Other, specify _____ **#NOR10GMS15** 4 **(B5)**
- B2. Record the total number of correct responses for the **RIGHT** foot: _____ **R10GCOR15**

4 ATTEMPTS SHOULD BE MADE PER MONOFILAMENT PER FOOT.

- B3. Record the total number of attempts for the **RIGHT** foot: _____ **ATRT10GM15**
- B4. Did the participant indicate feeling the 10 g monofilament when it was actually NOT touched to her **RIGHT** toe? **FEEL10RT15**
- NO 1
- YES..... 2
- B5. Was the **LEFT** foot tested with the 10 gram monofilament? **LT10GM15**
- NO 1
- YES 2 **(B6)**
- B5a. Why was the **LEFT** foot not tested? **NOLT10GM15**
- Ulcer or open sore on foot 1 **(B9)**
- Foot amputated 2 **(B9)**
- Recent trauma or surgery on foot 3 **(B9)**
- Other, specify _____ **#NOL10GMS15** 4 **(B9)**
- B6. Record the total number of correct responses for the **LEFT** foot: _____ **L10GCOR15**

4 ATTEMPTS SHOULD BE MADE PER MONOFILAMENT PER FOOT.

- B7. Record the total number of attempts for the **LEFT** foot: _____ **ATLT10GM15**
- B8. Did the participant indicate feeling the 10 g monofilament when it was actually NOT touched to her **LEFT** toe? **FEEL10LT15**
- NO 1

Variable Excluded from Public Use Data File

YES..... 2

B9. The participant was able to feel at least 3 of 4 touches with the 10 g monofilament on: **FEEL3OF415**

NO ATTEMPTS, CONTRAINDICATION ON BOTH FEET.....	1	END FORM
RIGHT AND LEFT FOOT	2	COMPLETE C1 thru C7
RIGHT FOOT ONLY	3	COMPLETE C1 thru C4
LEFT FOOT ONLY.....	4	COMPLETE C1, C5 thru C7
NEITHER THE RIGHT OR LEFT FOOT	5	END FORM

SECTION C: 1.4 GRAM MONOFILAMENT TESTING: FOUR (4) ATTEMPTS ON EACH FOOT

C1. If participant is eligible, did she agree to the 1.4 gram monofilament testing? **AGRE14G15**

NO	1	(C1a)
YES	2	(C2)

C1a. Why was the 1.4-g monofilament protocol not completed? **NO14GM15**

RAN OUT OF TIME	1	END FORM
PARTICIPANT REFUSED	2	END FORM
OTHER,	3	END FORM

SPECIFY _____ **#NO14GMS15**

C2. Record the total number of correct responses for the **RIGHT** foot: _____ **R14GCOR15**

4 ATTEMPTS SHOULD BE MADE PER MONOFILAMENT PER FOOT.

C3. Record the total number of attempts for the **RIGHT** foot: _____ **ATRT14GM15**

C4. Did the participant indicate feeling the 1.4 g monofilament when it was actually NOT touched to her **RIGHT** toe? **FEEL14RT15**

NO	1
YES	2

C5. Record the total number of correct responses for the **LEFT** foot: _____ **L14GCOR15**

4 ATTEMPTS SHOULD BE MADE PER MONOFILAMENT PER FOOT.

C6. Record the total number of attempts for the **LEFT** foot: _____ **ATLT14GM15**

C7. Did the participant indicate feeling the 1.4 g monofilament when it was actually NOT touched to her **LEFT** toe? **FEEL14LT15**

NO	1
YES	2

SECTION D: MONOFILAMENT TESTING COMMENTS:

D1. COMMENTS: _____ **#COMMENT15**

ADDITIONAL MEASURES COLLECTED

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

- A9. WAS BLOOD DRAWN? BLDDRAW15
- NO..... 1
- YES..... 2 (A10)

THE FOLLOWING ONLY APPLY IF BLOOD WAS DRAWN.

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

- A10. Have you had anything to eat or drink, other than water, **in the last 12 hours**? That is,
since ____ : ____ last night ? EATDRIN15
- NO..... 1
- YES..... 2

- A11. BLOOD DRAW CATEGORY: BLDRWAT15
- BLOOD DRAWN, PER PROTOCOL 1
- BLOOD DRAWN, LAST ATTEMPT 3

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.

- A12. Have you had any alcohol **in the last 24 hours**? ALCHL2413
- NO..... 1
- YES..... 2

SERUM HORMONE MEASURES

1. Variables for assays

Variable	Assay	Units
DHAS15	Dehydroepiandrosterone sulfate	ug/dL
E2AVE15*	Estradiol (see important note below)	pg/mL
FSH15	Follicle-stimulating hormone	mIU/mL
SHBG15	Sex hormone-binding globulin	nM
T15**	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 and estradiol were collected, but are undergoing a lab calibration study. This data will be available once this study is completed.

Flags and other variables

Variable	Meaning	Codes
HRMDAY15	Hormone measures day, given in days since the initial baseline interview, which is day zero.	
FLGCV15 FLGDIF15	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: <i>If both E2 values > 20 pg/ml, CV must be ≤ 15%.</i> <i>If one or both E2 ≤ 20 pg/ml, the two E2 results must agree within 10 pg/ml.</i> 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

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:

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

CARDIOVASCULAR MEASURES

1. Assay Variables

Variable	Assay	Units	Calibrated
CHOLRES15	Total cholesterol calibrated result	mg/dl	Yes
HDLRESU15	HDL calibrated result	mg/dl	Yes
TRIGRES15	Triglycerides calibrated result	mg/dl	Yes
LDLRESU15	Estimated LDL cholesterol calibrated result	mg/dL	Yes
GLUCRES15	Glucose result	mg/dl	No
INSURES15	Insulin calibrated result	uIU/ml	Yes
APOARES15	Apolipoprotein A1 calibrated result	mg/dl	Yes
APOBRES15	Apolipoprotein B calibrated result	mg/dl	Yes
CRPRESU15	CRP calibrated result	mg/dl	Yes
ENDORES15	Endothelin result	pg/ml	No
FACRESU15	Factor VII result	%	No
FIBRESU15	Fibrinogen result	mg/dl	No
IL6RESU15	IL-6 calibrated result	pg/ml	Yes

- Additional information:**

- Estimated LDL was calculated by the coordinating center using the Friedewald calculation (Total cholesterol - (triglycerides / 5) - HDL).
- If TRIGRES15 > 400 or TRIGRES15 was missing, the LDLRESU15 was set to missing
- A flag FLAGSER15 to indicate incomplete blood draw and flag FLAGFAS15 to identify non-fasting samples are included.

- Flags and other variables**

Variable	Meaning	Codes
FLAGTG15	Flag to indicate that triglycerides > 400 mg/dl.	0=no, 1=yes
FLAGSER15	Flag to indicate that lipids were measured on serum rather than plasma because plasma was not available. Lipids for these subjects were not set to missing.	0=no, 1=yes
FLAGFAS15	Flag to indicate that the sample was non-fasting or that fasting information was missing or unreliable. When FLAGFAS15=1, triglycerides (TRIGRES15), glucose (GLURESU15) and insulin (INSURESU15) are also set to missing. When triglycerides are missing, LDLRESU15 (estimated LDL) cannot be calculated so it is also set to missing.	0=No 1=Yes

*1=yes means flagged

- Additional flag variables indicating “unusual” results data**

- Flag variables have been created for each of the key primary CV results variables. These flag variables indicate ‘unusual’ or outlying values. They have been identified following examination of the lab results, as well as longitudinal checks on absolute change, and percentage change, in values for a given participant between follow-ups 13 and 15.
- The table below indicates the ranges that were used to identify ‘unusual’ values in the Visit 15 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.

Lab result	Flag Name	Flag Range	Units
Total Cholesterol	<u>CHOLFLG15</u>	(100,500)	mg/dl
Triglycerides	<u>TRIGFLG15</u>	(20,2000)	mg/dl
Total HDL	<u>HDLFLG15</u>	(20,150)	mg/dl
LDL	<u>LDLFLG15</u>	(25,400)	mg/dl
Glucose	<u>GLUCFLG15</u>	(40,400)	mg/dl
Insulin	<u>INSUFLG15</u>	(1,60)	uIU/ml
Apolipoprotein A1	<u>APOAFLG15</u>	(80, 240)	mg/dl
Apolipoprotein B	<u>APOBFLG15</u>	(60, 200)	mg/dl
Endothelin	<u>ENDOFLG15</u>	(0.39, 25)	pg/ml
Factor VII	<u>FACFLG15</u>	(12.5, 200)	%
Fibrinogen	<u>FIBFLG15</u>	(128,1020)	mg/dl
IL-6	<u>IL6FLG15</u>	(0.78, 100)	pg/ml
CRP	<u>CRPFLG15</u>	(0.00001,100)	mg/l

RACE/ETHNICITY

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

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