Visit 17 – Core Dataset

CODEBOOK

ARCHIVED DATASET 2026

Dataset file nia172026

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DOCUMENTATION FOR THE SWAN VISIT 17 CORE DATASET

This dataset contains all publicly available data for the core components of the SWAN Follow-Up Visit 17.

Who is included in the public use dataset:

The dataset contains information for the 1626 women who participated in the SWAN Follow-Up Visit 17 from the seven participating SWAN clinical sites. The sites include 11, 12, 13, 14, 15, 16 and 17.

How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 17. 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 at the beginning of each form. In general, most 'Other, specify' text fields are not included in the dataset.

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 17 Self-Administered Questionnaire Part A was collected 20 years after the baseline interview, the day for the Self-Administered Part A would be day 7,300 and the Baseline Interview would be day 0.

All variables for visit 17 have a 17 at the end of the variable name. Variables describing the race/ethnicity of participants (RACE) was added from the Screener dataset.

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).

Variables included in the dataset:

Variable	Label & Description	Codes
ARCHID	Participant ID	
VISIT	Study Visit	"17" = Visit 17
RACE	Race/Ethnicity	1 = Black 2 = Chinese/Chinese American 3 = Japanese/Japanese American 4 = White Non-Hispanic 5 = Hispanic
AGE17	Age at Visit (Integer) Age was calculated from date of birth to when the Visit was completed, and is rounded to the next lowest integer. The date of the interview form is prioritized for this variable. If the interview date is not available and the Self-Administered Part A date is available, that date was used to compute AGE17. If neither the Interview date or Self-A date is available, the Cognitive Function date was used. If all three of those aren't available, the Specimen Collection date was used.	[Numeric]

Variable	Label & Description	Codes
INT17 **SAA17** **SAB17** **PHY17** **COG17** **BIO17** **FUNC17** **EDAY17** **MONO17** **SPE17** **CVR17** **HRM17**	(Form) Data Available Indicator variables created to identify if a participant has data available for the given form, and to provide clear separation within the dataset from one form to the next.	1 = No 2 = Yes
INTDAY17 **SAADAY17** **SABDAY17** **PHYDAY17** **COGDAY17** **BIODAY17** **FUNCDAY17** **EDAYDAY17** **MONODAY17** **SPEDAY17**	Day of (Form) Completion These variables represent the date of form completion, given in days since the baseline interview. 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.	Days since baseline interview
ADMINT17 **ADMMED17** **ADMSAA17** **ADMSAB17** **ADMPHY17** **ADMEDAY17**	(Form) Mode of Administration Some forms had multiple ways in which they could have been administered, as indicated by these variables.	1 = In-person interview 2 = Phone interview 3 = Video interview 4 = Self-complete without interviewer assistance
PTPXINT17 **PTPXSAA17** **PTPXSAB17** **PTPXEDAY17** **PTPXSPE17**	(Form) Participant or Proxy Completed Some forms could have been completed by either the participant themselves or by a proxy, as indicated by these variables.	1 = Participant 2 = Proxy
LANGINT17 **LANGSAA17** **LANGSAB17** **LANGCOG17** **LANGBIO17** **LANGEDAY17** **LANGSPE17**	(Form) Language	1 = English 2 = Spanish 3 = Cantonese 4 = Japanese
OUTINT17 **OUTSAA17** **OUTSAB17** **OUTPHY17** **OUTCOG17** **OUTBIO17** **OUTFUNC17** **OUTEDAY17** **OUTMONO17** **OUTSPE17**	(Form) Completed Outside of Visit 17 Window These variables were created to indicate participants who finished the given form after the Visit 17 cutoff date of August 31, 2023.	0 = Not flagged 1 = Flagged

Interview Questionnaire

Several forms of the interview could be administered, depending on the amount of time available with the participant. The flag FORMINT17 was set to indicate which version of the interview was administered:

a) FUI indicates participants that completed the full interview with all or most other core forms.
b) AINT (Abbreviated Follow-Up interview) indicates participants that completed an abbreviated interview in combination with some core forms.
c) BRIT (Brief Interview: Telephone) indicates participants with only the brief telephone interview.
    - There is one variable (BRTHOSP17) that originates only from the BRIT form. Item B5, it is a Yes/No question that asks "Since your last study visit, have you been hospitalized?"

Note: The variable AMPUT17 derived from question E3: "Have you ever had an amputation?" was omitted from the dataset due to small cell sizes.

A number of summary analysis variables can be created from data found in this form, as follows:

- CES-D scores can be created from the questions in E5.
- Modified Charlson Comorbidity Index and the NSHAP Comorbidity Index can be derived from the questions in B1-B7. The reference for these indices are as follows:

  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.
- PROMIS Dyspnea Severity Scores can be created from the questions in D1. The reference for the PROMIS Dyspnea scoring manual is as follows:

  Health Measures. PROMIS Scoring Manual. Health Measures. October 27, 2023. https://www.healthmeasures.net/index.php?option=com_content&view=article&id=180&Itemid=994

Self-Administered Questionnaire Part A

The participant could complete a full Self-Administered Questionnaire Part A, an abbreviated interview, or a brief telephone interview. The flag FORMSAA17 delineates which form data is available:

a) SAA indicates participants that completed the full Self-Administered Questionnaire Part A form.
b) AINT (Abbreviated Follow-Up interview) indicates participants that completed an abbreviated interview.
    - There are two variables (CLOSREL17 and FRNDIED17) that originate only from the AINT form, and were chosen to be incorporated into this dataset given their similarity to questions found on the SAA form. Variable CLOSREL17 is from item F3 which asks "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?" and requires participants to give an open numeric response. Variable FRNDIED17 is from item F6.d and follows the same response pattern of the life events questions found in item F1 of the SAA form. This question asks "Since your last study visit, have you experienced… A close friend or family member other than a husband/partner, child or parent died?".
c) BRIT (Brief Interview: Telephone) indicates participants with only the brief telephone interview.

Some variables were condensed or omitted from the dataset due to small sizes:

- CHILDRN17, derived from question H2: "How many children, including stepchildren, do you have?" was *condensed* from a maximum value of 7 (representing 7 or more children) to a maximum value of 4 (representing 4 or more children).
- INTCOMM17, derived from question H2a: "How many of your children (including stepchildren) do you interact with or communicate with at least once every 2 weeks?" was *condensed* from a maximum value of 7 (representing 7 or more children) to a maximum value of 4 (representing 4 or more children).
- JOBSIT17, derived from question K2: "How would you describe your current job situation?" was *condensed* from 5 categories down to 3, such that a value of 1 = 'Employed or self-employed (including work for family business)', a value of 2 = 'Retired', and a value of 3 = 'Unemployed, Sick/Disabled, or Homemaker'.
- INCOMEF17, derived from question K3: "What is your total family income (before taxes) from all sources within your household in the last year?" was *omitted* from the dataset.
- HOMESTT17, derived from question K5: "Is the home where you live:" was *condensed* from 4 categories down to 2, such that a value of 1 = 'Owned or being bought by you/family' and a value of 2 = 'Not owned or being bought'.

A number of summary analysis variables can be created from data found in this form, as follows:

- The SF-36 Scale Scores can be calculated using questions B1 and B10 through B17 in accordance with the Medical Outcomes Study Short Form 36 User's Manual. The original variables used in creation of these scales remain unchanged (i.e. not reversed) in the data set. All eight of the SF-36 subscales were collected and created; plus, the question on how you would rate your health (HLTHAYR17) was asked, thus the entire SF-36 questionnaire was given at this visit, via the SAA and AINT forms.
- 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.
- Satisfaction with Life Scale can be calculated from questions E1.a-e. The reference for these indices are :
  Diener, E., Emmons, R., Larsen, J., & Griffin, S. (1985). The Satisfaction with Life Scale. J Personality Assessment, 49(1), 71-75.
- Connor Davidson Resilience Scale can be calculated from questions B19.a-j as a way to assess the ability to adapt and to overcome adversity. The reference for these indices are:
  Connor KM, Davidson JR. Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC). Depress Anxiety. 2003;18(2):76-82. Epub 2003/09/10. doi: 10.1002/da.10113. PubMed PMID: 12964174.
- RYFF Psychological Well-Being scales can be calculated using questions E2.a-g to assess personal feelings of purpose and meaning in life, and questions E3.a-g to assess personal growth and development. The reference for these indices are:
  Ryff CD, Keyes CL. The structure of psychological well-being revisited. J Pers Soc Psychol. 1995;69(4):719-27. Epub 1995/10/01. PubMed PMID: 7473027.
- Falls Efficacy Scale International scores can be calculated using questions I1.a-p to assess an individual's concern of falling while conducting various daily activities. The reference for these indices are:
  Delbaere, K. et al. The Falls Efficacy Scale International (FES-I). A comprehensive longitudinal validation study. Age and Ageing. 2010; 39: 210–216. doi: 10.1093/ageing/afp225.
- RuSATED Sleep Health Score can be calculated using questions D10.a-f to assess sleep health. The reference for these indices are:
  Buysse, DJ. Sleep health: Can we define it? Does it matter? Sleep. 2014;37:9-17. doi: 10.5665/sleep.3298.
- Pittsburgh Sleep Quality Index can be calculated using questions D1-D9 to assess sleep quality. The reference for these indices are:
  Buysse, DJ., et al. The Pittsburgh Sleep Quality Index: A new instrument for psychiatric practice and research. Psychiatry Research. 1989;28:193-213.
- UCLA 3-Item Loneliness Scale can be calculated using questions B20.a-c as a way to measure loneliness. The reference for these indices are:
  Hughes, ME., et al. A short scale for measuring loneliness in large surveys: results from two population-based studies. Res Aging. 2004;26(6):655-672. doi:10.1177/0164027504268574.
- Williams' Acute Racial and Non-Racial Discrimination scores can be calculated using questions J4.a-i to assess perceived racial and non-racial discrimination in one's life. The reference for these indices are:
  Williams, DR., et al. Perceived discrimination, race and health in South Africa. Soc Sci Med. 2008;67(3):441–452. doi:10.1016/j.socscimed.2008.03.021.
- Social Network Index scores can be calculated using questions H2-H10 to assess the breadth and frequency of one's personal social network (revised 9-item scale). The reference for these indices are:
  Cohen, S., et al. Social ties and susceptibility to the common cold. JAMA. 1997;277(24):1940-1944.

Self-Administered Questionnaire Part B

There are some 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. Color-coding of text was applied in certain places on the form to make skip patterns easier for participants to follow, mitigating the final number of inconsistencies.

Physical Measures

- This dataset includes data from cohort participants who completed either the Visit 17 Physical Measures (PHY) form, the Abbreviated Interview (AINT) form, or the Brief Interview: Telephone (BRIT) form. The variable FORMPHY17 indicates which form was completed.
- BMI17 was also calculated as weight in kilograms divided by the square of height in meters.
- Self-reported measures were collected, along with the reason for using self-reported measures. This is the first SWAN study visit to allow for remote collection of all physical measures, including blood pressure, via participant self-measurement. Previously, only height, weight, and subsequently BMI were allowed to be self-measured/self-reported.

Cognitive Function

There were two different forms utilized at Visit 17, the In-Person Form and the Phone Form. The variable FORMCOG17 indicates which form was completed, with a value of 1 indicating the in-person form, and a value of 2 indicating the phone form.

- The In-Person Cognitive Function Form Included the following tests, in order:
  1) Rey Auditory Verbal Learning: Word List Recall
  2) Animal Naming Test
  3) East Boston Memory I: Immediate Recall of Study
  4) Symbol Digit Modalities Test
  5) Digits Backward
  6) East Boston Memory II: Delayed Recall of Story
  7) Clock Drawing Test
  8) Rey Auditory Verbal Learning: Short Delay Word Recall
  9) Simple Copy Test
  10) Trail Making Test Part A
  11) Trail Making Test Part B
- The Phone Cognitive Function Form Included the following tests, in order:
  1) Rey Auditory Verbal Learning: Word List Recall
  2) Animal Naming Test
  3) East Boston Memory I: Immediate Recall of Study
  4) Backward Counting from 100
  5) Digits Backward
  6) East Boston Memory II: Delayed Recall of Story
  7) Rey Auditory Verbal Learning: Short Delay Word Recall

It is important to note that the Chinese and Japanese Versions of the Rey Auditory Verbal Learning Test differ slightly from the English and Spanish version (FLGREY17 helps delineate these differences):

a. 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 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.

b. In addition, there were some modifications to the translations for Chinese speakers. For drum, bell, nose, house and river, SWAN used different translations from that used in Dr. Lee’s Cantonese version.

SWAN Version	Cantonese version (Dr. Lee)
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)

c. 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. The UCLA SWAN site 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.

It is also important to remember that several special codes were used in the cognitive data to indicate why tests (and test items) were not administered/administered not according to protocol:

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

At Visit 17, a series of questions were included on the cognitive testing forms regarding test disruptions/interruptions and level of confidence the interviewer had in using data from each of the cognitive tests (section M on the in-person forms and section I on the telephone forms). This is the first time we have asked for this level of information regarding cognitive testing, and found many instances where notes from the interviewer indicated that some caution should be used with certain participant's data. These cases were then forwarded on to the Cognitive Working Group, who identified which instances of interruptions, disruptions, and other extemporaneous factors warranted a "Use with Caution" flag, or in some instances, the setting of some or all cognitive testing scores to missing. In order to uniformly highlight these individuals, multiple new flag variables were created:

- FLGCAUT17 is a general caution flag, and identifies all cases where the interviewer indicated impediments and/or disruptions to testing overall and not to specific tests in particular, and the Cognitive Working Group decided results should be used with caution.
- CFLREY17 indicates that the results of the Rey Auditory Verbal Learning test should be used with caution.
- CFLANI17 indicates that the results of the Animal Naming test should be used with caution.
- CFLEBM17 indicates that the results of the East Boston Memory test should be used with caution.
- CFLSDM17 indicates that the results of the Symbol Digit Modalities test should be used with caution.
- CFLDIG17 indicates that the results of the Digits Backwards test should be used with caution.
- CFLCLO17 indicates that the results of the Clock Drawing test should be used with caution.
- CFLCOP17 indicates that the results of the Simple Copy test should be used with caution.
- CFLTRA17 indicates that the results of the Trail Making Part A test should be used with caution.
- CFLTRB17 indicates that the results of the Trail Making Part B test should be used with caution.
- CFLBAC17 indicates that the results of the Backwards Counting test should be used with caution.

Other created variables for the cognitive data include:

- DIGTOT17 is a summary score for the Digits Backward test according to Wechsler. To obtain the summary score, the total number of points received was calculated ranging from 0-12. Only participants who completed the test were given a total digit score. Participants were not given a total digit score if they did not complete test items due to physical impairment (item value of 6), verbal refusal (7), behavioral reason (8), other reasons (9), or had a test item administered but not according to protocol (10). With the exception of SAS missing values, all individual Digits items retained their original values in the dataset.
- COGAD17 is a flag variable that indicates whether a participant in the cognitive dataset had their cognitive testing performed on more than one day (only 1 participant). Any tests not performed on the initial date of cognitive testing were flagged as "Use with Caution" with the created flag variables mentioned above.

Bioimpedance Measures

- Body composition was measured using bioimpedance equipment. Percent body fat (equation provided by Dr. MaryFran Sowers), skeletal muscle mass (Janssen, 2000), fat free mass, total body water, and percent body fat (all provided by RJL Systems and validated using NHANES III data (Chumlea, 2002)) are also provided.
- Variable MISSPHY17 flags missing physical measures that caused created variables to be missing, and MISSCON17 flags where conductance was missing. Another flag (FLAGSRP17) indicates where self-reported physical measures were used in calculations.

Physical Function

In order to offer clarity regarding the components of and participation in the Visit 17 physical functioning protocol, the following provides a summary of the Visit 17 physical functioning assessments. There are five physical functioning assessments: (1) grip strength, (2) balance tests, (3) timed 4-meter walk (gait speed), (4) chair stands, and (5) timed stair climb assessment. The balance tests and the timed 4-meter walk were added starting at Visit 13, but were not performed at Visit 12. The timed stair climb assessment was added starting at Visit 15 but was not performed at Visit 13. The timed 40-foot walk assessment performed at previous visits was not conducted at Visit 17.

First is the **grip strength** assessment, measured in kilograms (kg) using a dynamometer, and is comprised of three right hand repetitions and three left hand repetitions. Next are the **balance tests**, comprised of a side-by-side stand, semi-tandem stand, and tandem stand — performed in this order. A stand is successfully completed if the position is held for 10 seconds. Times are also recorded to the nearest hundredth of a second for participants holding a stand for less than 10 seconds. Participation in a balance test is contingent on the successful completion of the previous test. In other words, the semi-tandem stand is only attempted if the side-by-side stand is held for 10 seconds, and the tandem stand is only attempted if the semi-tandem stand is held for 10 seconds. Following the balance tests is the **timed 4-meter walk**, also known as gait speed. This is comprised of two repetitions performed with or without assistance, and recorded to the nearest hundredth of a second. Next are the **chair stands** tests, comprised of the single-chair stand and the repeated-chair stand, each recorded to the nearest hundredth of a second. The repeated-chair stand is only attempted if the single-chair stand is successfully completed (without using arms). Lastly, the **timed stair climb assessment** is comprised of four standard stairs which includes steps that are 10 inches deep and 6 inches in height. It was performed by a tape marker placed on the floor approximately 2 inches from the participant's first step serving as a starting point for this task. Please note that site 12 did not participate in the timed stair climb assessment. Therefore, these 166 subjects have been set to .B (not applicable) for this assessment

Created variables for the physical functioning data include:

- FUNCFLG17 is a flag variable created using item A4 for subjects who completed the Physical Functioning Assessment form ninety days before or ninety days after the completion of the Visit 17 interview (either the Visit 17 Annual Follow-Up Interview or the Visit 17 Abbreviated Follow-Up Interview) (FUNCFLG17=1 if physical functioning completion date is ninety days before or after Visit 17 interview completion date; else FUNCFLG17=0).
- RGRPAVG17 is the average of all three right hand grip strength assessment repetitions (items in B4) for each subject completing the right-hand strength assessment, rounded to the nearest integer.
- LGRPAVG17 is the average of all three left hand grip strength assessment repetitions (items in B6) for each subject completing the left-hand strength assessment, rounded to the nearest integer.
- RGRPMAX17 is the maximum of the three right hand grip strength assessment repetitions (items in B4) for each subject completing the right-hand strength assessment.
- LGRPMAX17 is the maximum of the three left hand grip strength assessment repetitions (items in B6) for each subject completing the left-hand strength assessment.
- RGRPFLG17 is a flag variable that identifies women who attempted, but did not complete all right-hand grip tests.
- LGRPFLG17 is a flag variable that identifies women who attempted, but did not complete all left-hand grip tests.
- DYNFLG17 is a flag that indicates if the dynamometer size setting for a participant changed between Visits 12, 13, 15, and 17 (DYNFLG17=0 if dynamometer size setting did not change; DYNFLG17=1 if small hand size setting at previous visits but non-small hand size setting at Visit 17; DYNFLG17=2 if non-small hand size setting at previous visits but small hand size setting at Visit 17; DYNFLG17=3 if alternating between small and non-small across all four visits; DYNFLG17=.B if participant was missing dynamometer data at Visit 17 and/or the three previous visits).
- DOMHFLG17 is a flag that indicates if the dominant hand for a participant changed between Visits 12, 13, 15, and 17 (DOMHFLG17=0 if dominant hand did not change; DOMHFLG17=1 if right-hand dominant at

previous visits but left-hand dominant at Visit 17; DOMHFLG17=2 if left-hand dominant at previous visits but right-hand dominant at Visit 17; DOMHFLG17=3 if alternating between right and left across all four visits; DOMHFLG17=.B if participant was missing hand dominance data at Visit 17 and/or the three previous visits).

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 Questionnaire

This dataset is comprised of two components: (1) Measurement of Everyday Cognition (E-Cog) and (2) functioning and disability questions using the World Health Organization Disability Assessment Schedule (WHODAS 2.0).

E-COG-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.

The WHODAS 2.0 questionnaire is comprised of 36 questions (items C1-C36) that ask the participant to indicate how much difficulty they experienced performing a particular activity in the past 30 days (EDAY form Section C). 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.

The following reference can be used to execute imputation for WHODAS 2.0:

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>.

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).

Created variables for the Everyday Activities data include:

- FRMEDAY17 flags participants with data from the visit 17 AINT dataset.

Monofilament Testing

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

Specimen Collection – Hormone and Cardiovascular Measures

Several variables pertaining to the blood draw (serum hormone and cardiovascular measures) that were part of the follow-up interview in previous visits were moved to a separate questionnaire at visits 15 and 17. A handful of necessary variables derived from the Specimen Collection form have been included in this core dataset. Additionally, some flag variables were created using this data:

- FLAGCOL17 indicates that collection dates in the frozen CLASS data do not match collection dates from the specimen collection form.
- FLAGFAS17 indicates that the sample was non-fasting or that fasting information was missing or unreliable. When FLAGFAS17=1, triglycerides (TRIGRES17), glucose (GLURESU17), and insulin (INSRESU17) are also set to missing. When triglycerides are missing, LDLRESU17 (estimated LDL) cannot be calculated, so it is also set to missing.
- FLAGDRAW17 indicates that one of the samples drawn was incomplete.

Serum Hormone Measures

Five hormone analytes were assayed and included in this dataset:

Variable	Assay	Units	Calibrated
DHASRES17	Dehydroepiandrosterone Sulfate	µg/dL	Yes
FSHRESU17	Follicle-Stimulating Hormone	mIU/mL	Yes
SHBGRES17	Sex Hormone-Binding Globulin	nM	Yes
E2MSRES17	Estradiol	pg/mL	-
TMSRESU17	Testosterone	pg/mL	-

NOTE: Estradiol and Testosterone were collected, but are still being processed by the SWAN CC. This data will be available once the data processing is complete.

Changes in Collection Methods and Machines Necessitating Calibration:

- From the baseline through Visit 10, hormone sample processing was run using the same instrument (ACS180). However, the instrument became obsolete and was retired. It was replaced by a Centaur machine, which was used to run hormone samples for Visits 12, 13, 15, & 17. Additionally, at Visit 17, the hormone assays were updated to the Centaur CP and required additional calibrations.
- Sybil Crawford, Dan McConnell, and Bill Lasley developed calibration equations in early 2017 to convert hormone results obtained using the Centaur to equivalent ACS180 values. These equations have been applied to the original frozen hormone data, and the results provided in this dataset represent the calibrated values.
- As part of this process, the Centaur LLD and ULD thresholds for each machine/method have been calibrated as well.

Additional Flag Variables Indicating "Unusual" Results Data:

Flag variables have been created for each of the key primary hormone 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 15 and 17.

The table below indicates the ranges that were used to identify 'unusual' values in the Visit 17 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. Additionally, some of the samples were diluted in order to have the results fall within the analytical range of the assays. While the test results already account for the dilution factors, the uncalibrated LLDs and ULDs did need to be adjusted for this. This means that assays with multiple different dilutions have multiple different ranges for their flags.

Lab Result	Flag Name	Flag Range		Dilution	Units
		uncalibrated	calibrated		
Dehydroepiandrosterone Sulfate	FLGDHAS17	(3, 1500)	(6.68, 1485.37)	N/A	µg/dL
Follicle-Stimulating Hormone	FLGFSH17	(0.3, 200)	(2.32, 283.57)	N/A	mIU/mL
Sex Hormone-Binding Globulin	FLGSHBG17	(1.7, 180)	(4.72, 110.46)	1	nM
		(3.4, 360)	(5.73, 217.22)	2	

Note that these flag variables have been created with the aim of highlighting unusual values for analysts. Analysts should determine whether, when viewed in conjunction with other related model variables, the flagged "out of range" values are substantial outliers.

Cardiovascular Measures

Eleven cardiovascular related analytes were assayed and included in this dataset:

Variable	Assay	Units	Calibrated
CHOLRES17	Total Cholesterol	mg/dL	Yes
CREARES17	Creatinine	mg/dL	No
CRPRESU17	C-Reactive Protein	mg/L	No
GAL3RES17	Galectin-3	ng/mL	No
GLUCRES17	Glucose	mg/dL	Yes
HDLRESU17	High Density Lipoprotein Cholesterol	mg/dL	Yes
IL6RESU17	Interleukin-6	pg/mL	No
INSURES17	Insulin	µIU/mL	Yes
LDLRESU17	Low-Density Lipoprotein Cholesterol (Estimated)	mg/dL	Yes
NTPBRES17	NT-proBNP	pg/mL	No
TRIGRES17	Triglycerides	mg/dL	Yes

Changes to the Data:

- Each assay result was calibrated accordingly so that the Visit 17 CVR data may be used in longitudinal comparisons of previous SWAN data. The calibration methods for each are as follows:
  - For Cholesterol, HDL, and Triglycerides, the results were first calibrated from the Atellica assays used in Visit 17 to the ADVIA assays used in Visit 15, and then were calibrated from the ADVIA assay to the MRL results of earlier visits. The first calibration equations were provided by the manuals for each Atellica assay, and the second calibration equations were the same ones used to calibrate the Visit 15 data.
  - LDL at Visit 17 was collected indirectly, meaning instead of performing a specific assay at CLASS, it was instead calculated using the assay results for Cholesterol, HDL, and Triglycerides *after* they had undergone the first round of calibrations from the Atellica assay to the ADVIA assay. This calculated result was then calibrated to the MRL results of previous visits using the calibration equation from Visit 15.
  - For Glucose, the only calibration required was from the Atellica assays used in Visit 17 to the ADVIA assays used in Visit 15, the equation for which was provided by the assay manual. Remember that glucose is the only CVR analyte in which calibration equations were applied to the Visit 00-07 results from the MRL in order to make them comparable to the Visit 09-15 results from the University of Michigan Pathology Lab.
  - For Insulin, the results were first calibrated from the new machine used at Visit 17 to the old machine used at Visit 15, and were then calibrated to the MRL results of earlier visits using the equations developed by Bill Lasley's lab. The first calibration equation was provided by the manual for the assay, and the second was the same one used to calibrate the Visit 15 data.
- If TRIGRES17 (before calibration) was greater than 400 or was missing, then LDLRESU17 was set to missing.
  - FLAGTG17 indicates that triglycerides were greater than 400 mg/dL.

- CRP, Il-6, Gal-3, Creatinine, and NT-proBNP did not require any calibrations this visit.
  - CRP and IL-6 did not require calibration because these tests were run using a high sensitivity ELISA for the first time (what our results were previously calibrated up to).
  - Gal-3, Creatinine, and NT-proBNP did not require calibration because these analytes are new to Visit 17.

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 15 and 17.

The table below indicates the ranges that were used to identify 'unusual' values in the Visit 17 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
		uncalibrated	calibrated	
Total Cholesterol	CHOLFLG17	(25, 500)	(36.73, 497.04)	mg/dL
Creatinine	CREAFLG17	(0.33, 25)	N/A	mg/dL
Glucose	GLUCFLG17	(4, 400)	(4.85, 389.32)	mg/dL
HDL	HDLFLG17	(20, 115)	(20.71, 116.69)	mg/dL
Insulin	INSUFLG17	(0.5, 300)	(2.84, 242.07)	mU/L
LDL	LDLFLG17	(3, 500)	(23.54, 431.08)	mg/dL
Triglycerides	TRIGFLG17	(10, 500)	(11.5, 458.26)	mg/dL

Some of the samples were diluted in order to have the results fall within the analytical range of the assays. While the test results already account for the dilution factors, the uncalibrated LLDs and ULDs did need to be adjusted for this. This means that assays with multiple different dilutions have multiple different ranges for their flags as follows:

Lab Result	Flag Name	Flag Range		Dilution	Units
		uncalibrated	calibrated		
C-Reactive Protein	CRPFLG17	(0.0001, 0.5)	N/A	10	mg/L
		(0.001, 5)		100	
		(0.01, 50)		1000	
		(0.1, 500)		10000	
Galectin-3	GAL3FLG17	(1.56, 100)	N/A	10	ng/mL
		(3.12, 200)		20	
Interleukin 6	IL6FLG17	(0.078, 10)	N/A	1	pg/mL
		(0.78, 100)		10	
		(7.8, 1000)		100	
		(78, 10000)		1000	
NT-proBNP	NTPBFLG17	(5, 35000)	N/A	1	pg/mL
		(50, 350000)		10	

Note that these flag variables have been created with the aim of highlighting unusual values for analysts. Analysts should determine whether, when viewed in conjunction with other related model variables, the flagged "out of range" values are substantial outliers.

DATA COLLECTION FORMS

 # = Variable excluded from public use datafile
~ 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

Date Data Entered / Initials _____	Date Verified / Initials _____

ANNUAL FOLLOW-UP INTERVIEW

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

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

A2. SWAN STUDY VISIT # 17 **VISIT**

A3. FORM VERSION: 08/27/2021 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **INTDAY17†**
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. WAS THE INTERVIEW COMPLETED? **#FUICOMP17**
NO.....1 **(A7.1)**
YES.....2 **(A8)**

A7.1. IF NO (i.e., INTERVIEW NOT DONE), SPECIFY REASON: **#FUINOC17**
UNWILLING/UNABLE TO COME TO OFFICE.....1 **(END)**
OTHER.....3 **(END)**
IF OTHER, SPECIFY _____ **#FUINOCS17**
REFUSED.....-7 **(END)**

A8. FORM COMPLETED IN: **#LOCATIO17**
RESPONDENT'S HOME.....1
CLINIC/OFFICE.....2

A9. MODE OF ADMINISTRATION: **ADMINT17**
IN PERSON INTERVIEW.....1
PHONE INTERVIEW.....2
VIDEO INTERVIEW.....3
SELF-COMPLETED W/O INTERVIEWER ASSISTANCE.....4

A10. RESPONDENT: **PTPXINT17**
PARTICIPANT.....1
PROXY.....2

A11. INTERVIEW LANGUAGE: **LANGINT17**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

SIGNAUT17

A12. DID RESPONDENT SIGN THE AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION?

NO 1
YES ..... 2 **(B1, PAGE 3)**

A12.1. IF NO AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS SIGNED, SPECIFY REASON: **#NOAUTH17**

NEVER APPROACHED TO SIGN 1
OTHER, SPECIFY __**#NOAUTHS17**_____ 2
RESPONDENT REFUSED TO SIGN ..... -7
SPECIFY REASON FOR REFUSAL _____

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

I am 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.	Diabetes? **DIABETE17**	1	2	-8
b.	Diabetic neuropathy? **DIABNEU17**	1	2	-8
c.	High blood pressure or hypertension? **HIGHBP17**	1	2	-8
d.	High cholesterol? **HBCHOLE17**	1	2	-8
e.	Migraines? **MIGRAIN17**	1	2	-8
f.	Rheumatoid arthritis? **RHEUM17**	1	2	-8
g.	Other arthritis such as osteoarthritis (degenerative joint disease)? **OSTEOAR17**	1 **(h)**	2	-8 **(h)**
	If YES, is it arthritis/osteoarthritis of :			
	1. Knee? **ARTHOSK17**	1	2	-8
	2. Hip? **ARTHOSH17**	1	2	-8
	3. Lumbar spine? **ARTHOSS17**	1	2	-8
	4. Other? **ARTHOSO17**	1	2	-8
h.	Hip fracture? **HIPFX17**	1	2	-8
i.	Osteoporosis (brittle or thinning bones)? **OSTEOPR17**	1	2	-8
j.	Overactive or underactive thyroid? **THYROID17**	1	2	-8
k.	Parkinson's disease? **PARKSN17**	1	2	-8
l.	Alzheimer's Disease or other dementia (including mixed or unknown type)? **ALZHEIM17**	1	2	-8
m.	Mild Cognitive impairment? **MLDCOG17**	1	2	-8
n.	Emphysema, asthma, chronic bronchitis or chronic obstructive pulmonary disease (COPD)? **EMPHYS17**	1	2	-8
o.	Multiple sclerosis? **MULSCLR17**	1	2	-8
p.	Lupus? **LUPUS17**	1	2	-8
q.	Inflammatory Bowel Disease (Crohn's Disease or Ulcerative Colitis)? **INFBOWL17**	1	2	-8
r.	Melanoma skin cancer? **MECNCER17**	1	2	-8

B2. Have you **ever** been diagnosed or treated for migraine **with aura** (seeing flashes of light, blind spots and/or experiencing other vision changes)? **AURA17**

NO.....1 (**GO TO B3)**
YES.....2

B2a. If YES, do you still experience migraine with aura? **AURASTL17**

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

B3. **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? **CANCERS17**

NO.....1 **(B6, PAGE 6)**
YES.....2
DON'T KNOW.....-8 **(B6, PAGE 6)**

B3a. **If YES**, what is/was the primary site of the cancer? (CIRCLE ONE ANSWER.) **PSITECA17**

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:_____**#SITESPE17**_____
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.]

PSITEDAY17†

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

#PSITEMO17 **#PSITEYR17**

B4. **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? **OTCNCR17**

NO ..... 1 **(GO TO B5)**
YES 2
DON'T KNOW ..... -8 **(GO TO B5)**

B4a. **If YES**, what is/was the primary site of the cancer? (CIRCLE ONE ANSWER.)
OTSITE17

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: _____ **#OTSITES17** _____
DON'T KNOW ..... -8

B4a1. IF YES, what was the date of the diagnosis? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.]

OSITEDAY17†

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

#OTSITEMO17 **#OTSITEYR17**

B5. Did any of these cancers spread to other parts/systems (i.e. metastasize)? **CNCRSPR17**

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

IF BREAST OR COLON CANCER EVENTS ARE REPORTED (Q. B3a. ="1", "2", or "8") AND/OR
(Q. B4a. = "1", "2", or "8") COMPLETE A CANCER EVENT FORM, NOW.

B6. **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? **CVANG17**	1	2	-8
b.	Blood clots in your lungs (Pulmonary embolism or PE)? **CVPE17**	1	2	-8
c.	Blood clots in your legs (deep vein thrombosis or DVT)? **CVDVT17**	1	2	-8
d.	A heart attack (coronary myocardial infarction or MI)? **CVMI17**	1 **(e)**	2	-8 **(e)**
	d1. **If YES**, were you hospitalized for a heart attack since your last study visit? **CVMIHO17**	1	2	-8

		NO	YES	DON'T KNOW
e.	A stroke? **CVCVA17**	1 **(f)**	2	-8 **(f)**
	e1. **If YES**, were you hospitalized for stroke since your last study visit? **CVCVAHO17**	1	2	-8

		NO	YES	DON'T KNOW
f.	Heart failure (congestive heart failure/CHF/fluid overload)? **CVCHF17**	1 **(B7)**	2	-8 **(B7)**
	f1. **If YES**, have you been hospitalized for heart failure since your last study visit? **CVCHFHO17**	1	2	-8

Since your last study visit have you had any of the following medical procedures?

B7. **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)? **CVNECK17**	1	2	-8
b. A procedure to unblock narrowed blood vessels in your arms (bypass surgery, angioplasty or stent)? **CVUBARM17**	1	2	-8
c. A procedure to unblock narrowed blood vessels in your legs (bypass surgery, angioplasty or stent)? **CVUBLEG17**	1	2	-8
d. A heart bypass operation (coronary artery bypass graft surgery or CABG)? **CVCABG17**	1	2	-8

	NO	YES	DON'T KNOW
e. A procedure to unblock vessels to your heart muscle (PTCA, angioplasty, stent or artherectomy)? **CVPCI17**	1	2	-8

If YES TO QUESTIONS [B6d1, B6e1, B6f1, B7d, B7e]
COMPLETE A "CV EVENT FORM"
FOR EACH CV EVENT, NOW.

B8. 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.]

__**BROKEBO17**_____ # of events where bone(s) were broken or fractured

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

B9. **Since your last study visit,** have you had a knee replacement where all or part of the joint was replaced? **LKNEREP17**

NO ..... 1 **(B10)**
YES 2

a. Was it the right knee, left knee or both? **LRTKNE17**

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

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

1. **RIGHT KNEE** #LRKNEMO17 / #LRKNEYR17
RKNDAY17†

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

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

1. **LEFT KNEE** #LLKNEMO17 / #LLKNEYR17
LKNDAY17†

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

B10. **Since your last study visit,** have you had a hip replacement? **LHIPREP17**

NO ..... 1 **(C1)**
YES 2

a. Was it your right hip, left hip or both? **LRTHIP17**

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

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

1. **RIGHT HIP** #LRHIPMO17 / #LRHIPYR17
RHPDAY17†

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

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

1. **LEFT HIP** #LLHIPMO17 / #LLHIPYR17
LHPDAY17†

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

The next set of questions is about your experience with falling in the past year.

C1. **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)? (CIRCLE ONE RESPONSE.) **FALLEN17**

NO.....1 **(GO TO C2, PAGE 11)**
YES 2

a. **If Yes**, how many times have you fallen **in the past year**? (CIRCLE ONE RESPONSE.) **NUMFALL17**

ONCE 1
2 TIMES.....2
3 TIMES.....3
4 TIMES.....4
MORE THAN 4 TIMES 5

b. **If you've fallen in the past year**, please select any of the following items which contributed to any of your falls in the past year (select all that apply): (CIRCLE ONE RESPONSE FOR EACH QUESTION.)

		NO	YES	DON'T KNOW
a.	Lost balance **FBALANC17**	1	2	-8
b.	Slipped or tripped **FSLIPED17**	1	2	-8
c.	Ice and snow conditions **FICESNO17**	1	2	-8
d.	Fainted, lost consciousness or had a seizure **FFAINLC17**	1	2	-8
e.	Felt dizzy **FFDIZZY17**	1	2	-8
f.	Stood up too quickly **FUPQUIC17**	1	2	-8
g.	Legs gave out **FGAVOUT17**	1	2	-8
h.	Distracted **FDISTRA17**	1	2	-8
i.	Trouble seeing **FTROSEE17**	1	2	-8
j.	In physical pain **FPHYSPN17**	1	2	-8
k.	Medication side effect **FSIDFX17**	1 **(I)**	2	-8 **(I)**
	If YES, specify the name of the medication: _**#FSIDFXS17**_____			
l.	Poor lighting conditions **FLIGHT17**	1	2	-8
m.	In the middle of the night **FMIDNIG17**	1	2	-8

C1b. (continued) **If you've fallen in the past year**, please select any of the following items which contributed to any of your falls in the past year (select all that apply): (CIRCLE ONE RESPONSE FOR EACH QUESTION.)

		NO	YES	DON'T KNOW
n.	Heavy strenuous indoor household chores FCHORES17	1	2	-8
o.	Working in yard or shoveling FWORK17	1	2	-8
p.	Walking, not for exercise FWALK17	1	2	-8
q.	Walking for exercise FWALKEX17	1	2	-8
r.	Other type of exercise: FOTEXER17 _____#FOTEXES17_____	1	2	-8

c. During the past year, were you injured in any of these falls? (CIRCLE ONE RESPONSE) INJURED17

NO.....1 **(GO TO C2, PAGE 11)**
YES.....2

c1. **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? (CIRCLE ONE RESPONSE FOR EACH.)

		NO	YES	DON'T KNOW
a.	Broken or fractured bone? INJFXBN17	1	2	-8
b.	Hit or injured head? INJHEAD17	1	2	-8
c.	Sprain or strain? INJSPRN17	1	2	-8
d.	Bruises? INJBRUI17	1	2	-8
e.	Cut (laceration)? INJCUT17	1	2	-8
f.	Scrape (abrasion)? INJSCRP17	1	2	-8
g.	Soreness? INJSORE17	1	2	-8
h.	Other kind of injury (please describe below)? OINJ17 _____#OINJS17_____	1	2	-8

d. **During the past year, if you were injured in any of these falls**, did you seek any treatment for a fall? (CIRCLE ONE RESPONSE) **ITREATM17**

No.....1 **(GO TO C2)**
Yes.....2

d1. **If Yes** and you required treatment for any injuries related to falls you had **during the past year**, which type of treatment did you seek? (CIRCLE ONE RESPONSE FOR EACH.)

		NO	YES	DON'T KNOW
a.	You were admitted to the hospital? **IADMITH17**	1	2	-8
b.	You went to the emergency room? **IEMERG17**	1	2	-8
c.	You went to the doctor's office for treatment? **IDOCTRT17**	1	2	-8
d.	You were treated by someone with medical training who was NOT a doctor, for example, an EMT **IEMTRT17**	1	2	-8
e.	You treated the injury yourself or were treated by a non-medical person. **ITRTSEL17**	1	2	-8
f.	Don't know/don't remember **ITRTDN17**	1	2	

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

C2. Has your mother ever broken a hip? **MFXHIP17**

NO.....1 **(GO TO C3)**
YES.....2
DON'T KNOW.....-8 **(GO TO C3)**

a. If YES: Approximately what year did this occur? ___ ___ ___ ___ **#MFXYR17**
Y Y Y Y

C3. Has your father ever broken a hip? **FFXHIP17**

NO.....1 **(GO TO C4)**
YES.....2
DON'T KNOW.....-8 **(GO TO C4)**

a. If YES: Approximately what year did this occur? ___ ___ ___ ___ **#FFXYR17**
Y Y Y Y

C4. **Have you ever** taken steroid pills (e.g., prednisone, prednisolone, dexamethasone) for **more than 3 months**? **STER3M17**

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

D1. Please choose one response to each of the following questions.

	Over the past 7 days, how short of breath did you get with each of these activities?…	**No shortness of breath**	**Mildly short of breath**	**Moderately short of breath**	**Severely short of breath**	**I did not do this in the past 7 days**
a.	Dressing yourself without help **SBDRESS17**	0	1	2	3	-1
b.	Walking 50 steps/paces on flat ground at a normal speed without stopping **SBSTP5017**	0	1	2	3	-1
c.	Walking up 20 stairs (2 flights) without stopping **SBSTR2017**	0	1	2	3	-1
d.	Preparing meals **SBPMEAL17**	0	1	2	3	-1
e.	Washing dishes **SBDISHS17**	0	1	2	3	-1
f.	Sweeping or mopping **SBSWEEP17**	0	1	2	3	-1
g.	Making a bed **SBMKBED17**	0	1	2	3	-1
h.	Lifting something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries) **SBLIFTS17**	0	1	2	3	-1
i.	Carrying something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries) from one room to another **SBCARRY17**	0	1	2	3	-1
j.	Walking (faster than your usual speed) for ½ mile (almost 1 km) without stopping **SBNOSTP17**	0	1	2	3	-1

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

D2. Do you feel that you have hearing loss? **HEARLOS17**

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

D3. 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.] **EYESGHT17**

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

D4. **Since your last study visit**, have you 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 **MACDEG17**	1	2		-8
b.	Glaucoma **GLAUC17**	1	2		-8
c.	Diabetic retinopathy **DIABRET17**	1	2		-8
d.	Cataracts **CATAR17**	1	2	3	-8

We would now like to ask some questions about pain and bodily experience.

E1. **In the past 3 months** how often did you have pain in each of the following areas

a. Back? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)
BCKPAIN17

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

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

a1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your back, **over the past 3 months**? (CIRCLE ONE NUMBER.) **WORSTBP17**

0 1 2 3 4 5 6 7 8 9 10

b. Knee? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)
KNEPAIN17

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

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

b1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your knee, **over the past 3 months**? (CIRCLE ONE NUMBER.) **WORSTKP17**

0 1 2 3 4 5 6 7 8 9 10

c. Hip? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)
HIPPAIN17

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

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

c1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your hip, **over the past 3 months**? (CIRCLE ONE NUMBER.) **WORSTHP17**

0 1 2 3 4 5 6 7 8 9 10

d. Other location? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.) **OTHPAIN17**

☐ **None of the time** (1) **(GO TO E2)**

☐ **A slight bit of the time** (2)

☐ **Some of the time** (3)

☐ **Most of the time** (4)

☐ **All of the time** (5)

If other location, SPECIFY __**#OTPAINS17**_____

d1. On a scale of 0 to 10, 0 being no pain and 10 being the worst pain imaginable, how would you rate your worst pain in your specified other location, **over the past 3 months**? (CIRCLE ONE NUMBER.) **WORSTOP17**

0 1 2 3 4 5 6 7 8 9 10

E2. The following questions are about the feelings in your legs and feet**. Please answer how you usually feel.**

a. Are your legs and/or feet numb? (CIRCLE YES OR NO.) **NUMBLG17**

NO.....1 **(GO TO b)**
YES 2

1. **During the past 24 hours**, how often did you experience **numbness** in your legs and/or feet? (CIRCLE ONE RESPONSE.) **ONUMBLG17**

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

2. **During the past 24 hours**, how bothersome has the **numbness** in your legs and/or feet been? (CIRCLE ONE RESPONSE.) **BNUMBLG17**

Mild 1
Moderate.....2
Severe.....3

b. Do you ever have any burning pain in your legs and/or feet? (CIRCLE YES OR NO.) **BURNLG17**

NO.....1 **(GO TO c)**
YES 2

1. **During the past 24 hours**, how often did you experience **burning pain** in your legs and/or feet? (CIRCLE ONE RESPONSE.) **OBURNLG17**

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

2. **During the past 24 hours**, how bothersome has the **burning pain** in your legs and/or feet been? (CIRCLE ONE RESPONSE.) **BBURNLG17**

Mild 1
Moderate 2
Severe 3

c. Do you ever have any prickling feelings in your legs or feet? (CIRCLE YES OR NO.) **PRCKLG17**

NO ..... 1 **(GO TO E3)**
YES 2

1. **During the past 24 hours**, how often did you experience **prickling feelings** in your legs or feet? (CIRCLE ONE RESPONSE.) **OPRCKLG17**

Never ..... 1 **(GO TO E3)**
Occasional 2
Often 3
Almost continuous or always ... 4

2. **During the past 24 hours**, how bothersome has the **prickling** in your legs or feet been? (CIRCLE ONE RESPONSE.) **BPRCKLG17**

Mild 1
Moderate 2
Severe 3

E3. Have you **ever** had an amputation? **#AMPUT17**

NO 1
YES 2

F1. The following questions ask about common activities and your ability to complete them on your own. Please answer these questions based on what you can do now rather than what you are doing. If you no longer do these activities because of changes due to COVID-19 restrictions or convenience, **please answer the questions based on your ability to do them, not based on your actual current behavior**.

Activities	*Check one option for each activity.*	
Telephone Use **PHONEUS17**	☐ 0 I can answer phone calls and/or initiate calls	☐ 1 I am not able to answer telephone or call even a few known numbers
Laundry **LAUNDRY17**	☐ 0 I can do my own laundry, at least small items	☐ 1 All laundry must be done by others
Shopping **ACTSHOP17**	☐ 0 I can take care of all shopping needs on my own; I do not need to be accompanied	☐ 1 I am unable to shop on own. I need to be accompanied or rely on others for shopping
Transportation **TRNSPRT17**	☐ 0 I can drive and/or use public transportation on my own or with accompaniment, or make travel arrangements (call taxi or Access van)	☐ 1 I have to be driven around by another, or someone has to call a taxi/van
Food preparation **ACTFOOD17**	☐ 0 I can plan and prepare meals with adequate nutrition on own	☐ 1 I rely on others for adequate diet
Medications **ACTMED17**	☐ 0 I am responsible for taking medications, and do so reliably	☐ 1 I need assistance, such as someone else filling pill boxes, or doling out the medications
Housekeeping **HOUKEEP17**	☐ 0 I can participate in some (or all) housekeeping tasks – dishwashing, making the bed, occasional cleaning	☐ 1 I do not participate in any housekeeping tasks, light or heavy
Finances **ACTFINC17**	☐ 0 I keep track of finances, pay bills on own, and can make usual purchases on my own	☐ 1 I am not able to handle money matters on my own

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

G1. 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. How would you rate your overall quality of life at the present time? Choose a number between 0 and 10. **QLTYLIF17**

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

G2. 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 "B"** 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? **LISTEN17**	1	2	3	4	5
b. Someone to take you to the doctor if you needed it? **TAKETOM17**	1	2	3	4	5
c. Someone to confide in or talk to about yourself or your problems? **CONFIDE17**	1	2	3	4	5
d. Someone to help with daily chores if you were sick? **HELPSIC17**	1	2	3	4	5

G3. 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 "C"** 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? **CONTROL17**	1	2	3	4	5
*b.	Felt confident about your ability to handle your personal problems? **ABILITY17**	1	2	3	4	5
c.	Felt that things were going your way? **YOURWAY17**	1	2	3	4	5
d.	Felt difficulties were piling so high that you could not overcome them? **PILING17**	1	2	3	4	5

G4. 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**.

* [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 **BOTHER17**	1	2	3	4
*b.	I did not feel like eating; my appetite was poor **APPETIT17**	1	2	3	4
*c.	I felt that I could not shake off the blues even with help from my friends **BLUES17**	1	2	3	4
d.	I felt that I was just as good as other people **GOOD17**	1	2	3	4
e.	I had trouble keeping my mind on what I was doing **KEEPMIN17**	1	2	3	4
f.	I felt depressed **DEPRESS17**	1	2	3	4
*g.	I felt that everything I did was an effort **EFFORT17**	1	2	3	4
h.	I felt hopeful about the future **HOPEFUL17**	1	2	3	4
i.	I thought my life had been a failure **FAILURE17**	1	2	3	4
j.	I felt fearful **FEARFUL17**	1	2	3	4
*k.	My sleep was restless **RESTLES17**	1	2	3	4
l.	I was happy **HAPPY17**	1	2	3	4
m.	I talked less than usual **TALKLES17**	1	2	3	4
n.	I felt lonely **LONELY17**	1	2	3	4
*o.	People were unfriendly **UNFRNDL17**	1	2	3	4
p.	I enjoyed life **ENJOY17**	1	2	3	4
q.	I had crying spells **CRYING17**	1	2	3	4
r.	I felt sad **SAD17**	1	2	3	4
*s.	I felt that people disliked me **DISLIKE17**	1	2	3	4
t.	I could not get going **GETGOIN17**	1	2	3	4

SECTION H – OTHER STUDY PARTICIPATION

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

H1. Are you currently participating in any other health related research study that is not a data registry? (CIRCLE ONE RESPONSE.) **STUDYOT17**

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

H1a. If yes, what is the name of the research study (or studies)? **#STUDYS117**

Please SPECIFY: _____

_____

_____

H1b. If yes, do you receive health/medical care (medications, therapy, diet/exercise regime, etc.) as part of any other research study? (CIRCLE ONE RESPONSE.) **STUDYCA17**

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

H1c. If yes, how many of the study visits included cognition testing (such as tests of memory)? (CIRCLE ONE RESPONSE.) **STUDYCO17**

0	0
1	1
2	2
3	3
4 or more	4
Refused	-7
Don't know	-8

COMPLETE THE "RX/OTC/VITAMIN/SUPPLEMENT MEDICATION" FORMS (PARTS I AND II) NOW, IF NOT COMPLETED PREVIOUSLY.

****

INTERVIEWER OBSERVATION:

I1. Length of interview: _____ minutes **#LENGTH17**

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

#COMMENT17 _____

_____

_____

Date Data Entered / Initials _____ Date Verified / Initials _____

RX/OTC/VITAMIN/SUPPLEMENT MEDICATION FORM: PART I

INTERVIEWER-ADMINISTERED ANNUAL FOLLOW-UP FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

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

A2. SWAN STUDY VISIT # 17 **VISIT**

A3. FORM VERSION: 08/27/2021 **#FORM_V**

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

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

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

VERIFY WITH RESPONDENT

A7. WAS THE MEDICATION FORM PART I COMPLETED? **MEDCOMP17**
NO 1
YES ..... 2 **(A8)**

A7.1. IF NO (i.e., MED FORM PART I NOT DONE), SPECIFY REASON: **#MEDNOT17**
UNWILLING/UNABLE TO COME TO OFFICE ..... 1 **(END)**
OTHER ..... 3 **(END)**
IF OTHER, SPECIFY _____**#MEDNOTS17**_____
REFUSED ..... -7 **(END)**

A8. FORM COMPLETED IN: **#MEDLOC17**
RESPONDENT'S HOME 1
CLINIC/OFFICE 2

A9. MODE OF ADMINISTRATION: **#MEDMODE17**
IN PERSON INTERVIEW 1
PHONE INTERVIEW 2
VIDEO INTERVIEW 3
SELF-COMPLETED W/O INTERVIEWER ASSISTANCE 4

A10. RESPONDENT: **#PARTPRX17**
PARTICIPANT 1
PROXY 2

A11. INTERVIEW LANGUAGE: **#LANGUAG17**
ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

SECTION B. RX/OTC MEDICATIONS SINCE LAST STUDY VISIT

We last interviewed you on _____[DATE]. We would like to ask you questions about what has 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 have you taken…	**NO**	**YES**	**DON'T KNOW**
B1.	Bladder control medications? **BLADDER17**	1	2	-8
B2.	**IV** (into the vein) medication to prevent or treat osteoporosis (brittle or thinning bones), such as Zoledronic acid (Reclast) or Pamidronate (Aredia)? **OSTEOIV17**	1	2	-8
B3.	**Non IV** (oral or injections in muscle) medications to prevent or treat osteoporosis (brittle or thinning bones):			
	a. Denosumab (Prolia)? **OSTEONP17**	1	2	-8
	b. Teriparatide (Forteo), or Abaloparatide (Tymlos)? **OSTEONT17**	1	2	-8
	c. Romosozumab (Evenity)? **OSTEONE17**	1	2	-8
	d. Ibandronate (Boniva)? **OSTEONB17**	1	2	-8
	e. Alendronate (Fosamax)? **OSTEONF17**	1	2	-8
	f. Risedronate (Actonel)? **OSTEONA17**	1	2	-8
B4.	B12 injections? **B12INJ17**	1	2	-8
B5.	Raloxifene (Evista)? **RALOX17**	1	2	-8
B6.	Arimidex (Anastrozole)? **ARIMIX17**	1	2	-8
B7.	Femara (Letrozole)? **FEMARA17**	1	2	-8
B8.	Nolvadex (Tamoxifen)? **NOLVA17**	1	2	-8
B9.	Any other medication for breast cancer that I haven't asked you about? **OTBCMED17** If yes, please specify: ___**#OTBCMDS17**_____	1	2	-8
B10.	Estrogen pills (such as Premarin, Estrace, Ogen, etc.)? **ESTROGN17**	1	2	-8
B11.	Estrogen patches (such as Estraderm)? **ESTRINJ17**	1	2	-8
B12.	Combination estrogen/progestin (such as Premphase or Prempro)? **COMBEST17**	1	2	-8
B13.	Progestin pills (such as Provera)? **PROGEST17**	1	2	-8
B14.	Vaginal estrogen (cream, tablet or the low dose ring called Estring)? **VAGEST17**	1	2	-8
B15.	Any other prescription hormones that I haven't asked you about, for example vaginal rings (such as Femring) or estrogen/testosterone combinations (such as Estratest)? **OHRM_17**	1	2	-8

IF RESPONDENT HAS TAKEN ANY HORMONES (IF YES TO ANY OF Q. B10 - 15) ASK Q. B16, OTHERWISE GO TO Q. B18.

B16. I am going to read a list of some reasons why women take hormones, not including birth control pills. For each one, please tell me if it is a reason why you take hormones. (READ LIST a. THROUGH h.)

		NO	YES
a.	To reduce the risk of heart disease **REDUHAR17**	1	2
b.	To reduce the risk of osteoporosis (brittle or thinning bones) **OSTEOPO17**	1	2
c.	To relieve menopausal symptoms **MENOSYM17**	1	2
d.	To stay young-looking **YOUNGLK17**	1	2
e.	A health care provider advised me to take them **HCPADVI17**	1	2
f.	A friend or relative advised me to take them **FRNADVI17**	1	2
g.	To improve my memory **IMPRMEM17**	1	2
h.	Any other? SPECIFY **HORMOTH17**, **#HORMSPC17** _____	1	2
i.	DON'T KNOW/REMEMBER **DONTKNO17**	1	2

B17. You reported taking hormones. Have you taken any hormones in the past month? **MONHORM17**

NO..... 1
YES.....2 **(B18)**

B17.1. In what month and year did you last take hormones? **HORMDAY17†**
#HORMMO17 **#HORMYR17**

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

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

B18. **In the past three months**, have you used any prescription or over-the-counter medications including supplements, vitamins or pain medications? (CIRCLE ONE.) **RXOTC3M17**

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

IF PARTICIPANT REPORTED "YES" to Q. B18,

- **COMPLETE RX OTC MEDICATION FORM PART II**
- **RECORD ALL RX and SELECTED NON-RX MEDICATIONS ON "RX/SELECTED Non-Rx Medication Data Collection Sheet" (SECTION B)**
- **RECORD ALL OTHER OTC/VITAMINS/SUPPLEMENTS PRODUCTS ON "Over-the-Counter (OTC) / VITAMIN/Dietary SUPPLEMENT (Non Prescription) Products Data Collection Sheet" (SECTION C)**

 # = Variable excluded from public use datafile
~ 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

Date Data Entered / Initials _____ Date Verified / Initials _____

SELF-ADMINISTERED QUESTIONNAIRE PART A

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

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

A2. SWAN STUDY VISIT # 17 **VISIT**

A3. FORM VERSION: 11/29/2021 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **SAADAY17†**
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. WAS THE SELF-ADMINISTERED PART A COMPLETED? **#SELFACO17**
NO 1
YES ..... 2 **(A8)**

A7.1. IF NO (i.e., SELF PART A NOT DONE), SPECIFY REASON: **#SELFANT17**
UNWILLING/UNABLE TO COME TO OFFICE ..... 1 **(END)**
OTHER ..... 3 **(END)**
IF OTHER, SPECIFY _____**#SELFANS17**_____
REFUSED ..... -7 **(END)**

A8. FORM COMPLETED IN: **#LOCATIO17**
RESPONDENT'S HOME 1
CLINIC/OFFICE 2

A9. MODE OF ADMINISTRATION: **ADMSAA17**
IN PERSON INTERVIEW 1
PHONE INTERVIEW 2
VIDEO INTERVIEW 3
SELF-COMPLETED W/O INTERVIEWER ASSISTANCE 4

A10. RESPONDENT: **PTPXSAA17**
PARTICIPANT 1
PROXY 2

A11. INTERVIEW LANGUAGE: **LANGSAA17**
ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

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 mid-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? (PLEASE CIRCLE ONE RESPONSE.) **OVERHLT17**

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?
MEDICYR17

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

B3. Do you currently have insurance that covers any part of your **doctor bills**?
INSURDR17

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

B4. Do you currently have insurance that covers any part of your **prescription medication bills**?
INSURME17

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

B5. Do you currently have insurance that covers any part of your **hospital bills**?
INSURHO17

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?
HLTHSER17

No 1
Yes 2

B7. **Since your last study visit**, have you smoked cigarettes regularly (at least one cigarette a day)?
SMOKERE17

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 AVCIGDA17

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

___ ___	/	___ ___ ___ ___	Don't Know (-8) ☐
M M		Y Y Y Y	
#SMOKEMO17		#SMOKEYR17	

The next question is about your consumption of alcoholic beverages.

B8. How many alcoholic drinks (beer, wine, wine coolers, liquor or mixed drinks) do you drink on average per day, week or month? (PLEASE CIRCLE ONLY ONE NUMBER.) DRNKALC17

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 per day 7
3 per day 8
4 per day 9
5 or more per day 10

B9. Compared to one year ago, how would you rate your health in general now? (CIRCLE ONE RESPONSE.) HLTHAYR17

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

B10. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (CIRCLE ONE NUMBER ON EACH LINE.)

Activities	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports V_ACTI17	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf M_ACTI17	1	2	3
c. Lifting or carrying groceries LIFTING17	1	2	3
d. Climbing several flights of stairs CLIMBS17	1	2	3
e. Climbing one flight of stairs CLIMB1_17	1	2	3
f. Bending, kneeling, or stooping BENDING17	1	2	3
g. Walking more than a mile WALKM17	1	2	3
h. Walking several blocks WALKS17	1	2	3
i. Walking one block WALK1_17	1	2	3
j. Bathing or dressing yourself BATHING17	1	2	3

B11. **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 PHYCTDW17	1	2
b. Accomplished less than you would like PHYACCO17	1	2
c. Were limited in the kind of work or other activities PHYLIMI17	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort) PHYDFCL17	1	2

B12. **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 EMOCTDW17	1	2
b. Accomplished less than you would like EMOACCO17	1	2
c. Didn't do work or other activities as carefully as usual EMOCARE17	1	2

B13. **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.)
INTERFR17

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

B14. How much bodily pain have you had **during the past 4 weeks**? (CIRCLE ONE NUMBER.)
BODYPAI17

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

B15. **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.) PAINTRF17

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

B16. 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? PEP17	1	2	3	4	5	6
b.	Have you been a very nervous person? NERV4WK17	1	2	3	4	5	6
c.	Have you felt so down in the dumps that nothing could cheer you up? CHER4WK17	1	2	3	4	5	6
d.	Have you felt calm and peaceful? CALM4WK17	1	2	3	4	5	6
e.	Did you have a lot of energy? ENERGY17	1	2	3	4	5	6
f.	Have you felt downhearted and blue? BLUE4WK17	1	2	3	4	5	6
g.	Did you feel worn out? WORNOUT17	1	2	3	4	5	6
h.	Have you been a happy person? HAPY4WK17	1	2	3	4	5	6
i.	Did you feel tired? TIRED17	1	2	3	4	5	6

B17. **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.) SOCIAL17

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

B18. 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 HEALSIC17	1	2	3	4	5
b. I am as healthy as anybody I know HEALTHY17	1	2	3	4	5
c. I expect my health to get worse HEALWOR17	1	2	3	4	5
d. My health is excellent HEALEXC17	1	2	3	4	5

B19. 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. TOADAPT17	0	1	2	3	4
b. I can deal with whatever comes my way. CANDEAL17	0	1	2	3	4
c. I try to see the humorous side of things when I am faced with problems. SEEHUMR17	0	1	2	3	4
d. Having to cope with stress can make me stronger. COPESTR17	0	1	2	3	4
e. I tend to bounce back after illness, injury or other hardships. BOUNCBK17	0	1	2	3	4
f. I believe I can achieve my goals, even if there are obstacles. MYGOALS17	0	1	2	3	4
g. Under pressure, I stay focused and think clearly. FOCUSED17	0	1	2	3	4
h. I am not easily discouraged by failure. DISCFAI17	0	1	2	3	4
i. I think of myself as a strong person when dealing with life's challenges and difficulties. STRGPER17	0	1	2	3	4
j. I am able to handle unpleasant or painful feelings like sadness, fear and anger. PAINFEE17	0	1	2	3	4

B20. The next questions are about how you feel about different aspects of your life. For each one, please circle how often you feel that way (CIRCLE ONE NUMBER ON EACH LINE.)

	Hardly ever	Some of the time	Often
a. First, how often do you feel that you lack companionship? COMPAN17	1	2	3
b. How often do you feel left out? LEFTOUT17	1	2	3
c. How often do you feel isolated from others? ISOLATE17	1	2	3

The following questions are about specific health problems you may have had over the past two weeks. Thinking back over the past two weeks, how often have you had…

C1. **Hot flashes or flushes**? (CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.) HOTFLAS17

☐ **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? NUMHOTF17

NUMBER OF TIMES PER DAY: ___ ___ **(GO TO C1b)**

C1b. How much are you usually bothered by hot flashes or flushes? (CIRCLE ONE NUMBER.) BOTHOTF17

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

C2. **Night sweats**? (CHECK ONE BOX AND ANSWER THE NEXT QUESTIONS AS INSTRUCTED.) NITESWE17

☐ **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? NUMNITS17

NUMBER OF TIMES PER NIGHT: ___ ___ **(GO TO C2b)**

C2b. How much are you usually bothered by night sweats? (CIRCLE ONE NUMBER.) BOTNITS17

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

C3. **Below is a list of common problems that 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.	Heart pounding or racing? HARTRAC17	1	2	3	4	5
b.	Feeling fearful for no reason? FEARFUL17	1	2	3	4	5
c.	Irritability or grouchiness? IRRITAB17	1	2	3	4	5
d.	Tense or nervous? NRVOUS17	1	2	3	4	5
e.	Feeling blue or depressed? FEELBLU17	1	2	3	4	5
f.	Vaginal dryness? VAGINDR17	1	2	3	4	5
g.	Vaginal irritation/itching? VAGIRRT17	1	2	3	4	5
h.	Vaginal soreness/pain? VAGSORE17	1	2	3	4	5

C4. **Since your last study visit**, have you had pelvic prolapse or relaxation (the uterus, bladder or rectum drops sometimes bulging out of the vagina) PROLAPS17

No……1 **(GO TO C5)**
Yes……2

C4a. IF YES, has it made it difficult to carry out your daily routine (e.g., work, housework, childcare)? PRODIFF17

No……1
Yes……2

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

C5. **In the last month**, about how many days have you lost any urine, even a small amount, beyond your control? (CIRCLE ONLY ONE ANSWER.) LEKDAYS17

Never……1 **(GO TO C10)**
Less than one day per week……2
Several days per week……3
Almost daily/daily……4

C6. On a scale from 0 to 10, where 0 = Not at all bothered and 10 = Extremely bothered, how much does the leakage of urine bother you? (CIRCLE ONE NUMBER): LEAKAGE17

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

C7. **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? **LEKCOUG17**

No……1 **(GO TO C8)**
Yes 2

C7a. IF YES**,** about how many times per week have you lost any urine under these circumstances? (CIRCLE ONLY ONE ANSWER.) **COUGLWK17**
Less than once per week 1
At least once per week to several times per week 2
Almost daily/daily 3

C7b. IF YES, how much urine do you lose when you leak under these circumstances? **LEKAMNT17**

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

C8. **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? **LEKURGE17**

No……1 **(GO TO C9)**
Yes 2

C8a. IF YES**,** about how many times per week have you lost any urine under these circumstances? (CIRCLE ONLY ONE ANSWER.) **URGELWK17**
Less than once per week 1
At least once per week to several times per week 2
Almost daily/daily 3

C8b. IF YES, how much urine do you lose when you leak under these circumstances? **URGEAMT17**

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

C9. **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 ONLY ONE ANSWER.) **RUSHBAT17**

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.

C10. **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 **URINDAY17**

C11. **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) **URINNIG17**

C12. 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)? **BMINC17**

No.....1 **(GO TO D1)**
Yes.....2

C12a. IF YES, how frequently have you had this problem: **BMINCFRQ17**

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

The next questions asked about your sleep habits…

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

D1. During the past month, when have you usually gone to bed at night? (PLEASE CIRCLE A.M. OR P.M.)

#BEDTIMH17 #BEDTIMM17

USUAL BED TIME ___ ___:___ ___ A.M. 1.
P.M. 2. **#BEDTIMA17**

BEDTIME17

D2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

NUMBER OF MINUTES _____ **NUMMINU17**

D3. During the past month, when have you usually gotten up in the morning? (PLEASE CIRCLE A.M. OR P.M.)

#GETUPTH17 #GETUPTM17

USUAL GETTING UP TIME ___ ___:___ ___ A.M. 1.
P.M. 2. #GETPAMP17

GETUPTI17

D4. During the past month, how many hours of **actual sleep** did you get at night? (This may be different than the number of hours you spend in bed.)

HOURS OF SLEEP PER NIGHT _____ HRSSLEE17

D5. **During the past month**, how often have you had trouble sleeping because you...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Cannot get to sleep within 30 minutes NO30SLE17	1	2	3	4
b. Wake up in the middle of the night or early in the morning WAKEMID17	1	2	3	4
c. Have to get up to use the bathroom USEBATH17	1	2	3	4
d. Cannot breathe comfortably CANTBRT17	1	2	3	4
e. Cough or snore loudly SNORE17	1	2	3	4
f. Feel too cold TOOCOLD17	1	2	3	4
g. Feel too hot TOOHOT17	1	2	3	4
h. Had bad dreams BADREAM17	1	2	3	4
i. Have pain HAVPAIN17	1	2	3	4
j. Other reason(s) TRBSLEP17	1	2	3	4

Please describe: #OTHTRB17

_____

D6. During the past month, how would you rate your sleep quality overall? SLEEPQL17

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

D7. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep? **MEDICIN17**

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

D8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? **TRBAWAK17**

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

D9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done? **ENTHUS17**

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

D10. The following questions refer to your sleep **during the past 1 month**. (CIRCLE ONE NUMBER PER LINE.)

	Rarely/ never	Sometimes	Usually/ always
a. Do you go to bed and get out of bed at about the same time (within one hour) every day? **SAMETIM17**	1	2	3
b. Are you satisfied with your sleep? **SATSLP17**	1	2	3
c. Do you stay awake all day without dozing? **DOZING17**	1	2	3
d. Is the middle of your sleep between 2:00 a.m. and 4:00 a.m.? **SLPMID17**	1	2	3
e. Do you spend less than 30 minutes awake at night? This includes the time it takes to fall asleep plus awakenings during sleep. **LESS30_17**	1	2	3
f. Do you sleep between 6 and 8 hours per day? **SLPB68_17**	1	2	3

D11. **We are going to ask you some final questions about sleep.**

		NO	YES	DON'T KNOW
a.	Do you snore? YOUSNOR17	1	2	-8
b.	Do you often feel tired, fatigued or sleepy during the day? SLEEPY17	1	2	-8
c.	Has anyone observed you stop breathing in your sleep? STPBREA17	1	2	-8

D12. Have you ever been told you have sleep apnea? (CIRCLE ONE NUMBER.) DSLPAPN17

No.....1 **(GO TO D13)**
Yes.....2

a. Are you currently being treated for sleep apnea? SLPAP17

No.....1 **(GO TO D13)**
Yes.....2

b. Do you use a machine or oral device to help you breathe at night? SLPAPDEV17

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

D13. 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? TRBLSLE17	1	2	3	4	5
b.	Did you wake up several times a night? WAKEUP17	1	2	3	4	5
c.	Did you wake up earlier than you had planned to, and were unable to fall asleep again? WAKEARL17	1	2	3	4	5

E1. **Below are 5 statements that you may agree or disagree with. Using the 1 – 7 scale below, indicate your agreement with each item. Please be open and honest in your responding.** (CIRCLE ONE NUMBER ON EACH LINE.)

		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. **MYIDEAL17**	1	2	3	4	5	6	7
b.	The conditions of my life are excellent. **EXCELNT17**	1	2	3	4	5	6	7
c.	I am satisfied with my life. **SATWLIF17**	1	2	3	4	5	6	7
d.	So far I have gotten the important things I want in life. **IMPTHNG17**	1	2	3	4	5	6	7
e.	If I could live my life over, I would change almost nothing. **NOCHANG17**	1	2	3	4	5	6	7

E2. **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. **LVE1DAY17**	1	2	3	4	5	6
b.	I have a sense of direction and purpose in life. **DIRECTN17**	1	2	3	4	5	6
c.	My daily activities often seem trivial and unimportant to me. **ACTTRIV17**	1	2	3	4	5	6

E2. (continued) **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
d.	I don't have a good sense of what it is I'm trying to accomplish in life. ACCOMPL17	1	2	3	4	5	6
e.	I enjoy making plans for the future and working to make them a reality. PLANFUT17	1	2	3	4	5	6
f.	Some people wander aimlessly through life, but I am not one of them. WANDAIM17	1	2	3	4	5	6
g.	I sometimes feel as if I've done all there is to do in life. DONEALL17	1	2	3	4	5	6

E3. **Circle the number** that best describes your present agreement or disagreement with each statement. (CIRCLE ONE RESPONSE PER LINE.)

		Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
a.	I am not interested in activities that will expand my horizons. HORIZON17	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. CHALLNG17	1	2	3	4	5	6
c.	When I think about it, I haven't really improved much as a person over the years. IMPROVD17	1	2	3	4	5	6
d.	I have a sense that I have developed a lot as a person over time. DEVELPD17	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. CHGOLD17	1	2	3	4	5	6
f.	For me, life has been a continuous process of learning, changing, and growth. LEARNNG17	1	2	3	4	5	6
g.	I gave up trying to make big improvements or changes in my life a long time ago. CHANGES17	1	2	3	4	5	6

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

F1. **In the past year**, 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. Also indicate if the event was related to COVID-19 by circling Y(YES) or N (NO)

		NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very upsetting and still upsetting	Related to COVID-19?
a.	Quit, fired or laid off from a job? QUITJOB17	1	2	3	4	5	N Y QUITJOC17
b.	Husband/partner became unemployed? PRTUNEM17	1	2	3	4	5	N Y PRTUNEC17
c.	Major money problems? MONEYPR17	1	2	3	4	5	N Y MONEYC17
d.	Were separated or divorced or a long-term relationship ended or relations with husband /partner changed for the worse? RELATEN17	1	2	3	4	5	N Y RELATEC17
e.	Had a serious problem with child or family member (other than husband/partner) or with a close friend? SERIPRO17	1	2	3	4	5	N Y SERIPRC17
f.	A child moved out of the house or left the area? CHILDMO17	1	2	3	4	5	N Y CHILDMC17
g.	Took on responsibility for the care of another child, grandchild, parent, other family member or friend? RESPCAR17	1	2	3	4	5	N Y RESPCAC17
h.	Family member had legal problems or a problem with police? LEGALPR17	1	2	3	4	5	N Y LEGALPC17
i.	A close relative (husband/partner, child or parent), family member or friend died? CRELDIE17	1	2	3	4	5	N Y CRELDIC17
j.	Major accident, assault, disaster, robbery or other violent event happened to yourself or family member? SELFVIO17	1	2	3	4	5	N Y SELFVIC17
k.	Serious physical illness or injury in family member, partner or close friend? PHYSILL17	1	2	3	4	5	N Y PHYSILC17
l.	Serious drug/alcohol problem in family member, partner or close friend. DRUGALC17	1	2	3	4	5	N Y DRUGACC17

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.) **CARING17**

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.) **MEALS17**

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.) **ROUTNCH17**

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.) **MODERAT17**

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.) **VIGOROU17**

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.) **PHYSACT17**

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.) **WATCHTV17**

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.) **WALKBIK17**

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.) **SWEATPA17**

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.) **SPORTS17**

Never..... 1 **(GO TO G20)**
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.)

SPOREX117 _____

G12. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE NUMBER.) RATEIN117

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.) MTHSAC117

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.) HRSACT117

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.) OTHSPOR17

No ..... 1 **(GO TO G20)**
Yes 2

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

SPOREX217 _____

G17. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE NUMBER.) RATEIN217

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

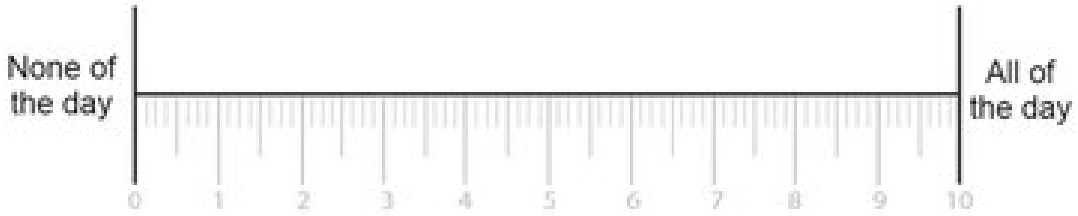
G18. How many months in this past year did you do this activity? (CIRCLE ONE NUMBER.) **MTHSAC217**

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.) **HRSACT217**

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

G20. On a usual day, what proportion of the day do you spend sitting? Please mark an "X" on the line below. **DAYSIT17**



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

		Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
a.	**Interested** INTRPAN17	1	2	3	4	5
b.	**Disinterested** DISIPAN17	1	2	3	4	5
c.	**Excited** EXCIPAN17	1	2	3	4	5
d.	**Upset** UPSEPAN17	1	2	3	4	5
e.	**Strong** STROPAN17	1	2	3	4	5
f.	**Guilty** GUILPAN17	1	2	3	4	5
g.	**Scared** SCARPAN17	1	2	3	4	5
h.	**Hostile** HOSTPAN17	1	2	3	4	5
i.	**Enthusiastic** ENTHPAN17	1	2	3	4	5
j.	**Proud** PROUPAN17	1	2	3	4	5
k.	**Irritable** IRRIPAN17	1	2	3	4	5
l.	**Alert** ALERPAN17	1	2	3	4	5
m.	**Ashamed** ASHAPAN17	1	2	3	4	5
n.	**Inspired** INSPPAN17	1	2	3	4	5
o.	**Nervous** NERVPAN17	1	2	3	4	5
p.	**Determined** DETEPAN17	1	2	3	4	5
q.	**Attentive** ATTEPAN17	1	2	3	4	5
r.	**Jittery** JITTPAN17	1	2	3	4	5
s.	**Active** ACTIPAN17	1	2	3	4	5
t.	**Afraid** AFRAPAN17	1	2	3	4	5
u.	**Panas-J Variable 21** #JAP1PAN17	1	2	3	4	5
v.	**Panas-J Variable 22** #JAP2PAN17	1	2	3	4	5

This next set of questions is concerned with how many people you interacted with or communicated with in the past 2 weeks including family, friends, workmates, neighbors, etc. Interactions and communications include speaking in person, texting on the phone, instant messaging online, email, or Skype or other on-camera communication. Please read and answer each question carefully. Answer follow-up questions where appropriate.

H2. How many children, including stepchildren, do you have? (If you don't have any children, check '0' and skip to question H3.) **CHILDRN17**

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

H2a. How many of your children (including stepchildren) do you interact with or communicate with **at least once every 2 weeks**? **INTCOMM17**

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

H3. Are any of your parents or in-laws (or partner's parents) living? (If none is living, check 'None' and skip to question H4.) **PILNONE17 MOTHLIV17 FATHLIV17 MILLIV17 FILLIV17**

____None ____Mother ____Father ____Mother-in-law ____Father-in-law

H3a. Do you interact with or communicate with your parents or in-laws **at least once every 2 weeks**? **PIL2NON17 MOTH2LV17 FATH2LV17 MIL2LIV17 FIL2LIV17**

____None ____Mother ____Father ____Mother-in-law ____Father-in-law

H4. How many other relatives, including brothers, sisters, aunts, uncles, and cousins (other than your spouse, parents & children) do you feel close to? (If '0', check that space and skip to question H5.) **OTRCLOS17**

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

H4a. How many of these relatives do you interact with or communicate with **at least once every 2 weeks? INTRE2W17**

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

H5. How many close friends do you have? (Meaning people that you feel at ease with, can talk to about private matters, and can call on for help) **CLOSEFR17**

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

H5a. How many of these friends do you interact with or communicate with at least once every 2 weeks? **CLFRINT17**

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

H6. Do you belong to a church, temple, or other religious group? (If not, check 'no' and skip to question H7). **CHURCHT17**

_____Yes _____No

H6a. How many members of your church or religious group do you interact with or communicate with at least once every 2 weeks? (This includes at group meetings and services.) **CHINT2W17**

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

H7. Are you currently employed either full or part-time? (If not, check 'no' and skip to question H8). **EMPLOY17**

_____No _____Yes, self-employed _____Yes, employed by others

H7a. How many people at work do you interact with or communicate with at least once every 2 weeks? **WKINTR17**

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

H8. How many of your neighbors do you interact with or communicate with at least once every 2 weeks? **NEIGHBR17**

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

H9. Are you currently involved in regular volunteer work? (If not, check 'no' and skip to question H10.) **VOLUNTR17**

_____Yes _____No

H9a. On average, how many total hours did you volunteer in the past 2 weeks? _____
TOTVOLH17

H9b. How many people involved in this volunteer work do interact with or communicate with about volunteering-related issues at least once every 2 weeks? **VOLWKIN17**

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

H10. Do you belong to any groups in which you interact with or communicate with one or more members of the group about group- related issues at least once every 2 weeks? Examples include social clubs, recreational groups, trade unions, commercial groups, and professional organizations, groups concerned with children like the PTA or Boy Scouts, groups concerned with community service, etc. (If you don't belong to any such groups, check 'No.') . (If you don't belong to any such groups, check 'No' and skip to question I1.) **GROUPIN17**

_____Yes _____No

H10a. How many of these groups do you interact with or communicate with at least once every 2 weeks? **GRINT2W17**

_____0 _____1 _____2 _____3 _____4 _____5 _____6 _____7 or more

I1. Now we would like to ask some questions about how concerned you are about the possibility of falling. For each of the following activities, please circle the opinion closest to your own to show how concerned you are that you might fall if you did this activity. **Please reply thinking about how you usually do the activity.** If you currently don't do the activity (e.g. someone does your shopping for you), please answer to show whether you think you would be concerned about falling IF you did the activity.

	Not at all concerned	Somewhat concerned	Fairly concerned	Very concerned
a. Cleaning the house (e.g. sweep, vacuum or dust) CLEAN17	1	2	3	4
b. Getting dressed or undressed DRESS17	1	2	3	4
c. Preparing simple meals SIMPLE17	1	2	3	4
d. Taking a bath or shower BATH17	1	2	3	4
e. Going shopping GOSHOP17	1	2	3	4
f. Getting in or out of a chair CHAIR17	1	2	3	4
g. Going up or down stairs STAIR17	1	2	3	4
h. Walking around in the neighborhood WALKING17	1	2	3	4
i. Reaching for something above your head or on the ground REACHIN17	1	2	3	4
j. Going to answer the telephone before it stops ringing PHONE17	1	2	3	4
k. Walking on a slippery surface (e.g. wet or icy) SLIPPRY17	1	2	3	4
l. Visiting a friend or relative FRREL17	1	2	3	4
m. Walking in a place with crowds CROWDS17	1	2	3	4
n. Walking on an uneven surface (e.g. rocky ground, poorly maintained pavement) UNEVEN17	1	2	3	4
o. Walking up or down a slope SLOPE17	1	2	3	4
p. Going out to a social event (e.g. religious service, family gathering or club meeting) SOCEVE17	1	2	3	4

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

J1. When thinking about your neighborhood, would you say: (CIRCLE ONE NUMBER FOR EACH.)

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
a.	I feel safe walking in my neighborhood day or night. SAFENEI17	1	2	3	4	5
b.	Violence is not a problem in my neighborhood. VIOLENC17	1	2	3	4	5
c.	My neighborhood is safe from crime. CRIME17	1	2	3	4	5

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

J2. In your day-to-day life have you had the following experiences: (CIRCLE ONE NUMBER FOR EACH)

		Often	Sometimes	Rarely	Never
a.	You are treated with less courtesy than other people. COURTES17	1	2	3	4
b.	You are treated with less respect than other people. RESPECT17	1	2	3	4
c.	You receive poorer service than other people at restaurants or stores. POORSER17	1	2	3	4
d.	People act as if they think you are not smart. NOTSMAR17	1	2	3	4
e.	People act as if they are afraid of you. AFRAIDO17	1	2	3	4
f.	People act as if they think you are dishonest. DISHONS17	1	2	3	4
g.	People act as if they're better than you are. BETTER17	1	2	3	4
h.	You or your family members are called names or insulted. INSULTE17	1	2	3	4
i.	You are threatened or harassed. HARASSE17	1	2	3	4
j.	People ignore you or act as if you are not there. IGNORED17	1	2	3	4

IF YOU ANSWERED “OFTEN” OR “SOMETIMES”, TO ANY STATEMENTS IN **J2**, PLEASE ANSWER QUESTION **J3**.

All items in J2 were answered “RARELY”, “NEVER”, or “MISSING”. Did the participant answer any items in J3? SAALEAD17
1: No
2: Yes

J3. Were any of the following reasons why you "sometimes" or "often" had these experiences?

(**Circle one response for each**)	**NO**	**YES**
a. Race **BCRACE17**	1	2
b. Ethnicity **BCETHN17**	1	2
c. Gender **BCGENDR17**	1	2
d. Age **BCAGE17**	1	2
e. Income Level **BCINCML17**	1	2
f. Language **BCLANG17**	1	2
g. Body Weight **BCWGHT17**	1	2
h. Physical Appearance (other than body weight) **BCPHAPP17**	1	2
i. Sexual Orientation **BCORIEN17**	1	2
j. Other, Specify: **OTHEREX17**, **#OTHRSPE17**	1	2

J4. In the following questions, we are interested in the way other people have treated you or your beliefs about how other people have treated you. Can you tell us if any of the following has ever happened to you?

a. **At any time in your life, have you ever been unfairly fired**? (CIRCLE YES OR NO.) **FIRED17**

No……1 **(GO TO b)**
Yes……..2

a1. If Yes, what do you think was the main reason for this experience? (CHECK ONE RESPONSE) **FREASON17**

- ☐ Race **(1)**
- ☐ Ethnicity **(2)**
- ☐ Gender **(3)**
- ☐ Age **(4)**
- ☐ Income level **(5)**
- ☐ Language **(6)**
- ☐ Body Weight **(7)**
- ☐ Physical appearance (other than weight) **(8)**
- ☐ Sexual orientation **(9)**
- ☐ Other, specify **(10)**: ___**#FREASNS17**____

b. **For unfair reasons, have you ever not been hired for a job?** (CIRCLE YES OR NO.) **NOTHIRE17**

No……1 **(GO TO c)**
Yes……..2

b1. If Yes, what do you think was the main reason for this experience? (CHECK ONE RESPONSE) **NHREAS17**

- ☐ Race **(1)**
- ☐ Ethnicity **(2)**
- ☐ Gender **(3)**
- ☐ Age **(4)**
- ☐ Income level **(5)**
- ☐ Language **(6)**
- ☐ Body Weight **(7)**
- ☐ Physical appearance (other than weight) **(8)**
- ☐ Sexual orientation **(9)**
- ☐ Other, specify **(10)**: ___**#NHREASS17**____

c. **Have you ever been unfairly denied a promotion**? (CIRCLE YES OR NO.) **PROMO17**

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

c1. If Yes, what do you think was the main reason for this experience? (CHECK ONE RESPONSE) **PREASON17**

- ☐ Race **(1)**
- ☐ Ethnicity **(2)**
- ☐ Gender **(3)**
- ☐ Age **(4)**
- ☐ Income level **(5)**
- ☐ Language **(6)**
- ☐ Body Weight **(7)**
- ☐ Physical appearance (other than weight) **(8)**
- ☐ Sexual orientation **(9)**
- ☐ Other, specify **(10)**: ____**#PREASNS17**____

d. **Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?** (CIRCLE YES OR NO.) **POLICE17**

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

d1. If Yes, what do you think was the main reason for this experience? (CHECK ONE RESPONSE) **POREAS17**

- ☐ Race **(1)**
- ☐ Ethnicity **(2)**
- ☐ Gender **(3)**
- ☐ Age **(4)**
- ☐ Income level **(5)**
- ☐ Language **(6)**
- ☐ Body Weight **(7)**
- ☐ Physical appearance (other than weight) **(8)**
- ☐ Sexual orientation **(9)**
- ☐ Other, specify **(10)**: _____**#POREASS17**_____

e. **Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?** (CIRCLE YES OR NO.) **DISCOUR17**

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

e1. If Yes, what do you think was the main reason for this experience? (CHECK ONE RESPONSE) **DISCREA17**

- ☐ Race **(1)**
- ☐ Ethnicity **(2)**
- ☐ Gender **(3)**
- ☐ Age **(4)**
- ☐ Income level **(5)**
- ☐ Language **(6)**
- ☐ Body Weight **(7)**
- ☐ Physical appearance (other than weight) **(8)**
- ☐ Sexual orientation **(9)**
- ☐ Other, specify **(10)**: ____**#DISREAS17**_____

f. **Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?** (CIRCLE YES OR NO.) **RENT17**

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

f1. If Yes, what do you think was the main reason for this experience? (CHECK ONE RESPONSE) **RENTR17**

- ☐ Race **(1)**
- ☐ Ethnicity **(2)**
- ☐ Gender **(3)**
- ☐ Age **(4)**
- ☐ Income level **(5)**
- ☐ Language **(6)**
- ☐ Body Weight **(7)**
- ☐ Physical appearance (other than weight) **(8)**
- ☐ Sexual orientation **(9)**
- ☐ Other, specify **(10)**: ____**#RENTRS17**_____

g. **Have you ever moved into a neighborhood where neighbors made life difficult for you or your family?** (CIRCLE YES OR NO.) **NEIGDIF17**

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

g1. If Yes, what do you think was the main reason for this experience? (CHECK ONE RESPONSE) **NEIDIFM17**

- ☐ Race **(1)**
- ☐ Ethnicity **(2)**
- ☐ Gender **(3)**
- ☐ Age **(4)**
- ☐ Income level **(5)**
- ☐ Language **(6)**
- ☐ Body Weight **(7)**
- ☐ Physical appearance (other than weight) **(8)**
- ☐ Sexual orientation **(9)**
- ☐ Other, specify **(10)**: ____**#NEIDIFS17**_____

h. **Have you ever been unfairly denied a bank loan?** (CIRCLE YES OR NO.) **BANKLOA17**

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

h1. If Yes, what do you think was the main reason for this experience? (CHECK ONE RESPONSE) **BANKLNR17**

- ☐ Race **(1)**
- ☐ Ethnicity **(2)**
- ☐ Gender **(3)**
- ☐ Age **(4)**
- ☐ Income level **(5)**
- ☐ Language **(6)**
- ☐ Body Weight **(7)**
- ☐ Physical appearance (other than weight) **(8)**
- ☐ Sexual orientation **(9)**
- ☐ Other, specify **(10)**: ____**#BANKLNS17**_____

i. **Have you ever received service from someone such as a plumber or car mechanic that was worse than what other people get?** (CIRCLE YES OR NO.) **PLUMBER17**

No……1 **(GO TO K1)**
Yes……..2

i1. If Yes, what do you think was the main reason for this experience? (CHECK ONE RESPONSE) **PLUMBRR17**

- ☐ Race **(1)**
- ☐ Ethnicity **(2)**
- ☐ Gender **(3)**
- ☐ Age **(4)**
- ☐ Income level **(5)**
- ☐ Language **(6)**
- ☐ Body Weight **(7)**
- ☐ Physical appearance (other than weight) **(8)**
- ☐ Sexual orientation **(9)**
- ☐ Other, specify **(10)**: _____**#PLUMBRS17**_____

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.

K1. What is your current marital status? Would you say… (CIRCLE ONE NUMBER.) **MARITAL17**

Single/never married 1
Currently married or living as married.....2
Separated.....3
Widowed.....4
Divorced 5
Don't Know .....-8
Prefer not to answer ..... -7

K2. How would you describe your current job situation? (CIRCLE ONE NUMBER.) **JOBSIT17**

Employed or self-employed (including work for family business).....1 **(GO TO K2a)**
Retired……2 **(GO TO K3)**
Unemployed……3 **(GO TO K3)**
Permanently sick or disabled……..4 **(GO TO K3)**
Homemaker……5 **(GO TO K3)**

K2a. On average, how many total hours a week do you work, for pay?: _**TOTWKWR17**__

K3. 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.) **#INCOMEF17**

Less than $19,999	1
$20,000 to $34,999	2
$35,000 to $49,999	3
$50,000 to $74,999	4
$75,000 to $99,999	5
$100,000 to $149,999	6
$150,000 or more	7
Prefer not to answer	-7
Don't know	-8

K4. 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_HAR17**

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

K5. Is the home where you live: (CIRCLE ONE NUMBER.) **HOMESTT17**

Owned or being bought by you (or someone in the household or family)?	1
Rented for money?	2
Occupied without payment of money or rent?	3
Other (specify) **#HOMESTS17**_____	4

K6. Suppose you and others in your household were to sell all of your major possessions (including your home), turn all of your investments and other assets into cash, and pay off all your debts. Would you have something left over, break even, or be in debt? (CIRCLE ONE NUMBER.) **POSSESS17**

Have something left over	1
Break even	2
Be in debt	3

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

 # = Variable excluded from public use datafile
˜ 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

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 **ARCHID˜**

A2. SWAN STUDY VISIT # 17 **VISIT**

A3. FORM VERSION: 07/14/2022 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **SABDAY17†**
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. WAS THE SELF-ADMINISTERED PART B COMPLETED? **#SELFCOM17**
NO 1
YES ..... 2 **(A8)**

A7.1. IF NO (i.e., SELF-ADMIN PART B NOT DONE), SPECIFY REASON: **#SELFNOT17**
UNWILLING/UNABLE TO COME TO OFFICE ..... 1 **(END)**
OTHER ..... 3 **(END)**
IF OTHER, SPECIFY _____ **#SELFNTS17** _____
REFUSED ..... -7 **(END)**

A8. FORM COMPLETED IN: **#LOCATIO17**
RESPONDENT'S HOME 1
CLINIC/OFFICE 2

A9. MODE OF ADMINISTRATION: **ADMSAB17**
IN PERSON INTERVIEW 1
PHONE INTERVIEW 2
VIDEO INTERVIEW 3
SELF-COMPLETED W/O INTERVIEWER ASSISTANCE 4

A10. RESPONDENT: **PTPXSAB17**
PARTICIPANT 1
PROXY 2

A11. INTERVIEW LANGUAGE: **LANGSAB17**
ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

This questionnaire covers material that may be sensitive and personal. It also includes new questions to help us understand common symptoms in women as they get older. 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.)** **IMPORSE17**

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

B2. To what extent has the COVID-19 pandemic had an impact on your sex life? **(CIRCLE ONE NUMBER.)** **COVIDSE17**

1	2	3	4	5
Mostly negative	Somewhat negative	No impact	Somewhat positive	Mostly positive

B3. 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.)** **DESIRSE17**

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

B4. During the past 6 months, have you engaged in sexual activities with a partner, your spouse or your life companion? **(CIRCLE ONE NUMBER.)** **ENGAGSE17**

No .....1 **(GO TO B4.a)**
Yes.....2 **(GO TO B5 ON PAGE 4)**

B4.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 eight questions to indicate if it is a reason that you have not engaged in sexual activities.

	NO	YES
1) I do not have a partner at this time. **NOPARTN17**	1	2
2) My partner has a physical problem that interferes with sex. **PARTPRO17**	1	2
3) I have a physical problem that interferes with sex. **PHYSPRO17**	1	2
4) My partner is too tired or busy. **PARTIRE17**	1	2
5) I am too tired or busy. **ESTIRED17**	1	2
6) My partner is not interested. **PARTNOI17**	1	2
7) I am not interested. **NOINTRS17**	1	2
8) Other: **NOSEXOT17** Please Specify _**#NOSEXSP17**	1	2

PLEASE TURN TO PAGE 6, AND GO TO QUESTION B13.

B5. In the past 6 months, how physically pleasurable was your relationship with your main partner? **PHYSPLE17**

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

B6. In the past 6 months, how emotionally satisfying was your relationship with your main partner? **SATISFY17**

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

B7. 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? KISSING17	1	2	3	4	5
b) Sexual touching or caressing? TOUCHIN17	1	2	3	4	5
c) Oral sex? ORALSEX17	1	2	3	4	5
d) Sexual intercourse? INTCOUR17	1	2	3	4	5

Please answer the following questions, B8 – B12, about sexual activity with your partner(s), your spouse or life companion.

B8. During the last 6 months, how often did you feel aroused during sexual activity? **AROUSED17**

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

B9. During the past 6 months, have you felt vaginal or pelvic pain during intercourse? **PELVIC17**

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

B10. During the last 6 months, how often have you used lubricants, such as creams or jellies, to make sex more comfortable? **LUBRICN17**

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

B11. During the past 6 months, how often were you satisfied with the frequency of sexual activity? **FREQUEN17**

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. **PHYPPAR17**	1	2	3	4	5
b.	My partner is too tired or busy for sex. **BUSYPAR17**	1	2	3	4	5
c.	I am too tired or busy **TOTIRED17**	1	2	3	4	5
d.	My partner is not interested in sex **NOINPAR17**.	1	2	3	4	5
e.	I am not interested in sex. **INTRSNO17**	1	2	3	4	5

B13. On average, in the last 6 months, how often have you engaged in masturbation (self-stimulation)? **MASTURB17**

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

For the next question, **please consider the past 4 weeks**.

B14. Over the past **4 weeks**, how satisfied have you been with your overall sexual life? **SEXLIFE17**

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

The following questions are from a new questionnaire that seeks to understand the effect of menopause on the vagina and urinary symptoms. We realize that some of these questions are similar to previous ones, but we need to ask all of them to understand the results of this new questionnaire and would appreciate your participation in completing them.

PART I: QUESTIONS ABOUT VAGINAL & URINARY HEALTH

Please answer all questions to the best of your ability as they apply to you **OVER THE PAST 1 WEEK**. Please note that these questions ask about how you felt **DURING ACTIVITY UNRELATED TO SEX**, including walking, sitting, exercising, or resting.

Please Note: The **outside of the vagina** refers to the outer lips of the vagina, also known as the vulva or labia.

C1. I had dryness or a sandpaper-like feeling inside or outside my vagina **(CIRCLE ONE NUMBER)**: **DRYSAND17**

0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

None Severe

C2. I had a burning sensation inside or outside my vagina **(CIRCLE ONE NUMBER)**: **BURNSEN17**

0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

None Severe

C3. I had pain inside or outside my vagina **(CIRCLE ONE NUMBER)**: **PAINOUT17**

0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

None Severe

C4. I had a burning sensation during or immediately after urination **(CIRCLE ONE NUMBER)**: **BURNURI17**

0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

None Severe

C5. I had pain during or immediately after urination **(CIRCLE ONE NUMBER)**: **PAINURI17**

0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

None Severe

C6. I select looser clothing or avoid tight pants because of concerns that my clothing will cause discomfort inside or outside my vagina **(CIRCLE ONE NUMBER): LOOSER17**

Always 1
Often 2
Sometimes 3
Rarely 4
Never 5

C7. The following best describe the severity of my vaginal symptoms over the past week **(CIRCLE ONE NUMBER): VAGSYMP17**

None.....1
Mild.....2
Moderate.....3
Severe.....4
Very Severe.....5

C8. I have been bothered or distressed by symptoms inside or outside my vagina during non-sexual activity, including walking, sitting, exercising, or resting: **SBOTHER17**

0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

Not Bothered or Distressed

Severely Bothered or Distressed

PART II: QUESTIONS ABOUT SEXUALITY

Please answer all questions to the best of your ability as they apply to you **OVER THE PAST 4 WEEKS**.

Sexual activity includes any activity involving the entire genital area which includes the inside of your vagina, outside of your vagina (vulva), or clitoris. It may occur with a partner or by yourself, and may involve the mouth, hands, penis, a device, or "toy".

C9. Did you engage in any sexual activity over the past **4 WEEKS**, with or without a partner? **DESRSEX17**

No.....1 (GO TO C9.a)
Yes.....2 (GO TO C10 ON PAGE 10)

C9.a IF NO: **IF NO**: Why did you not engage in any sexual activity **over the past 4 weeks**?

(PLEASE CHECK ALL THAT APPLY):

□ Health problems (please describe) **HEALTHP17**: _____
#HEALTHS17_____

□ Depression or persistent blue mood **BLUMOOD17**

□ Vaginal discomfort or pain with sexual activity **PAINACT17**

□ Fear of vaginal discomfort or pain with sexual activity **FEARDIS17**

□ Low libido or low sexual desire **LIBIDO17**

□ Reluctant to tell my partner about my vaginal dryness or pain with sexual activity **RELPART17**

□ Too much preparation required for sexual activity **PREPREQ17**

□ No partner (and no interest in sexual activity without a partner) **NOINTP17**

□ Partner's health or sexual problems (e.g. heart disease, low libido, difficulty with erections or sexual function) **PARTPRB17**

□ Personal choice and not bothered by it **PERCHOB17**

□ Personal choice and bothered by it **PERCHON17**

□ None of these apply **NONESEX17**

□ Other (please describe): **NOSXOTH17**
_____**#NOSXOTS17**_____

END OF FORM. PLEASE PLACE THE QUESTIONNAIRE IN THE ENVELOPE

Please note that these questions ask about how you felt during sexual activity, including intercourse or other penetrative and non-penetrative sexual activity.

C10. Over the past **4 WEEKS**, did your sexual activity ever involve entry into the vagina (penetration), including intercourse or other penetrative activity? **SEXACT17**

No……1 (ANSWER C10.a and C10.b)
Yes……...2 (GO TO C11)

C10.a IF NO: **IF NO**: Why did your sexual activity not involve entry into the vagina (penetration), including intercourse or other penetrative activity? **(PLEASE CHECK ALL THAT APPLY):**

□ Pain or discomfort **PAINDIS17**
□ Not pleasurable **NOTPLEA17**
□ Vagina is too tight **VATIGHT17**
□ Vagina is too dry **VADRY17**
□ Difficulty reaching climax/orgasm with intercourse/penetrative activity **DIFFINT17**
□ I prefer other activity **PRFACT17**
□ Partner prefers other activity **PRFACTP17**
□ Partner has difficulty entering/penetrating my vagina (e.g. erectile dysfunction, if male partner) **PARTENT17**
□ Other **OTHSXAO17** (please describe): ___**#OTHSXAS17**_____

C10.b IF NO: Before your periods became irregular or stopped (perimenopause or menopause), did your sexual activity involve entry into the vagina (penetration), including intercourse or other penetrative activity? **PERIODS17**

No……1
Yes……...2

C11. During or after sexual activity, I had dryness or a sandpaper-like sensation inside or outside my vagina **(CIRCLE ONE NUMBER): DRYNESS17**

0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

None Severe

C12. During or after sexual activity, I had a burning sensation inside or outside my vagina **(CIRCLE ONE NUMBER): BURNING17**

0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

None Severe

C13. During or after sexual activity, I had pain inside or outside my vagina **(CIRCLE ONE NUMBER):** **VAGPAIN17**

0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

None Severe

C14. During sexual activity, it is difficult for me to become or stay lubricated ("wet") (without the use of lubricants*) **(CIRCLE ONE NUMBER):** **LUBSEX17**

Not difficult.....1
Slightly difficult.....2
Somewhat difficult 3
Very difficult.....4

**If you use lubricants during sexual activity, to the best of your ability, please estimate how difficult it would be for you to become or stay lubricated without the use of lubricants.*

C15. Pain inside or outside my vagina during or after sexual activity has affected my relationship with my partner **(CIRCLE ONE NUMBER):** **PARTNER17**

No partner.....1
No discomfort or pain 2
It had a positive effect on my relationship with my partner 3
It did not have any effect on my relationship with my partner 4
It had a negative effect on my relationship with my partner.....5

C16. I have been bothered or distressed by symptoms inside or outside my vagina during sexual activity **(CIRCLE ONE NUMBER):** **BOTHER217**

0 -------- 1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10

Not Bothered or Distressed

Severely Bothered or Distressed

Thank you for helping us with this important research study.

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

 # = Variable excluded from public use datafile
~ 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

Date Data Entered / Initials _____ Date Verified / Initials _____

PHYSICAL MEASURES

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID~**

A2. SWAN STUDY VISIT # 17 **VISIT**

READING: PRIMARY DATA COLLECTION.....1 **#DATA_COL**

A3. FORM VERSION: 09/29/2021 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **PHYDAY17†**
M M D D Y Y Y Y

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

VERIFY WITH RESPONDENT

A6. WERE ANY OF THE PHYSICAL MEASURES COMPLETED? **#PHYCOMP17**

NO 1
YES .....2 **(A7)**

A6.1. IF NO (i.e. NONE OF THE PHYSICAL MEASURES WERE DONE), SPECIFY REASON: **#PHYNOT**

REFUSED..... -7 **(END)**
OTHER .....3 **(END)**

IF OTHER, SPECIFY ___**#PHYNOTS**_____

A7. MEASUREMENTS COMPLETED IN: **#LOCATIO17**

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

A8. ADMINISTRATION MODE: **ADMPHY17**

IN PERSON INTERVIEW.....1
PHONE INTERVIEW.....2
VIDEO INTERVIEW 3
SELF-COMPLETED W/O INTERVIEWER ASSISTANCE 4

Section B. Measurements

BLOOD PRESSURE

B1. MEASUREMENT METHOD: **BPMETH17**

CERTIFIED TECHNICIAN 1
If 1, TECHNICIAN'S INITIALS: ___ ___ ___ **#INITSA17**

DEVICE USED **[PLEASE NOTE THAT AN ALTERNATE DEVICE SHOULD ONLY BE USED IN CASES WHERE THE OMRON CANNOT BE USED]**: **DEVICE17**
OMRON IntelliSense® Blood Pressure Monitor Model HEM-907XL……..1
OTHER……..2
If OTHER, SPECIFY__**#OTDEVIC17**_____

PARTICIPANT SELF-MEASUREMENT..... 2 (B5)
NOT DONE.....-1 (B1.1)

B1.1. IF NOT DONE SPECIFY REASON: **BPMETHN17**
REFUSED TO BE MEASURED.....1 (B8)
UNWILLING/UNABLE TO COME INTO OFFICE.....2 (B8)
OTHER.....3 (B8)
IF OTHER, SPECIFY ___**#BPMTHNS17**_____

B2. ARM LENGTH ___ ___ ___ . ___ cm **#ARMLNGT17**

B3. ARM CIRCUMFERENCE ___ ___ ___ . ___ cm **#ARMCIRC17**

B4. CUFF SIZE USED (Circle one.)
1. Small
2. Medium
3. Large **#CUFFSIZ17**
4. Extra Large

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.

B5. PULSE ___ ___ beats/minute **PULSE17**

B6. BLOOD PRESSURE **#1** (SYS./DIA.) ___ ___ ___/___ ___ ___ mmHg
SYSBP1_17/DIABP1_17

B7. BLOOD PRESSURE **#2** (SYS./DIA.) ___ ___ ___/___ ___ ___ mmHg
SYSBP2_17/DIABP2_17

HEIGHT/WEIGHT

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

B8. HEIGHT MEASUREMENT METHOD: **HTMETHO17**

STADIOMETER 1
PORTABLE 2
If 1 or 2, TECHNICIAN'S INITIALS: ___ ___ ___ **#INITSB17**
SELF-REPORT 3 (B8.1)
NOT DONE ..... -1 (B8.2)

B8.1 IF SELF-REPORT, CHOOSE ONE OF THE FOLLOWING **HTSELF17**
PARTICIPANT IN WHEELCHAIR/DISABLED 1
EQUIPMENT FAILURE 2
REFUSED TO BE MEASURED 3
VIRTUAL VISIT 5
OTHER 4
IF OTHER, SPECIFY ___ **#HTSELFS17** _____

B8.2. IF NOT DONE SPECIFY REASON: **HTSELFN17**
REFUSED TO BE MEASURED 1 (B10)
UNWILLING/UNABLE TO COME INTO OFFICE 2 (B10)
OTHER 3 (B10)
IF OTHER, SPECIFY ___ **#HTSLFNS17** _____

B9. HEIGHT MEASUREMENT ___ ___ ___ . ___ ___ **cm** **HEIGHT17**

B10. WEIGHT MEASUREMENT METHOD: **SCALE17**

BALANCE BEAM 1
CLINIC DIGITAL 2
PORTABLE 3
If 1, 2 or 3, TECHNICIAN'S INITIALS: ___ ___ ___ **#INITSC17**
SELF-REPORT 4 (B10.1)
NOT DONE ..... -1 (B10.2)

B10.1 IF SELF-REPORT, CHOOSE ONE OF THE FOLLOWING **WTSELF17**
PARTICIPANT IN WHEELCHAIR/DISABLED 1
EQUIPMENT FAILURE 2
REFUSED TO BE WEIGHED 3
PARTICIPANT WEIGHT MORE THAN SCALE 4
VIRTUAL VISIT 6
OTHER 5
IF OTHER, SPECIFY ___ **#WTSELFS17** _____

B10.2. IF NOT DONE SPECIFY REASON: **WEIGHTN17**

REFUSED TO BE MEASURED 1 (B12)
UNWILLING/UNABLE TO COME INTO OFFICE 2 (B12)
OTHER 3 (B12)
IF OTHER, SPECIFY ____**#WEIGHNS17**_____

B11. WEIGHT MEASUREMENT ___ ___ ___ . ___ **kg** **WEIGHT17**

WAIST/HIP CIRCUMFERENCE

B12. MEASUREMENT METHOD **WAISTM17**

CERTIFIED TECHNICIAN 1
If 1, TECHNICIAN'S INITIALS: ___ ___ ___ **#INITSE17**
PARTICIPANT SELF-MEASUREMENT 2
NOT DONE ..... -1 (B12.1)

B12.1. IF NOT DONE SPECIFY REASON: **WAISTN17**

REFUSED TO BE MEASURED 1 (B15)
UNWILLING/UNABLE TO COME INTO OFFICE 2 (B15)
OTHER 3 (B15)
IF OTHER, SPECIFY ___**#WAISTNS17**_____

B13. WAIST CIRCUMFERENCE ___ ___ ___ . ___ **cm** **WAIST17**

B13.1. Measurement taken in: 1. Undergarments 2. Light clothing **WASTMEA17**

B14. HIP CIRCUMFERENCE ___ ___ ___ . ___ **cm** **HIP17**

B14.1. Measurement taken in: 1. Undergarments 2. Light clothing **HIPMEAS17**

NECK CIRCUMFERENCE

B15. MEASUREMENT METHOD **NECKM17**

CERTIFIED TECHNICIAN 1
If 1, TECHNICIAN'S INITIALS: ___ ___ ___ **#INITSD17**
PARTICIPANT SELF-MEASUREMENT 2
NOT DONE ..... -1 (B15.1)

B15.1. IF NOT DONE SPECIFY REASON: **NECKMN17**
REFUSED TO BE MEASURED 1 (B17)
UNWILLING/UNABLE TO COME INTO OFFICE 2 (B17)
OTHER 3 (B17)
IF OTHER, SPECIFY ___**#NECKMNS17**_____

B16. NECK CIRCUMFERENCE ___ ___ . ___ **cm** **NECK17**

B17. **Please note if there were any unusual circumstances or deviations from the protocol.**
#DEVIAT117_____

_____

 # = Variable excluded from public use datafile
˜ 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

Date Data Entered / Initials _____ Date Verified / Initials _____

COGNITIVE FUNCTION IN-PERSON FORM

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID˜**

A2. SWAN STUDY VISIT # 17 **VISIT**

A3. FORM VERSION: 06/03/2021 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **COGDAY17†**
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. WERE ANY OF THE COGNITIVE FUNCTION TESTS COMPLETED IN-PERSON? **#COGCOMP**
NO.....1
YES.....2 **(A8)**

A7.1. IF NO (i.e. IN-PERSON COGNITIVE TESTS NOT DONE), SPECIFY REASON: **#COGNOT**
COMPLETED COGNITIVE BY PHONE .....1 **(END)**
OTHER .....2 **(END)**
IF OTHER, SPECIFY **#COGNOTS**_____
REFUSED .....-7 **(END)**

A8. COMPLETED IN: **#LOCATIO17**
RESPONDENT'S HOME.....1
CLINIC / OFFICE 2

A9. INTERVIEW LANGUAGE: **LANGCOG17**
ENGLISH 1
SPANISH 2
CANTONESE.....3
JAPANESE 4

A10. START TIME ___ ___ : ___ ___ AM….1
#START17 #STRTMIL17 **#COGH17 #COGM17** PM….2 **#STRTAMP17**

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 after the first time)	**Intrusions (write in word)** (Write in word(s) not on the word recall list.)
DRUM			
CURTAIN			
BELL			
COFFEE			
SCHOOL			
PARENT			
MOON			
GARDEN			
HAT			
FARMER			
NOSE			
TURKEY			
COLOR			
HOUSE			
RIVER			
TOTALS			

1. Administration status: (CIRCLE ONE RESPONSE.) **REYSTA117**

   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, ____**#REYSPE117**_____
   10 = Administered but not according to protocol, Specify, ____**#REYADN117**_____

2. Total number of correct (unique) responses (range 0 – 15): _____ **REYCOR117**

3. Total number of repetitions: _____ **REYREP117**

4. Total number of intrusions: _____ **REYINT117**

C. ANIMAL NAMING TEST

"I want you to name as fast as you can, all the animals you can think of. You will have one minute."

Start timer as you say '*Begin*'. Write down responses below as legibly as you can. Stop the procedure at 60 seconds. You can prompt the participant once *("tell me all the animals you can think of"*) if she pauses for 15 seconds or expresses incapacity (e.g., 'I cannot think of any more'). It is also permissible to repeat the above prompt if the participant asks for it specifically before the 60 seconds countdown. Do not cue the participant about including more than just mammals; however, if she asks, you can say *"Yes, it is permitted."*

Tell me all the animals you can think of in one minute. Ready? Begin." **(Time for 60 seconds.)**

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.
33.	34.	35.	36.
37.	38.	39.	40.
41.	42.	43.	44.
45.	46.	47.	48.
49.	50.	51.	52.
53.	54.	55.	56.
57.	58.	59.	60.
61.	62.	63.	64.
65.	66.	67.	68.
69.	70.	71.	72.
73.	74.	75.	76.
77.	78.	79.	80.

SCORING: Defer scoring until after all the testing is done. Count number of legitimate animals named. Give credit for breeds and subspecies (e.g., terrier, spaniel as well as the generic dog), names of young (e.g., calf, kitten, puppy), male and female (e.g., cow and bull), birds, types of fish, insects. Do not give credit for mythical animals (e.g., dragon, unicorn), and repetitions of the same name.

1. Administration status: (CIRCLE ONE RESPONSE.) **ANIADM17**

   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, _____ **#ANINAD17** _____
   10 = Administered but not according to protocol, Specify, _____ **#ANIADNP17** _____

2. Total number of animals named: _____ **ANICORR17**

D. EAST BOSTON MEMORY TEST I

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

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

I. IMMEDIATE RECALL OF STORY

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

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

The story is:

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

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

RECORD RESPONSE VERBATIM

IMEDTHR17

IMEDCH117

IMEDHOU17

IMEDFIR17

IMEDFMN17

IMEDCLM17

IMEDCH217

IMEDRES17

IMEDMIN17

IMEDINJ17

IMEDEVR17

IMEDWEL17

TOTIDE117

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) _____ **SDMTSTA17**

   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 _#SDMTSPE17_____

   10 = Administered but not according to protocol

   Specify _#SDADNP17_____

2. Number of Test Administrations **SDMTADM17** _____
3. Number of Practice Items Correct (0-7) **SDMTPRA17** _____
4. Number of Test Items Attempted (0-110) **SDMTATM17** _____ _____ _____
5. Number of Test Items Correct (0-110) **SDMTCOR17** _____ _____ _____

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

Item		Response Code
1a.	Ready? 5 – 1	DIGIT1A17
1b.	Here is another: 3 – 8	DIGIT1B17
2a.	Here is another: 4 – 9 – 3.....	DIGIT2A17
2b.	Here is another: 5 – 2 – 6.....	DIGIT2B17
3a.	Here is another: 3 – 8 – 1 – 4.....	DIGIT3A17
3b.	Here is another: 1 – 7 – 9 – 5.....	DIGIT3B17
4a.	Here is another: 6 – 2 – 9 – 7 – 2.....	DIGIT4A17
4b.	Here is another: 4 – 8 – 5 – 2 – 7.....	DIGIT4B17
5a.	Here is another: 7 – 1 – 5 – 2 – 8 – 6.....	DIGIT5A17
5b.	Here is another: 8 – 3 – 1 – 9 – 6 – 4.....	DIGIT5B17
6a.	Here is another: 4 – 7 – 3 – 9 – 1 – 2 – 8.....	DIGIT6A17
6b.	Here is another: 8 – 1 – 2 – 9 – 3 – 6 – 3.....	DIGIT6B17

Specify #SPCDIG117

[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

DLAYTHR17

DLAYCH117

DLAYHOU17

DLAYFIR17

DLAYFMN17

DLAYCLM17

DLAYCH217

DLAYRES17

DLAYMIN17

DLAYINJ17

DLAYEVR17

DLAYWEL17

TOTIDE217

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		

H. CLOCK DRAWING TEST

Provide the participant with a Clock Drawing Test Page and a pencil. Give the following instructions:

"Draw a clock. Put in all the numbers, and set the time to 10 after 11."

Once the participant has finished, collect her clock drawing and score as follows:

SCORING:

Clock circle/face Integrity (0-2 points)

2 = present without gross distortion
1 = incomplete or some distortion (including size)
0 = absent or totally inappropriate

Numbers (0-4 points)

4 = numbers in correct order, arranged close to symmetrically
3 = all numbers present, but small errors in spatial arrangement (asymmetric or deviates inward)
2 = missing or extra numbers but no gross distortions
2 = numbers in counterclockwise direction
2 = all numbers present but gross distortion in spatial layout (i.e. hemineglect, numbers outside the clock)
1 = missing or extra numbers PLUS gross spatial distortions
0 = absence or poor representation of numbers

Hands (0-4 points)

4 = hands are in correct position and hour hand is smaller than minute hand
3 = slight error in hand placement of the hands or no size difference
2 = major errors in the placement of the hands
1 = only one hand or poor representation of 2 hands
0 = no hands or perseveration on hands

---

1. Administration status: (CIRCLE ONE RESPONSE.) **CLOCSTA17**

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, **#CLOSPEC17**_____
10 = Administered but not according to protocol, Specify, **#CLOADNP17**_____

2. Total score: _____ /10 **CLOCTOT17**

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

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

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

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

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

1. Administration status: (CIRCLE ONE RESPONSE.) **REYSTA217**

   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, ___**#REYSPE217**_____
   10 = Administered but not according to protocol, Specify, ___**#REYADN217**_____

2. Total number of correct (unique) responses (range 0 – 15): _____ **REYCOR217**

3. Total number of repetitions: _____ **REYREP217**

4. Total number of intrusions: _____ **REYINT217**

J. SIMPLE COPY TEST

Provide the participant with a Simple Copy Test page and a pencil. Give her the following instructions:

"Copy these 6 drawings as accurately as you can, in the space to the right of each."

The participant may erase her work after 1 or at most 2 pencil strokes and restart, but not if more of the drawing has been completed. Score the test as follows:

SCORING:

Triangle (0-4): 1 point each for
- Three sides present
- Lines straight
- Corners joined
- Equal lengths

Flower (0-3): 1 point each for
- Correct number of petals
- Center circle present (not a dot)
- Stem is on right with bend in correct direction

Cube (0-5): 1 point each for
- Twelve lines are present
- The cube is not a mirror image of original
- Three-dimensionality is preserved
- Lines are straight
- Corners are joined

Stairs (0-5): 1 point each for
- Correct number of stairs
- Bases (i.e., bottom stairs) are level
- Height and width of stairs equal
- Lines are straight
- Corners are joined

Block Arrow (0-4): 1 point each for
- End arrows of same size
- Center lines parallel, same length and in correct proportion to end arrows
- Lines are straight
- Corners are joined

Bike (0-5): 1 point each for
- Both wheels present
- Handlebar present
- Center triangle is present
- Pedals are present
- Chain present

---

1. Administration status: (CIRCLE ONE RESPONSE.) **COPYSTA17**

   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, ___**#COPSPEC17**_____
   10 = Administered but not according to protocol, Specify, ___**#COPADNP17**_____

2. Total score: _____ /26 **COPYTOT17**

K. TRAIL MAKING TEST PART A

Place **Sample A** in front of the participant, give her a pencil, and say: *"There are numbers in circles on the sheet. Please draw a line from one number to the next, in increasing order, starting from 1."*

Point to 1, say *'Start at 1, then go to 2'*, point to 2 and then to 3, as you say, '*then go to 3 and so on. Please try not to lift the pencil as you move from one number to the next. Work as quickly as you can. Begin here',* point to 1 and then to 8 as you say *'End here'*.

You can correct the participant once on the sample test. Say, '*you were at <this number>, what is the next one?'*.

If the participant is unable to complete Sample A, record as failed on TMT-A. If the participant completes Sample A, only then administer TMT-A. Place the **TMT-A worksheet** in front of the participant, have her hold her pencil ready to continue on the sheet and say: '*On this page there are more numbers in circles. Please draw a line from one circle to the next, in order. Start at 1 and end at 25'.* Point to 1 and 25. *'Please try to not lift the pencil as you move from once circle to the next. Work as quickly as you can. This will be timed. Begin'*

Start the timer as you give the instruction to begin. If the participant makes an error, **immediately** point to the previous correct number, and say *'Start here and continue*'. You can correct as many times as needed. Stop the timer when the participant reaches 25 correctly, or at 150 seconds (max time allowed, 2.5 minutes).

Trail Making Test Part A Scoring:

1. Administration status: (CIRCLE ONE RESPONSE.) **TRASTAT17**

   1 = Test administered
   2 = Not administered because participant failed sample
   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, ____**#TRASPEC17**_____
   10 = Administered but not according to protocol, Specify, ____**#TRAADNP17**_____

2. Total time to complete (max 150 seconds): _____ **TRATOT17**
3. Total number of corrections needed: _____ **TRACORR17**
4. Total number of correct lines (max 24): _____ **TRACORL17**

L. TRAIL MAKING TEST PART B

Place **Sample B** in front of the participant, give her a pencil, and say: *"There are numbers in white and black circles on the sheet. Please draw a line from one number to the next, in increasing order, alternating between white and black colors."*

Point to 1, say *'Start at 1 in the white circle, then go to 2 in the black circle, then go to 3 in the white circle, and then to 4 in the black circle, and so on'*, pointing to the correct circles at each step. *'Please try not to lift the pencil as you move from one number to the next. Work as quickly as you can. Begin here',* point to 1 and then to 8 in the black circle as you say *'End here'*.

You can correct the participant once on the sample test. Say, 'y*ou were at <this number> and <this color>, what is the next circle?'*.

If the participant is unable to complete Sample B, record as failed on TMT-B. If the participant completes Sample B, only then administer TMT-B. Place the **TMT-B worksheet** in front of the participant, have her hold her pencil ready to continue on the sheet and say: '*On this page there are more numbers in circles. Please draw a line from one circle to the next, in order, alternating between colors. Start at 1 and end at 25 in the white circle'.* Point to them. *'Please try not to lift the pencil as you move from one number to the next. Work as quickly as you can. This will be timed. Begin'*

Start the timer as you give the instruction to begin. If the participant makes an error, **immediately** point to the previous correct circle, and say *'Start here and continue*'. You can correct as many times as needed. Stop the timer when the participant reaches 25 correctly, or at 300 seconds (max time allowed, 5 minutes).

Trail Making Test Part B Scoring:

1. Administration status: (CIRCLE ONE RESPONSE.) **TRBSTAT17**

   1 = Test administered
   2 = Not administered because participant failed sample
   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, ___**#TRBSPEC17**_____
   10 = Administered but not according to protocol, Specify, ___**#TRBADNP17**_____

2. Total time to complete (max 300 seconds): _____ **TRBTOT17**
3. Total number of corrections needed: _____ **TRBCORR17**
4. Total number of correct lines (max 24): _____ **TRBCORL17**

M. INTERVIEWER OBSERVATIONS

M1. Were there any disruptions (e.g. interruptions, loud noises) during the cognition testing?

DISRUP17

NO.....1 (**M2**)
YES.....2

M1.1. If yes, list disruptions:

#DISRUP117

M2. Were there any potential impediments to best performance on cognition testing (e.g., participant forgot reading glasses, not wearing hearing aids, appeared drowsy/intoxicated, mentioned they were fatigued or had poor sleep last night, had a headache or other distracting pain)?

POTIMP17

NO.....1 (**M3**)
YES.....2

M2.1. If yes, list potential impediments:

#POTIMP117

M3. Did you suspect that the participant did not make (e.g., in bad mood, not focused on tasks) or was unable to make (based on M1, M2) the best effort on the cognition testing?

EFFORT17

NO.....1 (**M4**)
YES.....2

M3.1. If yes, elaborate:

#EFFORT117

M4. Do you have any other observations, comments or concerns about the cognition testing?

#OBSERV17

M5. Recommendation for each test based on M1-M4 above (Circle one response for each test):

	Good Effort and No Impediments; Use Test Score Confidently	Use Test Score with Caution	Do Not Use Test Score
a. Rey auditory verbal learning **REY17**	1	2	3
b. Animal Naming **ANINAM17**	1	2	3
c. East Boston Memory **EBOSMEM17**	1	2	3
d. Symbol Digit Modalities **SDMOD17**	1	2	3
e. Digits Backward **DIGBACK17**	1	2	3
f. Clock Drawing **CLOCKDR17**	1	2	3
g. Simple Copy **SIMPCOP17**	1	2	3
h. Trail Making Part A **TRMKPA17**	1	2	3
i. Trail Making Part B **TRMKPB17**	1	2	3

 # = Variable excluded from public use datafile
˜ 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

Date Data Entered / Initials _____ Date Verified / Initials _____

COGNITIVE FUNCTION TELEPHONE FORM

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID˜**

A2. SWAN STUDY VISIT # 17 **VISIT**

A3. FORM VERSION: 06/03/2021 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **COGDAY17†**
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. WERE ANY OF THE COGNITIVE FUNCTION TESTS COMPLETED BY PHONE? **#COGCOMP**

NO.....1
YES.....2 **(A8)**

A7.1. IF NO (i.e. COGNITIVE TESTS NOT DONE), SPECIFY REASON: **#COGNOT2**

COMPLETED COGNITIVE IN-PERSON .....1 **(END)**
OTHER .....2 **(END)**
IF OTHER, SPECIFY **#COGNOTS** _____
REFUSED ..... -7 **(END)**

A8. INTERVIEW LANGUAGE: **LANGCOG17**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

A9. START TIME ___ ___ : ___ ___ AM….1
#START17 **#STRTMIL17** **#COGH17** **#COGM17** PM….2 **#STRTAMP17**

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 after the first time)	**Intrusions (write in word)** (Write in word(s) not on the word recall list.)
DRUM			
CURTAIN			
BELL			
COFFEE			
SCHOOL			
PARENT			
MOON			
GARDEN			
HAT			
FARMER			
NOSE			
TURKEY			
COLOR			
HOUSE			
RIVER			
TOTALS			

1. Administration status: (CIRCLE ONE RESPONSE.) **REYSTA117**

   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, ____**#REYSPE117**_____
   10 = Administered but not according to protocol, Specify, ____**#REYADN117**_____

2. Total number of correct (unique) responses (range 0 – 15): _____ **REYCOR117**

3. Total number of repetitions: _____ **REYREP117**

4. Total number of intrusions: _____ **REYINT117**

C. ANIMAL NAMING TEST

"I want you to name as fast as you can, all the animals you can think of. You will have one minute."

Start timer as you say '*Begin*'. Write down responses below as legibly as you can. Stop the procedure at 60 seconds. You can prompt the participant once *("tell me all the animals you can think of"*) if she pauses for 15 seconds or expresses incapacity (e.g., 'i cannot think of any more'). It is also permissible to repeat the above prompt if the participant asks for it specifically before the 60 seconds countdown. Do not cue the participant about including more than just mammals; however, if she asks, you can say *"Yes, it is permitted."*

Tell me all the animals you can think of in one minute. Ready? Begin." **(Time for 60 seconds.)**

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.
33.	34.	35.	36.
37.	38.	39.	40.
41.	42.	43.	44.
45.	46.	47.	48.
49.	50.	51.	52.
53.	54.	55.	56.
57.	58.	59.	60.
61.	62.	63.	64.
65.	66.	67.	68.
69.	70.	71.	72.
73.	74.	75.	76.
77.	78.	79.	80.

SCORING: Defer scoring until after all the testing is done. Count number of legitimate animals named. Give credit for breeds and subspecies (e.g., terrier, spaniel as well as the generic dog), names of young (e.g., calf, kitten, puppy), male and female (e.g., cow and bull), birds, types of fish, insects. Do not give credit for mythical animals (e.g., dragon, unicorn), and repetitions of the same name.

1. Administration status: (CIRCLE ONE RESPONSE.) **ANIADM17**

   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, ____ **#ANINAD17** _____
   10 = Administered but not according to protocol, Specify, ____ **#ANIADNP17** _____

2. Total number of animals named: _____ **ANICORR17**

D. EAST BOSTON MEMORY TEST I

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

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

I. IMMEDIATE RECALL OF STORY

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

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

The story is:

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

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

RECORD RESPONSE VERBATIM

IMEDTHR17

IMEDCH117

IMEDHOU17

IMEDFIR17

IMEDFMN17

IMEDCLM17

IMEDCH217

IMEDRES17

IMEDMIN17

IMEDINJ17

IMEDEVR17

IMEDWEL17

TOTIDE117

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. 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.) **BACKSTA17**

   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: ____ **BACKFIN17**

3. Record number of errors: ____ **BACKERR17**

4. Total number of digits produced [calculated as: 100 – (number reached **+** number errors)]: **BACKTOT17**

Specify **#BACKSP117** _____

_____

_____

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

Item		Response Code
1a.	Ready? 5 – 1	DIGIT1A17
1b.	Here is another: 3 – 8	DIGIT1B17
2a.	Here is another: 4 – 9 – 3.....	DIGIT2A17
2b.	Here is another: 5 – 2 – 6.....	DIGIT2B17
3a.	Here is another: 3 – 8 – 1 – 4.....	DIGIT3A17
3b.	Here is another: 1 – 7 – 9 – 5.....	DIGIT3B17
4a.	Here is another: 6 – 2 – 9 – 7 – 2.....	DIGIT4A17
4b.	Here is another: 4 – 8 – 5 – 2 – 7.....	DIGIT4B17
5a.	Here is another: 7 – 1 – 5 – 2 – 8 – 6.....	DIGIT5A17
5b.	Here is another: 8 – 3 – 1 – 9 – 6 – 4.....	DIGIT5B17
6a.	Here is another: 4 – 7 – 3 – 9 – 1 – 2 – 8.....	DIGIT6A17
6b.	Here is another: 8 – 1 – 2 – 9 – 3 – 6 – 3.....	DIGIT6B17

Specify ___#SPCDIG117_____

[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

DLAYTHR17

DLAYCH117

DLAYHOU17

DLAYFIR17

DLAYFMN17

DLAYCLM17

DLAYCH217

DLAYRES17

DLAYMIN17

DLAYINJ17

DLAYEVR17

DLAYWEL17

TOTIDE217

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		

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

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

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

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

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

1. Administration status: (CIRCLE ONE RESPONSE.) **REYSTA217**

   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, ___**#REYSPE217**_____
   10 = Administered but not according to protocol, Specify,___**#REYADN217**_____

2. Total number of correct (unique) responses (range 0 – 15): _____ **REYCOR217**

3. Total number of repetitions: _____ **REYREP217**

4. Total number of intrusions: _____ **REYINT217**

I. INTERVIEWER OBSERVATIONS

I1. Were there any disruptions (e.g. interruptions, loud noises) during the cognition testing? **DISRUP17**

NO.....1 (**I2**)
YES.....2

I1.1. If yes, list disruptions:
#DISRUP117

I2. Were there any potential impediments to best performance on cognition testing (e.g., participant not wearing hearing aids, appeared drowsy/intoxicated, mentioned they were fatigued or had poor sleep last night, had a headache or other distracting pain)? **POTIMP17**

NO.....1 (**I3**)
YES.....2

I2.1. If yes, list potential impediments:
#POTIMP117

I3. Did you suspect that the participant did not make (e.g., in bad mood, not focused on tasks) or was unable to make (based on I1 and I2) the best effort on the cognition testing? **EFFORT17**

NO.....1 (**I4**)
YES.....2

I3.1. If yes, elaborate:
#EFFORT117

I4. Do you have any other observations, comments or concerns about the cognition testing?
#OBSERV17

I5. Recommendation for each test based on I1-I4 above (Circle one response for each test):

	Good Effort and No Impediments; Use Test Score Confidently	Use Test Score with Caution	Do Not Use Test Score
a. Rey auditory verbal learning **REY17**	1	2	3
b. Animal Naming **ANINAM17**	1	2	3
c. East Boston Memory **EBOSMEM17**	1	2	3
d. Backward Counting **BWCOUNT17**	1	2	3
e. Digits Backward **DIGBACK17**	1	2	3

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˜ 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

Date Data Entered / Initials _____ Date Verified / Initials _____

BIOIMPEDANCE

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID˜**

A2. SWAN STUDY VISIT # 17 **VISIT**

A3. FORM VERSION: 11/06/2020 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **BIODAY17†**
M M D D Y Y Y Y

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

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

VERIFY WITH RESPONDENT

A7. WAS BIOIMPEDANCE MEASUREMENT COMPLETED? **#COMPBIA17**

NO 1
YES ..... 2 **(A8)**

A7.1. IF NO (i.e. BIOIMPEDANCE NOT DONE), SPECIFY REASON: **#BIONOT17**

UNWILLING/UNABLE TO COME TO OFFICE ..... 1 **(END)**
OTHER ..... 3 **(END)**
IF OTHER, SPECIFY **#BIONOTS17** _____
INELIGIBLE (B1 = YES or DON'T KNOW) ..... 4 **(END)**
REFUSED ..... -7 **(END)**

A8. INTERVIEW COMPLETED IN: **#LOCATIO17**

RESPONDENT'S HOME 1
CLINIC/OFFICE 2

A9. INTERVIEW LANGUAGE: **LANGBIO17**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

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)? **AICDPUM17**

NO.....1
YES.....2 **(A7)**
DON'T KNOW..... -8 **(A7)**

IF YES OR DON'T KNOW, **STOP**. SUBJECT INELIGIBLE FOR BIOIMPEDANCE. CODE Q.A7 AS "NO=1" AND Q.A7.1 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.? **EXER12H17**

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.? **EAT5HR17**

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

B4. Have you had more than 2 alcohol drinks in the last 24 hours? **ALCO24H17**
That is, since __ __ : __ __ a.m. / p.m.?

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? **EMBDDEV17**

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.

B6. DID PARTICIPANT WEAR ANY METAL JEWELRY DURING MEASUREMENT? **METJEWL17**

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

B6.1. IF YES, WERE THERE ANY RINGS, BRACELETS, WATCHES OR ANKLE JEWELRY ON THE MEASURED SIDE? **ONMEASS17**

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? **SIDE17**

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: **CONDUCT17 / CONDRAW17 / CONDFRZ17**

(+ OR -) _____ _____ _____ OHMS

B9. RECORD THE REACTANCE / IMPEDANCE VALUE THAT APPEARS ON THE IMPEDANCE METER: **REACT17 / IMPERAW17 / IMPEFRZ17**

(+ OR -) _____ _____ _____ OHMS

B10. WAS THE MEASUREMENT RE-RUN? **BIORRUN17**

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

B11. COMMENTS: **#OPERCO117** _____

_____

REMOVE AND DISPOSE OF THE ELECTRODES, BE SURE NOT TO INJURE THE SUBJECT'S SKIN. IF YOU HAVEN'T ALREADY DONE SO, COMPLETE QUESTION A7 = "YES (2)."

Thank you for your participation in this study.

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

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

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

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

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Date Data Entered / Initials _____ Date Verified / Initials _____

PHYSICAL FUNCTIONING ASSESSMENT 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 # 17 **VISIT**

A3. FORM VERSION: 08/27/2021 **#FORM_V**

A4. DATE FORM COMPLETED: ____ ____ / ____ ____ / ____ ____ ____ ____ **FUNCDAY17†**
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. WHAT PHYSICAL FUNCTION MEASURES WERE COMPLETED? **PHYFCOM17**

NO PHYSICAL FUNCTION MEASURES COMPLETED .....1 **(A7.1)**
ALL PHYSICAL FUNCTION MEASURES COMPLETED .....2 **(A8)**
SOME OR PARTIAL PHYSICAL FUNCTION MEASURES COMPLETED .....3 **(A8)**

A7.1. IF NO (i.e. NO PHYSICAL FUNCTION MEASURES COMPLETED), SPECIFY REASON: **#NOPHYF**

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

A8. MEASUREMENTS ATTEMPTED/COMPLETED IN: **#LOCATIO17**

RESPONDENT'S HOME 1
CLINIC/OFFICE 2

GRIP STRENGTH ASSESSMENT

B1. Identify the Dynamometer size setting: (CIRCLE ONE RESPONSE.)
1 = I (Small hands) **DYNAMSE17**
2 = III (Non-small hands)

B2. Dominant hand? (hand used to write with) (CIRCLE ONE RESPONSE.)
1 = RIGHT HAND **DOMHAND17**
2 = LEFT HAND

B3. Was right hand grip strength attempted? (CIRCLE ONE RESPONSE.) **RTGRIP17**
1 = NO → **B3a**. Why not attempted? **NORGRIP17** →
1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY __#NORGRPS17__
-7 = REFUSED

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

#1 __ __ kgs **RTGRIP117**

#2 __ __ kgs **RTGRIP217**

#3 __ __ kgs **RTGRIP317**

B4a. **If any assessments were not completed on RIGHT hand, why unable to complete the task?** (CIRCLE ONE RESPONSE.) **NORHAND17**
1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY __#NORHNDS17_____
-7 = REFUSED

B5. Was left hand grip strength attempted? (CIRCLE ONE RESPONSE.) **LTGRIP17**
1 = NO → **B5a**. Why not attempted? **NOLGRIP17** →
1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY __#NOLGRPS17__
-7 = REFUSED

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

#1 __ __ kgs **LTGRIP117**

#2 __ __ kgs **LTGRIP217**

#3 __ __ kgs **LTGRIP317**

B6a. **If any assessments were not completed on LEFT hand, why unable to complete the task?** (CIRCLE ONE RESPONSE.) **NOLHAND17**
1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY __#NOLHNDS17_____
-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.]

SBSSTND17

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 **SBSSDSE17**

-1 = Not attempted

SBSSD1017

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 __#SBSS10S17_____
-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.]

SEMTSTD17

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

1 = Held for less than 10 seconds: →
Number of seconds held __ __ . __ __ **sec**
2 = Held for 10 seconds **SEMTSEC17**
-1 = Not attempted →

SEMTS1017
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 **#SEMT10S17**
-7 = REFUSED

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

TANDSD17
1 = Held for less than 10 seconds: →
Number of seconds held __ __ . __ __ **sec**
2 = Held for 10 seconds **TANDSE17**
-1 = Not attempted →

TAND1017
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 **#TAND10S17**
-7 = REFUSED

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

1 = Linoleum surface **STDSUR17**
2 = Wood surface
3 = Commercial low-level nap carpet
4 = Concrete or cement surface
5 = Other type surface, Specify __#STDSURS17_____

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

1 = Regular socks **STDCOV17**
2 = Non-skid socks
3 = Bare feet
4 = Flat walking/running shoes
5 = Other foot covering, Specify __#STDCOVS17_____

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.) **WLK4M117**

1 = Completed without assistance
2 = Completed with assistance
Specify __#WLK4M1S17_____
3 = Not completed
4 = Not attempted

D1a. WALK TIME

WKSE4M117
#1 __ __ __ . __ __ sec

→ **(GO TO D2, PAGE 6)**

D1b. Why not completed/attempted? NO4MW117

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 __#NO4MW1S17_____
-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.) **WLK4M217**

1 = Completed without assistance
2 = Completed with assistance
Specify __#WLK4M2S17_____

3 = Not completed
4 = Not attempted

D2a. WALK TIME

WKSE4M217
#2 __ __ __ . __ __ sec

→ **(GO TO D3)**

D2b. Why not completed/attempted? NO4MW217

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 __#NO4MW2S17_____
-7 = REFUSED

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

1 = Linoleum surface **WSUR4M17**
2 = Wood surface
3 = Commercial low-level nap carpet
4 = Concrete or cement surface
5 = Other type surface, Specify __#WSUR4MS17_____

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

1 = Regular socks **W4MCOV17**
2 = Non-skid socks
3 = Bare feet
4 = Flat walking/running shoes
5 = Other foot covering, Specify __#W4MCOVS17_____

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. 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: SCSTD17
(CIRCLE ONE RESPONSE.)

1 = Participant stood without using arms → **(IF E1 =1, GO TO E2, PAGE 8)**

2 = Participant used arms to stand → **(IF E1 =2, GO TO E3, PAGE 8)**

3 = Not completed

4 = Not attempted

E1a. Single chair stand time in seconds:

SCSTDSE17

__ __ __ . __ __ **sec**

E1b. Why not completed/attempted? NOSCSTD17

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 __#NOSCSDS17_____
-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.) **RCSTD17**

1 = Five stands done successfully → **E2a. REPEATED CHAIR STAND TIME:** ___ ___ ___ . ___ ___ **sec** **RCSTDSE17** → **(GO TO E3)**

2 = Not completed
3 = Not attempted

→ **E2b. Why not completed/attempted? NORCSTD17**

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 __#NORCSDS17_____
-7 = REFUSED

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

1 = Linoleum surface **CHRSUR17**
2 = Wood surface
3 = Commercial low-level nap carpet
4 = Concrete or cement surface
5 = Other type surface, Specify __#CHRSURS17_____

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

1 = Regular socks **CHRCOV17**
2 = Non-skid socks
3 = Bare feet
4 = Flat walking/running shoes
5 = Other foot covering, Specify __#CHRCOVS17_____

(TIMED 40 FOOT WALK ASSESSMENT fields taken out from last version)

IF NON-PARTICIPATING SITE (12), SKIP F1 – F6 AND GO TO G1.

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.

F1. Was the timed stair climb assessment attempted? 1 = NO → **F1a.** Why not attempted?

2 = YES
STRCLM17

NOSTR17

1 = PHYSICALLY UNABLE
2 = OTHER, SPECIFY **#NOSTRS17**
-7 = REFUSED
(GO TO G1)

STAIR CLIMB SPLIT TIMES For F2a and F2c, record the split time (in seconds) for each ascent and descent if the cycle was completed. For F2b and F2d, 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.

F2. CYCLE COMPLETED?	ASCENT		DESCENT	
	F2a. TIME	F2b. HANDRAIL?	F2c. TIME	F2d. HANDRAIL?
1ST **CYCLE117** 1 = NO **(F4)** 2 = YES	**ASCEN117** ___ ___ . ___ ___ (seconds)	**ASCRL117** 1 = NO 2 = YES	**DESCEN117** ___ ___ . ___ ___ (seconds)	**DESRL117** 1 = NO 2 = YES
2ND **CYCLE217** 1 = NO **(F4)** 2 = YES	**ASCEN217** ___ ___ . ___ ___ (seconds)	**ASCRL217** 1 = NO 2 = YES	**DESCEN217** ___ ___ . ___ ___ (seconds)	**DESRL217** 1 = NO 2 = YES
3RD **CYCLE317** 1 = NO **(F4)** 2 = YES	**ASCEN317** ___ ___ . ___ ___ (seconds)	**ASCRL317** 1 = NO 2 = YES	**DESCEN317** ___ ___ . ___ ___ (seconds)	**DESRL317** 1 = NO 2 = YES

F3. CUMULATIVE STAIR CLIMB TIME (Record time if all 3 cycles are completed.)

___ ___ . ___ ___ (seconds) **(GO TO F5)** **TOTSTR17**

F4. WHY WAS PARTICIPANT UNABLE TO COMPLETE ALL 3 CYCLES?

1 = TRIED BUT UNABLE **NO3CYC17**
2 = INTERVIEWER FELT UNSAFE
3 = PARTICIPANT FELT UNSAFE
4 = PARTICIPANT TOO FATIGUED TO COMPLETE
5 = UNABLE TO UNDERSTAND INSTRUCTIONS
6 = OTHER, SPECIFY **#NO3CYCS17** _____
-7 = REFUSED

F5. 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.

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 **EXRTION17**
No Exertion **Maximal Exertion**

F6. ASK PARTICIPANT: *"During the stair climb task, did you experience any of the following difficulties that were <u>not present</u> before beginning the task?"*

	NO	YES
a. Pain **STRPAIN17**	1	2
b. Shortness of breath **STRSHRT17**	1	2
c. Dizziness **STRDIZY17**	1	2

PHYSICAL FUNCTION COMMENTS:

G1. Comments **#COMMEN117** _____

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˜ 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

Date Data Entered / Initials _____ Date Verified / Initials _____

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 # 17 **VISIT**

A3. FORM VERSION: 11/19/2020 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **EDAYDAY17†**
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. WAS EVERYDAY ACTIVITIES COMPLETED? **#EDAYCOMP**

NO 1
YES ..... 2 **(A8)**

A7.1. IF NO (i.e., EVERYDAY ACTIVITIES NOT DONE), SPECIFY REASON: **#EDAYNO**

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

A8. FORM COMPLETED IN: **#LOCATIO17**

RESPONDENT'S HOME 1
CLINIC/OFFICE 2

A9. MODE OF ADMINISTRATION: **ADMEDAY17**

IN PERSON INTERVIEW 1
PHONE INTERVIEW 2
VIDEO INTERVIEW 3
SELF-COMPLETED W/O INTERVIEWER ASSISTANCE 4

A10. RESPONDENT: **PTPXEDAY17**

PARTICIPANT 1
PROXY 2

A11. INTERVIEW LANGUAGE: **LANGEDAY17**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

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. **REMOBJ17**	1	2	3	4	-8
b.	Remembering the current date or day of the week. **REMDAY17**	1	2	3	4	-8
c.	Communicating thoughts in a conversation. **COMMUN17**	1	2	3	4	-8
d.	Understanding spoken directions or instructions. **UNDSPKN17**	1	2	3	4	-8
e.	Reading a map and helping with directions when someone else is driving. **READMAP17**	1	2	3	4	-8
f.	Finding my way around a house visited many times. **FINDWAY17**	1	2	3	4	-8
g.	The ability to anticipate weather changes and plan accordingly (i.e. bring a coat or umbrella). **PLNWEAT17**	1	2	3	4	-8
h.	Thinking ahead. **THNKAHD17**	1	2	3	4	-8
i.	Keeping living and work space organized. **KEEPORG17**	1	2	3	4	-8
j.	Balancing the checkbook without error. **CHECKBK17**	1	2	3	4	-8
k.	The ability to do two things at once. **DO2THNG17**	1	2	3	4	-8
l.	Cooking or working and talking at the same time. **COOKWRK17**	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 long periods such as 30 minutes? **STND30M17**	1	2	3	4	5
C2.	Standing up from sitting down? **STNDUP17**	1	2	3	4	5
C3.	Moving around inside your home? **MOVHOM17**	1	2	3	4	5
C4.	Getting out of your home? **GETOUT17**	1	2	3	4	5
C5.	Walking a long distance such as a kilometer [or equivalent]? (a kilometer is approximately ½ mile) **WALK1K17**	1	2	3	4	5
Self-care						
C6.	Washing your whole body? **WASHBOD17**	1	2	3	4	5
C7.	Getting dressed? **GETDRES17**	1	2	3	4	5
C8.	Eating? **EATING17**	1	2	3	4	5
C9.	Staying by yourself for a few days? **STAYSLF17**	1	2	3	4	5
Getting along with people						
C10.	Dealing with people you do not know? **DEALPEO17**	1	2	3	4	5
C11.	Maintaining a friendship? **FRIENDS17**	1	2	3	4	5
C12.	Getting along with people who are close to you? **GETCLOS17**	1	2	3	4	5
C13.	Making new friends? **MAKENEW17**	1	2	3	4	5
C14.	Sexual activities? **SEXACTV17**	1	2	3	4	5
Life activities						
C15.	Taking care of your household responsibilities? **HSRESP17**	1	2	3	4	5
C16.	Doing most important household tasks well? **HSTASK17**	1	2	3	4	5
C17.	Getting all the household work done that you needed to do? **HSWDONE17**	1	2	3	4	5
C18.	Getting your household work done as quickly as needed? **HSWQUIK17**	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.	Concentrating on doing something for ten minutes? **CONC10M17**	1	2	3	4	5
C20.	Remembering to do important things? **REMIMP17**	1	2	3	4	5
C21.	Analyzing and finding solutions to problems in day-to-day life? **SOLUTIO17**	1	2	3	4	5
C22.	Learning a new task, for example, learning how to get to a new place? **LEARNEW17**	1	2	3	4	5
C23.	Generally understanding what people say? **UNDRSTD17**	1	2	3	4	5
C24.	Starting and maintaining a conversation? **STRTCON17**	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 work/school? **WRKSCHL17**	1	2	3	4	5
C26.	Doing your most important work/school tasks well? **WRKWELL17**	1	2	3	4	5
C27.	Getting all of the work done that you need to do? **ALWDONE17**	1	2	3	4	5
C28.	Getting your work done as quickly as needed? **WRKQUIK17**	1	2	3	4	5
Participation in society						
C29.	How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? **JOINCOM17**	1	2	3	4	5
C30.	How much of a problem did you have because of barriers or hindrances in the world around you? **BARRIER17**	1	2	3	4	5
C31.	How much of a problem did you have living with dignity because of the attitudes and actions of others? **DIGNITY17**	1	2	3	4	5
C32.	How much time did you spend on your health condition, or its consequences? **TIMEHLT17**	1	2	3	4	5
C33.	How much have you been emotionally affected by your health condition? **EMOHLT17**	1	2	3	4	5

In the past 30 days how much difficulty 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 drain on the financial resources of you or your family? **FINHLT17**	1	2	3	4	5
C35.	How much of a problem did your family have because of your health problem? **FAMHLT17**	1	2	3	4	5
C36.	How much of a problem did you have in doing things by yourself for relaxation or pleasure? **RELXSLF17**	1	2	3	4	5

C37. Overall in the past 30 days, how many days were these difficulties present? **DPRESEN17** **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? **DUNABLE17** **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? **DCUTBAC17** **Record number of days** ___ ___

EVERYDAY ACTIVITIES COMMENTS:

D1. Comments **#COMMEN117** _____

_____

Thank you for your time. This ends this questionnaire.

Please return it to the study personnel.

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MONOFILAMENT TESTING DATA COLLECTION FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

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

A2. SWAN STUDY VISIT # 17 **VISIT**

A3. FORM VERSION: 11/06/2020 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **MONODAY17†**
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. WERE ANY SUCCESSFUL MONOFILAMENT TESTING ATTEMPTS MADE WITH THIS PARTICIPANT? **#MONOATTP**

NO.....1
YES.....2 **(A8)**

A7.1. IF NO (i.e. MONOFILAMENT TESTING ATTEMPTS), SPECIFY REASON: **#NOMONO**

UNWILLING/UNABLE TO COME TO OFFICE.....1 **(END)**
CONTRAINDICATIONS TO PROTOCOL ON BOTH FEET.....3 **(B9 = 1)**
PARTICIPANT UNABLE TO COMPLY WITH PROTOCOL.....4 **(END)**
OTHER.....5 **(END)**
IF OTHER, SPECIFY **#NOMONOSP** _____
REFUSED.....-7 **(END)**

A8. COMPLETED IN: **#LOCATIO17**

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

A9. WHAT WAS THE POSITIONING OF THE PARTICIPANT DURING TESTING? **PPTPOS17**

LAYING SUPINE.....1
SEATED POSITION.....2

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? **RT10GM17**

NO	1	
YES	2	**(B2)**

B1a. Why was the **RIGHT** foot not tested? **NORT10GM17**

Ulcer or open sore on foot	1	**(B5)**
Foot amputated	2	**(B5)**
Recent trauma or surgery on foot	3	**(B5)**
Other, specify **#NOR10GMS17** _____	4	**(B5)**

B2. Record the total number of correct responses for the **RIGHT** foot: _____ **R10GCOR17**

4 ATTEMPTS SHOULD BE MADE PER MONOFILAMENT PER FOOT.

B3. Record the total number of attempts for the **RIGHT** foot: _____ **ATRT10GM17**

B4. Did the participant indicate feeling the 10 g monofilament when it was actually NOT touched to her **RIGHT** toe? **FEEL10RT17**

NO	1
YES	2

B5. Was the **LEFT** foot tested with the 10 gram monofilament? **LT10GM17**

NO	1	
YES	2	**(B6)**

B5a. Why was the **LEFT** foot not tested? **NOLT10GM17**

Ulcer or open sore on foot	1	**(B9)**
Foot amputated	2	**(B9)**
Recent trauma or surgery on foot	3	**(B9)**
Other, specify **#NOL10GMS17** _____	4	**(B9)**

B6. Record the total number of correct responses for the **LEFT** foot: _____ **L10GCOR17**

4 ATTEMPTS SHOULD BE MADE PER MONOFILAMENT PER FOOT.

B7. Record the total number of attempts for the **LEFT** foot: _____ **ATLT10GM17**

B8. Did the participant indicate feeling the 10 g monofilament when it was actually NOT touched to her **LEFT** toe? **FEEL10LT17**

NO	1
YES	2

B9. The participant was able to feel at least 3 of 4 touches with the 10 g monofilament on: **FEEL3OF417**

NO ATTEMPTS, CONTRAINDICATION ON BOTH FEET……	1	**CIRCLE 3 for A7.1**
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? **AGRE14G17**

NO …… 1	**(C1a)**
YES ……2	**(C2)**

C1a. Why was the 1.4-g monofilament protocol not completed? **NO14GM17**

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

SPECIFY **#NO14GMS17**_____

C2. Record the total number of correct responses for the **RIGHT** foot: _____ **R14GCOR17**

4 ATTEMPTS SHOULD BE MADE PER MONOFILAMENT PER FOOT.

C3. Record the total number of attempts for the **RIGHT** foot: _____ **ATRT14GM17**

C4. Did the participant indicate feeling the 1.4 g monofilament when it was actually NOT touched to her **RIGHT** toe? **FEEL14RT17**

NO ……..……...	1
YES ……..…….	2

C5. Record the total number of correct responses for the **LEFT** foot: _____ **L14GCOR17**

4 ATTEMPTS SHOULD BE MADE PER MONOFILAMENT PER FOOT.

C6. Record the total number of attempts for the **LEFT** foot: _____ **ATLT14GM17**

C7. Did the participant indicate feeling the 1.4 g monofilament when it was actually NOT touched to her **LEFT** toe? **FEEL14LT17**

NO ……..……...	1
YES ……..….	2

SECTION D: MONOFILAMENT TESTING COMMENTS:

D1. COMMENTS: **#COMMENT17**_____

_____

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Date Data Entered / Initials _____ Date Verified / Initials _____

BLOOD CONTACT

INTERVIEWER-ADMINISTERED ANNUAL FOLLOW-UP FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID˜**

A2. SWAN STUDY VISIT # 17 **VISIT**

A3. FORM VERSION: 10/13/2021 **#FRMVRECN**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **SPEDAY17†**
M M D D Y Y Y Y

A5. INTERVIEWER'S INITIALS: ___ ___ ___ **#INITS17**

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

VERIFY WITH RESPONDENT

A7. WAS BLOOD DRAWN? **BLDDRAW17**

NO.....1
YES.....2 **(A8)**

A7.1. IF NO (i.e. BLOOD NOT DRAWN), SPECIFY REASON: **#BLDNOT**

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

A8. INTERVIEW COMPLETED IN: **#LOCATN17**

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

A9. RESPONDENT: **PTPXSPE17**

PARTICIPANT.....1
PROXY.....2

A10. INTERVIEW LANGUAGE: **LANGSPE17**

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

THE FOLLOWING ONLY APPLY IF BLOOD WAS DRAWN.

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

A11. Have you had anything to eat or drink, other than water, **in the last 8 hours**? That is, since __ __ : __ __ last night? **EATDRIN17**

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

A12. BLOOD DRAW CATEGORY: **#BLDRWAT17**

BLOOD DRAWN, PER PROTOCOL.....1
BLOOD DRAWN, LAST ATTEMPT.....3

A13. DID THE PARTICIPANT AGREE TO PARTICIPATE IN THE COVID-19 ANTIBODY TESTING? **#COVTEST17**

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

FOLLOW BLOOD DRAW PROTOCOL
RECORD COLLECTION TUBES FILLED ON SPECIMEN COLLECTION FORM
IF NOT ALREADY DONE, COMPLETE QUESTION A7 = "YES (2)"

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

A14. Have you had any alcohol **in the last 24 hours**? **ALCHL2417**

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

A15. Have you been sick **in the last 3 days** with a cold, flu or other short term illness? **#ILL3DY17**

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

A15.1. If **YES**, what type of illness? [Please allow the participant to provide the answer in her own words. Circle a matching response. If the reported illness is not on the list, circle other and specify.] **#TYPILL17**

COLD.....1
FLU.....2
STREP THROAT.....3
PNEUMONIA.....4
EAR INFECTION.....5
STOMACH VIRUS.....6
OTHER, SPECIFY **#TYPILLS17**_____.....7

COMPLETE OR UPDATE "RX/OTC/VITAMIN/SUPPLEMENT MEDICATION FORM" NOW.