



FOLLOW-UP VISIT 12

CODEBOOK

ARCHIVED DATASET 2018

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DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 12 DATASET

1. Who is included in the public use dataset:

The dataset contains follow-up visit 12 information for the 3,302 women from the 7 clinical sites participating in the SWAN longitudinal study. The sites include Boston, MA, Pittsburgh, PA, Oakland and Los Angeles, CA, Detroit, MI, Newark, NJ, and Chicago, IL.

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 12. A list of additional variables is also provided. The questionnaires include the variables available for public use next to the question in bold red uppercase underlined letters. Those variables not available for public use have a # before the variable and are in blue. Any special notes are indicated with footnotes at the bottom of the page.

The assigned participant ID has been replaced with a randomly generated ARCHID in order to protect participant privacy. The *baseline* interview date is denoted as day 0 and is used as the basis for all other dates. All other questionnaires or data collected that have a date attached have been converted to the number of days from the baseline interview. For example, if the Visit 12 Self-Administered Questionnaire Part A was collected 12 years after the baseline interview, the day for the Self-Administered Part A would be day 3,650 and the Baseline Interview would be day 0.

All variables for visit 12 have a 12 at the end of the variable name.

3. Missing data coding:

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

4. Ways this data can be used and additional notes

Interview Questionnaire

- In general, most 'Other, specify' text fields are not included in the dataset.
- Age (AGE12) was calculated from date of birth to when the interview form was completed, and is rounded to the next lowest integer. If the interview date is not available and the Self-Administered Part A date is available, that date was used to compute AGE12.
- CES-D scores can be created from the questions in E.5.
- Several forms of the interview could be administered, depending on the amount of time available with the participant. This visit also implemented the final menstrual period form, which contains some of the same variables as are found in the interview. The flag FORMINT12 was set to indicate which version of the interview was administered:
 - a) FUI indicates participants that completed the full interview.
 - b) AINT (Abbreviated FU interview) completed an abbreviated interview in combination with either an abbreviated or full Self-Administered Part A form.
 - c) FMP (Final Menstrual Period Form) could be filled in at the clinic or home.

Self-Administered Questionnaire Part A

- The participant could fill in a full Self-Administered Questionnaire, Part A, a phone interview, or an abbreviated version as described above (AINT or AFUI). The flag FORMSAA12 delineates those who did the full questionnaire (SAA) from the participants who did the abbreviated questionnaire (AIN), the phone interview (PAT) or the abbreviated plus follow-up interview (AFU).
- The income question (F.1) was omitted due to small cell sizes.
- Flag Data Source/Form (DATAFLG12) is a flag variable to indicate whether the record is from the Self-Administered Questionnaire Part A (SAA), the Abbreviated Follow-up Interview (AIN), or the Self A Amended Telephone Interview (PAT). Data collected varies by form (see Additional Notes below).
- Out of Visit Collection Window Flag (OUTOF12) is a flag variable for cases where the questionnaire was completed after the study-wide Visit 12 cut-off date of 07/15/2011 (OUTOF12 = 1) or was completed before Visit 12 officially began on 11/19/2009 (OUTOF12 = -1).

- Pain Index values: Eight variables for body site-specific Pain Index (PI) values can be created using the method described by McCarthy et. al. in the Einstein aging study (2009). The Self-Administered Questionnaire Part A included questions on the frequency and severity of pain experienced over the past 3 months by the following body site categories: head, face, neck, back, arm, leg, knee, chest, abdomen/pelvis, hip, and other. (Citation for pain scoring method: McCarthy, Lucas H., et al. "Chronic pain and obesity in elderly people: results from the Einstein aging study." *Journal of the American Geriatrics Society* 57.1 (2009): 115-119.)
- Positive and Negative Affect Scale (PANAS): Positive and Negative Affect Schedule (PANAS) Scores can be derived from questions G.1.a through G.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 G.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.

Self-Administered Questionnaire Part B

- There are inconsistencies with the answering of this questionnaire, but due to the nature of the form, the interviewers did not contact the participant to clarify the information.
- The flag variable FLGSABV12 indicates completion dates that were outside of the official data collection period for the 12 visit (11/19/2009 - 07/15/2011). Any valid values were flagged as "0" and invalid values were flagged as "1".

Physical Measures

- This dataset includes data from cohort participants who completed either the Visit 12 Physical Measures (PHY) form or the Visit 12 AINT (Abbreviated Interview), or the Visit 12 PATI (Self-A Amended Telephone Interview). The variable FORMPHY12 indicates which form was completed.
- In addition to the variables on the form, BMI12 was also calculated as weight in kilograms divided by the square of height in meters.
- Self-reported weight and height were collected, along with the reason for using self-reported measures.

Cognitive Function Form

- Individual and summary scores are available for the following tests: East Boston Memory Test (both the immediate and delayed recall of a story), Symbol Digits Modalities Test, and the Digits Backward Test.
- Several special codes were used in this dataset to indicate why tests (and test items) were not administered:
 - 6 = Not administered because of physical impairment
 - 7 = Not administered because of verbal refusal
 - 8 = Not administered because of a behavioral reason
 - 9 = Not administered for some other reason
 - 10 = Administered but not according to protocol
- The flag FLGCOG12 indicates completion dates that were outside of the official data collection period for the 12 visit (11/19/2009 - 07/15/2011).
- In addition, the Letter Number Sequencing (FLGLNS12 helps delineate these differences) has the following differences in administration due to language:
 - Chinese speaking participants used the English version of the LNS with the letters said in English and the numbers said in Chinese. (Chinese speakers did know the order of the English language alphabet.)
 - Japanese speaking participants used a published version of the LNS created for Japanese women by Japanese researchers. However, the Japanese LNS is not a "literal" translation of the English LNS. There are some differences necessitated by the unique attributes of the English and Japanese languages. A summary of the differences between the English and the Japanese language versions follows:
 - 1) Japanese alphabets ("kana かな" or Japanese aiueo alphabets あいうえお50音) were used. Rationale: Letter-Number Sequencing (LNS) using the English alphabet was tested, but it was too difficult and too unfamiliar for Japanese native speakers. In one study one half of healthy elderly Japanese in Japan couldn't process L-N Sequencing using English alphabets (Yamanaka et al., 2004*). Therefore, Japanese psychologists developed a form using the Japanese alphabet ("kana かな" or Japanese aiueo alphabets あいうえお50音). Reference: *Katsuo Yamanaka, Hitoshi Dairoku, Hisao Maekawa, Kazuhiro Fujita, "Preliminary Research on Standardization of Letter-Number Sequencing Test in WAIS-III in the Japanese version (2)," presented at the annual conference of the Japanese Psychological Association, Tokyo, 2004.*

- 2) Japanese psychologists introduced letter-only practices and number-only practices first. It was too difficult for Japanese test takers to respond to the LNS that began with combined groups of letters and numbers. This difficulty arises because the Japanese aiueo alphabet is not one dimensional like English alphabet letters. Each component of the Japanese aiueo alphabet consists of 10 rows of 5 sounds (each ending w/ a vowel) and one sound “ん”.
- 3) The Japanese LNS had to be re-designed (compared to the English version) in some fundamental ways to similar sounding “letters” and numbers, which could cause mis-perception and errors. The main examples of this are given here:
 - a) To avoid Japanese aiueo alphabets such as “shi し” and “ku く” which may be mixed up with the numbers in Japanese due to their sounds, (i.e., “shi” is number 4四; “ku” is number 9九.) As a result, we pronounce number 4 as “yon四,” and number 9 as “kyu九.”
 - b) To avoid Japanese aiueo alphabets such as “い” and “さ” in Japanese aiueo alphabets because they are likely to be mixed up with numbers.
 - c) To use Japanese aiueo alphabets such as “to と” and “ka か” only in the beginning or the end of a question/practice, because they sound like a particle in grammar.
 - d) To avoid Japanese aiueo alphabets such as “ko こ” and “ri り” in the end of a question/practice because they can be misunderstood as a number.
 - e) To avoid confusing combinations such as “3-‘た’,” “‘か’-3” or “‘と’-3” which may imply other meaning such as “santa サンタ (Santa),” “kaasan 母さん (mother)” or “tohsan 父さん (father).”
 - f) To avoid Japanese numbers such as “ni に(2)” or “go ご (5)” which have 1 mora (unit of syllable) because it’s difficult for a test taker to distinguish a number from a letter phonetically.
 - g) Japanese psychologists created only up to 7 digits in the Japanese version (instead of 8 digits in the English version) because almost none of the Japanese test takers answered 8 digits. They didn’t have 2 digits in order to reduce the burden of the test taker after adding letter-only and number-only questions.
- An LNS total score was calculated when a participant answered some of the questions, then verbally refused to answer any more questions.
- **LNUMPCT13 (Letter Number Sequencing Percent Correct Score):** The English, Spanish, and Chinese versions of the LNS include 7 levels of testing, with 3 items at each level, for a possible range of 0-21 for the Total Score. The Japanese version of the LNS has 8 levels of testing, with 3 items at each level, for a possible range of 0-24 for the Total Score. Although the Japanese form of the LNS is longer than the English version, the degree of difficulty of the Japanese form and the English form was designed to be equivalent (see above reference). Based on psychometric properties, achieving a score of 24 on the Japanese version is judged to be the equivalent of achieving a score of 21 on the English version. Because the absolute value of the total LNS score is greater for the Japanese version than for the non-Japanese versions (24 vs. 21, respectively), LNS scores are expressed as the percent correct.

Bioimpedance

- Body composition was measured using bioimpedance equipment. Percent body fat (equation provided by Dr. MaryFran Sowers), skeletal muscle mass (Janssen, 2000), fat free mass, total body water, and percent body fat (all provided by RJL Systems and validated using NHANES III data (Chumlea, 2002)) are also provided.
- Variable MISSPHY12 flags missing physical measures that caused created variables to be missing, and MISSCON12 flags where conductance was missing. A flag (FLAGSRP12) indicates where self-reported physical measures were used in calculations.
- A flag FLGBIOV12 indicates participants for whom the questionnaire was completed after the study-wide Visit 12 cut-off date of 07/15/2011 (FLGBIOV12 = 1) or was completed before Visit 12 officially began on 11/19/2009 (FLGBIOV12 = -1).

Physical Functioning

All physical functioning completion dates that were ninety days before or after the completion date of the Visit 12 interview (either the Visit 12 Annual Follow-Up Interview or the Visit 12 Abbreviated Follow-Up Interview) were flagged using the variable FUNCFLG12. The flag WALKFLG12 indicates participant attempted the times 40-foot walk assessment but did not complete all repetitions. In addition, several created variables have been included to assist with using this data:

- STDTIM112 - STDTIM512 are variables that represents the completion time, in seconds, for each of the five sit-to-stand assessments, combining the associated minutes and seconds variables.

- WLKTIM112 – WLKTIM212 are variables that represents the completion time, in seconds, for each of the 2 timed 40-foot walk assessments, combining the associated minutes and seconds variables.
- RGRPAVG12 is the average of all three right hand grip strength assessment repetitions rounded to the nearest integer.
- LGRPAVG12 is the average of all three left hand grip strength assessment repetitions rounded to the nearest integer.
- STNDAVG12 is the average of all five sit-to-stand assessment repetitions rounded to the nearest tenth of a second.
- WALKAVG12 is the average of both two timed 40-foot walk assessment repetitions rounded to the nearest tenth of a second.
- RGRPMAX12 is the maximum of the three right hand grip strength assessment repetitions.
- LGRPMAX12 is the maximum of the three left hand grip strength assessment repetitions.
- STNDMIN12 is the minimum of the five sit-to-stand assessment repetitions.
- WALKMIN12 is the minimum of the two timed 40-foot walk assessment repetitions.

Additional Measures

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

Serum Hormone Measures

- Estradiol was run in duplicate; therefore, there are 2 estradiol result variables: E212 and EE212. E2AVE12 is the within-person arithmetic average of E212 and EE212.
- Hormone results below the lower limit of detection were recoded as .L (SAS missing code).
- The flag FLGHRMV12 indicates completion dates that were outside of the official data collection period for the 12 visit (11/19/2009 - 07/15/2011).
- Testosterone was collected, but is undergoing a lab calibration study. This data will be available once this study is completed.

Cardiovascular Measures

The Visit 12 cardiovascular results are included. A flag (FLAGSER12) indicates incomplete blood draw. FLAGFAS12 indicates the sample was non-fasting. Variable FLGCVRV12 indicates completion dates that were outside of the official data collection period for the 12 visit (11/19/2009 - 07/15/2011).

When the cardiovascular assay results were examined longitudinally, an unexpected “dip” in values was seen for all assays at Visits 12. Part of this trend was thought to be explained by the change in lab (MRL and University of Michigan Pathology lab) and method. A calibration study was conducted, and calibration equations were developed for and applied to cholesterol, HDL, LDL, and Triglycerides (Please note: for triglycerides, the calibration was applied to log transformed triglyceride values and then the calibrated triglyceride values were back transformed).

However, even with the calibrations applied. There is still an unexplained dip. . It is strongly suggested that the Visit 12 assays only be used for cross-sectional analyses. If these data are used in longitudinal analyses, it is highly recommended that analysts 1) adjust for the visit effect and 2) run sensitivity analyses without the visit 12 data.

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

Additional variables

A variable describing the race/ethnicity of participants (RACE) and study site (SITE) were added from the Screener dataset. See the Additional Measures section at the end of the codebook for descriptions.

Date of completion variables (INTDAY12, SAADAY12, SABDAY12, PHYDAY12, HRMDAY12, COGDAY12, BIODAY12, and HYSTDAY12) are given in days from interview date at baseline. Note that for 5 participants, interview completion dates at baseline were not available and alternative dates were substituted either from the Self-Administered Questionnaire-A or Physical Measures completion dates at baseline.

Longitudinal Measures

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

Date Data Entered / Initials _____

Date Verified / Initials _____

ANNUAL FOLLOW-UP INTERVIEW

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID:

ARCHID~

A2. SWAN STUDY VISIT #

12

VISIT

A3. FORM VERSION:

09/01/2009

#FORM_V

A4. DATE FORM COMPLETED:

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

INTDAY12†

A5. INTERVIEWER'S INITIALS:

__ __ __

#INITS

A6. RESPONDENT'S DOB:

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

#DOB

VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN:

#LOCATIO12

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

A8. INTERVIEW LANGUAGE:

LANGINT12

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

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

- NO 1 **(A9.1) SIGNAUT12**
- YES 2

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

- NEVER APPROACHED TO SIGN 1 **#NOAUTH12**
- OTHER, SPECIFY **#NOAUTHS12** 2
- RESPONDENT REFUSED TO SIGN 7
- SPECIFY REASON FOR REFUSAL

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

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

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

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

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

		NO	YES	DON'T KNOW
a.	Anemia? <u>ANEMIA12</u>	1	2	-8
b.	Diabetes? <u>DIABETE12</u>	1	2	-8
c.	High blood pressure or hypertension? <u>HIGHBP12</u>	1	2	-8
d.	High cholesterol? <u>HBCHOLE12</u>	1	2	-8
e.	Migraines? <u>MIGRAIN12</u>	1	2	-8
f.	Arthritis or osteoarthritis (degenerative joint disease)? <u>OSTEOAR12</u>	1	2	-8
g.	Overactive or underactive thyroid? <u>THYROID12</u>	1	2	-8
h.	Osteoporosis (brittle or thinning bones)? <u>OSTEOPR12</u>	1	2	-8
i.	Skin cancer? <u>SKCNCR12</u>	1 (B2)	2	-8 (B2)
	i1..If yes, what type of cancer were you told you had?			
	a. Melanoma? <u>MECNCR12</u>	1	2	-8
	b. Non melanoma skin cancer? <u>NMECNCR12</u>	1	2	-8

B2. Have you ever been told you had breast cancer? BRCNCR12 1 (B4) 2 -8 (B4)

B2a. IF YES, what is/was the date of the diagnosis? [PROMPT FOR YEAR, EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.] #BRCAMO12 #BRCAYR12

		/				
M	M		Y	Y	Y	Y

B3. Since your last study visit have you taken...	NO	YES	DON'T KNOW	B3a. Have you taken within the last 3 months?	NO	YES	DON'T KNOW
a. Nolvadex (Tamoxifen)? <u>NOLVAD12</u>	1 (b)	2	-8 (b)	IF YES <u>NOLVAD312</u> →	1	2	-8
b. Arimidex (Anastrozole)? <u>ARIMID12</u>	1 (c)	2	-8 (c)	IF YES <u>ARIMID312</u> →	1	2	-8
c. Femara (Letrozole)? <u>FEMARA12</u>	1 (d)	2	-8 (d)	IF YES <u>FEMARA312</u> →	1	2	-8
d. Aromasin (Exemestane)? <u>AROMAS12</u>	1 (e)	2	-8 (e)	IF YES <u>AROMAS312</u> →	1	2	-8
e. Herceptin (Trastuzumab)? <u>HERCEPT12</u>	1 (B4)	2	-8 (B4)	IF YES <u>HERCEP312</u> →	1	2	-8

Since your last study visit...

NO	YES	DON'T KNOW
1 (B5)	2	-8 (B5)

B4. Has a doctor, nurse practitioner, or other health care provider told you that you had or treated you for cancer, other than skin cancer? **CANCERS12**

B4a. IF YES, what is/was the primary site of the cancer? (CIRCLE ONE ANSWER.) **PSITECA12**

- 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: **#SITESPE12** _____
- DON'T KNOW -8

B4b. IF YES, what was the date of the diagnosis?
 [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN.
 ENTER -8 IF MONTH IS UNKNOWN.]

PSITEMO12 _____ M M	/	PSITEYR12 _____ Y Y Y Y
----------------------------------	---	--------------------------------------

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

B5. **Have you ever** been diagnosed or treated for heart problems, blocked or narrowed blood vessels, stroke, or other problems with your blood circulation (for example, blood clots in your legs or lungs)? **DXHEART12**

NO	YES	DON'T KNOW
1	2	-8

IF ANY CARDIOVASCULAR EVENTS ARE REPORTED ("YES" TO Q. B5), COMPLETE A "CARDIOVASCULAR EVENT" FORM NOW.

B6. 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.]

BROKEBO12 _____ # of events where bone(s) were broken or fractured

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

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

Since your last study visit, have you had a...	NO	YES	DON'T KNOW
B7. Hysterectomy (an operation to remove your uterus or womb)? HYSTERE12	1 (B8)	2	-8 (B8)
B7a. When was this performed? [PROMPT FOR YEAR, EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.] HYSTDAY12[†]			
<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> M M </div> </div> / <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> Y Y Y Y </div> </div> </div>			

IF HYSTERECTOMY, COMPLETE “HYSTERECTOMY PARTICIPANT FORM” NOW.

	NO	YES	DON'T KNOW
B8. Since your last study visit , did you have one or both ovaries removed (an oophorectomy)? OOPHORE12	1 (B9)	2	-8 (B9)
B8a. Was one ovary removed or were both ovaries removed? ONEOVAR12			
ONE OVARY REMOVED..... 1			
BOTH OVARIES REMOVED..... 2			
DON'T KNOW -8			
B9. Since your last study visit , did you have your thyroid gland removed? THYRREM12	1	2	-8
B10. Since your last study visit , have you been hospitalized overnight for any <u>other</u> medical conditions not previously reported? HOSP12	1	2	-8
B10a. IF YES, how many <u>other</u> hospitalizations?			
— — — OTHHOSP12			

IF ANY HOSPITALIZATIONS ARE REPORTED (“YES” TO Q. B10), COMPLETE A “HOSPITALIZATION” FORM FOR EACH EVENT NOW.

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

B11. **Have you ever** had a knee replacement where all or part of the joint was replaced? (CIRCLE ONE RESPONSE.)

KNEEREP12

- NO..... 1 (B12, PAGE 6)
 YES..... 2

a. Was it the right knee, left knee or both? (CIRCLE ONE RESPONSE.) **RTKNEE12**

- 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

RKNDAY12[†]

M	M	/	Y	Y	Y	Y	DON'T KNOW (-8) <input type="checkbox"/>
---	---	---	---	---	---	---	--

2. Was the knee replacement to repair an injury? (CIRCLE ONE RESPONSE.) **RKNEEIN12**

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

3. What was the reason for the knee replacement? (CIRCLE ONE RESPONSE.) **RKNEERP12**

- FRACTURE..... 1
 OSTEOARTHRITIS 2
 OTHER 3
 SPECIFY #RKNEERS12
 DON'T KNOW -8

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

1. LEFT KNEE

LKNDAY12[†]

M	M	/	Y	Y	Y	Y	DON'T KNOW (-8) <input type="checkbox"/>
---	---	---	---	---	---	---	--

2. Was the knee replacement to repair an injury? (CIRCLE ONE RESPONSE.) **LKNEEIN12**

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

3. What was the reason for the knee replacement? (CIRCLE ONE RESPONSE.) **LKNEERP12**

- FRACTURE..... 1
 OSTEOARTHRITIS 2
 OTHER 3
 SPECIFY #LKNEERS12
 DON'T KNOW -8

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

B12. **Have you ever** had a hip replacement? (CIRCLE ONE RESPONSE.) **HIPREP12**

- NO.....1 (B13)
 YES.....2

a. Was it your right hip, left hip or both? (CIRCLE ONE RESPONSE.) **RTHIP12**

- 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

RHPDAY12[†]

M	M	/	Y	Y	Y	Y	DON'T KNOW (-8) <input type="checkbox"/>
---	---	---	---	---	---	---	--

2. What was the reason for the hip replacement? (CIRCLE ONE RESPONSE.) **RHIPREP12**

- FRACTURE.....1
 OSTEOARTHRITIS.....2
 OTHER.....3
 SPECIFY **#RHIPRES12**.....
 DON'T KNOW.....-8

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

1. LEFT HIP

LHPDAY12[†]

M	M	/	Y	Y	Y	Y	DON'T KNOW (-8) <input type="checkbox"/>
---	---	---	---	---	---	---	--

2. What was the reason for the hip replacement? (CIRCLE ONE RESPONSE.) **LHIPREP12**

- FRACTURE.....1
 OSTEOARTHRITIS.....2
 OTHER.....3
 SPECIFY **#LHIPRES12**.....
 DON'T KNOW.....-8

B13. **Since your last study visit**, have you had any of the following conditions?

	NO	YES	DON'T KNOW
a. pelvic pain (pain in the lowest part of the abdomen)? PELVCPN12	1	2	-8
b. pelvic prolapse or relaxation (the uterus, bladder, or rectum drops, sometimes bulging out of vagina)? PROLAPS12	1	2	-8
c. abnormal vaginal bleeding (bleeding from the vagina that is different enough from your normal pattern to be a concern: irregular, heavy, or long in duration)? ABBLEED12	1	2	-8
d. fibroids (benign growths in the uterus or womb)? FIBRUTR12	1	2	-8

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

C1. **Have you ever** had hot flashes, flushes and/or night sweats? **FLASHEV12**
 NO 1 (D1, PAGE 8)
 YES 2

C1a. For these hot flashes, flushes and/or night sweats what treatments, if any, have you used? [HAND RESPONDENT CARD "A". CIRCLE ONE NUMBER FOR "NO" OR "YES" IN EACH COLUMN UNLESS INSTRUCTED TO SKIP TO NEXT QUESTION ("NO" TO "... have you ever used?")]

*[READ STEM INSTRUCTIONS.]

Do you currently use?

Did/Does it work (i.e. relieve symptoms)?

For hot flashes, flushes and/or night sweats have you ever used...

		NO	YES	NO	YES	NO	YES
*1.	Birth Control pills? BCNTRL12	1 (GO TO 2)	2	BCNTCUR12 1	2	BCNTWRK12 1	2
2.	Estrogen pills (such as Premarin, Estrace, Ogen, etc.)? ESTPILL12	1 (GO TO 3)	2	ESTPCUR12 1	2	ESTPWRK12 1	2
3.	Estrogen by injection or patch (such as Estraderm)? ESTINJ12	1 (GO TO 4)	2	ESTICUR12 1	2	ESTRIWRK12 1	2
*4.	Estrogen (topical gel/lotion/spray on the skin)? ESTSKIN12	1 (GO TO 5)	2	ESTSCUR12 1	2	ESTRSWRK12 1	2
5.	Estrogen by vaginal ring? ESTVAGR12	1 (GO TO 6)	2	ESTVCUR12 1	2	ESTVWRK12 1	2
6.	Combination estrogen/progestin (such as Premphase or Prempro)? CESTPRG12	1 (GO TO 7)	2	CESTCUR12 1	2	CESTWRK12 1	2
7.	Progestin pills (such as Provera)? PRGPILL12	1 (GO TO 8)	2	PRGPCUR12 1	2	PRGPWRK12 1	2
*8.	Celexa (Citalopram)? CELEXA12	1 (GO TO 9)	2	CELCUR12 1	2	CELWRK12 1	2
9.	Prozac or Sarafem (Fluoxetine)? PROZAC12	1 (GO TO 10)	2	PROZCUR12 1	2	PROZWRK12 1	2
10.	Zoloft (Sertraline)? ZOLOFT12	1 (GO TO 11)	2	ZOLCUR12 1	2	ZOLWRK12 1	2
11.	Luvox (Fluvoxamine)? LUVOX12	1 (GO TO 12)	2	LUVCUR12 1	2	LUVWRK12 1	2
*12.	Paxil or Seroxat (Paroxetine)? PAXIL12	1 (GO TO 13)	2	PAXCUR12 1	2	PAXWRK12 1	2
13.	Lexapro (Escitalopram)? LEXAPRO12	1 (GO TO 14)	2	LEXCUR12 1	2	LEXWRK12 1	2
14.	Effexor (Venlafaxine)? EFFEXOR12	1 (GO TO 15)	2	EFFCUR12 1	2	EFFWRK12 1	2
15.	Pristiq (Desvenlafaxine)? PRISTIQ12	1 (GO TO 16)	2	PRISCUR12 1	2	PRISWRK12 1	2
*16.	Cymbalta (Duloxetine)? CYMBALT12	1 (GO TO 17)	2	CYBMCUR12 1	2	CYMBWRK12 1	2
17.	Neurontin (Gabapentin)? NEURONT12	1 (GO TO 18)	2	NEURCUR12 1	2	NEURWRK12 1	2
18.	Catapres (Clonidine)? CATAPRE12	1 (GO TO 19)	2	CATCUR12 1	2	CATWRK12 1	2
19.	Acupuncture? ACUPUNC12	1 (GO TO 20)	2	ACUPCUR12 1	2	ACUPWRK12 1	2
*20.	Black cohosh? BLKCOH12	1 (GO TO 21)	2	BLKCCUR12 1	2	BLKCWRK12 1	2
21.	Soy Supplements? SOYSUPP12	1 (GO TO 22)	2	SOYCUR12 1	2	SOYWRK12 1	2
22.	Flaxseed? FLAXSED12	1 (GO TO 23)	2	FLAXCUR12 1	2	FLAXWRK12 1	2
23.	Other? FLASHOT12 Specify _____ #FLSHSP12	1 (GO TO D1)	2	FLSHCUR12 1	2	FLSHWRK12 1	2

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

- D1. Did you have any menstrual bleeding **since your last study visit**? **BLEEDNG12**
 NO 1 (E1)
 YES 2
- D2. Did you have any menstrual bleeding in the **last 3 months**? **BLD3MON12**
 NO 1
 YES 2
- D3. What was the date that you started your most recent menstrual bleeding? [PROMPT FOR MONTH AND YEAR, EVEN IF DAY IS UNKNOWN. ENTER -8 FOR DAY FIELD IF UNKNOWN.] **BLEDAY12'**

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

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

- D4. Which of the following best describes your menstrual periods **since your last study visit**? **Have they...** **DESCPER12**
 [HAND RESPONDENT CARD "B."]
 Become farther apart? 1
 Become closer together? 2
 Occurred at more variable intervals? 3
 Stayed the same? 4
 Become more regular? 5
 DON'T KNOW 8
 NOT APPLICABLE -1 (E1)
- D5. A menstrual cycle is the period of time from the beginning of bleeding from one menstrual period to the beginning of bleeding of the next menstrual period. Since your last study visit, what was the usual length of your menstrual cycles? **LENGCYL12**
 LESS THAN 24 DAYS 1
 24-35 DAYS 2
 MORE THAN 35 DAYS 3
 TOO VARIABLE OR IRREGULAR TO SAY 4
 DON'T KNOW 8

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

- E1. Thinking about your quality of life at the present time, I'd like you to give it a rating where 0 represents the worst possible quality for you and 10 represents the best possible quality for you. [HAND RESPONDENT CARD "C."] Looking at this line, how would you rate your overall quality of life at the present time? Choose a number between 0 and 10.

QLTYLIF12

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

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

E2. About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind? **CLOSERL12**

WRITE IN NUMBER OF CLOSE FRIENDS AND RELATIVES: _____

DON'T KNOW -8
 REFUSED -7

E3. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? [HAND RESPONDENT CARD "D" AND READ RESPONSE CATEGORIES.]

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Someone you can count on to listen to you when you need to talk? LISTEN12	1	2	3	4	5
b. Someone to take you to the doctor if you needed it? TAKETOM12	1	2	3	4	5
c. Someone to confide in or talk to about yourself or your problems? CONFIDE12	1	2	3	4	5
d. Someone to help with daily chores if you were sick? HELPSIC12	1	2	3	4	5

E4. I would now like to ask you about your feelings **over the past two weeks**. Tell me how often you have felt or thought this way. [HAND RESPONDENT CARD "E" AND READ RESPONSE CATEGORIES.]

*[READ STEM INSTRUCTIONS.] In the past two weeks you have:	Never	Almost Never	Sometimes	Fairly Often	Very Often
*a. Felt unable to control important things in your life? CONTROL12	1	2	3	4	5
*b. Felt confident about your ability to handle your personal problems? ABILITY12	1	2	3	4	5
c. Felt that things were going your way? YOURWAY12	1	2	3	4	5
d. Felt difficulties were piling so high that you could not overcome them? PILING12	1	2	3	4	5

E5. I am going to read you a list of ways you might have felt or behaved recently. Please tell me how often you have felt or behaved **this way during the past week**. [HAND RESPONDENT CARD “F” AND READ RESPONSE CATEGORIES.]

		Rarely or none of the time (less than 1 DAY)	Some or a little of the time (1-2 DAYS)	Occasionally or a moderate amount of the time (3-4 DAYS)	Most or all of the time (5-7 DAYS)
* [READ STEM INSTRUCTIONS]					
During the past week:					
*a	I was bothered by things that usually don't bother me BOTHER12	1	2	3	4
*b	I did not feel like eating; my appetite was poor APPETIT12	1	2	3	4
*c	I felt that I could not shake off the blues even with help from my friends BLUES12	1	2	3	4
d.	I felt that I was just as good as other people GOOD12	1	2	3	4
e.	I had trouble keeping my mind on what I was doing KEEPMIN12	1	2	3	4
f.	I felt depressed DEPRESS12	1	2	3	4
*g	I felt that everything I did was an effort EFFORT12	1	2	3	4
h.	I felt hopeful about the future HOPEFUL12	1	2	3	4
i.	I thought my life had been a failure FAILURE12	1	2	3	4
j.	I felt fearful FEARFUL12	1	2	3	4
*k	My sleep was restless RESTLES12	1	2	3	4
l.	I was happy HAPPY12	1	2	3	4
m.	I talked less than usual TALKLES12	1	2	3	4
n.	I felt lonely LONELY12	1	2	3	4
*o	People were unfriendly UNFRNDL12	1	2	3	4
p.	I enjoyed life ENJOY12	1	2	3	4
q.	I had crying spells CRYING12	1	2	3	4
r.	I felt sad SAD12	1	2	3	4
*s	I felt that people disliked me DISLIKE12	1	2	3	4
t.	I could not get going GETGOIN12	1	2	3	4

<p>During the <u>past 12 months</u>, have you used any of the following for your health? N=No Y=Yes →</p>	<p>[IF YES, HAND RESPONDENT CARD "G".] Please look at the reasons listed on the card. Please tell me whether or not you use X ... ASK EACH REASON FOR EACH "YES" RESPONSE.</p> <p>FOR EACH "YES" ANSWER ONLY, CIRCLE "N=NO" OR "Y=YES" FOR EACH REASON A THROUGH H.</p>							
<p>F1. Black Cohosh <u>BCOHOSH12</u> N Y → ↓</p>	<p><u>BCOHAR12</u> N Y</p>	<p><u>BCHOST12</u> N Y</p>	<p><u>BCOHMEN12</u> N Y</p>	<p><u>BCOHL0012</u> N Y</p>	<p><u>BCOHMEM12</u> N Y</p>	<p><u>BCOHWGH12</u> N Y</p>	<p><u>BCOHADV12</u> N Y</p>	<p><u>BCOHO12</u> N Y #BCOHSPE12</p>
<p>F2. Eating a nutritious diet <u>DIETNUT12</u> N Y → ↓</p>	<p><u>DIETHAR12</u> N Y</p>	<p><u>DIETOST12</u> N Y</p>	<p><u>DIETMEN12</u> N Y</p>	<p><u>DIETL0012</u> N Y</p>	<p><u>DIETMEM12</u> N Y</p>	<p><u>DIETWGH12</u> N Y</p>	<p><u>DIETADV12</u> N Y</p>	<p><u>DIETOTH12</u> N Y #DIETSPE12</p>
<p>F3. Exercise <u>EXERCIS12</u> N Y → ↓</p>	<p><u>EXERHAR12</u> N Y</p>	<p><u>EXEROST12</u> N Y</p>	<p><u>EXERMEN12</u> N Y</p>	<p><u>EXERL0012</u> N Y</p>	<p><u>EXERMEM12</u> N Y</p>	<p><u>EXERWGH12</u> N Y</p>	<p><u>EXERADV12</u> N Y</p>	<p><u>EXEROTH12</u> N Y #EXERSPE12</p>
<p>F4. Flaxseed or flaxseed oil supplements <u>FLAXSEE12</u> N Y → ↓</p>	<p><u>FLAXHAR12</u> N Y</p>	<p><u>FLAXOST12</u> N Y</p>	<p><u>FLAXMEN12</u> N Y</p>	<p><u>FLAXL0012</u> N Y</p>	<p><u>FLAXMEM12</u> N Y</p>	<p><u>FLAXWGH12</u> N Y</p>	<p><u>FLAXADV12</u> N Y</p>	<p><u>FLAXOTH12</u> N Y #FLAXSPE12</p>
<p>F5. Ginkgo Biloba <u>GINKGO12</u> N Y → ↓</p>	<p><u>GINKHAR12</u> N Y</p>	<p><u>GINKOST12</u> N Y</p>	<p><u>GINKMEN12</u> N Y</p>	<p><u>GINKL0012</u> N Y</p>	<p><u>GINKMEM12</u> N Y</p>	<p><u>GINKWGH12</u> N Y</p>	<p><u>GINKADV12</u> N Y</p>	<p><u>GINKOTH12</u> N Y #GINKSPE12</p>
<p>F6. Glucosamine with or without Chondroitin <u>GLUSAMI12</u> N Y → ↓</p>	<p><u>GLUSHAR12</u> N Y</p>	<p><u>GLUSOST12</u> N Y</p>	<p><u>GLUSMEN12</u> N Y</p>	<p><u>GLUSL0012</u> N Y</p>	<p><u>GLUSMEM12</u> N Y</p>	<p><u>GLUSWGH12</u> N Y</p>	<p><u>GLUSADV12</u> N Y</p>	<p><u>GLUSOTH12</u> N Y #GLUSSPE12</p>

During the <u>past 12 months</u>, have you used any of the following for your health? N=No Y=Yes →	FOR EACH “YES” ANSWER ONLY, CIRCLE “N=NO” OR “Y=YES” FOR EACH REASON A THROUGH H.							
	a. To reduce risk of heart disease?	b. To reduce risk of Osteoporosis?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To lose weight or to stay the same weight?	g. On advice from health care provider?	h. Is there any other reason you use X? (SPECIFY)
F7. Mexican yam or progesterone cream <u>MYAMPRO12</u> N Y → ↓	<u>MYAMHAR12</u> N Y	<u>MYAMOST12</u> N Y	<u>MYAMMEN12</u> N Y	<u>MYAMLOO12</u> N Y	<u>MYAMMEM12</u> N Y	<u>MYAMWGH12</u> N Y	<u>MYAMADV12</u> N Y	<u>MYAMOTH12</u> N Y #MYAMSPE12
F8. Prayer <u>PRAYER12</u> N Y → ↓	<u>PRAYHAR12</u> N Y	<u>PRAYOST12</u> N Y	<u>PRAYMEN12</u> N Y	<u>PRAYLOO12</u> N Y	<u>PRAYMEM12</u> N Y	<u>PRAYWGH12</u> N Y	<u>PRAYADV12</u> N Y	<u>PRAYOTH12</u> N Y #PRAYSPE12
F9. Self-help group <u>SELFHEL12</u> N Y → ↓	<u>SELFHAR12</u> N Y	<u>SELFOST12</u> N Y	<u>SELFMEN12</u> N Y	<u>SELFLOO12</u> N Y	<u>SELFMEM12</u> N Y	<u>SELFWGH12</u> N Y	<u>SELFADV12</u> N Y	<u>SELFOTH12</u> N Y #SELFSPE12
F10. Soy supplement <u>SOY12</u> N Y → ↓	<u>SOYHAR12</u> N Y	<u>SOYOST12</u> N Y	<u>SOYMEN12</u> N Y	<u>SOYLOO12</u> N Y	<u>SOYMEM12</u> N Y	<u>SOYWGH12</u> N Y	<u>SOYADV12</u> N Y	<u>SOYOTH12</u> N Y #SOYSPE12
F11. St. John’s Wort <u>WORTSTJ12</u> N Y → ↓	<u>WORTHAR12</u> N Y	<u>WORTOST12</u> N Y	<u>WORTMEN12</u> N Y	<u>WORTLOO12</u> N Y	<u>WORTMEM12</u> N Y	<u>WORTWGH12</u> N Y	<u>WORTADV12</u> N Y	<u>WORTOTH12</u> N Y #WORTSPE12
F12. Vitamin or supplement combination especially for women’s health <u>WVITAMI12</u> N Y → ↓	<u>WVITHAR12</u> N Y	<u>WVITOST12</u> N Y	<u>WVITMEN12</u> N Y	<u>WVITLOO12</u> N Y	<u>WVITMEM12</u> N Y	<u>WVITWGH12</u> N Y	<u>WVITADV12</u> N Y	<u>WVITOTH12</u> N Y #WVITSPE12

During the past 12 months, have you used any of the following for your health? N=No Y=Yes →	FOR EACH “YES” ANSWER ONLY, CIRCLE “N=NO” OR “Y=YES” FOR EACH REASON A THROUGH H.							
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis?	c. To relieve menopausal symptoms?	d. To stay young looking?	e. To improve memory?	f. To lose weight or to stay the same weight?	g. On advice from health care provider?	h. Is there any other reason you use X? (SPECIFY)
F13. Yoga <u>YOGA12</u> N Y → ↓	<u>YOGAHAR12</u>	<u>YOGAOST12</u>	<u>YOGAMEN12</u>	<u>YOGALOO12</u>	<u>YOGAMEM12</u>	<u>YOGAWGH12</u>	<u>YOGAADV12</u>	<u>YOGAOTH12</u> N Y <u>#YOGASPE12</u>
F14. Herbal Tea <u>HERBALT12</u> N Y → ↓	<u>HTEAHAR12</u>	<u>HTEAOST12</u>	<u>HTEAMEN12</u>	<u>HTEALOO12</u>	<u>HTEAMEM12</u>	<u>HTEAWGH12</u>	<u>HTEAADV12</u>	<u>HTEAOTH12</u> N Y <u>#HTEASPE12</u>
F15. Any other health practice or remedy (Specify): N Y → <u>OTHALT12</u> <u>#OTHALTS12</u>	<u>OTHHAR12</u>	<u>OTHOST12</u>	<u>OTHMEN12</u>	<u>OTHLOO12</u>	<u>OTHMEM12</u>	<u>OTHWGH12</u>	<u>OTHADV12</u>	<u>OTHALTR12</u> N Y <u>#WHYOTHA12</u>
F16. Any other health practice or remedy (Specify): N Y → <u>OTHALT212</u> <u>#OTALT2S12</u>	<u>OT2HAR12</u>	<u>OT2OST12</u>	<u>OT2MEN12</u>	<u>OT2LOO12</u>	<u>OT2MEM12</u>	<u>OT2WGH12</u>	<u>OT2ADV12</u>	<u>OT2ALT12</u> N Y <u>#WHYOT2A12</u>
F17. Any other health practice or remedy (Specify): N Y → <u>OTHALT312</u> <u>#OTALT3S12</u>	<u>OT3HAR12</u>	<u>OT3OST12</u>	<u>OT3MEN12</u>	<u>OT3LOO12</u>	<u>OT3MEM12</u>	<u>OT3WGH12</u>	<u>OT3ADV12</u>	<u>OT3ALT12</u> N Y <u>#WHYOT3A12</u>

OCCUPATIONAL QUESTIONS

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

G1. **Since your last study visit**, has there been a change in any of your jobs, that is: your place of employment, your job title, or your usual job tasks? **CHNGJOB12**

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

G2. During the **past 2 weeks**, did you work at any time at a job or business including work for pay performed at home? (Include unpaid work in the family farm or business. If you were on vacation, or scheduled leave or sick leave, please answer as though you were at your usual job.) **JOB12**

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

G3. **Since your last study visit**, has there been a change in your usual hours of work of any of your jobs? **CHANGHR12**

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

G4. On average, how many total hours a week do you work, for pay? **HOURSPA12**

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

G5. What is your current marital status? Would you say... **MARITAL12**

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

G6. How long have you lived at your current address? [HAND RESPONDENT CARD "H".] **LONGLIV12**

Entire life, never moved..... 1
 < 1 month..... 2
 1 to 6 months..... 3
 7 to 12 months..... 4
 13 to 24 months..... 5
 25 to 48 months..... 6
 49 months to 10 years 7
 > 10 years..... 8
 DON'T KNOW.....-8

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.) **STUDYOT12**

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

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

Please SPECIFY: #STUDYS112
#STUDYS212
#STUDYS312

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.) **STUDYCA12**

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

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

INTERVIEWER OBSERVATION:

I1. Length of interview: #LENGTH12 minutes

I2. Do you have any other observations, comments or concerns about this interview?

#COMMENT12
#COMMEN212

FINAL MENSTRUAL PERIOD FORM

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

A6. INTERVIEW COMPLETED IN: #MAILLOC12

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

B5. Since your last study visit, did you have both ovaries removed (a bilateral oophorectomy)?
(PLEASE CIRCLE ONE RESPONSE) **BOTHOVR12**

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

ABBREVIATED FOLLOW-UP INTERVIEW

Study of Women's Health Across the Nation

h. Fibroids, benign growths of the uterus or womb? **FIBROID12** 1 2 -8

Date Data Entered / Initials _____

Date Verified / Initials _____

RX/OTC/VITAMIN/SUPPLEMENT MEDICATION FORM

INTERVIEWER-ADMINISTERED ANNUAL FOLLOW-UP FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID:

ARCHID~

A2. SWAN STUDY VISIT #

12

VISIT

A3. FORM VERSION:

11/01/2009

A4. DATE FORM COMPLETED:

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

#MCOMP_D

A5. INTERVIEWER'S INITIALS:

__ __ __

A6. RESPONDENT'S DOB:

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

#DOB

VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN:

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

A8. INTERVIEW LANGUAGE:

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

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

SECTION B. RX/OTC MEDICATIONS SINCE LAST STUDY VISIT

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

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

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

Since your last study visit...	NO	YES	DON'T KNOW
B1. Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)? <u>ANTICO112</u>	1	2	-8
B2. Anything for your heart or heart beat, including pills or patches? <u>HEART112</u>	1	2	-8
B3. Any medications for cholesterol or fats in your blood? <u>CHOLST112</u>	1	2	-8
B4. Blood pressure pills? <u>BP112</u>	1	2	-8
B5. Diuretics for water retention? <u>DIURET112</u>	1	2	-8
B6. Thyroid pills? <u>THYROI112</u>	1	2	-8
B7. Insulin or pills for sugar in your blood? <u>INSULN112</u>	1	2	-8
B8. Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti- depression medication? <u>NERVS112</u>	1	2	-8
B9. Steroid pills such as Prednisone or Cortisone? <u>STEROI112</u>	1	2	-8
B10. Prescribed medication for arthritis? <u>ARTHRT112</u>	1	2	-8
B11. Fertility medications to help you get pregnant? <u>FERTIL112</u>	1	2	-8
B12. IV (into the vein) medication to prevent or treat osteoporosis (brittle or thinning bones)? <u>OSTEIV112</u>	1	2	-8
B13. Non IV medications to prevent or treat osteoporosis (brittle or thinning bones)? <u>OSTEON112</u>	1	2	-8
B14. Birth Control pills? <u>BCP112</u>	1	2	-8
B15. Estrogen pills (such as Premarin, Estrace, Ogen, etc)? <u>ESTROG112</u>	1	2	-8
B16. Estrogen by injection or patch (such as Estraderm)? <u>ESTRNJ112</u>	1	2	-8
B17. Combination estrogen/progestin (such as Premphase or Prempro)? <u>COMBIN112</u>	1	2	-8
B18. Progestin pills (such as Provera)? <u>PROGES112</u>	1	2	-8
B19. Any other <u>prescription hormones</u> that I haven't asked you about, for example vaginal rings (such as Femring), progestin injections (such as Depo-Provera), estrogen/testosterone combinations (such as Estratest), or vaginal creams? <u>OHRM 112</u>	1	2	-8

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

B20. Were you using any prescription medications containing estrogen or progestin **at the time of your last study visit?** **ESTLSTV12**

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

B21. I am going to read a list of some reasons why women start taking hormones, not including birth control pills. For each one, please tell me if it is a reason why you started taking hormones. (READ LIST a THROUGH i.)

	NO	YES
a. To reduce the risk of heart disease <u>REDUHAR12</u>	1	2
b. To reduce the risk of osteoporosis (brittle or thinning bones) <u>OSTEOP12</u>	1	2
c. To relieve menopausal symptoms <u>MENOSYM12</u>	1	2
d. To stay young-looking <u>YOUNGLK12</u>	1	2
e. A health care provider advised me to take them <u>HCPADVI12</u>	1	2
f. A friend or relative advised me to take them <u>FRNADVI12</u>	1	2
g. To improve my memory <u>IMPRMEM12</u>	1	2
h. To regulate periods <u>REGPER12</u>	1	2
i. Any other? SPECIFY <u>HORMOTH12</u> , <u>#HORMSPE12</u> _____	1	2
<hr/>		
j. DON'T KNOW/REMEMBER <u>DONTKNO12</u>	1	2

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

B22. **Since your last study visit**, were you taking some hormones and then stopped taking them? **STOPHOR12**

- NO 1 (B23, PAGE 4)
 YES 2

B22.1 In what month and year did you last take hormones? **HORMDAY12†**

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 50%; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 50%; height: 20px; text-align: center;">M</td> </tr> </table>	M	M	/	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25%; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25%; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25%; height: 20px; text-align: center;">Y</td> </tr> </table>	Y	Y	Y	Y
M	M							
Y	Y	Y	Y					

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

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

Variable Excluded from Public Use Data File

B22.2. What were your reasons for stopping? PROBE: Any others?
 [DO NOT READ THE LIST. CODE 1(NO) OR 2 (YES) FOR EACH ITEM.]

		<u>NO</u>	<u>YES</u>
a.	PROBLEMS WITH BLEEDING	<u>PRBBLEE12</u>	1 2
b.	DIDN'T LIKE HAVING PERIODS	<u>HAVEPER12</u>	1 2
c.	DIDN'T LIKE HOW I FELT ON THEM	<u>LIKEFEL12</u>	1 2
d.	WORRIED ABOUT POSSIBLE SIDE EFFECTS	<u>SIDEEFF12</u>	1 2
e.	WORRIED ABOUT CANCER	<u>CANCER12</u>	1 2
f.	MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS)	<u>ADVISTO12</u>	1 2
g.	TOO EXPENSIVE	<u>EXPENSI12</u>	1 2
h.	DON'T LIKE TO TAKE ANY MEDICATIONS	<u>NOLIKE12</u>	1 2
i.	COULDN'T REMEMBER TO TAKE THEM	<u>NOREMEB12</u>	1 2
j.	DON'T KNOW	<u>DNTKNOW12</u>	1 2
k.	OTHER, SPECIFY: _____	<u>STOPOTH12</u> <u>#STOPSPE12</u>	1 2
<hr/>			
l.	NO REASON GIVEN	<u>NOREASO12</u>	1 2
m.	NEWS / MEDIA REPORTS ABOUT WOMEN WHO TOOK HORMONES AS PART OF A RESEARCH STUDY (E.G. RESULTS OF WHI)	<u>NEWSRPT12</u>	1 2

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

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

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

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

**IF PARTICIPANT REPORTED "YES" to B23 or B24,
 RECORD ALL RX and SELECTED NON-RX MEDICATIONS (Page 8) ON "RX/SELECTED Non-Rx Medication Data Collection Sheet" (SECTION C)
 RECORD ALL OTHER OTC/VITAMINS/SUPPLEMENTS PRODUCTS ON "Over-the-Counter (OTC) / VITAMIN/Dietary SUPPLEMENT (Non Prescription) Products Data Collection**

Date Data Entered / Initials _____

Date Verified / Initials _____

SELF-ADMINISTERED QUESTIONNAIRE PART A

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

- A1. RESPONDENT ID: **ARCHID~**
- A2. SWAN STUDY VISIT # 12 **VISIT**
- A3. FORM VERSION: 05/01/2009 **#FORM_V**
- A4. DATE FORM COMPLETED: / / / / / / / **SAADAY12[†]**
- M M / D D / Y Y Y Y
- A5. INTERVIEWER'S INITIALS: **#INITS**
- A6. RESPONDENT'S DOB: / / / / / / / **#DOB**
- M M / D D / 1 9 Y Y
- VERIFY WITH RESPONDENT**

- A7. COMPLETED IN: **#LOCATIO12**
- RESPONDENT'S HOME 1
- CLINIC / OFFICE 2
- RESPONDENT'S HOME W/ PROXY 3
- CLINIC/OFFICE W/ PROXY 4
- TELEPHONE 5
- TELEPHONE BY PROXY 6
- A8. INTERVIEW LANGUAGE: **LANGUAG12**
- ENGLISH 1
- SPANISH 2
- CANTONESE 3
- JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? **#INTADMI12**
- NO 1
- YES 2

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

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

Please remember that this information will remain confidential.

Thank you for your participation in this important study.

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

B1. In general, would you say your health is excellent, very good, good, fair or poor? **OVERHLT12**
 (PLEASE CIRCLE ONE RESPONSE.)

- Excellent1
- Very good.....2
- Good.....3
- Fair4
- 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? **MEDICYR12**

- No.....1
- Yes2
- Don’t know.....-8

B3. Do you currently have insurance that covers any part of your **doctor bills**? **INSURDR12**

- No.....1
- Yes2
- Don’t know.....-8

B4. Do you currently have insurance that covers any part of your **prescription medication bills**? **INSURME12**

- No.....1
- Yes2
- Don’t know.....-8

B5. Do you currently have insurance that covers any part of your **hospital bills**? **INSURHO12**

- No.....1
- Yes2
- Don’t know.....-8

B6. **Since your last study visit**, are there any health services that you needed but did not receive? **HLTHSER12**

- No.....1
- Yes2

B7. Since your last study visit, have you smoked cigarettes regularly (at least one cigarette a day)? **SMOKERE12**
 No.....1 (GO TO B8)
 Yes2

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 **AVCIGDA12**

B7b. If you stopped smoking since your last study visit, what was the last month and year you smoked? **SMKDAY12[†]**

M

M

/

Y

Y

/

Y

Y

Don't Know (-8)

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

B8. How many members of your household smoke tobacco in the house (at least 1 cigarette, cigar or pipe bowl per day)?
 _____ # PERSONS **HHMEMSM12**

B8a. **During the past 7 days**, on how many days were you exposed to tobacco smoke inside your home?
 _____ # DAYS => IF 0 DAYS, GO TO QUESTION B9 ON PAGE 5. **HOMEXPD12**

B8b. **Over the past 7 days**, when you were exposed to tobacco smoke in your home, how many hours were you exposed during a typical day?
 _____ # HOURS **HOMEXPH12**

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

The next questions are about your consumption of alcoholic beverages.

- B9. Since your last study visit, did you drink any beer, wine, liquor, or mixed drinks? **DRNKBEE12**
- No.....1 (GO TO B13, PAGE 6)
Yes2
- B10. How many glasses of beer (a medium glass or serving of beer is twelve ounces) did you drink on average per day, week or month? (PLEASE CIRCLE ONLY ONE RESPONSE.) **GLASBEE12**
- None or less than one per month.....1
1-3 per month.....2
1 per week.....3
2-4 per week.....4
5-6 per week.....5
1 per day.....6
2-3 per day7
4 per day.....8
5 or more per day9
- B11. How many glasses of wine or wine coolers, (a medium glass or serving of wine is 4 to 6 ounces), did you drink on average per day, week or month? (CIRCLE ONE NUMBER.) **GLASWIN12**
- None or less than one per month.....1
1-3 per month.....2
1 per week.....3
2-4 per week.....4
5-6 per week.....5
1 per day.....6
2-3 per day7
4 per day.....8
5 or more per day9
- B12. How many glasses of liquor or mixed drinks, (a medium serving is one shot), did you drink on average, per day, week or month? (CIRCLE ONE NUMBER.) **GLASLIQ12**
- None or less than once per month.....1
1-3 per month.....2
1 per week.....3
2-4 per week.....4
5-6 per week.....5
1 per day.....6
2-3 per day7
4 per day.....8
5 or more per day9

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

HLTHAYR12

- Much better now than one year ago.....1
- Somewhat better now than one year ago2
- About the same now as one year ago.....3
- Somewhat worse now than one year ago.....4
- Much worse now than one year ago5

B14. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (CIRCLE ONE NUMBER ON EACH LINE.)

Activities		Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<u>V ACTI12</u>	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<u>M ACTI12</u>	1	2	3
c. Lifting or carrying groceries	<u>LIFTING12</u>	1	2	3
d. Climbing several flights of stairs	<u>CLIMBS12</u>	1	2	3
e. Climbing one flight of stairs	<u>CLIMB1 12</u>	1	2	3
f. Bending, kneeling, or stooping	<u>BENDING12</u>	1	2	3
g. Walking more than a mile	<u>WALKM12</u>	1	2	3
h. Walking several blocks	<u>WALKS12</u>	1	2	3
i. Walking one block	<u>WALK1 12</u>	1	2	3
j. Bathing or dressing yourself	<u>BATHING12</u>	1	2	3

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

		NO	YES
a. Cut down on the amount of time you spent on work or other activities		1	2
	<u>PHYCTDW12</u>		
b. Accomplished less than you would like	<u>PHYACCO12</u>	1	2
c. Were limited in the kind of work or other activities	<u>PHYLIMI12</u>	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort)	<u>PHYDFCL12</u>	1	2

B16. **During the past 4 weeks**, have you had any of the following problems with your work or other regular activities as a result of any **emotional problems** (such as feeling depressed or anxious)?
(CIRCLE ONE NUMBER ON EACH LINE.)

	NO	YES
a. Cut down on the amount of time you spent on work or other activities	1	2
	<u>EMOCTDW12</u>	
b. Accomplished less than you would like	1	2
	<u>EMOACCO12</u>	
c. Didn't do work or other activities as carefully as usual	1	2
	<u>EMOCARE12</u>	

B17. **During the past 4 weeks**, to what extent has your **physical health or emotional problems** interfered with your normal social activities with family, friends, neighbors, or groups? (CIRCLE ONE.)

INTERFR12

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

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

BODYPAI12

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

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

PAINTRF12

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

B20. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. (CIRCLE ONE NUMBER ON EACH LINE.)

How much of the time <u>during the past 4 weeks....</u>	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of pep? <u>PEP12</u>	1	2	3	4	5	6
b. Have you been a very nervous person? <u>NERV4WK12</u>	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up? <u>CHER4WK12</u>	1	2	3	4	5	6
d. Have you felt calm and peaceful? <u>CALM4WK12</u>	1	2	3	4	5	6
e. Did you have a lot of energy? <u>ENERGY12</u>	1	2	3	4	5	6
f. Have you felt downhearted and blue? <u>BLUE4WK12</u>	1	2	3	4	5	6
g. Did you feel worn out? <u>WORNOUT12</u>	1	2	3	4	5	6
h. Have you been a happy person? <u>HAPY4WK12</u>	1	2	3	4	5	6
i. Did you feel tired? <u>TIRED12</u>	1	2	3	4	5	6

B21. **During the past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)? (CIRCLE ONE.)

SOCIAL12

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

B22. How TRUE or FALSE is each of the following statements for you? (CIRCLE ONE NUMBER ON EACH LINE.)

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. I seem to get sick a little easier than other people <u>HEALSIC12</u>	1	2	3	4	5
b. I am as healthy as anybody I know <u>HEALTHY12</u>	1	2	3	4	5
c. I expect my health to get worse <u>HEALWOR12</u>	1	2	3	4	5
d. My health is excellent <u>HEALEXC12</u>	1	2	3	4	5

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

PAINHEA12

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

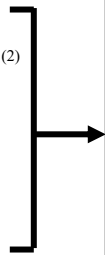
None of the time ⁽¹⁾ (GO TO b)

A slight bit of the time ⁽²⁾

Some of the time ⁽³⁾

Most of the time ⁽⁴⁾

All of the time ⁽⁵⁾



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

SCALHEA12

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

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

PAINFAC12

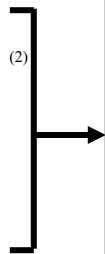
None of the time ⁽¹⁾ (GO TO c)

A slight bit of the time ⁽²⁾

Some of the time ⁽³⁾

Most of the time ⁽⁴⁾

All of the time ⁽⁵⁾



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

SCALFAC12

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

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

PAINNEC12

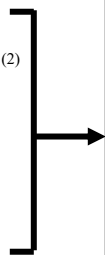
None of the time ⁽¹⁾ (GO TO d)

A slight bit of the time ⁽²⁾

Some of the time ⁽³⁾

Most of the time ⁽⁴⁾

All of the time ⁽⁵⁾



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

SCALNEC12

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

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

PAINBAC12

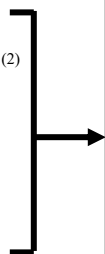
None of the time ⁽¹⁾ (GO TO e, Page 10)

A slight bit of the time ⁽²⁾

Some of the time ⁽³⁾

Most of the time ⁽⁴⁾

All of the time ⁽⁵⁾



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

SCALBAC12

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

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

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

PAINARM12

- None of the time ⁽¹⁾ (GO TO f)
- A slight bit of the time ⁽²⁾
- Some of the time ⁽³⁾
- Most of the time ⁽⁴⁾
- All of the time ⁽⁵⁾

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

SCALARM12

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

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

PAINLEG12

- None of the time ⁽¹⁾ (GO TO g)
- A slight bit of the time ⁽²⁾
- Some of the time ⁽³⁾
- Most of the time ⁽⁴⁾
- All of the time ⁽⁵⁾

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

SCALLEG12

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

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

PAINKNE12

- None of the time ⁽¹⁾ (GO TO h)
- A slight bit of the time ⁽²⁾
- Some of the time ⁽³⁾
- Most of the time ⁽⁴⁾
- All of the time ⁽⁵⁾

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

SCALKNE12

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

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

PAINCHE12

- None of the time ⁽¹⁾ (GO TO i, PAGE 11)
- A slight bit of the time ⁽²⁾
- Some of the time ⁽³⁾
- Most of the time ⁽⁴⁾
- All of the time ⁽⁵⁾

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

SCALCHE12

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

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

PAINABD12

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

- None of the time ⁽¹⁾ (GO TO j)
- A slight bit of the time ⁽²⁾
- Some of the time ⁽³⁾
- Most of the time ⁽⁴⁾
- All of the time ⁽⁵⁾

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

SCALABD12

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

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

PAINHIP12

- None of the time ⁽¹⁾ (GO TO k)
- A slight bit of the time ⁽²⁾
- Some of the time ⁽³⁾
- Most of the time ⁽⁴⁾
- All of the time ⁽⁵⁾

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

SCALHIP12

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

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

PAINOTH12

- None of the time ⁽¹⁾ (GO TO C1, PAGE 12)
- A slight bit of the time ⁽²⁾
- Some of the time ⁽³⁾
- Most of the time ⁽⁴⁾
- All of the time ⁽⁵⁾

If other location, SPECIFY **PAINOTS12**

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

SCALOTH12

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

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

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

Not at all ⁽¹⁾ (GO TO C2)

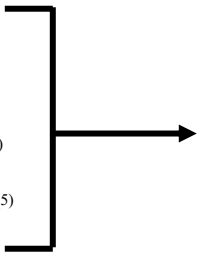
HOTFLAS12

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



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

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

NUMHOTF12

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

BOTHOTF12

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

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

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

COLDSWE12

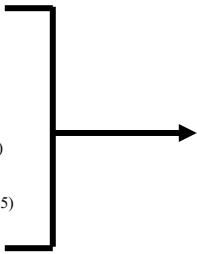
Not at all ⁽¹⁾ (GO TO C3, PAGE 13)

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



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

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

NUMCLDS12

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

BOTCLDS12

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

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

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

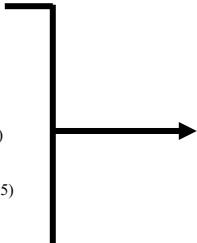
Not at all ⁽¹⁾ (GO TO C4) **NITESWE12**

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



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

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

NUMNITS12

C3b. How much are you usually bothered by night sweats? (CIRCLE ONE NUMBER.) **BOTNITS12**

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

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

C4. Stiffness or soreness in joints, neck or shoulders? (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.) **STIFF12**

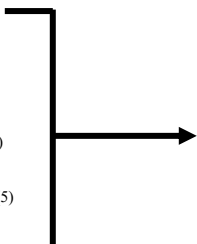
Not at all ⁽¹⁾ (GO TO C5)

1-5 days ⁽²⁾

6-8 days ⁽³⁾

9-13 days ⁽⁴⁾

Every day ⁽⁵⁾



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

BOTSTIF12

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

The following question refers to when you were 20 to 30 years old.

C5. When you were 20 – 30 years old, did you ever have unwanted hair growth on your face, back, chest, arms, thighs, or legs? Do not include hair growth on the lower leg or underarm area. **HAIRGRO12**

- No 1
- Yes 2
- Not sure -8

C6. Below is a list of common problems which affect us from time to time in our daily lives. Thinking back over the past two weeks, please circle the number corresponding to how often you experienced any of the following.

How often have you had...	Not at all	1-5 days	6-8 days	9-13 days	Every day
a. Back aches or pains? <u>ACHES12</u>	1	2	3	4	5
b. Knee pain? <u>KNEEPA12</u>	1	2	3	4	5
c. Headaches? <u>HDACHE12</u>	1	2	3	4	5
d. Breast pain/tenderness? <u>BRSTPA12</u>	1	2	3	4	5
e. Feeling blue or depressed? <u>FEELBLU12</u>	1	2	3	4	5
f. Dizzy spells? <u>DIZZY12</u>	1	2	3	4	5
g. Forgetfulness? <u>FORGET12</u>	1	2	3	4	5
h. Frequent mood changes? <u>MOODCHG12</u>	1	2	3	4	5
i. Heart pounding or racing? <u>HARTRAC12</u>	1	2	3	4	5
j. Feeling fearful for no reason? <u>FEARFULA12</u>	1	2	3	4	5
k. Irritability or grouchiness? <u>IRRITAB12</u>	1	2	3	4	5
l. Tense or nervous? <u>NRVOUS12</u>	1	2	3	4	5
m. Vaginal dryness? <u>VAGINDR12</u>	1	2	3	4	5
n. Vaginal irritation/itching? <u>VAGIRRT12</u>	1	2	3	4	5
o. Vaginal discharge? <u>VAGDISH12</u>	1	2	3	4	5
p. Vaginal soreness/pain? <u>VAGSORE12</u>	1	2	3	4	5

C7. These questions are about how much you were bothered **during the past 2 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. (CIRCLE ONE NUMBER ON EACH LINE.)

How much of the time during the past 2 weeks....	Not at All	Several days	More than half the days	Nearly everyday
a. Feeling nervous, anxious, or on edge? <u>ONEDGE12</u>	0	1	2	3
b. Not being able to stop or control worrying? <u>STOPWOR12</u>	0	1	2	3
c. Worrying too much about different things? <u>WORRY12</u>	0	1	2	3
d. Trouble relaxing? <u>RELAX12</u>	0	1	2	3
e. Being so restless that it is hard to sit still? <u>SITSTIL12</u>	0	1	2	3
f. Becoming easily annoyed or irritable? <u>ANNOY12</u>	0	1	2	3
g. Feeling afraid as if something awful might happen? <u>AFRAID12</u>	0	1	2	3

C8. Please indicate the extent to which you agree or disagree with each statement by circling the corresponding number. (PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION.)

	Strongly Agree	Somewhat Agree	Cannot Say	Somewhat Disagree	Strongly Disagree
a. The future seems to me to be hopeless, and I can't believe things are changing for the better. <u>FUTURE12</u>	0	1	2	3	4
b. I feel it is impossible for me to reach the goals that I would like to strive for. <u>GOALS12</u>	0	1	2	3	4

C9. These questions (a - c) are about your sleep habits **over the past two weeks**. Please circle one answer for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 2 weeks.

	No, not in the past 2 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times per week	Yes, 5 or more times a week
In the past two weeks...					
a. Did you have trouble falling asleep? <u>TRBLSLE12</u>	1	2	3	4	5
b. Did you wake up several times a night? <u>WAKEUP12</u>	1	2	3	4	5
c. Did you wake up earlier than you had planned to, and were unable to fall asleep again? <u>WAKEARL12</u>	1	2	3	4	5

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.

C10. **During the past month**, when have you usually gone to bed at night? (PLEASE CIRCLE A.M. OR P.M.)

BEDTIME12

USUAL BED TIME ____ : ____ A.M. 1.
P.M. 2.

C11. **During the past month**, how long (in minutes) has it usually taken you to fall asleep each night?

NUMBER OF MINUTES _____ **NUMMINU12**

C12. **During the past month**, when have you usually gotten up in the morning? (PLEASE CIRCLE A.M. OR P.M.)

GETUPTI12

USUAL GETTING UP TIME ____ : ____ A.M. 1.
P.M. 2.

C13. **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 _____ **HRSSLEE12**

C14. **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 <u>NO30SLE12</u>	1	2	3	4
b. Wake up in the middle of the night or early in the morning <u>WAKEMID12</u>	1	2	3	4
c. Have to get up to use the bathroom <u>USEBATH12</u>	1	2	3	4
d. Cannot breathe comfortably <u>CANTBRT12</u>	1	2	3	4
e. Cough or snore loudly <u>SNORE12</u>	1	2	3	4
f. Feel too cold <u>TOOCOLD12</u>	1	2	3	4
g. Feel too hot <u>TOOHOT12</u>	1	2	3	4
h. Had bad dreams <u>BADREAM12</u>	1	2	3	4
i. Have pain <u>HAVPAIN12</u>	1	2	3	4
j. Other reason(s). <u>TRBSLEP12</u>	1	2	3	4
Please describe: <u>OTHTRB12</u>				

C15. **During the past month**, how would you rate your sleep quality overall? **SLEEPQL12**

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

C16. **During the past month**, how often have you taken medicine (prescribed or "over the counter") to help you sleep? **MEDICIN12**

- 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

- C17. **During the past month**, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity? **TRBAWAK12**
- 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

- C18. **During the past month**, how much of a problem has it been for you to keep up enough enthusiasm to get things done? **ENTHUS12**
- No problem at all1
 - Only a very slight problem2
 - Somewhat of a problem3
 - A very big problem4

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

- C19. **During the last 7 days**, on average, how many times did you go to the bathroom to urinate (empty your bladder) during the day? **URINDAY12**
- ___ ___ times per day

- C20. **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)? **URINIG12**
- ___ ___ times per night (after going to bed)

- C21. **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.) **RUSHBAT12**
- Never.....1
 - Rarely.....2
 - A few times per month.....3
 - A few times per week.....4
 - Daily.....5

- C22. **Since your last study visit**, have you ever leaked, even a very small amount, of urine involuntarily or beyond your control? **INVOLEA12**
- No.....1 (GO TO D1, PAGE 20)
 - Yes2

- C23. **In the last month**, about how many days have you lost any urine, even a small amount, beyond your control? (CIRCLE ONLY ONE ANSWER.) **LEKDAY12**
- Never.....1 (GO TO D1, PAGE 20)
 - Less than one day per week2
 - Several days per week.....3
 - Almost daily/daily.....4

C24. **In the last month**, have you lost any urine, even a small amount, beyond your control when you were coughing, laughing, sneezing, jogging, picking up an object from the floor or similar type of activity?

- No.....1 (GO TO C25)
Yes2 **LEKCOUG12**

C24a. About how many times per week have you lost any urine under these circumstances?
(CIRCLE ONLY ONE ANSWER.) **COUGLWK12**

- Less than once per week1
At least once per week to several times per week2
Almost daily/daily.....3

C24b. IF YES, how much urine do you lose when you leak under these circumstances?

LEKAMNT12

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

C25. **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? **LEKURGE12**

- No.....1 (GO TO D1, PAGE 20)
Yes2

C25a. About how many times per week have you lost any urine under these circumstances?
(CIRCLE ONLY ONE ANSWER.) **URGELWK12**

- Less than once per week1
At least once per week to several times per week2
Almost daily/daily.....3

C25b. IF YES, how much urine do you lose when you leak under these circumstances?

URGEAMT12

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

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

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very upsetting and still upsetting
a. Started school, a training program, or new job? <u>STARTNE12</u>	1	2	3	4	5
b. Had trouble with a boss or conditions at work got worse? <u>WORKTRB12</u>	1	2	3	4	5
c. Quit, fired or laid off from a job? <u>QUITJOB12</u>	1	2	3	4	5
d. Took on a greatly increased work load at job? <u>WORKLOA12</u>	1	2	3	4	5
e. Husband/partner became unemployed? <u>PRTUNEM12</u>	1	2	3	4	5
f. Major money problems? <u>MONEYPR12</u>	1	2	3	4	5
g. Relations with husband/partner changed for the worse but without separation or divorce? <u>WORSREL12</u>	1	2	3	4	5
h. Were separated or divorced or a long-term relationship ended? <u>RELATEN12</u>	1	2	3	4	5
i. Had a serious problem with child or family member (other than husband/partner) or with a close friend? <u>SERIPRO12</u>	1	2	3	4	5
j. A child moved out of the house or left the area? <u>CHILDMO12</u>	1	2	3	4	5
k. Took on responsibility for the care of another child, grandchild, parent, other family member or friend? <u>RESPCAR12</u>	1	2	3	4	5
l. Family member had legal problems or a problem with police? <u>LEGALPR12</u>	1	2	3	4	5
m. A close relative (husband/partner, child or parent) died? <u>CRELDIE12</u>	1	2	3	4	5

Question D1 continued:

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very upsetting and still upsetting
n. A close friend or family member <u>other than</u> a husband/partner, child or parent died? CLOSDIE12	1	2	3	4	5
o. Major accident, assault, disaster, robbery or other violent event happened to yourself? SELFVIO12	1	2	3	4	5
p. Major accident, assault, disaster, robbery or other violent event happened to a family member? FAMLVIO12	1	2	3	4	5
q. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? PHYSILL12	1	2	3	4	5
r. Other major event not included above? Specify: MAJEVEN12 SPECEVN12	1	2	3	4	5

D2. Please answer the following questions about yourself by indicating the extent of your agreement. (CIRCLE ONE NUMBER ON EACH LINE)

Be as honest as you can throughout, and try not to let your response to one question influence your response to other questions. There are no right or wrong answers.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. There is not enough purpose in my life. PURPOSE12	1	2	3	4	5
b. To me, the things I do are all worthwhile. WORTHWH12	1	2	3	4	5
c. Most of what I do seems trivial and unimportant to me. TRIVIAL12	1	2	3	4	5
d. I value my activities a lot. VALUEAC12	1	2	3	4	5
e. I don't care very much about the things I do. DONTCAR12	1	2	3	4	5
f. I have lots of reasons for living. REASONS12	1	2	3	4	5

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

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

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

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

CARING12

- None or less than one hour per week1
- At least 1 hour but less than 20 hours per week2
- 20 hours or more per week.....3

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

MEALS12

- 1 hour or less per day1
- Between 1 and 2 hours per day2
- More than 2 hours per day3

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

ROUTNCH12

- Once per week or less1
- More than once per week but less than daily2
- Daily or more3

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

MODERAT12

- Once a month or less.....1
- 2-3 times per month2
- 4 or more times per month3

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

VIGOROU12

- Once a month or less.....1
- 2-3 times per month2
- 4 or more times per month3

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

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

PHYSACT12

- Much less1
- Somewhat less.....2
- The same3
- Somewhat more4
- Much more5

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

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

WATCHTV12

- Never or less than 1 hour a week1
- At least 1 hour/week but less than 1 hour a day2
- 1-2 hours a day3
- 2-4 hours a day4
- More than 4 hours a day.....5

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

WALKBIK12

- Never or less than 5 minutes per day1
- 5-15 minutes per day.....2
- 16-30 minutes per day.....3
- 31-45 minutes per day.....4
- More than 45 minutes per day5

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

SWEATPA12

- Never or less than once a month1
- Once a month2
- 2-3 times a month.....3
- Once a week.....4
- More than once a week5

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

SPORTS12

- Never.....1 (GO TO F1, PAGE 25)
- Less than once a month.....2
- Once a month3
- 2-3 times a month.....4
- Once a week.....5
- More than once a week6

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

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

SPOREX112

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

RATEIN112

- No.....1
- Yes, a small increase.....2
- Yes, a moderate increase.....3
- Yes, a large increase4

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

MTHSAC112

- Less than 1 month1
- 1-3 months2
- 4-6 months3
- 7-9 months4
- More than 9 months5

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

HRSACT112

- Less than 1 hour1
- At least 1 but less than 2 hours2
- At least 2 but less than 3 hours3
- At least 3 but less than 4 hours4
- More than 4 hours5

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

OTHSPOR12

- No.....1 (GO TO F1, PAGE 25)
- Yes2

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

SPOREX212

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

RATEIN212

- No.....1
- Yes, a small increase.....2
- Yes, a moderate increase.....3
- Yes, a large increase4

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

MTHSAC212

- Less than 1 month1
- 1-3 months2
- 4-6 months3
- 7-9 months4
- More than 9 months5

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

HRSACT212

- Less than 1 hour1
- At least 1 but less than 2 hours2
- At least 2 but less than 3 hours3
- At least 3 but less than 4 hours4
- More than 4 hours5

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.

F1. 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.)

#INCOME12^s

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

F2. 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 HAR12

- Very hard1
- Somewhat hard.....2
- Not hard at all.....3
- Don't know -8

^sF.1 Note that the 200% poverty indicator variable created for other visit years is not applicable at Visit 12 because household size was not collected. INCOME12 has been excluded from the public dataset due to small cell size.

G1. We are interested in how you have felt **this week** (the past 7 days) and below are a number of words that describe different feelings or emotions that people experience. Read each item and then, using the scale provided, indicate in the space next to each item how strongly you have experienced these feelings this past week. (CIRCLE ONLY ONE NUMBER FOR EACH.)

		Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
a. Interested	<u>INTRPAN12</u>	1	2	3	4	5
b. Disinterested	<u>DISIPAN12</u>	1	2	3	4	5
c. Excited	<u>EXCIPAN12</u>	1	2	3	4	5
d. Upset	<u>UPSEPAN12</u>	1	2	3	4	5
e. Strong	<u>STROPAN12</u>	1	2	3	4	5
f. Guilty	<u>GUILPAN12</u>	1	2	3	4	5
g. Scared	<u>SCARPAN12</u>	1	2	3	4	5
h. Hostile	<u>HOSTPAN12</u>	1	2	3	4	5
i. Enthusiastic	<u>ENTHPAN12</u>	1	2	3	4	5
j. Proud	<u>PROUPAN12</u>	1	2	3	4	5
k. Irritable	<u>IRRIPAN12</u>	1	2	3	4	5
l. Alert	<u>ALERPAN12</u>	1	2	3	4	5
m. Ashamed	<u>ASHAPAN12</u>	1	2	3	4	5
n. Inspired	<u>INSPPAN12</u>	1	2	3	4	5
o. Nervous	<u>NERVPAN12</u>	1	2	3	4	5
p. Determined	<u>DETEPAN12</u>	1	2	3	4	5
q. Attentive	<u>ATTEPAN12</u>	1	2	3	4	5
r. Jittery	<u>JITTPAN12</u>	1	2	3	4	5
s. Active	<u>ACTIPAN12</u>	1	2	3	4	5
t. Afraid	<u>AFRAPAN12</u>	1	2	3	4	5

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

Date Data Entered / Initials _____

Date Verified / Initials _____

SELF-ADMINISTERED QUESTIONNAIRE PART B

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

- A1. AFFIX ID LABEL HERE
RESPONDENT ID: **ARCHID~**
- A2. SWAN STUDY VISIT # _____ **VISIT**
- A3. FORM VERSION: 05/01/2009 **#FORM_V**
- A4. DATE FORM COMPLETED: M M / D D / Y Y / Y Y _____ **SABDAY12[†]**
- A5. INTERVIEWER'S INITIALS: _____ **#INITS**
- A6. RESPONDENT'S DOB: M M / D D / 1 9 / Y Y / Y Y _____ **#DOB**
- VERIFY WITH RESPONDENT**

- A7. COMPLETED IN: **#LOCATIO12**
- RESPONDENT'S HOME 1
 - CLINIC/OFFICE 2
 - RESPONDENT'S HOME W/ PROXY 3
 - CLINIC/ OFFICE W/ PROXY 4
 - TELEPHONE 5
 - TELEPHONE BY PROXY 6
- A8. INTERVIEW LANGUAGE: **LANGUAG12**
- ENGLISH 1
 - SPANISH 2
 - CANTONESE 3
 - JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? **#ADMIN12**
- NO 1
 - YES 2

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

This questionnaire covers material that is sensitive and personal. For some women, sexual activity is an important part of their lives, but for others, it is not. Everyone has different ideas on this subject. To help us understand how these matters affect women's lives and health, we would like you to answer the following questions from your own personal viewpoint. There are no right or wrong answers. Remember, confidentiality is assured. While we hope you are willing to answer all of the questions, if there are questions you would prefer not to answer, you are free to skip them. Please find the most appropriate response to each question, and circle the number for the answer you choose.

B1. How important is sex in your life? **(CIRCLE ONE NUMBER.)** **IMPORSE12**

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

B2. During the past 6 months, how often have you felt a desire to engage in any form of sexual activity, either alone or with a partner? **(CIRCLE ONE NUMBER.)** **DESIRSE12**

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

B3. During the past 6 months, have you engaged in sexual activities with a partner? **(CIRCLE ONE NUMBER.)** **ENGAGSE12**

- No.....1 **(GO TO B3.a)**
- Yes2 **(GO TO B4)**

B3.a People do not engage in sexual activities with partners for many reasons. Please circle 1 (NO) or 2 (YES) for each reason listed below. Please answer all six questions.

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

	NO	YES
1) I do not have a partner at this time. <u>NOPARTN12</u>	1	2
2) My partner has a physical problem that interferes with sex. <u>PARTPRO12</u>	1	2
3) I have a physical problem that interferes with sex. <u>PHYSPRO12</u>	1	2
4) My partner is too tired or busy. <u>PARTIRE12</u>	1	2
5) My partner is not interested. <u>PARTNOI12</u>	1	2
6) Other: Please Specify <u><u>NOSEXOT12</u></u> <u><u>#NOSEXSP12</u></u>	1	2

PLEASE TURN TO PAGE 5, AND ANSWER QUESTION B13

B4. In the past 6 months, how emotionally satisfying was your relationship with your main partner? **SATISFY12**

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

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

PHYSPLE12

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

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

	Not at all	Once or twice per month	About once per week	More than once per week	Daily
a) Kissing or hugging? <u>KISSING12</u>	1	2	3	4	5
b) Sexual touching or caressing? <u>TOUCHIN12</u>	1	2	3	4	5
c) Oral sex? <u>ORALSEX12</u>	1	2	3	4	5
d) Sexual intercourse? <u>INTCOURS12</u>	1	2	3	4	5

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

B7. During the last 6 months, how often did you feel aroused during sexual activity? **AROUSED12**

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

B8. During the past 6 months, have you felt vaginal or pelvic pain during intercourse? **PELVIC12**

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

B9. During the last 6 months, how often have you used lubricants, such as creams or jellies, to make sex more comfortable? **LUBRICN12**

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

B10. During the past 6 months, how often were you able to reach climax (come)? **ABLECLM12**

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

B11. During the past 6 months, how often were you satisfied with the frequency of sexual activity? **FREQUEN12**

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

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

In the past 6 months...	Not at all					A great deal
a. My partner has had a physical problem that interferes with sex. <u>PHYPPAR12</u>	1	2	3	4	5	5
b. My partner is too tired or busy for sex. <u>BUSYPAR12</u>	1	2	3	4	5	5
c. My partner is not interested in sex. <u>NOINPAR12</u>	1	2	3	4	5	5

B13. On average, in the last 6 months, how often have you engaged in masturbation (self-stimulation)? **MASTURB12**

1	2	3	4	5	6
Not at all	Less than once a month	Once or twice a month	About once a week	More than once a week	Daily

Thank you for helping us with this important research study.

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

Date Data Entered / Initials _____

Date Verified / Initials _____

PHYSICAL MEASURES

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE ARCHID~

A2. SWAN STUDY VISIT # 09 VISIT

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

A4. DATE FORM COMPLETED: ___ / ___ / ___ PHYDAY12†
 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. MEASUREMENTS COMPLETED IN: #LOCATIO12
 RESPONDENT'S HOME.....1
 CLINIC/OFFICE.....2

A7. TECHNICIAN'S INITIALS

a. BLOOD PRESSURE ___ #INITSA12

b. HEIGHT/WEIGHT ___ #INITSB12

c. WAIST/HIP ___ #INITSC12

A8. WERE PHYSICAL MEASURES COMPLETED? PHYCOMP12
 NO 1
 YES 2 (B1)

A8.1. IF NO (i.e. PHYSICAL MEASURES NOT DONE), SPECIFY REASON: #PHYNOT
 UNWILLING/UNABLE TO COME TO OFFICE 1 (END)
 OUTSIDE OF 90-DAY WINDOW 2 (END)
 OTHER 3 (END)
 IF OTHER, SPECIFY _____ #PHYNOTS
 REFUSED-7 (END)

~ 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.

Section B. Measurements

- B1. ARM LENGTH ___ ___ ___ ▪ ___ cm #**ARMLNGT12**
- B2. ARM CIRCUMFERENCE ___ ___ ___ ▪ ___ cm #**ARMCIRC12**
- B3. CUFF SIZE USED (Circle one.) 1. Pediatric 3. Large Adult
 2. Adult 4. Thigh #**CUFFSIZ12**

Wait 5 minutes before measurements. Respondent is to sit quietly for 5 minutes with feet flat on the floor (legs uncrossed) and is to refrain from talking during the measurements.

WAIT 2 MINUTES BETWEEN EACH BLOOD PRESSURE READING.

- B4. PULSE ___ ___ beats/30 sec #**PULSE12**
- B5. BLOOD PRESSURE #1 (SYS./DIA. 5th Phase) ___ ___ ___ / ___ ___ mmHg
 #**SYSBP112 / DIABP112**
- B6. BLOOD PRESSURE #2 (SYS./DIA. 5th Phase) ___ ___ ___ / ___ ___ mmHg
 #**SYSBP212 / DIABP212**

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

- B7. HEIGHT ___ ___ ___ ▪ ___ cm #**HEIGHT12**
- B7.1. Measurement Method 1. Stadiometer 2. Portable #**HTMETHO12**
 3. Self Report
- B7.1.a. If Self Report, then choose one of the following #**HTSELF12**
 1. Participant in wheelchair/disabled 2. Equipment Failure
 3. Refused to be measured 4. Other #**HTSELS12**
 Specify _____
- B8. WEIGHT ___ ___ ___ ▪ ___ kg #**WEIGHT12**
- B8.1. Scales 1. Balance Beam 2. Clinic Digital #**SCALE12**
 3. Portable 4. Self Report
- B8.1.a. If Self Report, then choose one of the following #**WTSELF12**
 1. Participant in wheelchair/disabled 2. Equipment Failure
 3. Refused to be weighed 4. Participant weight more than scale
 5. Other #**WTSELS12**
 Specify _____
- B9. WAIST CIRCUMFERENCE ___ ___ ___ ▪ ___ cm #**WAIST12**
- B9.1. Measurement taken in: 1. Undergarments 2. Light clothing #**WASTMEA12**
- B10. HIP CIRCUMFERENCE ___ ___ ___ ▪ ___ cm #**HIP12**
- B10.1. Measurement taken in: 1. Undergarments 2. Light clothing #**HIPMEAS12**
- B11. **Please note if there were any unusual circumstances or deviations from the protocol.**
_____ #**DEVIAT112**
_____ #**DEVIAT212**

COGNITIVE FUNCTION FORM

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE
 ARCHID[~]

A2. SWAN STUDY VISIT # 12 **VISIT**

A3. FORM VERSION: 09/01/2009 05/12/2017 in green **#FORM_V**

A4. DATE FORM COMPLETED: _____ **COGDAY12[†]**
M M / D D / Y Y Y Y

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

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

VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO12**
 RESPONDENT'S HOME1
 CLINIC / OFFICE2

A8. INTERVIEW LANGUAGE: **LANGCOG12**
 ENGLISH1
 SPANISH2
 CANTONESE3
 JAPANESE4

A9. WERE ANY OF THE COGNITIVE FUNCTION TESTS COMPLETED? **#COGCOMP12**
 NO1
 YES2 **(A10)**

A9.1. IF NO (i.e. COGNITIVE FUNCTION TESTS NOT DONE), SPECIFY REASON: **#COGNOT12**
 UNWILLING/UNABLE TO COME TO OFFICE1 **(END)**
 OUTSIDE OF 90-DAY WINDOW.....2 **(END)**
 OTHER.....3 **(END)**

IF OTHER, SPECIFY _____ **#COGNOTS12**
 REFUSED -7 **(END)**

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

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

IF NON-PARTICIPATING SITE (PITTSBURGH, NEW JERSEY OR MICHIGAN), SKIP SECTION B AND GO TO SECTION C.

B. REY AUDITORY VERBAL LEARNING TEST: WORD LIST RECALL

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

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

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

SCORING:

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

REY AUDITORY VERBAL LEARNING TEST: WORD LIST RECALL

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

READ THE LIST BELOW WITH ONE SECOND INTERVAL BETWEEN EACH WORD.
AFTER THE LIST OF WORDS IS READ ASK THE PARTICIPANT THE FOLLOWING:

“Now tell me as many words as you can remember.”

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

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

- Administration status: (CIRCLE ONE RESPONSE.) **REYSTA112**
 - 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, _____ **#REYSPE112**
 - 10 = Administered but not according to protocol, Specify, _____
- Total number of correct (unique) responses (range 0 – 15): _____ **REYCOR112**
- Total number of repetitions: _____ **REYREP112**
- Total number of intrusions: _____ **REYINT112**

C. BACKWARD COUNTING FROM 100

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

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

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

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

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

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

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

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

Check box if Participant self-corrected

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

- Administration status: (CIRCLE ONE RESPONSE.) **BACKSTA12**
 - 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
- Record final number reached: _____ **BACKFIN12**
- Record number of errors: _____ **BACKERR12**
- Total number of digits produced [calculated as: 100 – (number reached + number errors)] **BACKTOT12**
Specify _____ **#BACKSP112**
_____ **#BACKSP212**
_____ **#BACKSP312**

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

- _____ [IMEDTHR12](#)
- _____ [IMEDCH112](#)
- _____ [IMEDHOU12](#)
- _____ [IMEDFIR12](#)
- _____ [IMEDFMN12](#)
- _____ [IMEDCLM12](#)
- _____ [IMEDCH212](#)
- _____ [IMEDRES12](#)
- _____ [IMEDMIN12](#)
- _____ [IMEDINJ12](#)
- _____ [IMEDEV12](#)
- _____ [IMEDWEL12](#)
- _____ [TOTIDE112](#)

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) **SDMTSTA12** _____
- 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 _____ **SDMTSPE12**
- 10 = Administered but not according to protocol
- Specify _____
-
2. Number of Test Administrations **SDMTADM12** _____
3. Number of Practice Items Correct (0-7) **SDMTPRA12** _____
4. Number of Test Items Attempted (0-110) **SDMTATM12** _____
5. Number of Test Items Correct (0-110) **SDMTCOR12** _____

F. DIGITS BACKWARD

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

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

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

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

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

ITEM

Response Code

P1. Try this one : 2 – 8 – 3.

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

[GO TO 1a]

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

[GO TO P2]

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

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

[GO TO 1a]

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

DIGITS BACKWARD (CONTINUED)

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

<u>Item</u>	Response Code
1a. Ready? 5 – 1	<u>DIGIT1A12</u>
1b. Here is another: 3 – 8	<u>DIGIT1B12</u>
2a. Here is another: 4 – 9 – 3	<u>DIGIT2A12</u>
2b. Here is another: 5 – 2 – 6	<u>DIGIT2B12</u>
3a. Here is another: 3 – 8 – 1 – 4	<u>DIGIT3A12</u>
3b. Here is another: 1 – 7 – 9 – 5	<u>DIGIT3B12</u>
4a. Here is another: 6 – 2 – 9 – 7 – 2	<u>DIGIT4A12</u>
4b. Here is another: 4 – 8 – 5 – 2 – 7	<u>DIGIT4B12</u>
5a. Here is another: 7 – 1 – 5 – 2 – 8 – 6	<u>DIGIT5A12</u>
5b. Here is another: 8 – 3 – 1 – 9 – 6 – 4	<u>DIGIT5B12</u>
6a. Here is another: 4 – 7 – 3 – 9 – 1 – 2 – 8	<u>DIGIT6A12</u>
6b. Here is another: 8 – 1 – 2 – 9 – 3 – 6 – 3	<u>DIGIT6B12</u>

Specify
#SPCDIG112 _____

#SPCDIG212 _____

[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

SCORE EACH IDEA AS PRESENT OR ABSENT

DLAYTHR12

DLAYCH112

DLAYHOU12

DLAYFIR12

DLAYFMN12

DLAYCLM12

DLAYCH212

DLAYRES12

DLAYMIN12

DLAYINJ12

DLAYEVR12

DLAYWEL12

TOTIDE212

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. LETTER NUMBER SEQUENCING

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

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

COMPLETE PRACTICE ITEMS AND THEN START WITH ITEM 1.

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

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

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

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

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

<u>ITEM</u>	Response Code
6-F (6-F) [IF <u>CORRECT</u> (1); IF <u>ERROR</u> (0)]	_____
G-4 (4-G) [IF <u>CORRECT</u> (1); IF <u>ERROR</u> (0)]	_____
3-W-5 (3-5-W) [IF <u>CORRECT</u> (1); IF <u>ERROR</u> (0)]	_____
T-7-L (7-L-T) [IF <u>CORRECT</u> (1); IF <u>ERROR</u> (0)]	_____
1-J-A (1-A-J) [IF <u>CORRECT</u> (1); IF <u>ERROR</u> (0)] <i>“Very good. Do you have any questions?”</i>	_____

LETTER NUMBER SEQUENCING (CONTINUED)

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

- 0 = Error
- 1 = Correct
- 1 = Not Administered due to discontinuation rule
- 6 = Not administered because of physical impairment
- 7 = Not administered because of verbal refusal
- 8 = Not administered because of behavioral reason
- 9 = Not administered for some other reason,
Specify #LNSQSPE12 _____
- 10 = Administered but not according to protocol,
Specify, _____

Let's begin.

		Response Code
1.	L-2 (2-L)	<u>LNSQ1A12</u> _____
	6-P (6-P)	<u>LNSQ1B12</u> _____
	B-5 (5-B)	<u>LNSQ1C12</u> _____
2.	F-7-L (7-F-L)	<u>LNSQ2A12</u> _____
	R-4-D (4-D-R)	<u>LNSQ2B12</u> _____
	H-1-8 (1-8-H)	<u>LNSQ2C12</u> _____
3.	T-9-A-3 (3-9-A-T)	<u>LNSQ3A12</u> _____
	V-1-J-5 (1-5-J-V)	<u>LNSQ3B12</u> _____
	7-N-4-L (4-7-L-N)	<u>LNSQ3C12</u> _____
4.	8-D-6-G-1 (1-6-8-D-G)	<u>LNSQ4A12</u> _____
	K-2-C-7-S (2-7-C-K-S)	<u>LNSQ4B12</u> _____
	5-P-3-Y-9 (3-5-9-P-Y)	<u>LNSQ4C12</u> _____
5.	M-4-E-7-Q-2 (2-4-7-E-M-Q)	<u>LNSQ5A12</u> _____
	W-8-H-5-F-3 (3-5-8-F-H-W)	<u>LNSQ5B12</u> _____
	6-G-9-A-2-S (2-6-9-A-G-S)	<u>LNSQ5C12</u> _____
6.	R-3-B-4-Z-1-C (1-3-4-B-C-R-Z)	<u>LNSQ6A12</u> _____
	5-T-9-J-2-X-7 (2-5-7-9-J-T-X)	<u>LNSQ6B12</u> _____
	E-1-H-8-R-4-D (1-4-8-D-E-H-R)	<u>LNSQ6C12</u> _____
7.	5-H-9-S-2-N-6-A (2-5-6-9-A-H-N-S)	<u>LNSQ7A12</u> _____
	D-1-R-9-B-4-K-3 (1-3-4-9-B-D-K-R)	<u>LNSQ7B12</u> _____
	7-M-2-T-6-F-1-Z (1-2-6-7-F-M-T-Z)	<u>LNSQ7C12</u> _____
8.	[TRIAL A – Japanese version]	<u>LNSQ8A12</u> _____
	[TRIAL B – Japanese version]	<u>LNSQ8B12</u> _____
	[TRIAL C – Japanese version]	<u>LNSQ8C12</u> _____

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

LETTER NUMBER SEQUENCING (CONTINUED)

SCORING

- RECORD THE PARTICIPANT’S RESPONSE TO EACH TRIAL **VERBATIM**, THE TRIAL SCORE, THE ITEM SCORE AND THE TOTAL SUBSET RAW SCORE.
- FOR EACH TRIAL OF AN ITEM, SCORE 1 POINT FOR EACH CORRECT RESPONSE, 0 POINTS FOR EACH INCORRECT RESPONSE. A RESPONSE IS INCORRECT IF A NUMBER OR LETTER IS OMITTED OR IF THE NUMBERS OR LETTERS ARE NOT SAID IN SPECIFIED SEQUENCE. **AS LONG AS THE NUMBERS AND LETTERS ARE RECALLED IN SEQUENCE, GIVE CREDIT IF THE PARTICIPANT GIVES THE LETTERS IN SEQUENCE BEFORE THE NUMBERS.** SUM THE TOTAL SCORE TO OBTAIN THE ITEM SCORES; SUM THE ITEM SCORES TO OBTAIN THE TOTAL SCORE.
- EACH ITEM IS SCORED 3,2,1, OR 0 POINTS AS FOLLOWS (MAXIMUM SCORE = 21 POINTS IN FORM VERSION 09/01/2009; **MAXIMUM SCORE = 24 IN FORM VERSION 05/12/2017**):

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

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

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

8. Add the number of passes circled for Items 1 to 7 and record the total score. (Form version 09/01/2009)

Total score (0 to 21) ___ **LNSQTOT12**

9. Add the number of passes circled for Items 1 to 8 and record the total score. (Form version 05/12/2017)

Total score (0 to 24) ___ **LNSQTOT12**

IF NON-PARTICIPATING SITE (PITTSBURGH, NEW JERSEY OR MICHIGAN), SKIP SECTION I AND GO TO SECTION J.

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

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

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

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

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

- Administration status: (CIRCLE ONE RESPONSE.) **REYSTA212**
 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, _____ **#REYSPE112**
 10 = Administered but not according to protocol, Specify, _____
- Total number of correct (unique) responses (range 0 – 15): _____ **REYCOR212**
- Total number of repetitions: _____ **REYREP212**
- Total number of intrusions: _____ **REYINT212**

J. PLACEMENT OF COGNITIVE PROTOCOL

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

PROTOCOL COMPONENT:	COMPLETED PRIOR TO COGNITIVE ASSESSMENT?		
	NO	YES	NOT APPLICABLE
CONSENT #CONSENT12	1	2	-1
INTERVIEWER-ADMIN. ANNUAL FOLLOW UP FORM #INTADMI12	1	2	-1
RX/OTC/VITAMIN/SUPPLEMENT MEDICATION FORM #MEDFORM12	1	2	-1
BLOOD PRESSURE MEASUREMENTS #BLDPRSS12	1	2	-1
BLOOD DRAW #BLODDRA12	1	2	-1
ANTHROPOMETRIC MEASUREMENTS #ANTHROP12	1	2	-1
SAQ A #SELFA12	1	2	-1
SAQ B #SELFB12	1	2	-1
SAQ B2 #SELFB212	1	2	-1
SAQ D #SELFD12	1	2	-1
PHYSICAL FUNCTION #PHYFUNC12	1	2	-1
BONE DENSITY #BONEDNS12	1	2	-1
BIOIMPEDANCE #BIOIMPE12	1	2	-1
BREAK / FRACTURE EVENT #BRKEVNT12	1	2	-1
HYSTERECTOMY PARTICIPANT FORM #HYSPART12	1	2	-1
CARDIOVASCULAR EVENT FORM #CARDEVT12	1	2	-1
CANCER EVENT FORM #CANCEVT12	1	2	-1
CVA HEALTH CARE UTILIZATION FORM #CVAHCU12	1	2	-1
HOSPITALIZATION EVENT FORM #HOSPEVT12	1	2	-1
CAROTID IMT #CAROTID12	1	2	-1
SCID #SCID12	1	2	-1
SITE SPECIFIC PROTOCOL #SSPPROT12	1	2	-1
OTHER (If yes, specify protocol(s) done prior to Cognitive Assessment): #OTHSTDY12	1	2	
#OTHPRO112			
#OTHPRO212			
#OTHPRO312			
#OTHPRO412			
#OTHPRO512			

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 # 12 **VISIT**

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

A4. DATE FORM COMPLETED: / / **BIODAY12†**
M M D D Y Y Y Y

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

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

VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN: **#LOCATIO12**
RESPONDENT'S HOME/OFFICE 1
CLINIC/OFFICE 2

A8. INTERVIEW LANGUAGE: **LANGBIO12**
ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

A9. WAS BIOIMPEDANCE MEASUREMENT COMPLETED? **COMPBIA12**
NO 1
YES 2 (B1)

A9.1. IF NO (i.e. BIOIMPEDANCE NOT DONE), SPECIFY REASON: **#BIONOT12**
UNWILLING/UNABLE TO COME TO OFFICE 1 (END)
OUTSIDE OF 90-DAY WINDOW 2 (END)
OTHER 3 (END)
IF OTHER, SPECIFY _____ **#BIONOTS12**
INELIGIBLE (B1 = YES or DON'T KNOW) 4 (END)
REFUSED -7 (END)

~ 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.

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)? **AICDPUM12**

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

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

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

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

B2. Have you exercised intensely for at least half an hour or taken a sauna within the last 12 hours? That is, since ___ : ___ a.m. / p.m.? **EXER12H12**

- 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.? **EAT5HR12**

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

B4. Have you had more than 2 alcohol drinks in the last 24 hours? That is, since ___ : ___ a.m. / p.m.? **ALCO24H12**

- 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? **EMBDDEV12**

- 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.

METJEWL12

B6. DID PARTICIPANT WEAR ANY METAL JEWELRY DURING MEASUREMENT?

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

B6.1. IF YES, WERE THERE ANY RINGS, BRACELETS, WATCHES OR ANKLE JEWELRY ON THE MEASURED SIDE? **ONMEASS12**

- 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? **SIDE12**

- RIGHT1
- LEFT.....2

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

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

(+ OR -) _____ OHMS **CONDUCT12**

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

(+ OR -) _____ OHMS **REACT12**

B10. WAS THE MEASUREMENT RE-RUN?

BIORRUN12

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

B11. COMMENTS: _____

#OPERCO112

#OPERCO212

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

Thank you for your participation in this study.

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

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

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

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

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

- A1. RESPONDENT ID: AFFIX ID LABEL HERE ARCHID[~]
- A2. SWAN STUDY VISIT # 12 VISIT
- A3. FORM VERSION: 05/01/2009 #FORM_V
- A4. DATE FORM COMPLETED:

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

 FUNCDAY12[†]
- A5. INTERVIEWER'S INITIALS: _____ #INITS
- A6. RESPONDENT'S DOB:

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

 #DOB

- A7. MEASUREMENTS ATTEMPTED/COMPLETED IN: #LOCATIO12
RESPONDENT'S HOME 1
CLINIC/OFFICE 2
- A8. WHAT PHYSICAL FUNCTION MEASURES WERE COMPLETED? PHYFCOM12
NO PHYSICAL FUNCTION MEASURES COMPLETED 1 (A8.1)
ALL PHYSICAL FUNCTION MEASURES COMPLETED 2 (B1)
SOME OR PARTIAL PHYSICAL FUNCTION MEASURES COMPLETED 3 (B1)
- A8.1. IF NO (i.e. NO PHYSICAL FUNCTION MEASURES COMPLETED), SPECIFY REASON: #NOPHYF12
UNWILLING/UNABLE TO COME TO OFFICE 1 (END)
OTHER..... 3 (END)
IF OTHER, SPECIFY _____ #NOPHYFS12
REFUSED-7 (END)

[~] 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.

GRIP STRENGTH ASSESSMENT

B1. Identify the Dynamometer size setting: (CIRCLE ONE RESPONSE.)
 1 = **I** (Small hands) **DYNAMSE12**
 2 = **III** (Non- small hands)

B2. Dominant hand? (hand used to write with) (CIRCLE ONE RESPONSE.)
 1 = RIGHT HAND **DOMHAND12**
 2 = LEFT HAND

B3. Was right hand grip strength attempted? (CIRCLE ONE RESPONSE.)
RTGRIP12
 1 = NO → **B3a.** Why not attempted? → **NORGRIP12**
 2 = YES

1 = PHYSICALLY UNABLE 2 = OTHER, SPECIFY # <u>NORGRPS12</u> ____ -7 = REFUSED

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

#1 ___ kgs **RTGRIP112**

#2 ___ kgs **RTGRIP212**

#3 ___ kgs **RTGRIP312**

B4a. If any assessments were not completed on **RIGHT** hand, why unable to complete the task? (CIRCLE ONE RESPONSE.) **NORHAND12**

1 = PHYSICALLY UNABLE
 2 = OTHER, SPECIFY ___#**NORHNDS12**_____
 -7 = REFUSED

B5. Was left hand grip strength attempted? (CIRCLE ONE RESPONSE.)
LTGRIP12
 1 = NO → **B5a.** Why not attempted? → **NOLGRIP12**
 2 = YES

1 = PHYSICALLY UNABLE 2 = OTHER, SPECIFY # <u>NOLGRPS12</u> ____ -7 = REFUSED

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

#1 ___ kgs **LTGRIP112**

#2 ___ kgs **LTGRIP212**

#3 ___ kgs **LTGRIP312**

B6a. If any assessments were not completed on **LEFT** hand, why unable to complete the task? (CIRCLE ONE RESPONSE.) **NOLHAND12**

1 = PHYSICALLY UNABLE
 2 = OTHER, SPECIFY ___#**NOLHNDS12**_____
 -7 = REFUSED

SIT TO STAND ASSESSMENT

C1. Were sit to stand assessments attempted? 1 = NO → **C1a.** Why not attempted? →
(CIRCLE ONE RESPONSE.) 2 = YES **NOSTAND12**

1 = PHYSICALLY UNABLE
2 = OTHER,
SPECIFY __ **#NOSTNDS12** __
-7 = REFUSED

C2. **STAND TIME** (Enter -1 if not completed.) **C2a.** **Chair Assistance?** (CIRCLE ONE RESPONSE.)

- # 1 __ __ __ . __
 min seconds
STNDMI112 **STNDSE112**
1 = Did not use chair for assist **CHAIR112**
2 = Used chair to assist

- # 2 __ __ __ . __
 min seconds
STNDMI212 **STNDSE212**
1 = Did not use chair for assist **CHAIR212**
2 = Used chair to assist

- # 3 __ __ __ . __
 min seconds
STNDMI312 **STNDSE312**
1 = Did not use chair for assist **CHAIR312**
2 = Used chair to assist

- # 4 __ __ __ . __
 min seconds
STNDMI412 **STNDSE412**
1 = Did not use chair for assist **CHAIR412**
2 = Used chair to assist

- # 5 __ __ __ . __
 min seconds
STNDMI512 **STNDSE512**
1 = Did not use chair for assist **CHAIR512**
2 = Used chair to assist

C3. If any Sit to Stand assessments were not completed, why unable to complete the task? (CIRCLE ONE RESPONSE.)
UNABSTD12
1 = Physically unable
2 = Other, Specify __ **#UNABSTS12** _____
-7 = Refused

TIMED 40 FOOT WALK ASSESSMENT

D1. Were timed walk assessments attempted? 1 = NO
 (CIRCLE ONE RESPONSE.) 2 = YES
WALK12

—————> D1a. Why not attempted? —————>
NOWALK12

1 = PHYSICALLY UNABLE
 2 = OTHER,
 SPECIFY #NOWALKS12__
 -7 = REFUSED

D2. WALK TIME (Enter -1 if not completed.)

D2a. Timed Walk Assistance?
 (CIRCLE ONE RESPONSE.)

1 ___ ___ ___ ___ . ___
 min seconds
WALKMI112 WALKSE112

1 = Not assisted WALKAS112
 2 = Assisted,
 Specify #WLKAS1S12__

2 ___ ___ ___ ___ . ___
 min seconds
WALKMI212 WALKSE212

1 = Not assisted WALKAS212
 2 = Assisted,
 Specify #WLKAS2S12__

D3. If any timed walk assessments were not completed, why unable to complete the task? (CIRCLE ONE RESPONSE.)
UNABWLK12

- 1 = Physically unable
- 2 = Other, Specify #UNABWLS12_____
- 7 = Refused

D4. What type of walking surface? (CIRCLE ONE RESPONSE.)
SURFACE12

- 1 = Linoleum-type surface
- 2 = Wood surface
- 3 = Commercial low-level nap carpet
- 4 = Concrete or cement surface
- 5 = Other type surface, Specify #SURFACS12_____

E1. Physical Function Comments: _____ #COMMEN112

_____ #COMMEN212

_____ #COMMEN312

ADDITIONAL MEASURES COLLECTED

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

- A9. WAS BLOOD DRAWN? **BLDDRAW12**
NO..... 1
YES..... 2 (A10)

THE FOLLOWING ONLY APPLY IF BLOOD WAS DRAWN.

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

- A12. Are you currently pregnant? **PREGNAN12**
NO..... 1
YES..... 2
DON'T KNOW..... -9

- A11. Have you had anything to eat or drink, other than water, **in the last 12 hours?** That is, since ___ : ___ last night? **EATDRIN12**
NO..... 1
YES..... 2

- A12. Did you start a menstrual period in the last five days? **STRTPER12**
NO..... 1 (A13)
YES..... 2

- A12.1. What is the date that you started to bleed? **BLEDAY12[†]**
____ / ____ / ____
M M D D Y Y Y Y

- A13. BLOOD DRAW CATEGORY: **BLDRWAT12**
BLOOD DRAWN, PER PROTOCOL 1
BLOOD DRAWN, MENSES TOO VARIABLE 2
BLOOD DRAWN, LAST ATTEMPT 3
BLOOD DRAWN, RESPONDENT PREGNANT 4

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

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

- A14. Have you had any alcohol **in the last 24 hours?** **ALCHL2412**
NO..... 1
YES..... 2

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

SERUM HORMONE MEASURES

1. Variables for assays

Variable	Assay	Units
DHAS12	Dehydroepiandrosterone sulfate	ug/dL
E2AVE12*	Estradiol (see important note below)	pg/mL
FSH12	Follicle-stimulating hormone	mIU/mL
SHBG12	Sex hormone-binding globulin	nM
T12**	Testosterone	ng/dL

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

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

2. Flags and other variables

Variable	Meaning	Codes
FLGCV12	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%.	0=no, 1=yes
FLGDIF12	<p>One or both Estradiol results ≤ 20 pg/mL and the difference between them is > 10 pg/mL.</p> <p>Note: Differences were found between some of the Estradiol duplicate measurements. The following guidelines were decided upon:</p> <ol style="list-style-type: none"> 1. If both E2 values > 20 pg/ml, CV must be ≤ 15%. 2. If one or both E2 ≤ 20 pg/ml, the two E2 results must agree within 10 pg/ml. <p>DATA WITH THESE FLAGS SHOULD BE OMITTED FROM DATA ANALYSES, OR USED WITH CAUTION IF INCLUDED IN ANALYSES.</p>	

*1=yes means flagged

3. *Changes to the data:*

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

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

CARDIOVASCULAR MEASURES

1. Assay Variables

<i>Variable</i>	<i>Assay</i>	<i>Units</i>
CHOLRES12	Total cholesterol result	mg/dl
HDLRESU12	HDL result	mg/dl
DLDLRESU12	Direct LDL cholesterol result	mg/dl
TRIGRES12	Triglycerides result	mg/dl
LDLRESU12	Estimated LDL cholesterol result	mg/dL
ADPRESU12	Adiponectin result	ng/mL
LEPRESU12	Leptin result	ng/mL
GLUCRES12*	Glucose result	mg/dl
INSURES12*	Insulin result	uIU/ml

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

2. Additional information:

- Estimated LDL was calculated by the coordinating center using the Friedewald calculation (Total cholesterol - (triglycerides / 5) - HDL).
- If TRIGRES12 > 400 or TRIGRES12 was missing, the LDLRESU12 was set to missing
- A flag FLAGSER12 to indicate incomplete blood draw and flag FLAGFAS12 to identify non-fasting samples are included.

RACE/ETHNICITY

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

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

SITE

SITE Participant study site is provided from the Screener dataset, coded as:

- 11= Detroit, MI
- 12= Boston, MA
- 13= Chicago, IL
- 14= Oakland, CA
- 15= Los Angeles, CA
- 16= Newark, NJ
- 17= Pittsburgh, PA