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STUDY of WOMEN'S HEALTH
ACROSS the NATION

Longitudinal Events
Created Variables Dataset

CODEBOOK

Baseline through Visit 16

ARCHIVED DATASET 2019

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DOCUMENTATION FOR LONGITUDINAL EVENTS CODEBOOK

How this codebook is constructed:

The Longitudinal Events data is a dataset composed of created variables that pull together information from the visits during SWAN where women apprised the sites of various events that had occurred from one visit to another, and in some cases, condensed this information when it was reported more than once. Following this documentation section are copies of the forms from which the events were pulled and accumulated through the visits attended while participating in SWAN from Baseline to Visit 16. The questionnaires highlight the questions and variables that were used to construct the created variables

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 data collected that has a date attached has been converted to the number of days from the baseline interview. For example, if the event happened 15 years after the baseline interview, the day for the event would be day 3,650 and the Baseline Interview would be day 0.

Description of the Dataset:

This dataset contains created variables related to self-reported/adjudicated participant events. It is a longitudinal dataset, meaning that it contains multiple rows of data per ARCHID.

At each subsequent visit after baseline, participants were questioned as to some of their medical conditions. **Heart attack, stroke (CVA), angina, and cancer were asked at each visit after baseline in the interview form; therefore, any participant that died or no longer participated in the study after Visit 11 would not have been asked the more extensive event questions asked in SWAN IV (Visits 12-13) and SWAN V (Visit 15). Event adjudication was not part of the Visit 16 protocol; thus self-report data only is available for Visit 16.**

During SWAN IV and V, considerably more detail was collected on several events, and a decision was made to adjudicate several of the events collected. Numerous cardiovascular and cancer events were asked about, and a subset was adjudicated. The following types of events are included in the dataset:

- Last visit – the last time the participant participated in a visit
- Death – if participant died, the date of death is included here if known
- Cancer:
    - Breast cancer (adjudicated)
    - Colon cancer (adjudicated)
    - Lung cancer (not adjudicated)
    - Gynecologic cancer (not adjudicated)
- Cardiovascular
    - PCI/percutaneous coronary intervention (adjudicated)
    - CABG/coronary artery bypass graft (adjudicated)
    - MI/heart attack (adjudicated)
    - CVA/Stroke (adjudicated)
    - Congestive Heart Failure (adjudicated)
    - Carotid Artery Procedure (adjudicated in SWAN IV only)
    - PAD/Lower Extremity Procedure (adjudicated in SWAN IV only)
    - Abdominal aortic aneurysm/AAA (adjudicated in SWAN IV only)
    - Angina (not adjudicated)
    - Deep Vein Thrombosis (not adjudicated)
    - Pulmonary Embolism (not adjudicated)

All SWAN participants are included in this dataset, regardless of whether or not they reported an event. Each participant will have a record for last visit and one for last contact. *"Last contact" is defined as the last contact of any kind with the participant* which was gathered during the vital status sweep during Visit 16. "Last visit" is defined as the last time the events were collected on either the interview form or interview substitute.

For three cardiovascular events (PCI: Visits 12,13,15, carotid artery procedure: Visits 12,13, PAD: Visits 12,13), both hospitalizations and outpatient events were adjudicated. The other cardiovascular events were adjudicated if a hospitalization was involved. A 'hospitalization' is for admissions. A single day without admission or a multiple day/night visit (including overnight observation) without admission is 'outpatient'.

Several difficulties beset the adjudication process, such as:
- Some facilities insisted on their own authorization forms and would not accept the SWAN release.
- Hospitals often do not keep records past 10 years.
- Michigan state law requires that medical records cannot be released after one year of the signature on the authorization.
- Participants had procedures at more than one facility, but only signed a release for one facility
- Participants sometimes provided incorrect dates, facilities, and information on the medical release forms.

During SWAN IV, the participant was asked about events in the 'If ever' context on the interview questionnaire in order to get more information on prior events such as breast and colon cancer and cardiovascular events. If a participant missed Visit 12, they were asked the event questions in the 'If ever' context at Visit 13. However, if they attended Visit 12, they were asked if they had any events 'Since your last study visit' at Visit 13.

During SWAN V (Visit 15), women were asked if they had any events 'Since your last study visit,' and special care was taken to track down any events mentioned during the Visit 14 interim visit. If a Visit 14 event was confirmed as NOT occurring, it was not added into the events dataset. In addition, a special effort in Visit 15 was made to track down conflicting information where women said they had an event prior to SWAN IV, but said 'no' when asked in the 'if ever' context in SWAN IV. If confirmed as not an event, that prior event was deleted. In addition, if a prior visit event was a data entry error, that visit was corrected.

Visit 15 cancer events collection had an additional primary site for a different cancer diagnosis added in additional to the primary site collection asked at every visit (B3 in blue in the self-reported form below.)

Visit 16 (Bone Visit Sites 11 (Detroit, MI), 12 (Boston, MA), and 15 (Los Angeles, CA) only) asked self-report questions concerning cancer and the following cardiovascular events – angina, pulmonary embolism (PE), deep vein thrombosis (DVT) heart attack (MI), stroke (CVA), and heart failure (CHF). Visit 16 did NOT ask about PCI, carotid procedures, or PAD procedures done to peripheral arteries.

Variables included in the dataset are:

Variable	Meaning and some description	Codes
ARCHID	Participant ID	6 digit character
visit	Study Visit closest *but subsequent* to the event UNLESS death event – where the last visit *prior* to death was used	2 digit character
evtype	Event type	See next table
evday	Day of event	Numeric
edimpflg	Flag of imputed event day	0 = Not imputed 1 = Imputed
evsrc	Event Day Source	1 = Medical Records 2 = Participant (self-report)
evadj	Event was adjudicated and medical records either confirm, deny, or declare indeterminate the event	1 = No, 2 = Yes, 3 = Indeterminate (can neither confirm or deny the event)
deathflg	Resource of day of death	1=death certificate 2=family report

Decision Rules employed:

1) If exact date is known or given, *evday* is calculated based on that date, and *edimpflg* is set to 0 (not imputed).
2) If the date is missing day only, event date is imputed as the midpoint of the date range, which is the beginning and end of the month. *Evday* is calculated based on that date, and *edimpflg* is set to 1 (Imputed)*.*
3) If the date is missing month and day, event date is imputed as the midpoint of the date range, and the date range is the beginning and end of the year. *Evday* is calculated based on that date, and *edimpflg* is set to 1 (Imputed).
4) If the date range only is known (as in self-reported events), event date is imputed as the midpoint of the date range, and the date range is the prior visit and the current visit on which the event was reported. *Evday* is calculated based on that date, and *edimpflg* is set to 1 (Imputed)*.*
5) If the date is entirely missing, *evday* is set to.C (missing), since we can't say whether the event was before or after SWAN began.
6) If the event collected in SWAN IV-V is not the type that we will adjudicate (e.g. angina, DVT, PE, malignancy-lung, or malignancy-gynecologic), *evadj* will be .B (not applicable).
7) If the event is self-reported, and we will never get more information on that event because the participant is no longer active in the study, *evsrc* will be 2, and *evadj* will be .B (N/A). Note: Participants that did not participate in Visits 12, 13 and 15 will also fall into this category if events were reported in earlier visits.
8) The cancer adjudication process identified diagnosis of cancer during SWAN. Therefore, this dataset contains no more than 1 record per cancer type, and recurrences are not included. Any pre-SWAN diagnosis of cancer was indicated in the screening data, questions 3g (CANCER) and 3.2 (SITECANC) and are not included in this dataset.
9) Please note that the events dataset may be over-reporting the number of cardiovascular events per woman due to how questions were worded and lack of dates. In each visit past baseline (except the Visit 11 interim visit) the questions were worded 'told you that you had any of the following conditions *or treated you* for them' meaning that treatment only could have been reported. Therefore, some events (particularly MI and CV) which were asked at each visit) could be over reported. As a result, it might be preferable to focus on the first event of a type per woman in many analyses. A few examples of this over reporting are:
   a. One mentioned 9 strokes, but none were able to be adjudicated
   b. Another mentioned 7 strokes. Two of them were adjudicated with one confirmed and another not a stroke.
10) If the date of the event was before participating in SWAN (prior to 1996), it was not included in the events dataset.
11) If an event was adjudicated to 'no' or 'indeterminate', the adjudicators did not give the 'non-event' a date. The date provided by the participant was used in these instances.

A more in depth explanation of the evtype variable:

evtype	Event Description
1	Last visit
2	Last contact
3	Death
	<u>Cardiovascular</u>
10	MI (Myocardial Infarction)
11	CVA (Cerebrovascular Accident/Stroke)
12	Angina (though not asked at V14)
13	PCI (Percutaneous Coronary Intervention/Angioplasty)
14	CABG (Coronary Artery Bypass Graft)
15	CHF (Congestive Heart Failure)
16	*Carotid Artery Procedure* (note: few to no cases)
17	*PAD/Lower Extremity Procedure*
18	*Renal Artery Procedure (none at this time)*
19	DVT (Deep Vein Thrombosis)
20	PE (Pulmonary Embolism)
21	*AAA (Abdominal Aortic Aneurysm)* (note: few to no cases)
	<u>Cancer</u>
30	Malignancy - Breast
31	Malignancy - Colon
32	Malignancy - Lung
33	Malignancy – Gynecologic (cervical, ovarian, uterine, vaginal, or vulvar)
	Note: Cancer was asked as a text-filled 'Specify site' at Visits 01 – 06. From Visit 07 on, a select list was employed.

Note: **Bold** events were adjudicated at both SWAN IV and SWAN V (Visits 12, 13 and 15).

Bold in italics were adjudicated at SWAN IV ONLY

Shaded events were asked at each visit.

The other events were asked as 'if ever' at Visit 12 and 'since your last study visit' at Visits 13 and V15.

Blue events were deleted due to few to no cases under the category at this time.

Copy of the Pertinent Data Collection Forms

SELF-REPORT – VISITS 01 THROUGH 11, VISIT 14, and VISIT 16

VISITS 01 THROUGH 06

The questions shown below were taken from the **Visit 01 Interview,** and similar questions were asked for **Visits 02-06**. Variables in red were the ones pulled to create the event record at these visits.

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

B26. **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?		1	2	-8
b.	Diabetes?		1	2	-8
c	High blood pressure or hypertension?		1	2	-8
d.	High cholesterol?		1	2	-8
e.	Migraines?		1	2	-8
f.	Stroke?	#STROKE1	1	2	-8
g.	Arthritis or osteoarthritis (degenerative joint disease)?		1	2	-8
h.	Overactive or underactive thyroid?		1	2	-8
i.	Heart attack?	#HEARTAT1	1	2	-8
j.	Angina?	#ANGINA1	1	2	-8
k.	Osteoporosis (brittle or thinning bones)?		1	2	-8
l.	Fibroids, benign growths of the uterus or womb?		1	2	-8
m.	Cancer, other than skin cancer?	#CANCERS1	1 **(B28)**	2	-8 **(B28)**

B27.   What was the primary site of the cancer? **#SITESPE1**

SPECIFY: _____

VISITS 07 THROUGH 10

The questions below were taken from the Visit 07 interview. For **Visit 07 – Visit 10,** some version of a select statement was used for the cancer question. Variables in red were the ones pulled to create the event record at these visits.

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

			NO	YES	DON'T KNOW
a.	Anemia?		1	2	-8
b.	Diabetes?		1	2	-8
c.	High blood pressure or hypertension?		1	2	-8
d.	High cholesterol?		1	2	-8
e.	Migraines?		1	2	-8
f.	Stroke?	**#STROKE7**	1	2	-8
g.	Arthritis or osteoarthritis (degenerative joint disease)?		1	2	-8
h.	Overactive or underactive thyroid?		1	2	-8
i.	Heart attack?	**#HEARTAT7**	1	2	-8
j.	Angina?	**#ANGINA7**	1	2	-8
k.	Osteoporosis (brittle or thinning bones)?		1	2	-8
l.	Cancer, other than skin cancer?	**#CANCERS7**	1 **(D2)**	2	-8 **(D2)**

l.1. IF YES, What is/was the <u>primary</u> site of the cancer? (CIRCLE ONE ANSWER.) **#PSITECA7**

ONE BREAST..1
BOTH BREASTS 2
OVARY...3 **(b)**
UTERUS ....4 **(b)**
CERVIX ....5 **(b)**
LEUKEMIA ....6 **(b)**
LUNG...7 **(b)**
COLON ....8 **(b)**
RECTUM ....9 **(b)**
THROAT...10 **(b)**
NONE OF THE ABOVE / OTHER 11
    SPECIFY: **#SITESPE7** _____ **(b)**
DON'T KNOW ....-8 **(b)**

VISIT 11

For the **interim Visit 11,** specific dates were asked for some of the events, and bypass, PTCA, angioplasty, stenting, artherectomy, and endarterectomy (heart, neck, and extremities) were asked for the first time. Variables in red were the ones pulled to create the event record at these visits.

C6. **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? (CIRCLE ONE NUMBER ON EACH LINE, a. – g.)

		NO	YES	DON'T KNOW
a.	Diabetes?	1	2	-8
b.	High blood pressure or hypertension?	1	2	-8
c.	High cholesterol?	1	2	-8
d.	Arthritis or osteoarthritis (degenerative joint disease)?	1	2	-8
e.	Overactive or underactive thyroid?	1	2	-8
f.	Angina? **#ANGINA11**	1	2	-8
g.	Osteoporosis (brittle or thinning bones)?	1	2	-8

C7. **Since your last study visit,** has a doctor, nurse practitioner or other health care provider told you that you had cancer, other than skin cancer? **#CANCERS11**

No .... 1 **(GO TO C8)**
Yes 2
Don't Know .... -8 **(GO TO C8)**

C7a. IF YES, what is/was the <u>primary</u> site of the cancer? (CIRCLE ONE ANSWER.) **#PSITCA11**

One Breast...1
Both Breasts 2
Ovary..3
Uterus...4
Cervix...5
Vulva..6
None of the above / other 7
Don't Know .... -8

C8. **Since your last study visit,** has a doctor, nurse practitioner or other health care provider told you that you had a stroke? **#STROKE11**
No.. 1 **(GO TO C9, PAGE 7)**
Yes 2
Don't Know ....-8 **(GO TO C9, PAGE 7)**

C8a. **If Yes**, give date of the <u>first</u> stroke <u>since your last study visit</u> (if more than one stroke):
(CHECK BOX IF UNKNOWN.)
#STROKMO11   #STROKYR11

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

Don't Know (-8) ☐

C9. **Since your last study visit,** has a doctor, nurse practitioner or other health care provider told you that you had a heart attack? **#HEARTAT11**
No.. 1 **(GO TO C10)**
Yes 2
Don't Know ....-8 **(GO TO C10)**

C9a. **If Yes**, give date of the <u>first</u> heart attack <u>since your last study visit</u> (if more than one heart attack):
(CHECK BOX IF UNKNOWN.)
#HARTMO11   #HARTYR11

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

Don't Know (-8) ☐

 # Variable Excluded from Public Use Data File

C10. **Since your last study visit,** have you had a heart bypass operation (coronary artery bypass graft surgery or CABG)?　　　　　　　　　　　　　　　　　　　　　　　　**#BYPASS11**

No .... 1 **(GO TO C11)**
Yes... 2
Don't Know ....-8 **(GO TO C11)**

　　C10a. **If Yes**, give date of the <u>first</u> bypass operation <u>since your last study visit</u> (if more than one bypass): (CHECK BOX IF UNKNOWN.)

　　　　#BYPAMO11　　　　**#BYPAYR11**

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

C11**.** **Since your last study visit,** have you had a procedure to unblock blood vessels to your <u>heart muscle</u> (PTCA, angioplasty, stent or atherectomy)?　　　　　　　　　　**#UNBLKH11**

No .... 1 **(GO TO C12, PAGE 8)**
Yes... 2
Don't Know ....-8 **(GO TO C12, PAGE 8)**

　　C11a. **If Yes**, give date of the <u>first</u> procedure <u>since you last study visit</u> (if more than one procedure): (CHECK BOX IF UNKNOWN.)

　　　　#UNBHMO11　　　　**#UNBHYR11**

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

C12.　**Since your last study visit,** have you had a procedure to unblock narrowed blood vessels in your <u>neck</u> (carotid endarterectomy, angioplasty or stent)?　　　　　　　　　**#UNBLKN11**

No .... 1 **(GO TO C13)**
Yes... 2
Don't Know ....-8 **(GO TO C13)**

　　C12a. **If Yes**, give date of the <u>first</u> procedure <u>since your last study visit</u> (if more than one procedure): (CHECK BOX IF UNKNOWN.)

　　　　#UNBNMO11　　　　**#UNBNYR11**

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

C13. **Since your last study visit,** have you had a procedure to unblock narrowed blood vessels in your <u>arms or legs</u> (bypass surgery, angioplasty or stent)?　　　　　　　　　**#UNBLKA11**

No .... 1 **(GO TO D1)**
Yes... 2
Don't Know ....-8 **(GO TO D1)**

　　C13a. **If Yes**, give date of the <u>first</u> procedure <u>since your last study visit</u> (if more than one procedure): (CHECK BOX IF UNKNOWN.)

　　　　#UNBAMO11　　　　**#UNBAYR11**

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

SELF-REPORT for VISITS 12 – 13, and VISIT 15

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?	1	2	-8
b.	Diabetes?	1	2	-8
c.	High blood pressure or hypertension?	1	2	-8
d.	High cholesterol?	1	2	-8
e.	Migraines?	1	2	-8
f.	Arthritis or osteoarthritis (degenerative joint disease)?	1	2	-8
g.	Overactive or underactive thyroid?	1	2	-8
h.	Osteoporosis (brittle or thinning bones)?	1	2	-8
i.	Skin cancer? **#SKCNCER12**	1 **(B2)**	2	-8 **(B2)**
	i1..**If yes**, what type of cancer were you told you had?			
	a. Melanoma? **#MECNCER12**	1	2	-8
	b. Non melanoma skin cancer? **#NMECNCR12**	1	2	-8

VISIT 12 ONLY

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.]

```
 ___ ___   /   ___ ___ ___ ___
  M   M           Y   Y   Y   Y
```
 # BRCAMO12   #BRCAYR12

VISIT 13 ONLY

	NO	YES	DON'T KNOW
B2. **Have you _ever_ been told you had colon cancer?** **#EVCOLCN13**	1	2	-8
B3. **Have you _ever_ been told you had breast cancer?** **#BRCNCR13**	1 **(B5)**	2	-8 **(B5)**

> **IF ANY COLON OR BREAST CANCER EVENTS ARE REPORTED ("YES" TO Q. B2 _AND/OR_ Q. B3), COMPLETE A "CANCER EVENT" FORM FOR _EACH_ EVENT _NOW_.**

Since your last study visit…	NO	YES	DON'T KNOW
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**	1 **(B5)**	2	-8 **(B5)**

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 __ __ / **#PSITEYR12** __ __ __ __
M M   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.**

VISIT 15 ONLY

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

NO .... 1 **(B3b, PAGE 4)**

YES... 2

DON'T KNOW ....-8 **(B3b, PAGE 4)**

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

ONE BREAST 1

BOTH BREASTS..2

OVARY..3

UTERUS 4

CERVIX...5

LEUKEMIA..6

LUNG..7

COLON 8

RECTUM 9

THROAT..10

VULVA..12

RENAL CELL...13

NONE OF THE ABOVE / OTHER 11

SPECIFY: **#OTSITES15** _____

DON'T KNOW ....-8

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

#OSITEDT15

#OTSITEMO15 __ __ / **#OTSITEYR15** __ __ __ __
M M   Y Y Y Y

VISIT 12 ONLY

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

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

VISIT 13 ONLY

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

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

VISIT 15 ONLY

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

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

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

#CVMIMO15	#CVMIDA15	#CVMIYR15	
M M	D D	Y Y Y Y	**#CVMIDT15**

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

_____ hospitalizations   **#CVMIHSP15**

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

			NO	YES	DON'T KNOW
e.	A stroke?	#CVCVA15	1 **(f)**	2	-8 **(f)**

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

#CVCVAMO15	#CVCVADY15	#CVCVAYR15	#CVCVADT15
M M	D D	Y Y Y Y	

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

    _____ hospitalizations   #CVCVAHSP15

			NO	YES	DON'T KNOW
f.	Heart failure (congestive heart failure/CHF)?	#CVCHF15	1 **(B6)**	2	-8 **(B6)**

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

#CVCHFMO15	#CVCHFDY15	#CVCHFYR15	#CVCHFDT15
M M	D D	Y Y Y Y	

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

    _____ hospitalizations   #CVCHFHSP15

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

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

			NO	YES	DON'T KNOW
a.	A procedure to unblock narrowed blood vessels in your neck (carotid endarterectomy, angioplasty or stent)? #CVNECK15		1	2	-8
b.	A procedure to unblock narrowed blood vessels in your arms or legs (bypass surgery, angioplasty or stent)? #CVLEG15		1	2	-8
c.	A heart bypass operation (coronary artery bypass graft surgery or CABG)? #CVCABG15		1 **(d)**	2	-8 **(d)**

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

#CVCABGMO15	#CVCABGDY15	#CVCABGYR15	#CVCABGDT15
M M	D D	Y Y Y Y	

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

_____ hospitalizations   **#CVCABGHO15**

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d.   A procedure to unblock vessels to your heart muscle (PTCA,   1 **(B7)**   2   -8 **(B7)**
     angioplasty, stent or atherectomy)?   **#CVPCI15**

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

#CVPCIMO15	**#CVPCIDY15**	**#CVPCIYR15**
__ __ M M	__ __ D D	__ __ __ __ Y Y Y Y

#CVPCIDT15

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

_____ hospitalizations   **#CVPCIHSP15**

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

_____ day surgeries   **#CVPCIOUT15**

**If YES TO QUESTIONS [B5d, B5e, B5f, B6c, B6d] AND REPORTED HOSPITALIZATION/DAY SURGERY
[B5d2, B5e2, B5f2, B6c2, B6d2, B6d3] COMPLETE A "CV HEALTH CARE UTILIZATION FORM"
FOR <u>EACH</u> REPORTED ADMISSION, <u>NOW.</u>**

VISIT 14

C4.   **Since your last study visit,** has a doctor, nurse practitioner or other health care provider told you that you had <u>breast cancer</u>? (CIRCLE ONE RESPONSE.)   #LVBRST14

No ....1 **(GO TO C5)**
Yes...2
Don't Know... -8 **(GO TO C5)**

C4a. **If YES**, what was the primary site of the <u>breast cancer</u>? (CIRCLE ONE RESPONSE.)
#PSBRST14

Both breasts 1
Right breast, only 2
Left breast, only...3

C4b**.** Please record the date of the <u>breast cancer</u> diagnosis: (CHECK BOX IF DATE UNKNOWN.)

#BRSTDT14 $\overline{\text{M}\ \text{M}}$ $\overline{\text{Y}\ \text{Y}\ \text{Y}\ \text{Y}}$ ☐   Don't Know (-8)
#BRSTMO14 / BRSTYR14

C5.   **Since your last study visit,** has a doctor, nurse practitioner or other health care provider told you that you had <u>colon cancer</u>? (CIRCLE ONE RESPONSE.)   #LVCOL14

No ....1 **(GO TO C6, PAGE 4)**
Yes...2
Don't Know... -8 **(GO TO C6, PAGE 4)**

C5a**.** Please record the date of the <u>colon cancer</u> diagnosis: (CHECK BOX IF DATE UNKNOWN.)

#COLDT14 $\overline{\text{M}\ \text{M}}$ $\overline{\text{Y}\ \text{Y}\ \text{Y}\ \text{Y}}$ ☐   Don't Know (-8)
#COLNMO14 / COLYR14

Cardiovascular Events

C6**.**   **Since your last study visit,** have you been diagnosed or treated for heart problems, blocked or narrowed blood vessels, stroke, or other problems with your blood circulation (for example, blood clots in your legs or lungs)? (CIRCLE ONE RESPONSE.)   #LDXHRT14

No 1   **(GO TO C7, PAGE 5)**
Yes...2
Don't Know...-8   **(GO TO C7, PAGE 5)**

IF YES, PLEASE COMPLETE QUESTION C6a. (BELOW), OTHERWISE GO TO C7, PAGE 5.

C6a. **IF YES,** which event(s), if any, occurred since **your last study visit**? (CIRCLE ONE RESPONSE FOR EACH QUESTION.)		NO	YES →	IF YES, PLEASE PROVIDE THE DATE OF **MOST RECENT EVENT** (IF MORE THAN ONE EVENT). (CHECK BOX IF DATE UNKNOWN.)		
Have you been or had…						
Diagnosed with or treated for a <u>heart attack</u> (myocardial infarction or MI)? #HEARTAT14		1	2 →	#RMIMO 14 $\overline{\text{M}\ \text{M}}$	/ #RMIYR14 $\overline{\text{Y}\ \text{Y}\ \text{Y}\ \text{Y}}$	#RMIDT 14 Don't Know ☐

Question			Month	Year	Don't Know
A heart bypass operation (CABG, coronary artery bypass graft surgery)? #BYPASS14	1	2 →	#RCABGMO14 __ __ M M	/ #RCABGYR14 __ __ __ __ Y Y Y Y	#RCABGDT14 Don't ☐ Know
A procedure to unblock narrowed vessels to your heart (opening the arteries of the heart with a balloon or other device, some-times called a PTCA, coronary angioplasty, coronary stent, atherectomy or rotoblation)? #UNBLKH14	1	2 →	#RPCIMO14 __ __ M M	/ #RPCIYR14 __ __ __ __ Y Y Y Y	#RPCIDT14 Don't ☐ Know
Diagnosed with or treated for a stroke? #STROKE14	1	2 →	#RCVAMO14 __ __ M M	/ #RCVAYR14 __ __ __ __ Y Y Y Y	#RCVADT14 Don't ☐ Know
Diagnosed with or treated for heart failure? #HTFAIL14	1	2 →	#RCHFMO14 __ __ M M	/ #RCHFYR14 __ __ __ __ Y Y Y Y	#RCHFDT14 Don't ☐ Know
A procedure or operation to unblock narrowed blood vessels in your neck (carotid endartectomy, carotid angioplasty, or carotid stent)? #UNBLKN14	1	2 →	#RNECKMO14 __ __ M M	/ #RNECKYR14 __ __ __ __ Y Y Y Y	#RNECKDT14 Don't ☐ Know
Poor blood circulation or blocked or narrowed blood vessels to your legs or feet (claudication, peripheral arterial disease or PAD, peripheral vascular disease or PVD)? #UNBLKL14	1	2 →	#RPADMO14 __ __ M M	/ #RPADYR14 __ __ __ __ Y Y Y Y	#RPADDT14 Don't ☐ Know
Blood clots in your legs (deep vein thrombosis or DVT)? #DVT14	1	2 →	#RDVTMO14 __ __ M M	/ #RDVTYR14 __ __ __ __ Y Y Y Y	#RDVTDT14 Don't ☐ Know
Blood clots in your lungs (pulmonary embolism or PE)? #PE14	1	2 →	#RPEMO14 __ __ M M	/ #RPEYR14 __ __ __ __ Y Y Y Y	#RPEDT14 Don't ☐ Know

B2. **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?   (PLEASE CIRCLE ONE RESPONSE FOR EACH QUESTION.)

Were you told you had or treated for:		**(PLEASE CIRCLE ONE RESPONSE.)**		
q. Skin cancer?	**#SKCNCER16**	No **(1)**	Yes **(2)**	Don't know **(-8)**
		(If No, Please Skip to Question B3.)		**(If Don't know, Please Skip to Question B3.)**
q1. **If YES**, what type of cancer were you told you had?				
a. Melanoma?	**#MECNCER16**	No **(1)**	Yes **(2)**	Don't know **(-8)**
b. Non melanoma skin cancer?	**#NMECNCR16**	No **(1)**	Yes **(2)**	Don't know **(-8)**

B3. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had cancer other than skin cancer or treated you for it? **(PLEASE CHECK ONE BOX.)**

☐ No **(1)** (If No, Please Skip to Question B4 on Page 5.)   **#CANCERS16**
☐ Yes **(2)**
☐ Don't know **(-8)**   (If Don't know, Please Skip to Question B4 on Page 5.)

B3a. **If YES**, what is/was the <u>primary</u> site of the cancer? **(PLEASE CHECK ONE BOX.)** **#PSITECA16**

☐ 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 **#SITESPE16** _____
☐ Don't know **(-8)**

B4. **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? **(PLEASE CIRCLE ONE RESPONSE FOR EACH QUESTION.)**

Were you diagnosed or treated for:	**(PLEASE CIRCLE ONE RESPONSE.)**		
a. Angina? **#CVANG16**	No **(1)**	Yes **(2)**	Don't know **(-8)**
b. Blood clots in your <u>lungs</u> (Pulmonary embolism or PE)? **#CVPE16**	No **(1)**	Yes **(2)**	Don't know **(-8)**
c. Blood clots in your <u>legs</u> (deep vein thrombosis or DVT)? **#CVDVT16**	No **(1)**	Yes **(2)**	Don't know **(-8)**
d. A heart attack (coronary myocardial infarction or MI)? **#CVMI16**	No **(1)**	Yes **(2)**	Don't know **(-8)**
e. A stroke? **#CVCVA16**	No **(1)**	Yes **(2)**	Don't know **(-8)**
f. Heart failure (congestive heart failure/CHF)? **#CVCHF16**	No **(1)**	Yes **(2)**	Don't know **(-8)**

 # Variable Excluded from Public Use Data File