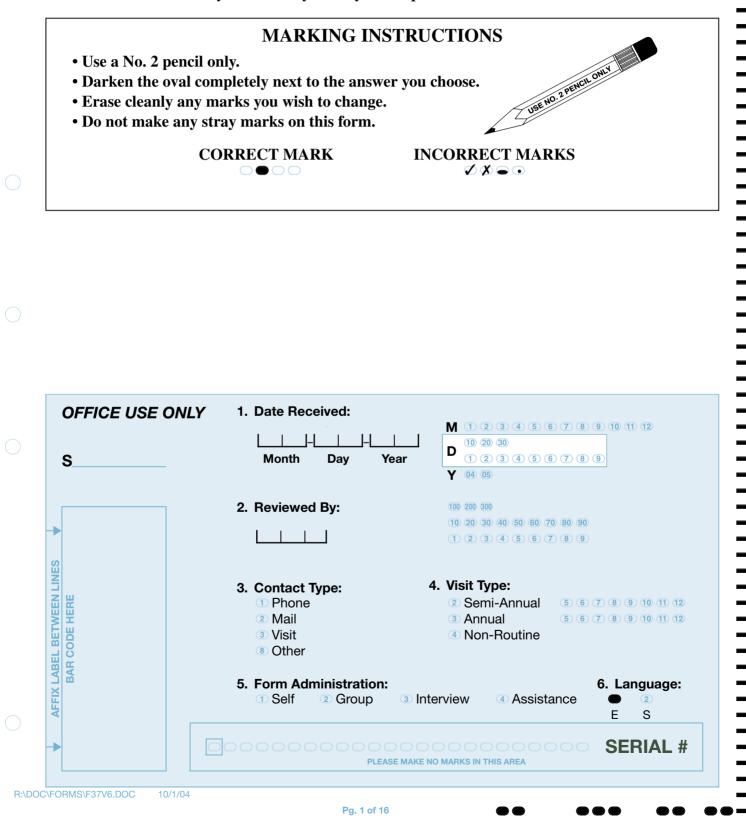


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Form 37 - Thoughts and Feelings

This booklet has questions about your behavior, feelings, and experiences. Please answer each question as honestly as you can. Make sure you look at both sides of the page. No one will see your answers except for the scientists and staff at your clinic. Your answers will be kept secret and will never be put with your name in a report. Please answer using your first thoughts about each question. Do not go back later to "figure out" answers. Your answers will help us to understand the health of women like you. Thank you for your help.



People sometimes look to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? (Mark one oval on each line.)

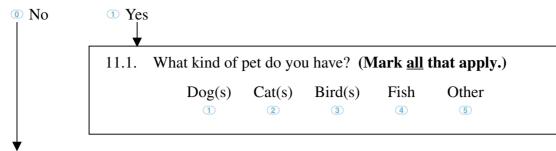
		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1.	Someone you can count on to listen to you when you need to talk	1	2	3	<u>(4</u>)	5
2.	Someone to give you good advice about a problem	1	(2)	3	4	(5)
3.	Someone to take you to the doctor if you need it	1	2	3	4	5
4.	Someone to have a good time with	1	2	3	4	5
5.	Someone to help you understand a problem when you need it	1	(2)	3	(4)	5
6.	Someone to help with daily chores if you are sick	1	2	3	4	5
7.	Someone to share your most private worries and fears	1	(2)	3	4	5
8.	Someone to do something fun with	1	2	3	4	5
9.	Someone to love you and make you feel wanted	1	2	3	4	5

The next questions are about your living and social activities.

10. Who lives with you? (Mark one oval for each item.)

		No	Yes
10.1.	I live alone	0	1
10.2.	I live with my husband or partner	0	1
10.3.	I live with my children	0	1
10.4.	I live with my brother and/or sister	0	1
10.5.	I live with other relatives	0	1
10.6.	I live with friends	0	1
10.7.	Other:(Please describe)	0	1

11. Do you have a pet?



12. How often have you gone to a religious service or to a church during the <u>past month</u>? (Mark only one oval.)

Not at all in the past month	Once in the past month	2 or 3 times in the past month	Once a week	2 to 6 times a week	Every day
1	2	3	4	5	6

13. How much does religion give you strength and comfort? (Mark only one oval.)

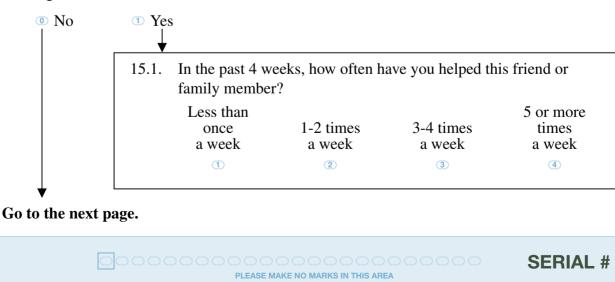
None	A little	A great deal
1	2	3

14. How often have you gone to meetings of clubs, lodges, or parent groups in the last month? (Mark only one oval.)

Not at all in the past month	Once in the past month	2 or 3 times in the past month	Once a week	2 to 6 times a week	Every day
1	2	3	4	5	6

These next questions are about the people who are important in your life right now. For each question, mark only one oval.

15. Are you now helping at least one sick, limited, or frail family member or friend on a regular basis?



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Of the people who are important to you, how many ...

	None	One	Some	Most	All
16. Get on your nerves?	1	2	3	4	5
17. Ask too much of you?	1	2	3	4	5
18. Do <u>not</u> include you?	1	2	3	4	5
19. Try to get you to do things you don't want to?	1	2	3	4	5

Please answer the following questions about yourself. Mark one oval for each question. Try not to let an answer to one question affect your answer to other questions.

		Strongly Disagree	Disagree	Neutral (In-between)	Agree	Strongly Agree
20.	In unclear times, I usually expect the best	1	(2)	3	4	5
21.	If something can go wrong for me, it will	1	(2)	3	4	(5)
22.	I'm always hopeful about my future	1	2	3	4	5
23.	I hardly ever expect things to go my way	1	2	3	4	5
24.	I rarely count on goods things happening to me	1	2	3	4	5
25.	Overall, I expect more good things to happen to me than bad	1	2	3	4	5
26.	When I am angry, people around me usually know	1	2	3	4	5
27.	People can tell from my facial expressions how I am feeling	1	(2)	3	4	5
28.	I always express disappointment when things don't go as I'd like them to	1	(2)	3	4	(5)
29.	If someone makes me angry in a public place, I will "cause a scene"	1	2	3	(4)	5

Form 37 - Thoughts and Feelings

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		Strongly Disagree	Disagree	Neutral (In-between)	Agree	Strongly Agree
30.	After I express anger at someone it bothers me for a long time	1	2	3	4	5
31.	I try to suppress my anger, but I would like other people to know how I feel	1	2	3	4	(5)
32.	I worry that if I express negative emotions such as fear and anger, other people will not approve of me	T	2	3	(4)	(5)

The following questions are about your opinions and beliefs. Read each statement and decide whether it is <u>true as applied to you</u> or <u>false as applied to you</u>. If the statement is true or mostly true, mark the oval under the "True" column. If it is false or usually false, mark the oval under the "False" column. Remember to give your own opinion of yourself. Do not leave any blank lines if you can avoid it; try to make some answer to every statement.

		False	True
33.	I have often had to take orders from someone who did not know as much as I did	0	1
34.	I think a great many people make a lot of their own bad luck in order to gain the sympathy and help of others	0	1
35.	It takes a lot of argument to convince most people of the truth	0	1
36.	I think most people would lie to get ahead	0	1
37.	Most people are honest mainly through fear of being caught	0	1
38.	Most people will use somewhat unfair means to gain profit or an advantage rather than lose it	0	1
39.	No one much cares what happens to you	0	1
40.	It is safer to trust nobody	0	1
41.	Most people make friends because friends are likely to be useful to them	0	1
42.	Most people inwardly do not like putting themselves out to help other people	0	1
43.	I have often met people who were supposed to be experts who were no better than I	0	1
44.	People often demand more respect for their own rights than they are willing to allow for others	٥	1
45.	A large number of people are guilty of bad sexual behavior	0	1

PLEASE MAKE NO MARKS IN THIS AREA

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46. Overall, how would you rate your quality of life? (Mark one oval in the box below.)

0	1	2	3	4	5	6	7	8	9	10
0	\bigcirc									
Worst]	Halfwa	y				Best
As bad or w than being									E	Best quality of life

47. How satisfied are you with your current quality of life? (Mark one oval in the box below.)

0	1	2	3	4	5	6	7	8	9	10
Dissatisfi	ed]	Halfway	y			:	Satisfied
Not at all happy with quality of life now										y happy wit ity of life no

48. How would you rate your <u>current</u> sense of well-being? (Mark one oval in the box below.)

0	1	2	3	4	5	6	7	8	9	10
\bigcirc										
Worst]	Halfwa	У				Best

		Very			
49. In general, would you say your	Excellent	Good	Good	Fair	Poor
health is: (Mark one oval.)	1	2	3	4	5

50. Compared to one year ago, how would you rate your health in general now? (Mark one oval.)

- ① Much better now than 1 year ago
- Somewhat better now than 1 year ago
- ③ About the same
- ④ Somewhat worse now than 1 year ago
- ⁵ Much worse now than 1 year ago

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The following questions are about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.)

			No, not limi at all		Yes, limited a lot
51.	Vigorous activities, such as running, lifting heavy or strenuous sports	y object	S,	(2)	1
52.	Moderate activities, such as moving a table, vacu bowling, or golfing	uming,	3	(2)	1
53.	Lifting or carrying groceries		3	2	1
54.	Climbing several flights of stairs		3	(2)	1
55.	Climbing one flight of stairs		3	2	1
56.	Bending, kneeling, stooping		3	(2)	1
57.	Walking more than a mile		3	2	1
58.	Walking several blocks		3	2	1
59.	Walking one block		3	2	1
60.	Bathing or dressing yourself		3	2	1
61.	During the <u>past 4 weeks</u> , to what extent has your physical health or emotional problems interfered with your normal social activities with family, neighbors, friends, or groups? (Mark one oval.)	Not at all ①	Mc Slightly (M	oderately Quite Iedium) a bit 3 4	
62.	During the <u>past 4 weeks</u> , how much bodily pain have you had? (Mark one oval.)	None	Very Mild	Moderat Mild (Medius (4)	m) Severe
63.	During the <u>past 4 weeks</u> , how much did pain interfere with your normal work (both outside your home and at home? (Mark one oval.)	Not at all 1	A little Mo bit (M	oderately Quite Iedium) a bit 3 4	
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The next questions are about your regular daily activities like work, child care, or community activities. As a result of your <u>physical</u> health, have any of the following problems occurred during the <u>past 4 weeks</u>?

	No	Yes
64. You cut down on the amount of time you spent on work or other activities	0	1
65. You accomplished less than you would have liked	0	1
66. You were limited in the kind of work or other activities you did	0	T
67. You had difficulty performing work or other activities (it took extra effort)	0	1

In the <u>past 4 weeks</u>, as a result of any <u>emotional</u> problem (feeling depressed or anxious), have any of the following occurred?

		No	Yes
68.	You cut down on the amount of time you spent on work or other activities	0	1
69.	You accomplished less than you would have liked	0	1
70.	You did work or other things less carefully than usual	0	1

Of these statements, how true or false is each for you?

	Definitely true	Mostly true	Not sure	Mostly 1 false	Definitely false
71. I seem to get sick a little easier than other people	1	2	3	(4)	5
72. I am as healthy as anybody I know	1	2	3	4	5
73. I expect my health to get worse	1	2	3	4	5
74. My health is excellent	1	2	3	4	5

75. During the past 4 weeks, <u>how much of the time</u> has your physical health or emotional problems interfered with your social activities (like visiting with friends or relatives)?

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

These questions are about how you feel and how things have been during the <u>past 4 weeks</u>. Give the one answer that comes closest to the way you have been feeling.

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
76.	Did you feel full of pep?	1	2	3	4	5	6
77.	Have you been a very nervous person?	1	2	3	(4)	5	6
78.	Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	(4)	5	6
79.	Have you felt calm and peaceful?	1	2	3	4	5	6
80.	Did you have a lot of energy?	1	2	3	4	5	6
81.	Have you felt downhearted and blue?	1	2	3	4	5	6
82.	Did you feel worn out?	1	2	3	4	5	6
83.	Have you been happy?	1	2	3	4	5	6
84.	Did you feel tired?	1	2	3	4	5	6

- 85. Can you eat:
 - ① Without help (able to feed yourself completely)
 - ⁽²⁾ With some help (need some help cutting, etc.)
 - ³ Or are you completely unable to feed yourself?
- 86. Can you dress and undress yourself:
 - ① Without help (able to pick out clothes, dress and undress yourself)
 - ² With some help
 - ⁽³⁾ Or are you completely unable to dress and undress yourself?
- 87. Can you get in and out of bed:
 - ① Without any help or aids
 - ⁽²⁾ With some help (either from a person or with the aid of some device)
 - ^③ Or are you totally dependent on someone else to lift you?
- 88. Can you take a bath or a shower:
 - 1 Without help
 - ⁽²⁾ With some help (need help getting in and out of the tub, or need special attachments on the tub)
 - ³ Or are you completely unable to bathe yourself?

89. Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptoms was during the <u>past 4 weeks</u> for you. Be sure to mark one oval each line.

If you did not have the problem, please mark the oval under "symptom did not occur." If you had the symptom, use the following key to indicate how bothersome it was:

Mild= symptom did not interfere with usual activities.Moderate= symptom interfered somewhat with usual activities.Severe= symptom was so bothersome that usual activities could not be performed.

		Symptom did not occur	Syn Mild	nptom occur and was: Moderate	
89.1.	Bloating or gas	0	1	2	3
89.2.	Constipation (difficulty having bowel movements) 0	1	2	3
89.3.	Night sweats	0	1	2	3
89.4.	General aches or pains	0	1	2	3
89.5.	Breast tenderness	0	1	2	3
89.6.	Hot flashes	0	1	2	3
89.7.	Diarrhea	0	1	2	3
89.8.	Mood swings	0	1	2	3
89.9.	Nausea	0	1	(2)	3
89.10.	Dizziness	0	1	2	3
89.11.	Feeling tired	0	1	(2)	3
89.12.	Forgetfulness	0	1	2	3
89.13.	Increased appetite	0	1	(2)	3
89.14.	Heart racing or skipping beats	0	1	2	3
89.15.	Tremors (shakes)	0	1	2	3
89.16.	Heartburn	0	1	2	3
89.17.	Restless or fidgety	0	1	2	3
89.18.	Low back pain	0	1	2	3
89.19.	Neck pain	0	1	(2)	3
89.20.	Skin dryness or scaling	٥	1	2	3

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		Symptom did not occur	Syı Mild	nptom occu and was: Moderate	
89.21.	Headaches or migraines	0	1	2	3
89.22.	Clumsiness	٥	1	2	3
89.23.	Any trouble seeing that is uncorrected by lenses	0	1	2	3
89.24.	Vaginal or genital irritation or itching	٥	1	(2)	3
89.25.	Difficulty concentrating	٥	1	(2)	3
89.26.	Joint pain or stiffness	٥	1	2	3
89.27.	Decreased appetite	0	1	2	3
89.28.	Hearing loss	٥	1	2	3
89.29.	Swelling of hands or feet	0	1	(2)	3
89.30.	Vaginal or genital dryness	0	1	2	3
89.31.	Upset stomach or belly pain or discomfort	0	1	(2)	3
89.32.	Pain or burning while urinating	0	1	2	3
89.33.	Cough or wheezing	0	1	(2)	3
89.34.	Vaginal or genital discharge		1	2	3
During	<u>g the last 4 weeks,</u> how often have you been both	ered by any	of the fol	llowing pro	blems?
			Not t all	Several Mo days	ore than half the days
90.1.	Feeling nervous, anxious, on edge, or worrying				

90. During the last 4 weeks, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days
90.1.	Feeling nervous, anxious, on edge, or worrying a lot about different things	0	1	(2)
90.2.	Feeling restless so that it is hard to sit still	٥	1	2
90.3.	Getting tired very easily	0	1	2
90.4.	Muscle tension aches or soreness	٥	1	2
90.5.	Trouble falling asleep or staying asleep	0	1	(2)
90.6.	Trouble concentrating on things, such as reading a book or watching TV	0	1	2
90.7.	Becoming easily annoyed or irritable	0	1	2
90.8.	Having an anxiety attack – suddenly feeling fear or panic		1	(2)
				-
				_

Below are some hard things that sometimes happen to people. Please try to think back over the <u>past year</u> to remember if any of these things happened. Mark the answer that seems best.

-	Over the past year:	No	Not too M	nd it upset Ioderately Medium)	me: Very much
91.	Did your spouse or partner die?	0	1	2	3
92.	Did your spouse or partner have a serious illness?	0	1	2	3
93.	Did a close friend or family member die or have a serious illness (other than your spouse or partner)?	0	1	2	3
94.	Did you have any major problems with money?	0	1	2	3
95.	Did you have a divorce or break-up with a spouse or partner?	٥	1	2	3
96.	Did a family member or close friend have a divorce or break-up?	0	1	2	3
97.	Did you have a major conflict with children or grandchildren?	٥	1	2	3
98.	Did you have any major accidents, disasters, mugging, unwanted sexual experiences, robberies, or similar events?	٥	1	2	3
99.	Did you or a family member or close friend lose their job or retire?	0	1	2	3
100.	Were you physically abused by being hit, slapped, pushed, shoved, punched or threatened with a weapon by a family member or close friend?	٥	1	2	3
101.	Were you verbally abused by being made fun of, severely criticized, told you were a stupid or worthless person, or threatened with harm to yourself, your possessions, or your pets, by a family member or close friend?	٥	T	2	3
102.	Did a pet die?	0	1	2	3

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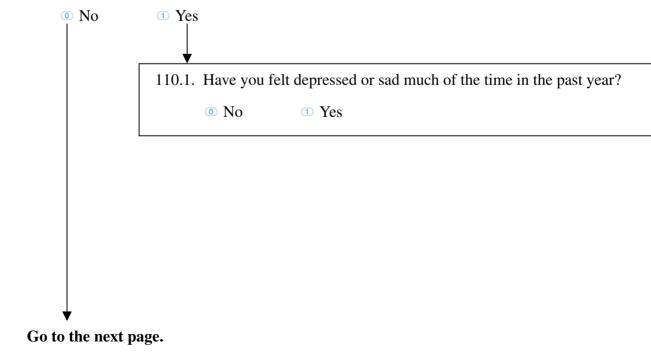
These questions are about your feelings during the <u>past week</u>. For each of the statements, please indicate the choice that tells how often you felt this way.

	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 time (3-4 days)	Most or all of the time (5-7 days)
103. You felt depressed (blue or down)	0	1	(2)	3
104. Your sleep was restless	0	1	2	3
105. You enjoyed life	0	1	2	3
106. You had crying spells	0	1	2	3
107. You felt sad	0	1	2	3
108. You felt that people disliked you	0	1	(2)	3

109. In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed?

• No

110. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?



These next questions are about your sleep habits. Please mark <u>one</u> of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the <u>past 4 weeks</u>.

in the <u>past 4 weeks</u> .	No, not in past 4 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
111. Did you take any kind of medication or alcohol at bedtime to help you sleep?	1	2	3	4	5
112. Did you fall asleep during quiet activities like reading, watching TV, or riding in a car?	1	2	3	4	5
113. Did you nap during the day?	1	2	3	4	5
114. Did you have trouble falling asleep?	1	2	3	4	5
115. Did you wake up several times at night?	1	2	3	4	5
116. Did you wake up earlier than you planned to?	1	2	3	4	5
117. Did you have trouble getting back to sleep after you woke up too early?	1	2	3	4	5
118. Did you snore? ⁽³⁾ Don't know	1	2	3	4	5

119. Overall, was your typical night's sleep during the past 4 weeks:

Very sound or restful	Sound or restful	Average quality	Restless	Very restless
5	4	3	2	1

120. About how many hours of sleep did you get on a typical night during the past 4 weeks?

5 or less	6	7	8	9	10 or more
hours	hours	hours	hours	hours	hours
1	2	3	4	5	6

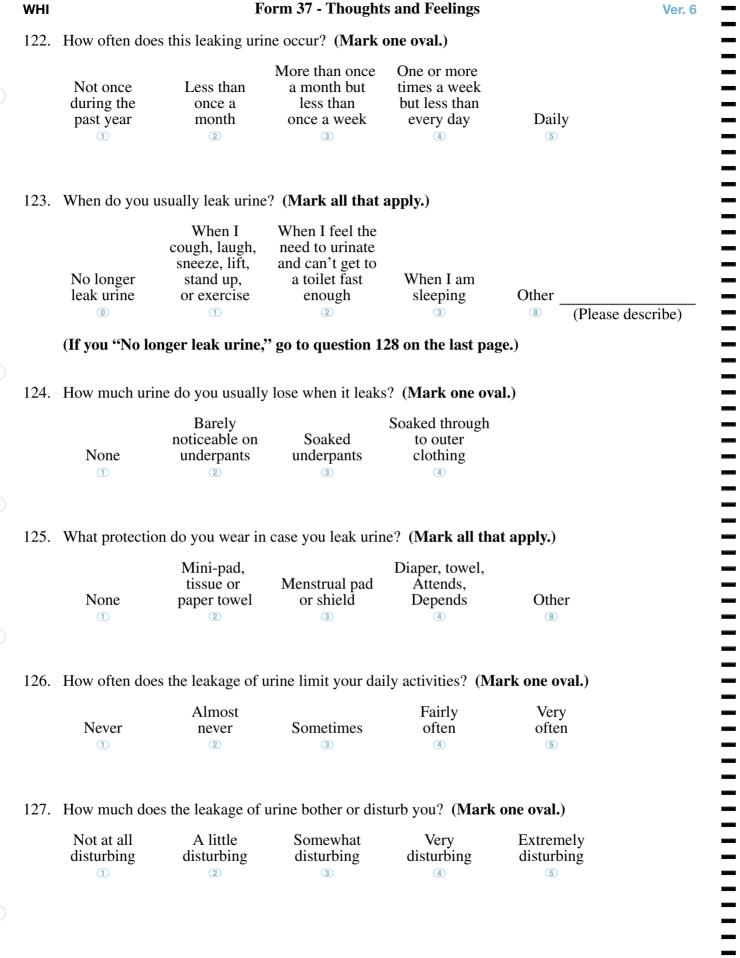
Many women report that they leak urine (or pee). The next questions are about problems you may have had with leaking urine.

121. Have you ever leaked even a very small amount of urine involuntarily and you couldn't control it?

• No

(If you answered "No," go to question 128 on the last page.)

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The last questions in this booklet ask about some personal topics. Although the following questions are sensitive and personal, they are important. Your answers will help us understand the health of women and may help us find better treatments for their health problems. Please be assured that your responses to these questions will remain confidential.

128.	Are you currently married or in an intimate relationship with at least one person?				No	Yes
129.	Did you have any sexual activity last year?	with a partne	r in the	No ①	Yes	Don't want to answer
130.	How satisfied are you with your current sexual activities, either with a partner or alone? (Mark one oval.)	Very unsatisfied	A little unsatisfied	Somewhat satisfied	Very satisfied	Don't want to answer
131.	Are you satisfied with the freque sexual activity, or would you like more or less often? (Mark one of	to have sex	Less often	Satisfied with current frequency	More often 3	Don't want to answer
132.	Are you worried that sexual activities will affect your health? (Mark one oval.)	Not at all worried	A little worried	Somewhat worried	Very worried	Don't want to answer

133. Regardless of whether you are currently sexually active, which response <u>best describes</u> who you have had sex with over your adult lifetime?

- 1 Have never had sex
- ⁽²⁾ Sex with a woman or with women
- ³ Sex with a man or with men
- ④ Sex with both men and women -
- In Prefer not to answer

133.1. Which response <u>best describes</u> who you have had sex with after 45 years of age?
O Never had sex
O Sex with a woman or with women
2 Sex with a man or with men
3 Sex with both men and women

Thank you. Please take a few minutes to review any questions you may have missed.

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