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WOMEN'S HEALTH INITIATIVE

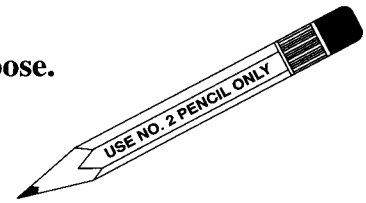
Ver. 1.1

OMB #0925-0414 Exp: 6/00

Form 144 - OS Follow-Up Questionnaire (Year 4)

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Darken the oval completely next to the answer you choose.
- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.



CORRECT MARK

INCORRECT MARKS

- For questions where you write in a number, write the number in the box provided. Then mark the corresponding oval to the right.

Example: If your weight is 159:

1 5 9

100 200 300 400 500 600 700

10 20 30 40 50 60 70 80 90

1 2 3 4 5 6 7 8 9

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OFFICE USE ONLY

S_____

AFFIX LABEL BETWEEN LINES

BAR CODE HERE

1. Date Received:

Month - Day - Year

M ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

D ⑩ ⑳ ㉚ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Y ⑨④ ⑨⑤ ⑨⑥ ⑨⑦ ⑨⑧ ⑨⑨ ⑩⓪ ⑩① ⑩② ⑩③ ⑩④ ⑩⑤ ⑩⑥ ⑩⑦

2. Reviewed By:

⑩⓪ ⑳⓪ ㉚⓪

⑩ ⑳ ㉚ ㊵ ㊿ ㊻ ㊼ ㊽ ㊾

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

3. Contact Type:

① Phone
② Mail
③ Visit
⑧ Other

4. Visit Type:

② Semi-Annual ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
③ Annual ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
④ Non Routine

5. Form Administration:

① Self ② Group ③ Interview ④ Assistance

6. Language:

E S

220355

PLEASE MAKE NO MARKS IN THIS AREA

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This questionnaire asks you about factors that may affect your health. These include weight changes, physical activity and exercise, exposure to sunlight, smoking habits, types of sweeteners in your diet, use of female hormones and recent medical conditions.

The following questions are about your weight.

1. What is your current weight? ___ ___ ___ **pounds**

100 200 300 400 500 600 700
10 20 30 40 50 60 70 80 90
1 2 3 4 5 6 7 8 9

2. In the past year, what was your highest weight? ___ ___ ___ **pounds**

100 200 300 400 500 600 700
10 20 30 40 50 60 70 80 90
1 2 3 4 5 6 7 8 9

3. In the past year, what was your lowest weight? ___ ___ ___ **pounds**

100 200 300 400 500 600 700
10 20 30 40 50 60 70 80 90
1 2 3 4 5 6 7 8 9

The following questions are about your usual physical activity and exercise. This includes walking and sports.

4. Think about the walking you do outside the home. How often do you walk outside the home for more than 10 minutes without stopping? **(Mark only one.)**

⓪ Rarely or never
① 1-3 times each month
② 1 time each week
③ 2-3 times each week
④ 4-6 times each week
⑤ 7 or more times each week

4.1. When you walk outside the home for more than 10 minutes without stopping, for how many minutes do you usually walk?

Less than 20 min.	20-39 min.	40-59 min.	1 hour or more
①	②	③	④

4.2. What is your usual speed?

② Casual strolling or walking (less than 2 miles an hour)
③ Average or normal (2-3 miles an hour)
④ Fairly fast (3-4 miles an hour)
⑤ Very fast (more than 4 miles an hour)
⑨ Don't know

Go to the next page.

5. Not including walking outside the home, how often each week (7 days) do you usually do the exercises below?

5.1. STRENUOUS OR VERY HARD EXERCISE (You work up a sweat and your heart beats fast). For example, aerobics, aerobic dancing, jogging, tennis, swimming laps.

⓪ None
① 1 day per week
② 2 days per week
③ 3 days per week
④ 4 days per week
⑤ 5 or more days per week

5.2. How long do you usually exercise like this at one time?
① Less than 20 min.
② 20-39 min.
③ 40-59 min.
④ 1 hour or more

5.3. MODERATE EXERCISE (Not exhausting.) For example, biking outdoors, use of an exercise machine (like a stationary bike or treadmill), calisthenics, easy swimming, popular and folk dancing.

⓪ None
① 1 day per week
② 2 days per week
③ 3 days per week
④ 4 days per week
⑤ 5 or more days per week

5.4. How long do you usually exercise like this at one time?
① Less than 20 min.
② 20-39 min.
③ 40-59 min.
④ 1 hour or more

5.5. MILD EXERCISE. For example, slow dancing, bowling, golf.

⓪ None
① 1 day per week
② 2 days per week
③ 3 days per week
④ 4 days per week
⑤ 5 or more days per week

5.6. How long do you usually exercise like this at one time?
① Less than 20 min.
② 20-39 min.
③ 40-59 min.
④ 1 hour or more

Go to the next page.

PLEASE MAKE NO MARKS IN THIS AREA 220355

The following questions are about your exposure to sunlight.

6. After you have been out in the sun for 45 - 60 minutes for the first time during the summer, which describes the reaction of your unprotected skin in exposed areas? **(Mark one.)**

   ④ Burns but does not tan

   ③ Burns, then tans a minimal amount

   ② Burns, then tans

   ① Tans but does not burn

   ⓪ No change in skin color

7. On the average, how much time per day did you spend outdoors during daylight hours when you were the ages listed below? Give your best guess.

7.1. **During summer**	Less than 30 minutes	30 minutes to 2 hours	More than 2 hours
7.1.1 During childhood (5-12 years old)	①	②	③
7.1.2 During your teens	①	②	③
7.1.3 During your thirties	①	②	③
7.1.4 This year	①	②	③

7.2. **During other seasons**	Less than 30 minutes	30 minutes to 2 hours	More than 2 hours
7.2.1 During childhood (5-12 years old)	①	②	③
7.2.2 During your teens	①	②	③
7.2.3 During your thirties	①	②	③
7.2.4 This year	①	②	③

8. Did you usually wear dark glasses when you were outdoors in sunlight?

	No	Yes	Don't know
8.1 During childhood (5-12 years old)	⓪	①	⑨
8.2 During your teens	⓪	①	⑨
8.3 During your thirties	⓪	①	⑨
8.4 This year	⓪	①	⑨

9. Did you usually wear a hat with a brim when you were outdoors in sunlight?

		No	Yes	Don't know
9.1	During childhood (5-12 years old)	0	1	9
9.2	During your teens	0	1	9
9.3	During your thirties	0	1	9
9.4	This year	0	1	9

10. During the past year, when you were outside for more than 10 minutes, did you usually use a sunscreen?

0 No 1 Yes

10.1. What was the SPF (Sun Protection Factor) you usually used?

2-9	10-14	15-24	25 or more	Don't know
1	2	3	4	9

The following questions are about smoking.

11. Do you smoke cigarettes now?

0 No 1 Yes

11.1. How many cigarettes do you usually smoke each day? **(Mark one.)**

1 Less than 5
2 5-14
3 15-24
4 25-34
5 35-44
6 45 or more

Go to the next page.

PLEASE MAKE NO MARKS IN THIS AREA 220355

The following questions are about your use of different types of sweeteners.

12. During the past year, about how often did you have the following: **(Please give your best guess.)**

	Less than 1 per week	1-3 per week	4-6 per week	1 per day	2-3 per day	More than 3 per day	Don't know
12.1. Diet soda or fruit drink with Nutrasweet (like Diet Coke®, Diet Pepsi®, Crystal Light®)	1	2	3	4	5	6	9
12.2. Diet soda or fruit drink with saccharine	1	2	3	4	5	6	9
12.3. A drink sweetened with Equal®	1	2	3	4	5	6	9
12.4. A drink sweetened with Sweet N Low®	1	2	3	4	5	6	9
12.5. A dessert made with Equal®	1	2	3	4	5	6	9
12.6. A dessert made with Sweet N Low®	1	2	3	4	5	6	9
12.7. A food with the fat substitute Olestra®	1	2	3	4	5	6	9

13. Ten years ago, about how often did you have: **(Please give your best guess.)**

	1 per week or less	2-6 per week	1 per day or more	Don't know
13.1. Diet soda or fruit drink with Nutrasweet (like Diet Coke®, Diet Pepsi®, Crystal Light®)	1	2	3	9
13.2. Diet soda with saccharine	1	2	3	9
13.3. A drink sweetened with Equal®	1	2	3	9
13.4. A drink sweetened with Sweet N Low®	1	2	3	9
13.5. A dessert made with Equal®	1	2	3	9
13.6. A dessert made with Sweet N Low®	1	2	3	9

14. Twenty years ago, about how often did you have: **(Please give your best guess.)**

	1 per week or less	2-6 per week	1 per day or more	Don't know
14.1. Diet soda with saccharine (like Diet Coke®, Diet Pepsi®)	1	2	3	9
14.2. A drink sweetened with Sweet N Low®	1	2	3	9
14.3. A dessert made with Sweet N Low®	1	2	3	9

The next set of questions are about female hormones (estrogen or progesterone) you might have used during the past year. Women's use of hormones has been changing – these questions help us understand your patterns of use.

Question 15 is about natural hormones you get without a doctor's prescription.

15. In the past year, did you use any "natural" hormones that you can get without a doctor's prescription? These are usually made from plants and often obtained from health food stores or by mail order. They may be in the form of a pill, vaginal cream or suppository, or skin cream.

⓪ No
⑨ Don't know

① Yes

15.1. In the past year, what types of "natural" hormones have you used? (Do not include hormone preparations that need a doctor's prescription.) **(Mark all that apply.)**

① Wild yam or progesterone creams
② Wild yam pills
③ Progesterone suppositories
④ DHEA (dehydroepiandosterone) pills
⑤ Phytoestrogen pills (soy or flax)
⑥ Phytoestrogen creams (soy or flax)
⑦ Phytoestrogen containing foods (tofu, soybeans)
⑧ Other
⑨ Don't know

Go to the next page.

The next questions (16-23) are about female hormones you get with a doctor's prescription.

16. In the past year, did you use female hormones (ESTROGEN or PROGESTERONE) that were prescribed by a doctor? (This may have been in the form of a pill, skin patch, shot, or vaginal cream or suppository.)

① Yes ⓪ No ⑨ Don't know → **Go to Question 24 on the last page.**

17. In the past year, did you use female hormone PILLS prescribed by a doctor which contained both ESTROGEN and progestin (PROGESTERONE) COMBINED in the same pill or package (for example, Prempro, Premphase)? (Do not include use of two separate estrogen and progestin pills used at the same time.)

⓪ No ⑨ Don't know ① Yes

17.1. In the past year, how many months did you use COMBINED female hormone PILLS which contained both ESTROGEN and PROGESTIN?

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months

18. In the past year, did you use female hormone PILLS prescribed by a doctor which contained both ESTROGEN and TESTOSTERONE COMBINED in the same pill (for example, Estratest)?

⓪ No ⑨ Don't know ① Yes

18.1. In the past year, how many months did you use COMBINED female hormone pills which contained both ESTROGEN and TESTOSTERONE?

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months

18.2. In the past year, what type of COMBINED ESTROGEN and TESTOSTERONE pill did you use the longest?

① Estratest
② Estratest HS
⑧ Other

Go to the next page.

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PLEASE MAKE NO MARKS IN THIS AREA

19. In the past year, did you use ESTROGEN PILLS which were prescribed by a doctor (for example, Premarin, Estrace, Ogen)? **(Do not include the combined pill of estrogen and progestin or the combined pill of estrogen and testosterone.)**

⓪ No
⑨ Don't know
① Yes

19.1. In the past year, how many months did you use ESTROGEN PILLS?

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months

19.2. In the past year, when you were using ESTROGEN pills, what was the average number of days each month you used the pills?

⓪ Less than 1 day
① 1-7 days
② 8-14 days
③ 15-21 days
④ 22-27 days
⑤ 28 or more days

19.3. In the past year, what type of ESTROGEN pill did you use the longest?

① Premarin or conjugated equine estrogens
② Estrace
③ Ogen
⑧ Other
⑨ Don't know

19.4. What dose did you usually take each day? **(Mark one. If you regularly take more than one dose, mark the lowest dose.)**

① 0.3 mg
② 0.625 mg
③ 0.9 mg
④ 1 mg
⑤ 1.25 mg
⑥ 2 mg
⑦ 2.5 mg
⑧ Other
⑨ Don't know

20. In the past year, did you take shots containing the hormone ESTROGEN?

⓪ No
⑨ Don't know
① Yes

20.1. In the past year, how many months did you take the shots? **(Count each shot as one month.)**

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months

Go to the next page.

21. In the past year, did you use a vaginal cream or suppository containing ESTROGEN which was prescribed by a doctor?

⓪ No
⑨ Don't know
① Yes

21.1. In the past year, how many months did you use the vaginal cream or suppository?

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months

22. In the past year, did you use a SKIN PATCH containing the hormone ESTROGEN with or without PROGESTERONE (for example, Estraderm, Climara, Vivelle)?

⓪ No
⑨ Don't know
① Yes

22.1. In the past year, how many months did you use the patch?

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months

22.2. In the past year, what type of patch did you use the longest?

① ESTROGEN only (for example, Estraderm, Climara, Vivelle)
② ESTROGEN plus PROGESTERONE
⑧ Other
⑨ Don't know

22.3. What dose of ESTROGEN was in the skin patch you usually used?

① 0.05 mg
② 0.1 mg
⑧ Other
⑨ Don't know

22.4. What was the average number of times each week that you changed your skin patch?

① Less than once each week
② 1-2 times each week
③ 3-4 times each week
④ 5 or more times each week

Go to the next page.

Question 23 is about products that contain the hormone PROGESTERONE (progestin) and not ESTROGEN.

23. In the past year, did you use the female hormone PILL called PROGESTERONE or progestin (for example, Provera, Cycrin, Aman, Megace)? **(Do not include the combined pill of estrogen and progestin.)**

① Yes
⓪ No
⑨ Don't know

→ **Go to question 24 on the next page.**

23.1. In the past year, how many months did you use PROGESTERONE or progestin pills?

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months

23.2. In the past year, when you were using PROGESTERONE or progestin pills, what was the average number of days each month you used the pills?

⓪ Less than 1 day
① 1-9 days
② 10-12 days
③ 13-18 days
④ 19-27 days
⑤ 28 or more days

23.3. In the past year, what type of PROGESTERONE or progestin pill did you use the longest?

① Provera, Cycrin or Amen (Medroxy Progesterone)
② Megace
③ Micronized Progesterone
⑧ Other
⑨ Don't know

23.4. What dose did you usually take each day? **(Mark one. If you regularly take more than one dose, mark the lowest dose.)**

① 2.5 mg
② 5 mg
③ 7.5 mg
④ 10 mg
⑤ 20 mg
⑥ 40 mg
⑦ More than 40 mg
⑧ Other
⑨ Don't know

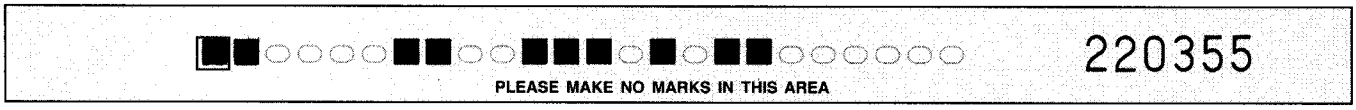
24. In the past year, has a doctor told you that you have any of the following conditions? **(Please mark one response for each condition.)**

	No	Yes
24.1. Cataract(s)	0	1
24.2. Macular degeneration of the retina	0	1
24.3. Asthma	0	1
24.4. Emphysema or chronic bronchitis	0	1
24.5. Heart failure or congestive heart failure	0	1
24.6. Angina (chest pains from the heart)	0	1
24.7. Atrial fibrillation	0	1
24.8. Kidney or bladder stones (renal or urinary calculi)	0	1
24.9. Dialysis for kidney or renal failure	0	1
24.10. Stomach or duodenal ulcer	0	1
24.11. Diverticulitis	0	1
24.12. Pancreatitis (inflamed pancreas)	0	1
24.13. Liver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)	0	1
24.14. Overactive thyroid	0	1
24.15. Underactive thyroid	0	1
24.16. Alzheimer's disease	0	1
24.17. Multiple sclerosis	0	1
24.18. Parkinson's disease	0	1
24.19. Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)	0	1

The last question is about your current living situation.

25. What is your current marital status? **(Mark the one that best describes you.)**

1. Never married
2. Divorced or separated
3. Widowed
4. Presently married
5. Living in a marriage-like relationship

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

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