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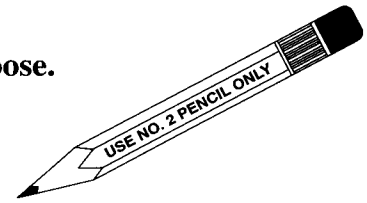
Ver. 1

WOMEN'S HEALTH INITIATIVE

Form 145 - OS Follow-Up Questionnaire (Observational Study - Year 5)

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.

<u>Example</u>: 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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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 00 01 02 03 04 05 06 07

2. Reviewed By:

100 200 300

10 20 30 40 50 60 70 80 90

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

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, smoking habits, your use of computers, recent emotions, religious practices, use of alternative medical treatments, dental health, 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

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The following questions are about smoking.

6. Do you smoke cigarettes now?

⓪ No ① Yes

6.1. 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

The following questions ask about time spent working at a computer screen.

7. In the past four years, did you ever sit in front of a computer screen within three feet with the power turned "on" (for example, when writing letters)?

⓪ No ① Yes

7.1. In the past four years, what was the average number of days each week that you sat in front of a computer screen with the power turned "on"? **(Mark one.)**

⓪ Less than 1 day each week → **Go to Question 8 on next page.**
① 1 day each week
② 2 days each week
③ 3 days each week
④ 4 days each week
⑤ 5 or more days each week

7.2. On the days that you used a computer, what was the average number of hours that you sat in front of a computer screen with the power turned "on"? **(Mark one.)**

① Less than 1 hour each day
② 1-3 hours each day
③ 4-6 hours each day
④ 7 or more hours each day

Go to the next page.

The following questions are about emotions you may have been feeling. Please mark one box for each statement.

8. How true have the following been for you in this past week (7 days)?

	Not at all	A little bit	Some-what	Quite a bit	Very much
8.1 I feel peaceful.	0	1	2	3	4
8.2 I have a reason for living.	0	1	2	3	4
8.3 I feel a sense of purpose in my life.	0	1	2	3	4
8.4 I am able to reach down deep into myself for comfort.	0	1	2	3	4
8.5 I feel a sense of harmony within myself.	0	1	2	3	4
8.6 I find comfort in my faith.	0	1	2	3	4
8.7 I find strength in my faith.	0	1	2	3	4

The following questions are about your religious practices.

9.1. In the past year, how often did you attend regular religious services?

5 More than once a week
4 About once a week
3 A few times per month
2 A few times per year
1 Never attended but watched/listened on TV or radio
0 Never attended

9.2. In the past year, how often did you spend time in private religious activities such as prayer, meditation, bible reading, or reading religious literature?

5 Every day
4 A few times per week
3 About once per week
2 A few times per month
1 A few times per year
0 Never

The following question is about your use of alternative medical treatments.

10. In the past year, have you used a non-traditional or alternative medicine treatment or technique, such as herbal remedies, mental imagery, spiritual healing, acupressure, acupuncture, or homeopathy?

0 No 1 Yes 9 Don't know

PLEASE MAKE NO MARKS IN THIS AREA

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The following questions are about your dental health.

11. How would you describe the condition of your mouth and teeth?

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

12. Does your mouth feel dry when you eat a meal?

0 No 1 Yes

13. How often have you limited the kinds or amounts of food you eat because of problems with your teeth or dentures?

Always	Often	Sometimes	Seldom	Never
4	3	2	1	0

14. During the past 3 years, how often have you gone to the dentist or dental hygienist for routine check-ups or cleanings? **(Mark one.)**

0 I have not gone to the dentist or dental hygienist at all during the past three years for check-ups or cleanings.

1 2 or more times per year.

2 Once per year.

3 Less than once per year.

4 Whenever needed, no regular schedule.

15. Has a dentist or dental hygienist ever told you that you had periodontal or gum disease?

0 No 1 Yes

16. Have you lost ALL of your permanent teeth, both upper and lower?

0 No 1 Yes

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

17. 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

17.1. 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 (18-25) are about female hormones you get with a doctor's prescription.

18. 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 26 on the last page.**

19. 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

19.1. 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

20. 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

20.1. 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

20.2. 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.

21. 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

21.1. 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

21.2. 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

21.3. 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

21.4. 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

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

⓪ No
⑨ Don't know
① Yes

22.1. 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.

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

⓪ No ① Yes
⑨ Don't know

23.1. 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

24. 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 ① Yes
⑨ Don't know

24.1. 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

24.2. 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

24.3. 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

24.4. 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 25 is about products that contain the hormone PROGESTERONE (progestin) and not ESTROGEN.

25. 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 26 on the next page.**

25.1. 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

25.2. 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?

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

25.3. 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

25.4. 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

26. 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
26.1. Cataract(s)	0	1
26.2. Macular degeneration of the retina	0	1
26.3. Asthma	0	1
26.4. Emphysema or chronic bronchitis	0	1
26.5. Heart failure or congestive heart failure	0	1
26.6. Angina (chest pains from the heart)	0	1
26.7. Atrial fibrillation	0	1
26.8. Kidney or bladder stones (renal or urinary calculi)	0	1
26.9. Dialysis for kidney or renal failure	0	1
26.10. Stomach or duodenal ulcer	0	1
26.11. Diverticulitis	0	1
26.12. Pancreatitis (inflamed pancreas)	0	1
26.13. Liver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)	0	1
26.14. Overactive thyroid	0	1
26.15. Underactive thyroid	0	1
26.16. Alzheimer's disease	0	1
26.17. Multiple sclerosis	0	1
26.18. Parkinson's disease	0	1
26.19. Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)	0	1

The last question is about your current living situation.

27. 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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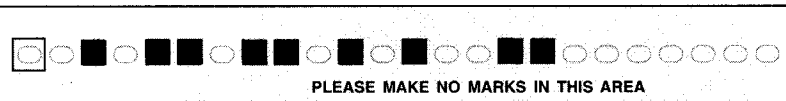

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