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Ver. 1.1

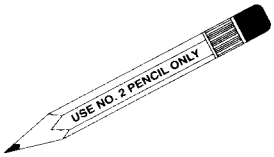
OMB #0925-0414 Exp: 4/06

WOMEN'S HEALTH INITIATIVE

Form 147 - OS Follow-Up Questionnaire (Observational Study - Year 7)

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 ●

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0414). Do not return the completed form to this address.

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 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 Annual
4 Non Routine

1 2 3 4 5 6 7 8 9

5. Form Administration:

1 Self 2 Group 3 Interview 4 Assistance

6. Language:

● E S

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PLEASE MAKE NO MARKS IN THIS AREA

This questionnaire asks you about factors that may affect your health. These include weight changes, physical activity and exercise, use of female hormones, recent medical conditions, and family origin.

The following questions are about your weight. (Give your best guess.)

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

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

5.1. How long do you usually exercise like this at one time?

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

6. Not including walking outside the home, how often each week (7 days) do you usually do 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.

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

6.1. How long do you usually exercise like this at one time?

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

Go to the next page.

PLEASE MAKE NO MARKS IN THIS AREA

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7. Not including walking outside the home, how often each week (7 days) do you usually do MILD EXERCISE? For example, slow dancing, bowling, golf.

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

7.1. How long do you usually exercise like this at one time?

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

8. Do you smoke cigarettes now?

0 No 1 Yes

8.1. 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

9. In the past year, have you taken any of the following prescription weight loss medications for at least 2 months? **(Mark all that apply.)**

9.1.	Meridia (Sibutramine)	0 No	1 Yes
9.2.	Xenical (Orlistat)	0 No	1 Yes
9.3.	Phentermine (Fastin)	0 No	1 Yes
9.4.	Other prescription weight loss medication	0 No	1 Yes

(specify: _____)

Go to the next page.

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 patterns of use.

Question 10 is about natural hormones you get without a doctor's prescription.

10. 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, skin cream, or soy-enriched foods.

0 No
9 Don't know
1 Yes

10.1. 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 creams
2 Wild yam pills
10 Progesterone cream
3 Progesterone suppositories
4 DHEA (dehydroepiandrosterone) pills
5 Phytoestrogen pills or powder (soy or flax)
6 Phytoestrogen creams (soy or flax)
7 Phytoestrogen enriched foods (tofu, soybeans)
8 Other (Specify: _____)
9 Don't know

Question 11 is about non-estrogen treatment for hormone replacement you get with a doctor's prescription.

11. In the past year, did you use any non-estrogen prescription treatments for hormone replacement? These may be prescribed to prevent osteoporosis and breast cancer and are sometimes called "designer estrogens" or selective estrogen receptor modulators (SERMs). Examples are Evista (Raloxifene) and Nolvadex (Tamoxifen).

0 No
9 Don't know
1 Yes

11.1. In the past year, what types of non-estrogen treatments for hormone replacement did you take? **(Mark all that apply.)**

1 Evista (Raloxifene)
2 Nolvadex (Tamoxifen)
8 Other (Specify: _____)
9 Don't know

Go to the next page.

PLEASE MAKE NO MARKS IN THIS AREA

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The next questions (12-16) are about female hormones you get with a doctor's prescription.

12. In the past year, did you use any female hormones (ESTROGEN or PROGESTERONE [also called PROGESTIN]) 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 17 on page 9.**

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

    0 No
    9 Don't know
    1 Yes

    13.1. In the past year, how many months did you use COMBINED female hormone PILLS or PATCH which contained both ESTROGEN and PROGESTERONE?

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

    13.2. Which combination did you use the longest?

    1 Prempro
    2 CombiPatch
    3 Premphase
    8 Other (Specify: _____)

14. 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

    14.1. 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

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

    1 Estratest
    2 Estratest HS
    8 Other (Specify: _____)
    9 Don't know

Go to the next page.

15. In the past year, did you use any ESTROGEN pill, patch, cream, or shots (other than the combinations described in Questions 13 and 14)?

1 Yes

0 No
9 Don't know → **Go to Question 16 on the next page.**

15.1. Did you use an estrogen pill?

0 No 1 Yes →

15.2. For how many months did you use the estrogen pills?

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

15.3. What kind did you take **(mark the one used the longest if you used more than one kind)?**

1 Premarin or conjugated equine estrogens
2 Estrace or estradiol
3 Ogen or estropripate
4 Estratab or esterified estrogens
8 Other (Specify: _____)
9 Don't know

15.4. Did you use an estrogen patch?

0 No 1 Yes →

15.5. For 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

15.6. Did you use an estrogen cream?

0 No 1 Yes →

15.7. For how many months did you use the cream?

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

15.8. Did you have estrogen shots?

0 No 1 Yes →

15.9. For how many months did you have the shots?

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

Go to the next page.

Question 16 is about products that contain the hormone PROGESTERONE (progestin) alone.

16. In the past year, did you use any PROGESTERONE or PROGESTIN pill, cream, or shots (other than the combinations described in Question 13)?

1 Yes

0 No
9 Don't know → **Go to Question 17 on the next page.**

16.1. Did you use a progesterone or progestin pill or capsule?

0 No
1 Yes →

16.2. For how many months did you use the pill or capsule?

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

16.3. What kind did you take **(mark the one used the longest if you used more than one kind)?**

1 Provera, Cycrin, Amen, or Medroxyprogesterone Acetate (MPA)
3 Prometrium or micronized progesterone
8 Other (Specify: _____)
9 Don't know

16.4. How many days per month did you use it?

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

16.5. Did you use a progesterone or progestin cream?

0 No
1 Yes →

16.6. For how many months did you use progesterone or progestin cream?

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

16.7. Did you have progesterone or progestin shots?

0 No
1 Yes →

16.8. For how many months did you have progesterone or progestin shots?

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

Go to the next page.

PLEASE MAKE NO MARKS IN THIS AREA

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The next question is about your medical condition in the past year.

17. 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
17.1.	Cataract(s)	0	1
17.2.	Macular degeneration of the retina	0	1
17.3.	Asthma	0	1
17.4.	Emphysema or chronic bronchitis	0	1
17.5.	Heart failure or congestive heart failure	0	1
17.6.	Angina (chest pains from the heart)	0	1
17.7.	Atrial fibrillation	0	1
17.8.	Kidney or bladder stones (renal or urinary calculi)	0	1
17.9.	Dialysis for kidney or renal failure	0	1
17.10.	Stomach or duodenal ulcer	0	1
17.11.	Diverticulitis	0	1
17.12.	Pancreatitis (inflamed pancreas)	0	1
17.13.	Liver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)	0	1
17.14.	Overactive thyroid	0	1
17.15.	Underactive thyroid	0	1
17.16.	Alzheimer's disease	0	1
17.17.	Multiple sclerosis	0	1
17.18.	Parkinson's disease	0	1
17.19.	Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)	0	1

18. Have you ever been diagnosed with breast cancer?

0 No
9 Don't know

1 Yes

18.1. At what age were you diagnosed?

[ ][ ] years old

10 20 30 40 50 60 70 80 90

1 2 3 4 5 6 7 8 9

Go to the next page.

Below is a list of some difficult things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best.

Over the past year:

			Yes, and it upset me:		
		No	Not too much	Moderately (Medium)	Very much
19.1.	Did your spouse or partner die?	0	1	2	3
19.2.	Did your spouse or partner have a serious illness?	0	1	2	3
19.3.	Did a close friend or family member die or have a serious illness (other than your spouse or partner)?	0	1	2	3
19.4.	Did you have any major problems with money?	0	1	2	3
19.5.	Did you have a divorce or break-up with a spouse or partner?	0	1	2	3
19.6.	Did a family member or close friend have a divorce or break-up?	0	1	2	3
19.7.	Did you have a major conflict with children or grandchildren?	0	1	2	3
19.8.	Do you have any major accident, disasters, muggings, unwanted sexual experiences, robberies, or similar events?	0	1	2	3
19.9.	Did you or a family member or close friend lose their job or retire?	0	1	2	3
19.10.	Were you physically abused by being hit, slapped, pushed, shoved, punched, or threatened with a weapon by a family member or close friend?	0	1	2	3
19.11.	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?	0	1	2	3
19.12.	Did a pet die?	0	1	2	3

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

0 No → **Go to the next page.**

1 Yes →

20.1. In the past 4 weeks, how often have you helped this friend or family member?

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

PLEASE MAKE NO MARKS IN THIS AREA

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The next set of questions asks about where your parents were born. This refers to the parents who raised you, whether or not they were your birth parents. If you do not know the information asked for, please give your best guess.

21. Was your mother born in the United States or outside of the United States?

1 In the United States

2 Outside the United States

21.1. Which region?

1 Northeast
(Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, Washington DC, West Virginia)

2 South
(Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, or Texas)

3 Midwest
(Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin)

4 West
(Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming)

21.2. Which area?

1 Canada
2 Europe
3 Eastern Europe
4 Middle East or North Africa
5 Africa (not including North Africa)
6 Caribbean or West Indies
7 Mexico
8 Central or South America
9 Cuba
10 Puerto Rico
11 China
12 Japan
13 Southeast Asia
14 Australia and Oceania
88 Other

21.3. Was this your biological (birth) mother? 0 No 1 Yes

Go to the next page.

22. Was your father born in the United States or outside of the United States?

1 In the United States

22.1. Which region?

1 Northeast
(Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, Washington DC, West Virginia)

2 South
(Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, or Texas)

3 Midwest
(Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin)

4 West
(Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming)

2 Outside the United States

22.2. Which area?

1 Canada
2 Europe
3 Eastern Europe
4 Middle East or North Africa
5 Africa (not including North Africa)
6 Caribbean or West Indies
7 Mexico
8 Central or South America
9 Cuba
10 Puerto Rico
11 China
12 Japan
13 Southeast Asia
14 Australia and Oceania
88 Other

22.3. Was this your biological (birth) father? 0 No 1 Yes

23. 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 for any questions you may have missed.

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