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WOMEN'S HEALTH INITIATIVE

Ver. 1

OMB # 0925-0414 Exp: 4/06

Form 148 - OS Follow-Up Questionnaire (Observational Study - Year 8)

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 you weigh 159 pounds:

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_____

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 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:
3 Annual
4 Non-Routine
7 8 9 10 11 12

5. Form Administration:
1 Self 2 Group 3 Interview 4 Assistance

6. Language:
E S

AFFIX LABEL BETWEEN LINES
BAR CODE HERE

PLEASE MAKE NO MARKS IN THIS AREA

79151

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

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 Causal 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 mins.	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 mins.	20-39 mins.	40-59 mins.	1 hour or more
1	2	3	4

Go to the next page.

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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 mins.	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 following questions are about coffee, tea, and soft drinks you may drink.

10. During the past 3 months, how often did you drink these beverages: **(Mark one for each beverage.)** (For coffee, large or doubles count as 2 cups.)

	Never or less than 1 per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6 or more per day
10.1. Caffeinated coffee, either instant or paper-filtered drip (cups)	1	2	3	4	5	6	7	8	9
10.2. Other caffeinated coffee, such as perked, espresso, or latté (cups)	1	2	3	4	5	6	7	8	9
10.3. Decaf coffee, either instant or paper-filtered drip (cups)	1	2	3	4	5	6	7	8	9
10.4. Other decaf coffee, such as perked, espresso, or latté (cups)	1	2	3	4	5	6	7	8	9
10.5. Regular tea (not decaf) (cups)	1	2	3	4	5	6	7	8	9
10.6. Decaf tea (cups)	1	2	3	4	5	6	7	8	9
10.7. Soft drinks with caffeine (such as Coke®, Diet Pepsi®, Dr. Pepper®, Mountain Dew®) (12 oz. can)	1	2	3	4	5	6	7	8	9
10.8. Soft drinks without caffeine (such as Sprite®, 7-Up®, Diet Sprite®) (12 oz. can)	1	2	3	4	5	6	7	8	9

Go to the next page.

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

11. 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

11.1. 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

The next questions (12-13) are about medications you get with a doctor's prescription.

12. In the past year, have you used any treatments for **osteoporosis** or other bone conditions that you get with a doctor's prescription? Examples are Fosamax, Miacalcin, and Actonel. **(Do not include use of selective estrogen receptor modulators (SERMs) such as Evista (Raloxifene) which are covered in Question 13.)**

0 No
9 Don't know
1 Yes

12.1. Which one(s)? **(Mark all that apply.)**

1 Alendronate (Fosamax)
2 Calcitonin (Miacalcin)
3 Risedronate (Actonel)
4 Pamidronate (Aredia)
5 Zolendronate
6 Parathyroid hormone (PTH) (Forteo)
8 Other (Specify:_____)
9 Don't know

Go to the next page.

13. 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

13.1. In the past year, what types of selective estrogen receptor modulators did you take? **(Mark all that apply.)**

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

The next questions (14-18) are about other female hormones you get with a doctor's prescription.

14. 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 19 on page 11.

Go to the next page.

15. 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 the use of two separate estrogen and progesterone pills used at the same time.)**

0 No
9 Don't know

1 Yes

15.1. 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

15.2. Which combination did you use the longest?

1 Prempro
2 CombiPatch
3 Premphase
4 Activella
5 FemHRT
6 Ortho-Prefest
8 Other (Specify:_____)

16. 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)?

1 Yes

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

16.1. 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

16.2. 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.

17. In the past year, did you use any ESTROGEN pill, patch, cream, or shots (other than the combinations described in Questions 15 and 16)?

1 Yes
0 No
9 Don't know → **Go to Question 18 on the next page.**

17.1. Did you use an estrogen pill?

0 No 1 Yes →

17.2. 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

17.3. 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

17.4. Did you use an estrogen patch?

0 No 1 Yes →

17.5. 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

17.6. Did you use an estrogen cream?

0 No 1 Yes →

17.7. 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

17.8. Did you have estrogen shots?

0 No 1 Yes →

17.9. 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 18 is about products that contain the hormone PROGESTERONE (progestin) alone.

18. In the past year, did you use any PROGESTERONE or PROGESTIN pill, cream, or shots (other than the combinations described in Question 15)?

1 Yes

0 No
9 Don't know → **Go to Question 19 on the next page.**

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

0 No
1 Yes →

18.2. 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

18.3. 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

18.4. 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

18.5. Did you use a progesterone or progestin cream?

0 No
1 Yes →

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

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

18.7. Did you have progesterone or progestin shots?

0 No
1 Yes →

18.8. 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.

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Question 19 is about your medical conditions in the past year.

19. 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
19.1.	Cataract(s)	0	1
19.2.	Macular degeneration of the retina	0	1
19.3.	Asthma	0	1
19.4.	Emphysema or chronic bronchitis	0	1
19.5.	Heart failure or congestive heart failure	0	1
19.6.	Angina (chest pains from the heart)	0	1
19.7.	Atrial fibrillation	0	1
19.8.	Kidney or bladder stones (renal or urinary calculi)	0	1
19.9.	Dialysis for kidney or renal failure	0	1
19.10.	Stomach or duodenal ulcer	0	1
19.11.	Diverticulitis	0	1
19.12.	Pancreatitis (inflamed pancreas)	0	1
19.13.	Liver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)	0	1
19.14.	Overactive thyroid	0	1
19.15.	Underactive thyroid	0	1
19.16.	Alzheimer's disease	0	1
19.17.	Multiple sclerosis	0	1
19.18.	Parkinson's disease	0	1
19.19.	Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)	0	1

Go to the next page.

20. Has any member of your family (mother, father, full-blooded sister or brother) been diagnosed with Alzheimer's disease or senile dementia?

0 No
9 Don't know
1 Yes →

20.1. Who? **(Please mark all that apply.)**

1 Mother
2 Father
3 Any brother
4 Any sister

The last question is about your current living situation.

21. What is your current marital status? **(Mark one that <u>best</u> 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. Feel free to write any comments here.

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