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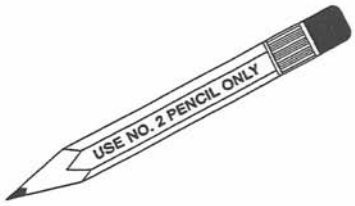
OMB #0925-0414 Exp: 4/06

WOMEN'S HEALTH INITIATIVE

Form 149 - Supplement to OS Follow-Up Questionnaire

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: How old are you?

| 7 | 5 |

10 20 30 40 50 60 70 80 90

1 2 3 4 5 6 7 8 9

Public reporting for this collection of information is estimated to average 5 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 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. Form Administration:

1 Self 2 Group 3 Interview 4 Assistance

5. Language:

E S

PLEASE MAKE NO MARKS IN THIS AREA

22010

The first question is about your current caregiving responsibilities.

1. 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 →

   1.1. 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

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:	**No**	**Yes, and it upset me:** Not too much	Moderately (Medium)	Very much
2.1. Did your spouse or partner die?	0	1	2	3
2.2. Did your spouse or partner have a serious illness?	0	1	2	3
2.3. Did a close friend or family member die or have a serious illness (other than your spouse or partner)?	0	1	2	3
2.4. Did you have any major problems with money?	0	1	2	3
2.5. Did you have a divorce or break-up with a spouse or partner?	0	1	2	3
2.6. Did a family member or close friend have a divorce or break-up?	0	1	2	3
2.7. Did you have a major conflict with children or grandchildren?	0	1	2	3
2.8. Did you have any major accidents, disasters, muggings, unwanted sexual experiences, robberies, or similar events?	0	1	2	3
2.9. Did you or a family member or close friend lose their job or retire?	0	1	2	3
2.10. 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
2.11. 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
2.12. Did a pet die?	0	1	2	3

Go to the next page.

PLEASE MAKE NO MARKS IN THIS AREA 22010

The next questions are about your health history and weight loss medication use.

3. Have you ever been diagnosed with breast cancer?

   0 No

   9 Don't know

   1 Yes →

   3.1. 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

4. In the past year, have you taken any of the following prescription weight loss medications for at least 2 months?

4.1.	Meridia (Sibutramine)	0 No	1 Yes
4.2.	Xenical (Orlistat)	0 No	1 Yes
4.3.	Phentermine (Fastin)	0 No	1 Yes
4.4.	Other prescription weight loss medication (Specify: _____ _____)	0 No	1 Yes

Go to the next page.

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.

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

① In the United States

5.1. 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

5.2. 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

5.3. Was this your biological (birth) mother?

⓪ No

① Yes

Go to the next page.

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

① In the United States

6.1. 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

6.2. 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

6.3. Was this your biological (birth) father?

⓪ No

① Yes

Go to the next page.

PLEASE MAKE NO MARKS IN THIS AREA 22010

Thank you.

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

* U.S. GOVERNMENT PRINTING OFFICE:2004–689-279/40020