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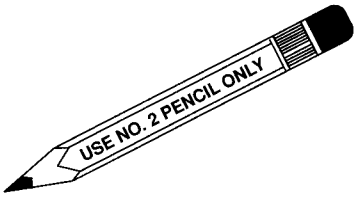
Ver. 2
OMB #0925-0414 Exp: 6/97

WOMEN'S HEALTH INITIATIVE

Form 34 - Personal Habits 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.

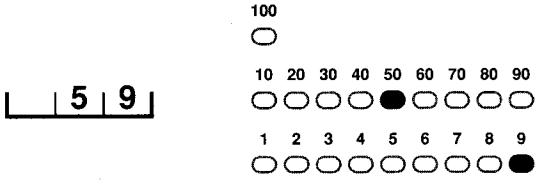


CORRECT MARK

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: If your age is 59:



Public reporting for this collection of information is estimated to average 10 minutes, including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 721-B, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA; and to Office of Management and Budget, Paperwork Reduction Project (0925-0414), Washington, D.C. 20503. Do not return the completed form to either of these addresses.

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 ㊹ ㊺ ㊻ ㊼ ㊽ ㊾

2. Reviewed By:

⓪ ⑳ ㊵
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:

① Screening ⓪ ① ② ③
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

340051

PLEASE MAKE NO MARKS IN THIS AREA

These questions ask about habits (smoking, caffeine, alcohol use, diet, and exercise) that may affect your health. Please answer each question as accurately as possible. There are no right or wrong answers.

1. During your entire life, have you smoked at least 100 cigarettes?

⓪ No ① Yes

1.1. How old were you when you first started smoking cigarettes regularly? **(Give your best guess.)**

Less than 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50 or older
①	②	③	④	⑤	⑥	⑦	⑧	⑨

1.2. Do you smoke cigarettes now?

⓪ No → 1.3. How old were you when you quit smoking regularly?

Less than 15	15-19	20-24	25-29	30-34	35-39
①	②	③	④	⑤	⑥

40-44	45-49	50-54	55-59	60 or older
⑦	⑧	⑨	⑩	⑪

1.4. Did you quit smoking because you had a health problem that was caused by or made worse by smoking?

⓪ No ① Yes

Go on to Question 1.5.

① Yes

1.5. On the average, how many cigarettes do you (did you) usually smoke each day?

Less than 1	1-4	5-14	15-24	25-34	35-44	45 or more
①	②	③	④	⑤	⑥	⑦

1.6. How many years have you been (were you) a regular smoker? Do not count the times you stayed off cigarettes.

Less than 5 years	5-9 years	10-19 years	20-29 years	30-39 years	40-49 years	50 or more years
①	②	③	④	⑤	⑥	⑦

1.7. Have you ever smoked to keep from gaining weight or to lose weight?

⓪ No ① Yes

Go to the next page.

2. Do you usually drink coffee each day?

⓪ No ① Yes

2.1. How many cups of regular coffee (not decaf) do you usually drink each day? **(If none, mark "None.")**

None	1	2	3	4	5	6 or more
⓪	①	②	③	④	⑤	⑥

Alcohol may affect a person's health. We would like to know about the alcohol you have drunk over your lifetime. (For the question below, one drink of alcohol is about equal to one can of beer, one glass of wine, or one shot of liquor.)

3. During your entire life, have you had at least 12 drinks of any kind of alcoholic beverage?

⓪ No ① Yes

3.1. Do you still drink alcohol?

⓪ No → 3.2. Why did you stop or quit drinking alcohol?

① Health problems

② My drinking caused non-health problems

③ Other

① Yes

Go to the next page.

340051

PLEASE MAKE NO MARKS IN THIS AREA

4. Women's weights change during their adult lives. Mark the one answer that best describes you during your adult life. Please don't include times when you were pregnant or sick. **(Mark only one.)**

① Weight has stayed about the same (within 10 pounds)

② Steady gain in weight

③ Lost weight as an adult and kept it off

④ Weight has gone up and down again by more than 10 pounds

4.1. About how many times did your weight go up and down again by more than 10 pounds? Please don't include times when you were pregnant or sick.

1-3 times	4-6 times	7-10 times	11-15 times	More than 15 times
①	②	③	④	⑤

The next set of questions are about special diets or types of foods women may choose or may be told to eat by their doctors.

5. Are you now on any of the following special diets?

	No	Yes
5.1. A low calorie diet?	⓪	①
5.2. A low-fat or low cholesterol diet?	⓪	①
5.3. A low salt (low sodium) diet?	⓪	①
5.4. A high-fiber diet?	⓪	①
5.5. A diabetic or ADA diet?	⓪	①
5.6. A lactose-free (no milk or dairy foods) diet?	⓪	①
5.7. Any other diet?	⓪	①

5.8. What kind of other diet is it? **(Specify):** _____

_____

_____

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

6. 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

6.1. 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

6.2. 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.

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

7.1. 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

7.2. 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

7.3. MODERATE EXERCISE (Not exhausting). For example, biking outdoors, using an exercise machine (like a stationary bike or treadmill), calisthenics, easy swimming, popular or 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

7.4. 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

Go to the next page.

7.5. 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

7.6. 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

8. For each of the ages below, did you usually do strenuous or very hard exercises at least 3 times a week? This would include exercise that was long enough to work up a sweat and make your heart beat fast. **(Be sure to mark "No" if you did not do very hard exercises at the ages listed below.)**

	No	Yes
8.1. 18 years old	⓪	①
8.2. 35 years old	⓪	①
8.3. 50 years old	⓪	①

9. What is the date you finished this form?

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

Thank you. Please take a moment to review any questions you may have missed. Feel free to write any comments here:

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PLEASE MAKE NO MARKS IN THIS AREA

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