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WOMEN'S HEALTH INITIATIVE

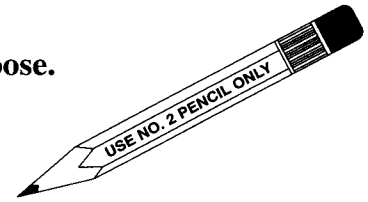
Ver. 2.1

OMB #0925-0414 Exp: 6/00

Form 48 - 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.

<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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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 ⑨⑨ ⑩⓪ ⑩① ⑩② ⑩③ ⑩④ ⑩⑤ ⑩⑥ ⑩⑦

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:

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

6. Language:

● E ○ S

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PLEASE MAKE NO MARKS IN THIS AREA

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This questionnaire asks you to provide information on factors that may affect your health. These include weight changes, eating patterns, types of fat in your diet, wine drinking, smoking habits, use of female hormones, contact with insecticides, and your use of computers and hair dryers.

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

4. In the past year, did you lose five or more pounds on purpose at any time?

0 No
9 Don't know
1 Yes

4.1. What method(s) did you use to lose weight? **(Mark all that apply.)**

1 Low calorie diet
2 Low fat diet
3 Other type of diet
4 Skipped meals/fasted
5 Decreased alcohol intake
6 Increased exercise
7 Diet pills
8 Commercial weight loss program
9 Stomach surgery/intestinal bypass
10 Started or increased smoking
88 Other

5. In the past year, did you lose five or more pounds not on purpose at any time?

0 No
9 Don't know
1 Yes

5.1. What was the cause of this weight loss? **(Mark all that apply.)**

1 Illness
2 Depression
3 Stressful time
4 Life events (e.g., change in job or marital status)
8 Other
9 Don't know

Go to the next page.

6. How many times per week do you usually eat the following meals or snacks? **(Answer each question. If you usually do not eat the meal or snack, answer "Never or less than once.")**

Eat	Times per week: Never or less than once	1-2 times	3-4 times	5-6 times	7 or more times
6.1. Before breakfast meal	0	1	2	3	4
6.2. Breakfast	0	1	2	3	4
6.3. Between breakfast and lunch	0	1	2	3	4
6.4. Lunch	0	1	2	3	4
6.5. Between lunch and dinner	0	1	2	3	4
6.6. Dinner	0	1	2	3	4
6.7. After dinner	0	1	2	3	4

7. In the past three months, what kinds of fat or oil did you usually use to deep fry, pan fry, or sauté foods? **(Mark the one or two used most often. If you did not use fat, mark "Did not use fat.")**

1 Butter
2 Low calorie margarine
3 Stick margarine
4 Tub margarine
5 Solid vegetable fat (e.g., Crisco®)
6 Shortening (lard, bacon fat, drippings, salt pork or ham hock)
7 Olive oil
8 Canola oil
9 Peanut oil
10 Other vegetable oils (corn, safflower, sunflower)
11 Non-stick spray (e.g., Pam®)
13 Other fat(s)
0 Did not use fat

8. In the past three months, what kinds of fat or oil did you usually use when cooking vegetables, potatoes, beans, or rice? **(Mark the one or two used most often. If you did not use fat, mark "Did not use fat.")**

1 Butter
2 Low calorie margarine
3 Stick margarine
4 Tub margarine
5 Solid vegetable fat (e.g., Crisco®)
6 Shortening (lard, bacon fat, drippings, salt pork or ham hock)
7 Olive oil
8 Canola oil
9 Peanut oil
10 Other vegetable oils (corn, safflower, sunflower)
11 Non-stick spray (e.g., Pam®)
13 Other fat(s)
0 Did not use fat

Go to the next page.

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PLEASE MAKE NO MARKS IN THIS AREA

9. In the past three months, what kinds of fat or oil did you usually add after cooking vegetables, potatoes, beans, or rice? **(Mark the one or two used most often. If you did not use fat, mark "Did not use fat.")**

① Butter
② Low calorie margarine
③ Stick margarine
④ Tub margarine
⑦ Olive oil
⑧ Canola oil
⑨ Peanut oil
⑩ Other vegetable oils (corn, safflower, sunflower)
⑪ Non-fat or low-fat sour cream
⑫ Regular sour cream
⑬ Other fat(s)
⓪ Did not use fat

10. In the past three months, what kinds of fat or oil did you usually use on breads, bagels, muffins, tortillas, and rolls? **(Mark the one or two used most often. If you did not use fat, mark "Did not use fat.")**

① Butter
② Low calorie margarine
③ Stick margarine
④ Tub margarine
⑤ Olive oil
⑬ Other fat(s)
⓪ Did not use fat

11. In the past three months, how many glasses of RED wine did you drink? **(Consider one glass as 6 ounces. Mark one.)**

⓪ None or less than 1 each month
① 1-3 each month
② 1 each week
③ 2-4 each week
④ 5-6 each week
⑤ 1 each day
⑥ 2-3 each day
⑦ 4 or more each day

12. In the past three months, how many glasses of WHITE or ROSÉ wine did you drink? **(Consider one glass as 6 ounces. Mark one.)**

⓪ None or less than 1 each month
① 1-3 each month
② 1 each week
③ 2-4 each week
④ 5-6 each week
⑤ 1 each day
⑥ 2-3 each day
⑦ 4 or more each day

Go to the next page.

13. Do you smoke cigarettes now?

① Yes

⓪ No → **Go to the next page.**

13.1. 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

13.2. Do you usually smoke filter tip or non-filter tip cigarettes? **(Mark one.)**

① Filter tip

② Non-filter tip

13.3. Do you usually smoke regular or low tar and nicotine cigarettes (lites)? **(Mark one.)**

① Regular

② Low tar and nicotine (lite)

13.4. What size cigarettes do you usually smoke? **(Mark one.)**

① Slim

② Regular size

③ King size

Go to the next page.

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PLEASE MAKE NO MARKS IN THIS AREA

The next questions are about female hormones you get with a doctor's prescription.

14. 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

14.1. In the past year, how many months did you use the COMBINED female hormone PILL which contained both ESTROGEN and PROGESTIN?

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

15. In the past year, did you use the female hormone medication called ESTROGEN (for example, Premarin, Estrace, Ogen)? (This may have been in the form of a pill, skin patch, shot, vaginal cream or suppository, or skin cream or gel.) **(Do not include the combined pill of estrogen and progestin.)**

⓪ No
⑨ Don't know
① Yes

15.1. In the past year, how many months did you use any type of ESTROGEN? **(Mark one. If you had shots, count each shot as one month.)**

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

15.2. In the past year, what type of ESTROGEN did you use the longest? **(Mark one.)**

① Pills (or capsules)
② Shots
③ Skin Patches
④ Vaginal cream or suppositories
⑧ Other creams or gels

Go to Question 15.3 on the next page.

Skip the next page and go to Question 16 on page 8.

15.3. In the past year, did you take ESTROGEN pills (e.g., Premarin, Estrace, Ogen) by mouth?

⓪ No
⑨ Don't know
① Yes

15.4. What was the average number of days each month that you used ESTROGEN pills? **(Mark one.)**

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

15.5. In the past year, what type of ESTROGEN pill did you use the longest? **(Mark one.)**

① Premarin or conjugated equine estrogens
② Estrace
③ Ogen
⑧ Other
⑨ Don't know

15.6. 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

15.7. In the past year, did you use ESTROGEN skin patches (for example, Estraderm, Climera)?

⓪ No
⑨ Don't know
① Yes

15.8. What dose skin patch did you usually use? **(Mark one.)**

① 0.05 mg
② 0.1 mg
⑧ Other
⑨ Don't know

15.9. What was the average number of times each week that you changed your ESTROGEN skin patch? **(Mark one.)**

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.

16. In the past year, did you use the female hormone medication called PROGESTERONE or PROGESTIN (for example, Provera, Cycrin, Amen, Megace or micronized progesterone)? (This may have been in the form of a pill, skin patch, shot, vaginal cream or suppository, or skin cream or gel.) **(Do not include the combined pill of estrogen and progestin.)**

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

16.1. In the past year, how many months did you use PROGESTERONE or PROGESTIN? **(Mark one. If you had shots, count each shot as one month.)**

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 PROGESTERONE or PROGESTIN did you use the longest? **(Mark one.)**

① Pills or capsules
② Shots
③ Skin patches
④ Vaginal creams or suppositories
⑧ Other creams or gels

16.3. In the past year, did you take PROGESTERONE or PROGESTIN pills by mouth?

⓪ No
⑨ Don't know
① Yes

16.4. In the past year, what was the average number of days each month that you used PROGESTERONE or PROGESTIN pills? **(Mark one.)**

① Not used or 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. In the past year, did you take Provera, Cycrin or Amen (MEDROXYPROGESTERONE-MPA) pills?

⓪ No
⑨ Don't know
① Yes

16.6. 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 More than 10 mg
⑨ Don't know

16.7. In the past year, did you take MICRONIZED PROGESTERONE pills?

① Yes
⓪ No
⑨ Don't know

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PLEASE MAKE NO MARKS IN THIS AREA

17. Since age 21, have you or someone else ever poured, mixed, sprayed or applied insecticides (such as bug or flea spray, garden/lawn/crop insecticides) in your immediate surroundings at home, leisure, or work? (Do not include insect repellents, weed killers, fungus/mildew killers, or flea tick or mite treatments applied directly to pets.) **(Mark one.)**

- ① Yes, at work only
- ② Yes, at home or leisure only
- ③ Yes, both at work and at home or leisure
- ⓪ No
- ⑨ Don't know

→ **Go to the next page.**

17.1. What types of exposure have you had to insecticides? **(Mark all that apply.)**

- ① I mixed them
- ② I sprayed or applied them
- ③ Lawn service applied them at my home
- ④ Applied in home by commercial service
- ⑧ Other

17.2. How many years in total did you personally mix or apply insecticides at home or at work? **(Mark one.)**

- ① Never or less than 1 year
- ② 1-4 years
- ③ 5-9 years
- ④ 10-14 years
- ⑤ 15-19 years
- ⑥ 20 or more years

17.3. In those years, what was the average number of times each year that you personally mixed or applied insecticides at home or at work? **(Mark one.)**

- ⓪ Never or less than once each year
- ① 1-5 times each year
- ② 6-12 times each year
- ③ 13-24 times each year
- ④ 25-49 times each year
- ⑤ 50 or more times each year

17.4. How many years in total did someone other than yourself (for example, a lawn service or a commercial applicator) apply insecticides to your home, lawn, or garden? **(Mark one.)**

- ⓪ Never or less than 1 year
- ① 1-4 years
- ② 5-9 years
- ③ 10-14 years
- ④ 15-19 years
- ⑤ 20 or more years

17.5. In those years, what was the average number of times each year that someone other than yourself applied insecticides to your home, lawn, or garden? **(Mark one.)**

- ⓪ Never or less than once each year
- ① 1-5 times each year
- ② 6-12 times each year
- ③ 13-24 times each year
- ④ 25 or more times each year

Go to the next page.

18. Have you ever sat in front of a computer screen within three feet with the power turned "on" (for example, when writing letters)?

① Yes ⓪ No → **Go to the next page.**

18.1. How many years in total did you sit in front of a computer screen regularly (at least once each week) with the power turned "on"? **(Mark one.)**

① Less than 1 year

② 1-4 years

③ 5-9 years

④ 10-14 years

⑤ 15-19 years

⑥ 20 or more years

18.2. In the past five 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 the 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

18.3. 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.

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PLEASE MAKE NO MARKS IN THIS AREA

19. Since age 21, have you ever lived with a pet in your home?

① Yes ⓪ No → **Go to the next page.**

19.1. What methods have you used to treat your pets for fleas, mites or ticks? (Do not include spraying the house for fleas or insects. **(Mark all that apply.)**

⓪ None → **Go to the next page.**

① Flea and tick collars

② Powder or spray

③ Dips

⑧ Other

19.2. How many years in total have you treated a pet in your home for fleas, mites or ticks? **(Mark one.)**

① Less than 1 year

② 1-4 years

③ 5-9 years

④ 10-19 years

⑤ 20-29 years

⑥ 30 or more years

Go to the next page.

20. Have you ever used a hand-held hair dryer regularly (at least once a week)?

0 No

1 Yes

20.1. How many years in total have you used a hand-held hair dryer? **(Mark one.)**

1 Less than 1 year

2 1-4 years

3 5-9 years

4 10-14 years

5 15-19 years

6 20 or more years

20.2. In those years, what was the average number of times per week that you used a hand-held hair dryer? **(Mark one.)**

1 Once each week or less

2 2-3 times each week

3 4-5 times each week

4 6 or more times each week

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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