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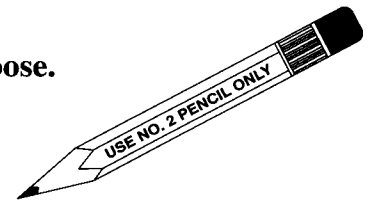
Ver. 3.1
OMB #0925-0414 Exp: 6/00

WOMEN'S HEALTH INITIATIVE

Form 143 - OS Follow-Up Questionnaire (Year 3)

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
○○○○○○○○●

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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

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2. Reviewed By:

___ ___ ___

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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

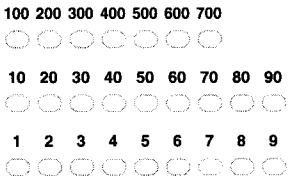
6. Language:

●E ○S

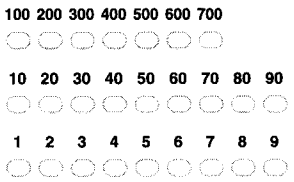
■■■○■■■■○■○■■■■○○■○○○○○ 325103

PLEASE MAKE NO MARKS IN THIS AREA

The following questions are about your weight and any weight changes you may have had in the past 2 years.



1. In the past 2 years, what was your highest weight? |_|_|_| **pounds**



2. In the past 2 years, what was your lowest weight? |_|_|_| **pounds**

3. In the past 2 years, did you lose five or more pounds on purpose at any time?

⓪ No ① Yes
⑨ Don't know

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

① Change in diet
② Increased exercise
③ Redux diet pill (dexfenfluramine)
④ Other diet pill
⑤ Commercial weight loss program
⑥ Started or increased smoking
⑦ Surgical procedure (such as intestinal bypass or stomach balloon)
⑧ Other **(Specify):** _____

4. In the past 2 years, did you lose five or more pounds not on purpose at any time?

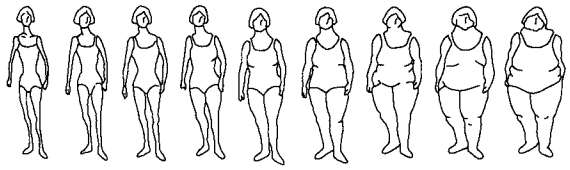
⓪ No ① Yes
⑨ Don't know

4.1. 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)
⑤ Loss of appetite
⑧ Other **(Specify):** _____
⑨ Don't know

Go to the next page.

5. The figures below are numbered 1-9. Choose a figure to answer each of the questions below.



Choose the figure that:	1	2	3	4	5	6	7	8	9
5.1. reflects how you think you look.	①	②	③	④	⑤	⑥	⑦	⑧	⑨
5.2. reflects how you feel most of the time.	①	②	③	④	⑤	⑥	⑦	⑧	⑨
5.3. is your ideal figure (for you).	①	②	③	④	⑤	⑥	⑦	⑧	⑨
5.4. you think is ideal for women.	①	②	③	④	⑤	⑥	⑦	⑧	⑨
5.5. you think is most preferred by men.	①	②	③	④	⑤	⑥	⑦	⑧	⑨
5.6. you think is most preferred by women.	①	②	③	④	⑤	⑥	⑦	⑧	⑨

Go to the next page.

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PLEASE MAKE NO MARKS IN THIS AREA

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, use of an exercise machine (like a stationary bike or treadmill), calisthenics, easy swimming, popular and 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

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

Go to the next page.

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PLEASE MAKE NO MARKS IN THIS AREA

The next set of questions asks about some of your usual activities.

8. About how many hours each week do you usually spend doing heavy (strenuous) indoor household chores such as scrubbing floors, sweeping, or vacuuming?

Less than 1 hour	1-3 hours	4-6 hours	7-9 hours	10 or more hours
①	②	③	④	⑤

9. About how many months during the year do you usually do things in the yard, such as mowing, raking, gardening, or shoveling snow?

Less than 1 month	1-3 months	4-6 months	7-9 months	10 or more months
①	②	③	④	⑤

9.1. When you do these things in the yard, how many hours <u>each week</u> do you do them?

Less than 1 hour	1-3 hours	4-6 hours	7-9 hours	10 or more hours
①	②	③	④	⑤

10. During a usual <u>day and night</u>, about how many hours do you spend sitting? Be sure to include the time you spend sitting at work, sitting at the table eating, driving or riding in a car or bus, and sitting up watching TV or talking.

Less than 4 hours	4-5 hours	6-7 hours	8-9 hours	10-11 hours	12-13 hours	14-15 hours	16 or more hours
①	②	③	④	⑤	⑥	⑦	⑧

11. During a usual <u>day and night</u>, about how many hours do you spend sleeping or lying down? Be sure to include the time you spend sleeping or trying to sleep at night, resting or napping, and lying down watching TV.

Less than 4 hours	4-5 hours	6-7 hours	8-9 hours	10-11 hours	12-13 hours	14-15 hours	16 or more hours
①	②	③	④	⑤	⑥	⑦	⑧

Go to the next page.

The following questions are about strenuous physical activity during your first 29 years of life.

12. Strenuous physical activity means work, exercise or sports that make you breathe hard and make your heart beat faster than usual. Examples are outdoor farm chores, ballet, swimming, basketball, and track and field. On the average, on how many days per week did you do strenuous physical activity for at least 20 minutes per day when you were . . .

12.1. 5-9 years old?

None	1 day per week	2 days per week	3 days per week	4 days per week	5 or more days per week	Don't know
0	1	2	3	4	5	9

12.2. 10-14 years old?

None	1 day per week	2 days per week	3 days per week	4 days per week	5 or more days per week	Don't know
0	1	2	3	4	5	9

12.3. 15-19 years old?

None	1 day per week	2 days per week	3 days per week	4 days per week	5 or more days per week	Don't know
0	1	2	3	4	5	9

12.4. 20-29 years old?

None	1 day per week	2 days per week	3 days per week	4 days per week	5 or more days per week	Don't know
0	1	2	3	4	5	9

Go to the next page.

325103

PLEASE MAKE NO MARKS IN THIS AREA

The following set of questions are about your use of different fat or oils.

13. 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

14. 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

15. 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

16. 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
⑦ Olive oil
⑬ Other fat(s)
⓪ Did not use fat

Go to the next page.

The following questions are about coffee, tea, alcoholic drinks and smoking.

17. 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
17.1. Regular instant (not decaf) coffee (cups)	1	2	3	4	5	6	7	8	9
17.2. Regular (not decaf) espresso or latté (cups)	1	2	3	4	5	6	7	8	9
17.3. Other regular drip coffee (not decaf) - drip, coffee maker, etc. (cups)	1	2	3	4	5	6	7	8	9
17.4. Decaf coffee - any type (cups)	1	2	3	4	5	6	7	8	9
17.5. Regular tea (not herbal, not decaf) (cups)	1	2	3	4	5	6	7	8	9
17.6. Herbal tea (cups)	1	2	3	4	5	6	7	8	9
17.7. Decaf tea (cups)	1	2	3	4	5	6	7	8	9
17.8. Water from the tap (8 ounce glasses)	1	2	3	4	5	6	7	8	9
17.9. Bottled water, carbonated or plain (8 ounce glasses)	1	2	3	4	5	6	7	8	9
17.10. Diet drinks, such as Diet Coke® or diet fruit drinks (12 ounce cans)	1	2	3	4	5	6	7	8	9

Go to the next page.

325103

PLEASE MAKE NO MARKS IN THIS AREA

18. During the past 3 months, have you had any drinks containing alcohol?

⓪ No ① Yes

18.1. In the past 3 months, how often have you had drinks containing alcohol?

① One day per month or less
② 2-3 days per month
③ 1-2 days per week
④ 3-4 days per week
⑤ 5-6 days per week
⑥ Every day or about every day

18.2. In the past 3 months, on the days you drank, how many drinks did you usually have per day? **(A drink is a 12 ounce glass of beer, one 4 ounce glass of wine, or one shot [1 1/4 oz.] of liquor)**

① 1 drink
② 2 drinks
③ 3 drinks
④ 4-5 drinks
⑤ 6-7 drinks
⑥ 8-9 drinks
⑦ 10-11 drinks
⑧ 12 or more drinks

18.3. In the past 3 months, on the days you drank, how many of those drinks did you usually drink that were not around a major meal (not around lunch, not around dinner)?

⓪ None
① 1 drink
② 2 drinks
③ 3 drinks
④ 4-5 drinks
⑤ 6-7 drinks
⑥ 8-9 drinks
⑦ 10-11 drinks
⑧ 12 or more drinks

18.4. Do you drink more than usual on special occasions?

⓪ No ① Yes →

18.5. How often does this happen?

① Less than once per month
② Once a month
③ 2-3 times per month
④ Once a week or more

Go to the next page.

19. Since you enrolled in this study, have you changed your drinking habits?

⓪ No ① Yes

19.1. How have you changed your alcohol drinking? Have you:

Stopped	Decreased	Increased	Started
①	②	③	④

19.2. Why did you make this change? **(Mark one.)**

① Concern about current or past health problems

② Concern about future health

⑧ Other

20. Do you smoke cigarettes now?

⓪ No ① Yes

20.1. 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

21. Does anyone living with you now smoke cigarettes regularly inside your home?

⓪ No ① Yes

21.1. Please mark all the people who live with you who now smoke cigarettes regularly inside your home: **(Mark all that apply.)**

Husband or partner	Son(s) or daughter(s)	Other person/people
①	②	③

22. Do you now work in a space where people smoke cigarettes?

⓪ No ① Yes

Go to the next page.

The next questions are about your current living situation.

23. What is your current job status? **(Mark the one that best describes you. If more than one describes you, mark both.)**

① Not working
② Retired
③ Homemaker, raising children, care of others
④ Employed (full-time or part-time)
⑤ Disabled, unable to work
⑧ Other **(Specify):** _____

24. 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

24.1. What is your husband's (partner's) current job status? **(Mark one. If more than one applies, mark both.)**

① Not working
② Retired
③ Homemaker, raising children, care of others
④ Employed (full-time or part-time)
⑤ Disabled, unable to work
⑧ Other **(Specify):** _____

25. What was the total family income (before taxes) from all sources within your household in the last year? **(Mark the one that is the best guess.** This information is important for describing the women in the study as a group and is kept strictly confidential.)

① Less than $10,000
② $10,000 to $19,999
③ $20,000 to $34,999
④ $35,000 to $49,999
⑤ $50,000 to $74,999
⑥ $75,000 to $99,999
⑦ $100,000 to $149,999
⑧ $150,000 or more
⑨ Don't know

Go to the next page.

325103

PLEASE MAKE NO MARKS IN THIS AREA

The following questions are about your health and medical care.

26. Do you have a clinic, doctor, nurse or physician assistant who provides your usual medical care?

⓪ No ① Yes

26.1. When did you last visit this clinic or person? **(Please give your best guess.)**

① In the last 3 months ③ 7-12 months ago

② 4-6 months ago ④ Over a year ago

26.2. Has your usual health care provider changed in the past 3 years?

⓪ No ① Yes

27. Do you currently have health insurance? This includes pre-paid private insurance such as a Health Maintenance Organization (HMO), other private insurance, Medicare, Medicaid (including State Medical Assistance, Medi-Cal, or DPA), or Military or Veterans Administration health care coverage.

⓪ No ① Yes

27.1. Which of the following best describes the doctors and hospitals covered by your current health insurance? **(Mark one.)**

① Benefits are the same for any doctor or hospital I choose.

② I can use any doctor or hospital, but I must pay more for those not on a list (or identified with the plan).

③ For my bills to be covered, I must use only the doctors and hospitals on a list (or identified with the plan).

Skip the next page and go to Question 29 on page 15.

28. Do you currently have any of the following types of health insurance: **(Please answer for each type of insurance listed.)**

28.1. Pre-paid private insurance, such as a Health Maintenance Organization (HMO), Kaiser Permanente or other Group Health-type plan?

No ⓪ Yes ①

→ 28.2. Who pays for this insurance? **(Mark all that apply.)**
① Costs are paid by my employer or my spouse's employer
② Costs are paid by me
③ Medicare

28.3. Other private insurance such as Blue Cross, Aetna, etc.?

No ⓪ Yes ①

→ 28.4. Who pays for this insurance? **(Mark all that apply.)**
① Costs are paid by my employer or my spouse's employer
② Costs are paid by me

28.5. Medicare?

No ⓪ Yes ①

→ 28.6. Do you have additional coverage to supplement your Medicare benefits?
⓪ No ① Yes

28.7. Medicaid, including State Medical Assistance, Medi-Cal, or DPA?

No ⓪ Yes ①

28.8. Military or Veterans Administration-sponsored?

No ⓪ Yes ①

28.9. Other?

No ⓪ Yes ①

Go to the next page.

325103

PLEASE MAKE NO MARKS IN THIS AREA

The next set of questions are about female hormones (estrogen or progesterone) you might have used during the past two years. Women's use of hormones has been changing – these questions help us understand your patterns of use.

Question 29 is about natural hormones you get without a doctor's prescription.

29. In the past 2 years, 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, or skin cream.

⓪ No
⑨ Don't know

① Yes

29.1. In the past 2 years, 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 or progesterone creams
② Wild yam pills
③ Progesterone suppositories
④ DHEA (dehydroepiandosterone) pills
⑤ Phytoestrogen pills (soy or flax)
⑥ Phytoestrogen creams (soy or flax)
⑦ Phytoestrogen containing foods (tofu, soybeans)
⑧ Other
⑨ Don't know

Go to the next page.

The next questions (30-37) are about female hormones you get with a doctor's prescription.

30. In the past 2 years, did you use female hormones (ESTROGEN or PROGESTERONE) 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 38 on the last page.**

31. In the past 2 years, 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

31.1. In the past 2 years, how many months did you use COMBINED female hormone PILLS which contained both ESTROGEN and PROGESTIN?

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months
⑤ 13-18 months
⑥ 19-24 months

32. In the past 2 years, 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

32.1. In the past 2 years, 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
⑤ 13-18 months
⑥ 19-24 months

32.2. In the past 2 years, what type of COMBINED ESTROGEN and TESTOSTERONE pill did you use the longest?

① Estratest
② Estratest HS
⑧ Other

Go to the next page.

325103

PLEASE MAKE NO MARKS IN THIS AREA

33. In the past 2 years, did you use ESTROGEN PILLS which were prescribed by a doctor (for example, Premarin, Estrace, Ogen)? **(Do not include the combined pill of estrogen and progestin or the combined pill of estrogen and testosterone.)**

⓪ No
⑨ Don't know

① Yes

33.1. In the past 2 years, how many months did you use ESTROGEN PILLS?

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months
⑤ 13-18 months
⑥ 19-24 months

33.2. In the past 2 years, when you were using ESTROGEN pills, what was the average number of days each month you used the pills?

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

33.3. In the past 2 years, what type of ESTROGEN pill did you use the longest?

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

33.4. 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

34. In the past 2 years, did you take shots containing the hormone ESTROGEN?

⓪ No
⑨ Don't know

① Yes

34.1. In the past 2 years, how many months did you take the shots? **(Count each shot as one month.)**

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months
⑤ 13-18 months
⑥ 19-24 months

Go to the next page.

35. In the past 2 years, did you use a vaginal cream or suppository containing ESTROGEN which was prescribed by a doctor?

⓪ No
⑨ Don't know
① Yes

35.1. In the past 2 years, how many months did you use the vaginal cream or suppository?

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months
⑤ 13-18 months
⑥ 19-24 months

36. In the past 2 years, did you use a SKIN PATCH containing the hormone ESTROGEN with or without PROGESTERONE (for example, Estraderm, Climera, Vivelle)?

⓪ No
⑨ Don't know
① Yes

36.1. In the past 2 years, 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
⑤ 13-18 months
⑥ 19-24 months

36.2. In the past 2 years, what type of patch did you use the longest?

① ESTROGEN only (for example, Estraderm, Climara, Vivelle)
② ESTROGEN plus PROGESTERONE
⑧ Other
⑨ Don't know

36.3. What dose of ESTROGEN was in the skin patch you usually used?

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

36.4. What was the average number of times each week that you changed your skin patch?

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

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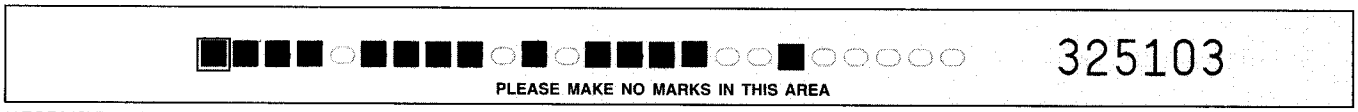


Question 37 is about products that contain the hormone PROGESTERONE (progestin) and not ESTROGEN.

37. In the past 2 years, did you use the female hormone PILL called PROGESTERONE or progestin (for example, Provera, Cycrin, Amen, Megace)? **(Do not include the combined pill of estrogen and progestin.)**

① Yes
⓪ No
⑨ Don't know → **Go to question 38 on the next page.**

37.1. In the past 2 years, how many months did you use PROGESTERONE or PROGESTIN pills?

① Less than 1 month
② 1-6 months
③ 7-10 months
④ 11-12 months
⑤ 13-18 months
⑥ 19-24 months

37.2. In the past 2 years, when you were using PROGESTERONE or progestin pills, what was the average number of days each month you used the pills?

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

37.3. In the past 2 years, what type of PROGESTERONE or progestin pill did you use the longest?

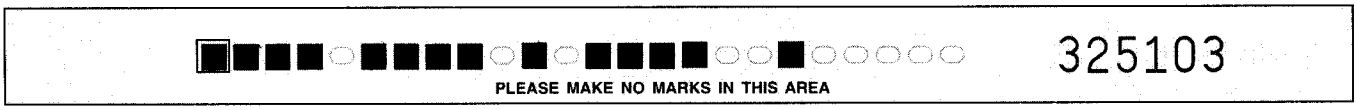
① Provera, Cycrin or Amen (Medroxy Progesterone)
② Megace
③ Micronized Progesterone
⑧ Other
⑨ Don't know

37.4. 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 20 mg
⑥ 40 mg
⑦ More than 40 mg
⑧ Other
⑨ Don't know

Go to the next page.

38. Since you enrolled in this study, has a doctor told you that you have any of the following conditions? **(Please mark one response for each condition.)**

	No	Yes, less than 12 months ago	Yes, 12-23 months ago	Yes, 24 or more months ago
38.1. Cataract(s)	0	1	2	3
38.2. Macular degeneration of the retina	0	1	2	3
38.3. Asthma	0	1	2	3
38.4. Emphysema or chronic bronchitis	0	1	2	3
38.5. Heart failure or congestive heart failure	0	1	2	3
38.6. Angina (chest pains from the heart)	0	1	2	3
38.7. Atrial fibrillation	0	1	2	3
38.8. Kidney or bladder stones (renal or urinary calculi)	0	1	2	3
38.9. Dialysis for kidney or renal failure	0	1	2	3
38.10. Stomach or duodenal ulcer	0	1	2	3
38.11. Diverticulitis	0	1	2	3
38.12. Pancreatitis (inflamed pancreas)	0	1	2	3
38.13. Liver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)	0	1	2	3
38.14. Overactive thyroid	0	1	2	3
38.15. Underactive thyroid	0	1	2	3
38.16. Alzheimer's disease	0	1	2	3
38.17. Multiple sclerosis	0	1	2	3
38.18. Parkinson's disease	0	1	2	3
38.19. Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)	0	1	2	3

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