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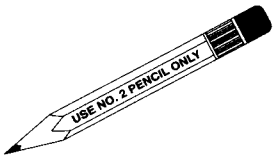
Ver. 1
OMB #0925-0414 Exp: 4/06

WOMEN'S HEALTH INITIATIVE

Form 146 - OS Follow-Up Questionnaire (Observational Study - Year 6)

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.



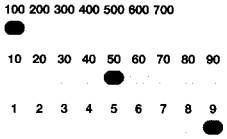
CORRECT MARK ●

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



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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 94 95 96 97 98 99 00 01 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 1 2 3 4 5 6 7 8 9
4 Non-Routine 1 2 3 4 5 6 7 8 9

5. Language:

E S

AFFIX LABEL BETWEEN LINES
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PLEASE MAKE NO MARKS IN THIS AREA

337601

This questionnaire asks you about factors that may affect your health. These include physical activity and exercise, use of alcoholic drinks, smoking habits, use of female hormones, recent medical conditions, and household income.

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 any weight changes you may have had in the past three years.

4. In the past 3 years, 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 Change in diet
2 Increased exercise
9 Prescription diet pill (e.g., Redux, Meridia, Xenical)
10 Over-the-counter diet pill (e.g., Acutrim)
5 Commercial weight loss program
6 Started or increased smoking
7 Surgical procedure (such as intestinal bypass or stomach balloon)
8 Other **(Specify):** _____

Go to the next page.

5. In the past 3 years, 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)
5 Loss of appetite
6 Loss of taste
8 Other **(Specify):** _____
9 Don't know

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.)**

Rarely or never	1-3 times each month	1 time each week	2-3 times each week	4-6 times each week	7 or more times each week
0	1	2	3	4	5

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.

PLEASE MAKE NO MARKS IN THIS AREA 337601

7. 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

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. 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 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

8.1. 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

9. 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

9.1. 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.

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

10. 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

11. 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

11.1. When you do these things in the yard, how many hours each week 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

12. During a usual day and night, 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

13. During a usual day and night, 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.

PLEASE MAKE NO MARKS IN THIS AREA

337601

The following questions are about coffee, tea, soft drinks, and alcoholic beverages you may drink.

14. 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
14.1. Caffeinated coffee, either instant or paper-filtered drip (cups)	1	2	3	4	5	6	7	8	9
14.2. Other caffeinated coffee, such as perked, espresso or latté (cups)	1	2	3	4	5	6	7	8	9
14.3. Decaf coffee, either instant or paper-filtered drip (cups)	1	2	3	4	5	6	7	8	9
14.4. Other decaf coffee, such as perked, espresso or latté (cups)	1	2	3	4	5	6	7	8	9
14.5. Regular tea (not decaf) (cups)	1	2	3	4	5	6	7	8	9
14.6. Decaf tea (cups)	1	2	3	4	5	6	7	8	9
14.7. 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
14.8. 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.

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

1 Yes 0 No → **Go to the next page.**

15.1. 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

15.2. 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

15.3. 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

15.4. Do you drink more than usual for special occasions?

0 No → **Go to the next page.**

1 Yes →

15.5. 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

PLEASE MAKE NO MARKS IN THIS AREA

337601

16. In the past 3 years have you changed your alcohol drinking habits?

0 No 1 Yes

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

1 Stopped

2 Decreased

3 Increased

4 Started

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

1 Concern about current or past health problems

2 Concern about future health

8 Other

The following questions are about cigarette smoking.

17. Do you smoke cigarettes now?

0 No 1 Yes

17.1. 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

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

0 No 1 Yes

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

1 Husband or partner

2 Son(s) or daughter(s)

3 Other person/people

19. 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 health and medical care.

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

0 No 1 Yes

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

1 In the last 3 months
2 4-6 months ago
3 7-12 months ago
4 Over a year ago

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

0 No 1 Yes

21. 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 or Medi-Cal), or Military or Veterans Administration health care coverage.

0 No 1 Yes

21.1. 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).

Go to the next page.

PLEASE MAKE NO MARKS IN THIS AREA 337601

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

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

No 0 Yes 1 →

22.2. 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

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

No 0 Yes 1 →

22.4. 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

22.5. Medicare?

No 0 Yes 1 →

22.6. Do you have additional coverage to supplement your Medicare benefits?

0 No 1 Yes

22.7. Medicaid, including State Medical Assistance (for example, Medi-Cal)?

No 0 Yes 1

22.8. Military or Veterans Administration-sponsored?

No 0 Yes 1

22.9. Other?

No 0 Yes 1

Go to the next page.

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

23. 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

23.1. 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 cream
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

Question 24 is about treatment for osteoporosis that you get with a doctor's prescription.

24. In the past year, have you used Fosamax (alendronate) or Calcitonin?

0 No
9 Don't know
1 Yes

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

1 Alendronate (Fosamax)
2 Calcitonin (Miacalcin)
9 Don't know

Go to the next page.

Question 25 is about non-estrogen treatment for hormone replacement you get with a doctor's prescription.

25. 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

25.1. In the past year, what types of non-estrogen treatments for hormone replacement did you take? **(Mark all that apply.)**

1 Evista (Raloxifene)

2 Nolvadex (Tamoxifen)

8 Other (Specify: _____)

9 Don't know

The next questions (26-30) are about female hormones you get with a doctor's prescription.

26. 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, shots, or vaginal cream or suppository.)

1 Yes

0 No
9 Don't know

Go to Question 31 on page 16

Go to the next page.

27. In the past year, did you use female hormone 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 use of two separate estrogen and progesterone pills used at the same time.)**

0 No 1 Yes
9 Don't know

27.1. 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

27.2. Which combination did you use the longest?

1 Prempro
2 CombiPatch
3 Premphase
8 Other (Specify: _____)

28. 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)?

0 No 1 Yes
9 Don't know

28.1. 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

28.2. 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.

29. In the past year, did you use any ESTROGEN pill, patch, cream, or shots (other than the combinations described in Questions 27 and 28)?

1 Yes

0 No
9 Don't know → **Go to Question 30 on the next page.**

29.1. Did you use an estrogen pill?

0 No 1 Yes →

29.2. 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

29.3. 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

29.4. Did you use an estrogen patch?

0 No 1 Yes →

29.5. 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

29.6. Did you use an estrogen cream?

0 No 1 Yes →

29.7. 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

29.8. Did you have estrogen shots?

0 No 1 Yes →

29.9. 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.

PLEASE MAKE NO MARKS IN THIS AREA

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Question 30 is about products that contain the hormone PROGESTERONE (progestin) alone.

30. In the past year, did you use any PROGESTERONE or PROGESTIN pill, cream, or shots (other than the combinations described in Question 27)?

1 Yes

0 No
9 Don't know → **Go to Question 31 on the next page.**

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

0 No 1 Yes →

30.2. 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

30.3. 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

30.4. 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

30.5. Did you use a progesterone or progestin cream?

0 No 1 Yes →

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

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

30.7. Did you have progesterone or progestin shots?

0 No 1 Yes →

30.8. 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.

The next question is about your medical condition in the past year.

31. 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
31.1.	Cataract(s)	0	1
31.2.	Macular degeneration of the retina	0	1
31.3.	Asthma	0	1
31.4.	Emphysema or chronic bronchitis	0	1
31.5.	Heart failure or congestive heart failure	0	1
31.6.	Angina (chest pains from the heart)	0	1
31.7.	Atrial fibrillation	0	1
31.8.	Kidney or bladder stones (renal or urinary calculi)	0	1
31.9.	Dialysis for kidney or renal failure	0	1
31.10.	Stomach or duodenal ulcer	0	1
31.11.	Diverticulitis	0	1
31.12.	Pancreatitis (inflamed pancreas)	0	1
31.13.	Liver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)	0	1
31.14.	Overactive thyroid	0	1
31.15.	Underactive thyroid	0	1
31.16.	Alzheimer's disease	0	1
31.17.	Multiple sclerosis	0	1
31.18.	Parkinson's disease	0	1
31.19.	Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or Lou Gehrig's disease)	0	1

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

0 No 1 Yes →

32.1. Which family member? **(Please mark all that apply.)**

1 Mother 3 Any brother

2 Father 4 Any sister

Go to the next page.

PLEASE MAKE NO MARKS IN THIS AREA

337601

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The next questions are about your current living situation.

33. 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:** _____ **)**

34. What is your current marital status? **(Mark the one that best describes you.)**

Never married	Divorced or separated	Widowed	Presently married	Living in a marriage like relationship
1	2	3	4	5

34.1. 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:** _____ **)**

Go to the next page.

The following questions are about family finances. We know from other research that financial strain is common and very important to consider in understanding women's health. This information is important for describing the women in the study as a group and is kept strictly confidential. As always, answering the questions below is voluntary, and if you choose not to answer them, your participation in WHI is not affected.

35. How many people, including yourself, live in your household as members of your family (whom you support or who contribute to supporting your family)?

One	Two	Three	Four	Five or more
1	2	3	4	5

35.1. How many of these people are under 18 years old?

None	One	Two	Three	Four	Five or more
0	1	2	3	4	5

35.2. How many are between 18 and 64 years old (including yourself)?

None	One	Two	Three	Four	Five or more
0	1	2	3	4	5

35.3. How many are 65 years or older (including yourself)?

None	One	Two	Three	Four	Five or more
0	1	2	3	4	5

Go to the next page.

36. What was the total family income (before taxes) from all sources within your household (including paychecks, social security, retirement income, and public assistance) in the last year? **(Mark the one that is your best guess.)**

1 Less than $7,000
2 $7,000 to $9,999
3 $10,000 to $11,999
4 $12,000 to $15,999
5 $16,000 to $19,999
6 $20,000 to $24,999
7 $25,000 to $29,999
8 $30,000 to $34,999
9 $35,000 to $49,999
10 $50,000 to $74,999
11 $75,000 to $99,999
12 $100,000 to $149,999
13 $150,000 or more
99 Don't know

36.1. If you lost the sources of household income listed in Question 36, how long could you continue to live at your current address and standard of living? **(Mark the one that is your best guess.)**

1 Less than 1 month
2 1 to 2 months
3 3 to 6 months
4 7 to 12 months
5 More than 1 year

37. Altogether, what is your current total family savings, assets, retirement and pensions plans, and property from all sources within your household? (Include the total value of your home and car(s) minus the amounts still owed.) **(Mark the one that is your best guess.)**

1 Less than $500
2 $500 to $4,999
3 $5,000 to $9,999
4 $10,000 to $24,999
5 $25,000 to $49,999
6 $50,000 to $99,999
7 $100,000 to $199,999
8 $200,000 to $499,999
9 $500,000 or more
99 Don't know

38. What is the total family debt within your household from such things as credit card charges, medical or legal bills, and loans from banks or relatives? (Do not include mortgage or car loans.) **(Mark the one that is your best guess.)**

1 Less than $2000
2 $2,000 to $4,999
3 $5,000 to $9,999
4 $10,000 to $19,999
5 $20,000 to $49,999
6 $50,000 to $99,999
7 $100,000 or greater
9 Don't know

Go to the next page.

39. In any of the last 3 years, did you have a hard time making ends meet (paying rent, buying food, paying for other necessities)? **(Mark one for each time period.)**

	No	Yes
39.1. 1 year ago	0	1
39.2. 2 years ago	0	1
39.3. 3 years ago	0	1

40. Compared to this year, were your finances better off, the same, or worse off in any of the last 3 years? **(Mark one for each time period.)**

	Better Off Than Now	The Same As Now	Worse Off Than Now
40.1. 1 year ago	1	2	3
40.2. 2 years ago	1	2	3
40.3. 3 years ago	1	2	3

41. Which one of these statements best describes the food eaten in your household in the last year?

1 We had enough food to eat and the kinds of food we wanted to eat.

2 We had enough food to eat but NOT always the kinds of food we wanted to eat.

3 Sometimes we didn't have enough food to eat.

4 Often we didn't have enough food to eat.

42. A number of programs are listed below that help supply food to individuals and households. Please mark all the programs that you and others in your household have used at some time in the last year.

0 None

1 Meals on Wheels

2 Free or reduced cost meals for the elderly

3 USDA or government commodity foods

4 Food stamps, free or reduced cost school lunches, WIC (Women, Infant, and Children Feeding Program), or free or reduced-cost meals at day care or Head Start

5 Community Food Bank or Pantry or other free food or food vouchers

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

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