

ICPSR 28762

**Study of Women's Health Across  
the Nation (SWAN): Baseline  
Dataset, [United States], 1996-1997**

P.I. Codebook

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**Study of Women's Health Across the Nation (SWAN): Baseline Dataset,  
[United States], 1996-1997**

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**BASELINE VISIT**

**CODEBOOK**

**ICPSR UPDATED DATASET 2017**

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## DOCUMENTATION FOR THE PUBLIC-USE SWAN BASELINE DATASET

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### CHANGES IN THE 2017 DATA REFREEZE:

- A variable describing the race of participants (RACE) was added from the Screener dataset.
- The race/ethnicity of one participant was originally mislabeled and has now been corrected. Race fields now read Caucasian, not Black, for this participant.
- Variables STATUS0 and LMPDAY0 have been updated and are pulled from another source that evaluated the menopause status related variables over time, and corrected inconsistencies via additional corroborating information. See the Additional Measures section for more information.
- For the Self-Administered Questionnaire Part A:
  - The variable OVERHLT0 was renamed to HLTHAYR0 to correspond with the same variable asked at later visits.
  - The variable FEARFUL0 was renamed to FEARFULA0 so there is no longer a duplication with a different questionnaire item in the Annual Interview.
- For the Self-Administered Questionnaire Part B:
  - Completion dates were corrected for 6 participants
  - The variable PREGNAN0 was renamed GETPREG0 so there is no longer a duplication with a different questionnaire item in the Annual Interview.
  - The variable TIRED0 was renamed to NOTIRED0 so there is no longer duplication with a different questionnaire item in the Self-A Questionnaire.
  - 34 women either left the entire questionnaire blank or refused all items. Their forms should have been set to off protocol, and they should not have been included in the final frozen dataset. They have been removed, leaving a total of 3,267 with Baseline Self-B data.
- For Serum Hormone Measures dataset, the lower limit of detection (LLD) ranges have been updated. See the Additional Measures section for more information.
- Spine Bone Mineral Density changed slightly for 51 participants due to incorrect application of correction factors

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### ***Who is included in the public use dataset:***

The dataset contains baseline visit information for the 3,302 women from the 7 clinical sites participating in the SWAN longitudinal study. The sites include Boston, MA, Pittsburgh, PA, Oakland and Los Angeles, CA, Detroit, MI, Newark, NJ, and Chicago, IL.

### ***How this codebook is constructed:***

Following this documentation section are copies of each of the questionnaires that were used at the baseline visit. A list of additional variables is also provided. The questionnaires include the variables available for public use next to the question in bold red uppercase underlined letters. Those variables not available for public use have a # before the variable and are in blue. Any special notes are indicated with footnotes at the bottom of the page.

The assigned participant ID has been replaced with a randomly generated SWANID in order to protect participant privacy. The interview date will be denoted as day 0 and is used as the basis for all other dates. All other questionnaires or data collected that have a date attached have been converted to the number of days from the baseline interview. For example, if the Self-Administered Questionnaire Part A was collected a week after the baseline interview, the day for the Self-Administered Part A would be day 7 and the Interview would be day 0.

All variables for the baseline visit have a 0 at the end of the variable name.

### ***Missing data coding:***

Missing codes are as follows: -1: not applicable, -7: refused, -8: don't know, and -9: missing.

## ***Ways this data can be used and additional notes***

### **Interview Questionnaire**

The date of the specimen mentioned in A.15 is in the variable SPEDAY0. The medication section (B.1 and B2) condenses the question 'Did you take it yesterday?' (B1.2 and B2.2) into one answer when two responses were found using the following strategy: Y + Y = Y, Y + N = Y, and N + N = N. In addition, the 'other;' question for B.1.o and B.2.e condensed the responses so that any yes answer would set B.1.o or B.2.e to yes. The text field containing medication names (B1.1 and B2.1) will be archived at a later date. The years/months questions (B.3.1a-i and B.4.a-i) have been collapsed to number of months. The years/months questions in section C.21.1 (C.21.1.c 'If you breastfed, for how long did you breastfeed?') have been collapsed to number of months.

- A social support score can be calculated from the questions in C.1.a-d after recoding them from a 1-5 range to a 0-4 range.
- CES-D scores can be created from the questions in C.24.

### **Self-Administered Questionnaire Part A**

In general, any 'Other, specify' text field is not included in the baseline dataset. The religion question E.3 was condensed so that several of the least frequent religions were placed in the 'Other' category. The income question E.10 was condensed so that the income ranges were more broadly defined.

- Current smoking is defined as anyone who answered 'yes' to question B.11 and 'yes' to B.11.3
- A three-level smoking variable can be constructed differentiating among people who never smoked, former smokers, and current smokers. Current smoking is defined as above. Former smoking is defined as anyone who answered 'yes' to question B.11 but 'no' to B.11.3. Never smoked is defined as anyone who answered 'no' to question B.11.
- SF-36 scores can be derived based on questions B.15-21 according to the SF-36 User's Manual. Responses may need to be reversed where necessary so that all items are positively scored, so that a higher value indicates better functioning. The Role-Physical scale uses the variables from question B.15a-d. The Bodily Pain Score is calculated from questions B.18 and B.19. Item recoding depends on whether both questions were answered or one of the items has missing data. After recoding, all the items are positively scored so that a higher score indicates less pain. The SF-36 Vitality Score is calculated from questions B.20a-d. Questions B.20.c and B.20.d should be reversed so that all items are positively scored; for the resulting scores a higher score indicates greater energy (and less fatigue). The Social Functioning Score is calculated using questions B.17 and B.21. Question B.17 is reversed so that all items are positively scored; for the resulting index a higher score indicates better social functioning. The Role-Emotional Score is calculated using questions B.16a-c. All items are positively scored, so a higher score indicates better role-emotional functioning.
- A hostility or cynicism score can be coded using the Cook-Medley Cynicism Scale. The values for questions E.12 through E.24 should be rescaled for computing this scale so that "false" corresponds to a value of 0 and "true" to a value of 1.

### **Physical Measures**

In addition to the variables on the form, BMI0 was also calculated as weight in kilograms divided by the square of height in meters.

### **Food Frequency Questionnaire**

The actual answers to each question were never given to the coordinating center. Instead, derived scores were provided. A copy of the form is given in the Food Frequency Questionnaire for reference, and the derived scores are listed afterwards. 157 participants have all of the questions set to missing because they had either too few or too many solid foods/day, more than 10 foods skipped, or a daily caloric intake too low or high.

The variables with a **DTT** prefix contain estimated daily dietary intakes of the particular nutrient, exclusive of supplements. The variables with an **SUP** prefix represent estimated supplement intake (vitamin B12, copper, selenium, and vitamin D have no dietary component). The variables with an **ALL** prefix combine dietary and supplement intake. ALL\_B1 and ALL\_B2 both contain vitamin B1 supplement, since vitamin B1 and B2 supplements are very similar.

It may be that participants with recent supplement use have unexpected results (have worse health than expected), if they recently began taking supplements because of a health problem. It may therefore make sense to analyze separately



women with recent (past year) supplement use, and women with no supplement or long-term supplement use only. Variables with a **YRS** prefix indicate how long the participant has been using supplements (a value of "1" means less than a year).

Variables with **FRQ** suffixes refer to the sum of daily frequencies of all members of the particular food group. The **SRV** suffix refers to the average daily serving of the food, using the Food Guide Pyramid definition of a serving (SRV variables take portion size plus frequency of consumption into account). Since FRQ and SRV for ALCH, FAT, and FRUT (alcohol, fats/sweets, and fruit) are the same (the amount in an "eating event" (frequency) is approximately the same as what is defined as a serving, or there is no sensible serving definition (fats/sweets)), only the SRV version is kept (FATSRV, ALCHSRV, FRUTSRV).

A **WK/MON** suffix refers to the number of different foods in the food group eaten at least once a week/month (weekly/monthly variability index).

## **Additional Measures**

### **Serum Hormone Measures**

The baseline hormone results are included. Of special note is that the estradiol assay was run in duplicate. The average (E2AVE0) is the within-person arithmetic average of the two assays. A flag indicates if the estradiol results differed by > 10 pg/mL where one or both results <= 20 pg/mL. Hormone results below the lower level of detection (LLD- see table in the Additional Measures section) were recoded to an .L value. Note that neither estradiol measurement nor FSH had any values below the LLD.

### **Cardiovascular Measures**

A flag (FLAGCO20) indicates that collection dates for the final four protein measures do not match collection dates from the specimen collection. Another flag (FLAGSER0) indicates that the lipids were measured on serum rather than plasma because plasma was not available.

### **Bone Mineral Density Measures**

Five of the seven sites participated in the bone study – Detroit, MI, Boston, MA, Oakland and Los Angeles, CA, and Pittsburgh, PA. Total spine and total hip bone mineral density (BMD) measures are provided.

### **Additional variables**

Menopausal + (STATUS0), last menstrual period day (LMPDAY0), and occupation code according to the 1990 census (OCCUP0) are also provided. Participant race/ethnicity (RACE) is provided from the Screener dataset. See the Additional measures section at the end of the codebook for descriptions.

Date of completion variables (INTDAY0, SAADAY0, SABDAY0, PHYDAY0, FFQDAY0, HRMDAY0, CVRDAY0, PROTDAY0, SPSCDAY0, HPSCDAY0, LMPDAY0) are given in days from interview date at baseline. Note that for 5 participants, interview completion dates at baseline were not available and alternative dates were substituted either from the Self-Administered Questionnaire-A or Physical Measures completion dates at baseline.

Age (AGE0) was calculated from date of birth and when the form was completed, and is rounded to the next lowest integer.

# Study of Women's Health Across the Nation

## INTERVIEW

### SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID:

SWANID~

A2. SWAN STUDY VISIT #

 

VISIT

A3. FORM VERSION:

  /   /  

#FORM\_V

A4. DATE FORM COMPLETED:

  /   /  

INTDAY0<sup>†</sup>

A5. INTERVIEWER'S INITIALS:

   #INITS

A6. RESPONDENT'S DOB:

  /   /  

#DOB

### VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN:

#LOCATI0

1. RESPONDENT'S HOME

2. CLINIC/OFFICE

#START

A8. START TIME

  :   AM 1. #STRAMP  
PM 2.

A9. Are you currently pregnant?

PREGNAN0

1. NO

2. YES [END INTERVIEW AND TERMINATE RESPONDENT FROM THE STUDY]

A10. WAS BLOOD DRAWN PREVIOUSLY?

PREVBLO0

1. NO

2. YES (GO TO SECTION B ON PAGE 3.)

Before we draw a blood sample I need to ask you a few questions.

~ A randomly generated ID will be provided that is different from the original ID

† A.4. is the date from which all other dates (in days) are calculated. This date will be given in days as day zero.

A.11. Have you had any alcohol in the last 24 hours? **ALCHL240**

1. NO
2. YES

A.12. Have you had anything to eat or drink in the last 12 hours? That is, since \_\_\_\_ : \_\_\_\_ last night ?

**EATDRIN0**

1. NO
2. YES

A.13. Did you start a menstrual period in the last week (7 days)? **STRTPERO**

1. NO (GO TO Q.A.14.)
2. YES (GO TO Q.A.13.1.)

A.13.1. What is the date that you started to bleed? **DAYBLE0†**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
M M D D Y Y

A.14. BLOOD DRAW ATTEMPTED?

**BLDRWAT0**

1. YES, AS PER PROTOCOL (GO TO Q.A.14.2)
2. YES, MENSES TOO VARIABLE (GO TO Q.A.14.2)
3. YES, LAST ATTEMPT (GO TO Q.A.14.2)
4. NO, NOT FASTING AND/OR NOT IN WINDOW - RESCHEDULE (GO TO Q.A.14.1)

A.14.1. Unfortunately this is not the best time to draw a blood sample. In order to get the best possible information for this study, we need you to fast for 12 hours and to be within a week of starting a menstrual period. We need to reschedule a good day to draw your blood.

[INTERVIEWER HAND INSTRUCTION CARD TO RESPONDENT AND EXPLAIN]

GO TO SECTION B ON THE NEXT PAGE

A.14.2. FOLLOW BLOOD DRAW PROTOCOL  
RECORD COLLECTION TUBES FILLED ON SPECIMEN COLLECTION FORM

A.15. BLOOD DRAWN

**BLDDRAW0**

1. NO
2. YES

ASK RESPONDENT TO GATHER PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS SO THEY ARE WITHIN REACH. REMEMBER, DO NOT READ OUT LOUD ANY SCRIPT IN CAPITAL LETTERS.

† Date given in days before interview

I would like to begin the interview by asking you some questions about medications.

The medications you take, both those prescribed and from over-the-counter (OTC) can have a major influence on how well you feel, how you respond to events in your life and the continued maintenance of your health. First of all, we want to know about any medications you have taken in the last month.

B.1. I will start by asking about any pills or medicines, including patches, suppositories, injections, creams and ointments which are **prescribed** by your doctor or other health care provider, that you have taken in the last month.

IF YES TO ANY, LIST MEDICATION NAME  
FROM LABEL IN THE SPACES PROVIDED.

		PRESCRIPTION DRUGS											
		IF YES:											
		B.1.1 What is the name of the medication?		B.1.2 Did you take it yesterday?		B.1.3 For how long have you taken it (this time)?				B.1.4 INTERVIEWE R CHECK: MEDICATIO N VERIFIED FROM CONTAINER LABEL?			
a.	Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)?	NO	YES			NO	YES			NO	YES		
		1.	2.	#ACOAMD10	<u>ACOAYS0*</u>	#ACOAYR10	#ACOAMO10	#ACOAVR10					
					1.	2.	____/____		1.	2.			
							yrs mos						
				#ACOAMD20		#ACOAYR20	#ACOAMO20	#ACOAVR20					
					1.	2.	____/____		1.	2.			
							yrs mos						
b.	Anything for your heart or heart beat, including pills or patches?	1.	2.	#HARTMD10	<u>HARTYS0*</u>	#HARTYR10	#HARTMO10	#HARTVR10					
					1.	2.	____/____		1.	2.			
							yrs mos						
				#HARTMD20		#HARTYR20	#HARTMO20	#HARTVR20					
					1.	2.	____/____		1.	2.			
							yrs mos						
c.	Anything for ulcers?	1.	2.	#ULCRMD10	<u>ULCRYS0*</u>	#ULCRYR10	#ULCRMO10	#ULCRVR10					
					1.	2.	____/____		1.	2.			
							yrs mos						
				#ULCRMD20		#ULCRYR20	#ULCRMO20	#ULCRVR20					
					1.	2.	____/____		1.	2.			
							yrs mos						
d.	Any medications for cholesterol or fats in your blood?	1.	2.	#CHOLMD10	<u>CHOLYS0*</u>	#CHOLYR10	#CHOLMO10	#CHOLVR10					
					1.	2.	____/____		1.	2.			
							yrs mos						
				#CHOLMD20		#CHOLYR20	#CHOLMO20	#CHOLVR20					
					1.	2.	____/____		1.	2.			
							yrs mos						

\* B.1.2 variables are collapsed to one answer

IF YES TO ANY, LIST MEDICATION NAME  
FROM LABEL IN THE SPACES PROVIDED

PRESCRIPTION DRUGS

IF YES:

				B.1.1 What is the name of the medication?	B.1.2 Did you take it yesterday?	B.1.3 For how long have you taken it (this time)?	B.1.4 INTERVIEWE R CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?
		NO	YES		NO	YES	
e.	Blood pressure pills?	1.	2.	<u>#BPMED10</u>	<u>#BPYS0*</u>	<u>#BPYR10</u> / <u>#BPMO10</u>	<u>#BPVR10</u>
	<u>BP0</u>					yrs mos	
				<u>#BPMED20</u>		<u>#BPYR20</u> / <u>#BPMO20</u>	<u>#BPVR20</u>
						yrs mos	
f.	Thyroid pills?	1.	2.	<u>#THYRMD10</u>	<u>THYRYS0*</u>	<u>#THYRYR10</u> / <u>#THYRMO10</u>	<u>#THYVR10</u>
	<u>THYROID0</u>					yrs mos	
				<u>#THYRMD20</u>		<u>#THYRYR20</u> / <u>#THYRMO20</u>	<u>#THYVR20</u>
						yrs mos	
g.	Insulin or pills for sugar in your blood?	1.	2.	<u>#INSUMD10</u>	<u>INSUYS0*</u>	<u>#INSUYR10</u> / <u>#INSUMO10</u>	<u>#INSUVR10</u>
	<u>INSULIN0</u>					yrs mos	
				<u>#INSUMD20</u>		<u>#INSUYR20</u> / <u>#INSUMO20</u>	<u>#INSUVR20</u>
						yrs mos	
h.	Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti- depression medication?	1.	2.	<u>#NERVMD10</u>	<u>NERVYS0*</u>	<u>#NERVYR10</u> / <u>#NERVMO10</u>	<u>#NERVVR10</u>
	<u>NERVOUS0</u>					yrs mos	
				<u>#NERVMD20</u>		<u>#NERVYR20</u> / <u>#NERVMO20</u>	<u>#NERVVR20</u>
						yrs mos	
i.	Steroid pills such as Prednisone, cortisone?	1.	2.	<u>#STERMD10</u>	<u>STERYS0*</u>	<u>#STERYR10</u> / <u>#STERMO10</u>	<u>#STERV10</u>
	<u>STEROID0</u>					yrs mos	
				<u>#STERMD20</u>		<u>#STERYR20</u> / <u>#STERMO20</u>	<u>#STERV20</u>
						yrs mos	
j.	Steroid inhalers such as Vanceril?	1.	2.	<u>#INHAMD10</u>	<u>INHAYS0*</u>	<u>#INHAYR10</u> / <u>#INHAMO10</u>	<u>#INHAVR10</u>
	<u>INHALER0</u>					yrs mos	
				<u>#INHAMD20</u>		<u>#INHAYR20</u> / <u>#INHAMO20</u>	<u>#INHAVR20</u>
						yrs mos	

\* B.1.2 variables are collapsed to one answer

IF YES TO ANY, LIST MEDICATION NAME  
FROM LABEL IN THE SPACES PROVIDED

PRESCRIPTION DRUGS

IF YES:

		NO YES		B.1.1 What is the name of the medication?	B.1.2 Did you take it yesterday?	B.1.3 For how long have you taken it (this time)?	B.1.4 INTERVIEWE R CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
					NO YES		NO YES	
k.	Hormone creams or suppositories for vaginal dryness?	1.	2.	#HCRMMD10 _____	#HCRMYS0* 1. 2.	#HCRMYSR10 _____/_____ yrs mos	#HCRMMSO10 _____/_____ yrs mos	#HCRMVSR10 1. 2.
	<u>HORMCRE0</u>			#HCRMMD20 _____		#HCRMYSR20 _____/_____ yrs mos	#HCRMMSO20 _____/_____ yrs mos	#HCRMVSR20 1. 2.
l.	Hormone pills such as estrogen or progesterone, for example, Premarin, Provera, Ogen?	1.	2.	#HORMMD10 _____	#HORMYS0* 1. 2.	#HORMYSR10 _____/_____ yrs mos	#HORMMSO10 _____/_____ yrs mos	#HORMVSR10 1. 2.
	<u>HORMPIL0</u>			#HORMMD20 _____		#HORMYSR20 _____/_____ yrs mos	#HORMMSO20 _____/_____ yrs mos	#HORMVSR20 1. 2.
m.	An estrogen patch, such as estraderm?	1.	2.	#ESTRMD10 _____	#ESTRYS0* 1. 2.	#ESTRYSR10 _____/_____ yrs mos	#ESTRMSO10 _____/_____ yrs mos	#ESTRVSR10 1. 2.
	<u>ESTRPTC0</u>			#ESTRMD20 _____		#ESTRYSR20 _____/_____ yrs mos	#ESTRMSO20 _____/_____ yrs mos	#ESTRVSR20 1. 2.
n.	Birth control pills?	1.	2.	#BCPMED10 _____	#BCPYSO* 1. 2.	#BCPYR10 _____/_____ yrs mos	#BCPMO10 _____/_____ yrs mos	#BCPVSR10 1. 2.
	<u>BCP0</u>			#BCPMED20 _____		#BCPYR20 / _____/_____ yrs mos	#BCPMO20 _____/_____ yrs mos	#BCPVSR20 1. 2.
o.	Are there any other prescription pills or medications that you have taken in the last month that I haven't asked you about? (Please list)	1.	2.	#OTHRMD10 _____	#OTHRYS0* 1. 2.	#OTHRYSR10 _____/_____ yrs mos	#OTHRMSO10 _____/_____ yrs mos	#OTHRVSR10 1. 2.
	<u>OTHRMED0</u>			#OTHRMD20 _____		#OTHRYSR20 _____/_____ yrs mos	#OTHRMSO20 _____/_____ yrs mos	#OTHRVSR20 1. 2.
				#OTHRMD30 _____		#OTHRYSR30 _____/_____ yrs mos	#OTHRMSO30 _____/_____ yrs mos	#OTHRVSR30 1. 2.
				#OTHRMD40 _____		#OTHRYSR40 / _____/_____ yrs mos	#OTHRMSO4 _____/_____ yrs mos	#OTHRVSR40 1. 2.

IF YES TO k-n - SHADED AREA - END INTERVIEW AND TERMINATE RESPONDENT FROM STUDY.

\* B.1.2 variables and B. 1.o are collapsed to one answer

B.2. Now I would like to ask you about over-the-counter medications, non-prescription, that you have taken regularly over the past month, that is, at least two times per week throughout the month:

IF YES TO ANY, LIST MEDICATION  
NAME FROM LABEL IN THE SPACES  
PROVIDED

NON-PRESCRIPTION DRUGS

IF YES:

	B.2.1 What is the name of the medication?		B.2.2 Did you take it yesterday?		B.2.3 For how long have you taken it (this time)?		B.2.4 INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
	NO	YES	NO	YES	NO	YES	NO	YES
a. Are you taking any over-the-counter medications for pain including headaches and arthritis?	1.	2.	1.	2.	1.	2.	1.	2.
		<u>#PAINMD10</u>		<u>PAINYS0*</u>	<u>#PAINYR10</u>	<u>#PAINMO10</u>		<u>#PAINVR10</u>
					____/____			
					yrs	mos		
		<u>#PAINMD20</u>			<u>#PAINYR20</u>	<u>#PAINMO20</u>		<u>#PAINVR20</u>
					yrs	mos		
b. Anything for problems sleeping?	1.	2.	1.	2.	1.	2.	1.	2.
		<u>#SLEPMD10</u>		<u>SLEPYS0*</u>	<u>#SLEPYR10</u>	<u>#SLEPMO10</u>		<u>#SLEPVR10</u>
					____/____			
					yrs	mos		
		<u>#SLEPMD20</u>			<u>#SLEPYR20</u>	<u>#SLEPMO20</u>		<u>#SLEPVR20</u>
					____/____			
					yrs	mos		
c. Anything for problems with your bowels?	1.	2.	1.	2.	1.	2.	1.	2.
		<u>#BOWLMD10</u>		<u>BOWLYS0*</u>	<u>#BOWLYR10</u>	<u>#BOWLMO10</u>		<u>#BOWLVR10</u>
					____/____			
					yrs	mos		
		<u>#BOWLMD20</u>			<u>#BOWLYR20</u>	<u>#BOWLMO20</u>		<u>#BOWLVR20</u>
					____/____			
					yrs	mos		
d. Anything for heartburn, indigestion, upset stomach, or gastritis?	1.	2.	1.	2.	1.	2.	1.	2.
		<u>#HBRNMD10</u>		<u>HBRNYS0*</u>	<u>#HBRNYR10</u>	<u>#HBRNMO10</u>		<u>#HBRNVR10</u>
					____/____			
					yrs	mos		
		<u>#HBRNMD20</u>			<u>#HBRNYR20</u>	<u>#HBRNMO20</u>		<u>#HBRNVR20</u>
					yrs	mos		
e. Are there any other over-the-counter pills or other medications (including liquids or ointments) you are now taking that I haven't asked you about? (PLEASE LIST)	1.	2.	1.	2.	1.	2.	1.	2.
		<u>#OTCMD10</u>		<u>OTCYs0*</u>	<u>#OTCYR10</u>	<u>#OTCMO10</u>		<u>#OTCVR10</u>
					____/____			
					yrs	mos		
		<u>#OTCMD20</u>			<u>#OTCYR20</u>	<u>#OTCMO20</u>		<u>#OTCVR20</u>
					yrs	mos		
		<u>#OTCMD30</u>			<u>#OTCYR30</u>	<u>#OTCMO30</u>		<u>#OTCVR30</u>
					yrs	mos		
		<u>#OTCMD40</u>			<u>#OTCYR40</u>	<u>#OTCMO40</u>		<u>#OTCVR40</u>
					yrs	mos		

\* B.2.2 variables and B.2.e. are collapsed to one answer

B.3. In addition to the medications you use now, we would like to know the medications that you have used in the past, but no longer take, because they might be important for your health today. Please let me know if you have ever used any of these medications for more than a month, that is at least 2 times a week throughout the month. If you did, how long have you used them (counting up all the different episodes together).

Have you <u>ever</u> used for more than a month...		NO	YES	DK	IF YES: B.3.1 How many years/months altogether did you use this?
a.	Insulin or pills for high blood sugar?	1.	2.	-8.	<u>INSUEVM0*</u> ____ / ____ yrs      mos
b.	Thyroid medicines (e.g., Synthroid)?	1.	2.	-8.	<u>THYREVM0*</u> ____ / ____ yrs      mos
c.	Corticosteroid pills (e.g., Prednisone)?	1.	2.	-8.	<u>CORTEVM0*</u> ____ / ____ yrs      mos
d.	Anticoagulants or Blood Thinners (e.g., Warfarin, Heparin, Coumadin)?	1.	2.	-8.	<u>COAGEVM0*</u> ____ / ____ yrs      mos
e.	Barbiturates, sleeping pills, antidepressants, or tranquilizers (e.g., Valium, Librium, Phenobarbital, Prozac, Seconal, Thorazine, Mellaril, Zoloft, Elavil, Ativan/Lorazepam, Ambien)?	1.	2.	-8.	<u>BARBEVM0*</u> ____ / ____ yrs      mos
f.	Diuretics for water retention (e.g., water pills, Lasix, hydrodiuril, thiazide)?	1.	2.	-8.	<u>DIUREVM0*</u> ____ / ____ yrs      mos
g.	Anticonvulsants for seizures, epilepsy (e.g., Dilantin, Phenytoin, Phenobarbital, Tegretol)?	1.	2.	-8.	<u>CONVEVM0*</u> ____ / ____ yrs      mos
h.	Lithium?	1.	2.	-8.	<u>LITHEVM0*</u> ____ / ____ yrs      mos
i.	Amphetamines by pill, capsule or injection?	1.	2.	-8.	<u>AMPHEVM0*</u> ____ / ____ yrs      mos

\* B.3.1 variables are collapsed to months



B.4. Have you ever taken:

IF YES:  
B4.1 For how many months  
or years did you take it?

	NO	YES	DON'T KNOW	years?	months?
a. Premarin or other oral estrogen?	1.	2.	-8.		<u><b>PREMEVM0*</b></u>
<u><b>PREMEVE0</b></u>				yrs	mos
b. Estrogen by injection or patch?	1.	2.	-8.		<u><b>PTCHEVM0*</b></u>
<u><b>PTCHEVE0</b></u>				yrs	mos
c. Combination estrogen/progestin (except birth control pills)?	1.	2.	-8.		<u><b>COMBEVM0*</b></u>
<u><b>COMBEVE0</b></u>				yrs	mos
d. Provera or other progestin?	1.	2.	-8.		<u><b>PROVEVM0*</b></u>
<u><b>PROVEVE0</b></u>				yrs	mos
e. Tamoxifen (Nolvadex)?	1.	2.	-8.		<u><b>TAMOEVM0*</b></u>
<u><b>TAMOEVE0</b></u>				yrs	mos
f. Diethyl-stilbesterol (DES)?	1.	2.	-8.		<u><b>DESEVM0*</b></u>
<u><b>DESEVE0</b></u>				yrs	mos
g. Depo-provera injection for birth control?	1.	2.	-8.		<u><b>DEPOEVM0*</b></u>
<u><b>DEPOEVE0</b></u>				yrs	mos
h. Fertility medications to help you get pregnant (Perganol, Clomid)?	1.	2.	-8.		<u><b>FERTEVM0*</b></u>
<u><b>FERTEVE0</b></u>				yrs	mos
i. Birth control pills?	1.	2.	-8.		<u><b>BCEVM0*</b></u>
<u><b>BCEVE0</b></u>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2.</div>		yrs	mos
		↓			

B.4.2. For your most recent use, what was the primary reason for taking birth control pills? **BCREAS0**

1. TO PREVENT PREGNANCY
2. TO HELP CONTROL PRE-MENSTRUAL SYMPTOMS
3. TO HELP CONTROL MENOPAUSAL SYMPTOMS
4. TO CONTROL OTHER SYMPTOMS
5. TO REGULATE PERIODS
6. TO PREVENT OSTEOPOROSIS
7. TO REDUCE BLEEDING
- 8. DON'T KNOW

\* B.4.1 variables are collapsed to months

Now, I'm going to ask you some questions about your past health and medical history.

B.5. Has a doctor, nurse practitioner or other health care provider ever told you that you have any of the following conditions?

	NO	YES	DON'T KNOW	B.5.1: IF YES: Do you currently take medication for this?	
				NO	YES
a. Stroke? <u>STROKE0</u> , <u>STROKMD0</u>	1.	2.	-8.	1.	2.
b. High blood cholesterol? <u>HBCHOLE0</u> , <u>HBCHOMD0</u>	1.	2.	-8.	1.	2.
c. Migraine headaches? <u>MIGRAIN0</u> , <u>MIGRAMD0</u>	1.	2.	-8.	1.	2.
d. Gallstones? <u>GALLSTO0</u> , <u>GALLSMD0</u>	1.	2.	-8.	1.	2.
e. Arthritis or Osteo-arthritis (degenerative joint disease)? <u>OSTEOAR0</u> , <u>OSTEOMD0</u>	1.	2.	-8.	1.	2.
f. Over-active thyroid? <u>OATHYRO0</u> , <u>OATHYMD0</u>	1.	2.	-8.	1.	2.
g. Under-active thyroid? <u>UATHYRO0</u> , <u>UATHYMD0</u>	1.	2.	-8.	1.	2.
h. High blood calcium? <u>HBCALCI0</u> , <u>HBCALMD0</u>	1.	2.	-8.	1.	2.
i. Anemia (low blood count, low blood iron)? <u>ANEMIA0</u> , <u>ANEMIMD0</u>	1.	2.	-8.	1.	2.
j. Chronic Liver disease (chronic or persistent hepatitis, cirrhosis)? <u>LIVER0</u> , <u>LIVERMD0</u>	1.	2.	-8.	1.	2.
k. Epilepsy, seizure disorder or convulsions? <u>EPILEPS0</u> , <u>EPILEMD0</u>	1.	2.	-8.	1.	2.
l. Phlebitis (inflammation of veins usually in arms or legs)? <u>PHLEBIT0</u> , <u>PHLEBMD0</u>	1.	2.	-8.	1.	2.
m. Anorexia nervosa (not eating and losing extreme amounts of weight)? <u>ANOREXI0</u> , <u>ANOREMD0</u>	1.	2.	-8.	1.	2.
n. Bulimia (eating, sometimes large amounts of food and then vomiting)? <u>BULIMIA0</u> , <u>BULIMMD0</u>	1.	2.	-8.	1.	2.
o. Tuberculosis (TB)? <u>TUBERCU0</u> , <u>TUBERMD0</u>	1.	2.	-8.	1.	2.
p. AIDS or HIV? <u>AIDS0</u> , <u>AIDSMED0</u>	1.	2.	-8.	1.	2.
q. Lupus (SLE)? <u>LUPUS0</u> , <u>LUPUSMD0</u>	1.	2.	-8.	1.	2.

The next few questions focus on some other personal aspects of your life.

C.1. [HAND RESPONDENT CARD “A”] People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Someone you can count on to listen to you when you need to talk <u>LISTEN0</u>	1	2	3	4	5
b. Someone to take you to the doctor if you needed it <u>TAKETOM0</u>	1	2	3	4	5
c. Someone to confide in or talk to about yourself or your problems <u>CONFIDE0</u>	1	2	3	4	5
d. Someone to help with daily chores if you were sick <u>HELPSIC0</u>	1	2	3	4	5

C.2. Are you in a committed relationship with a significant other person?

COMMIT0

1. NO (GO TO Q.C.3.)
2. YES

C.2.1. [HAND RESPONDENT CARD “B”] The dots on the line in front of you represent different degrees of happiness in your relationship with your significant other. Please tell me which best describes the degree of happiness, all things considered, of your relationship.

DEGHAPP0

*	*	*	*	*	*	*
Extremely Unhappy	Fairly Unhappy	A little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
1	2	3	4	5	6	7

Now I would like to ask you about your menstrual periods.

C.3. How old were you when your periods or menstrual cycles started? \_\_ \_\_ YEARS **STARTAG0**

-8 DON'T KNOW

I would like you to think about your menstrual periods during the last year, that is, since \_\_ \_\_/\_\_ \_\_?  
M M Y Y

C.4. During the last year, how long has your menstrual flow usually lasted, that is from the time bleeding began until it stopped completely? By “usually” we mean at least half of the time.

**FLOWDAY0**

1. 1-2 DAYS
2. 3-7 DAYS
3. MORE THAN 7 DAYS
- 8. DON'T KNOW

C.5. During the last year, have you had a menstrual flow that lasted more than 10 days?

**TENDAFL0**

1. NO
2. YES
- 8. DON'T KNOW

C.6. During the last year, did you bleed or spot between your periods more than half of the time?

**SPOTBET0**

1. NO
2. YES
- 8. DON'T KNOW

C.7. On the heaviest days of your menstrual flow, during the last year, was the amount that you usually bled:  
[HAND RESPONDENT CARD “C”]

**FLOWAMT0**

1. Light (change protection 1-3 times/day)
2. Moderate (change protection every 3-4 hours)
3. Heavy (change protection every 2 hours)
4. Very heavy (change protection every hour)
- 8. DON'T KNOW

C.8. On the heaviest days of your menstrual flow, during the last year, did you ever experience flooding or gushing?

**FLOODIN0**

1. NO
2. YES
- 8. DON'T KNOW

C.9. On the heaviest days of your menstrual flow, during the last year, did you ever pass clots larger than a dime?

**CLOTS0**

1. NO
2. YES
- 8. DON'T KNOW

C.10. During the last year, did your menstrual flow usually start within 4 days of the day you expected it to start? By “usually” we mean for at least half of your periods.

**STARTDA0**

1. NO
2. YES
- 8. DON'T KNOW

C.11. On average, during the last year, how many days were there in a typical menstrual cycle, that is, from the beginning of bleeding of one menstrual period to the beginning of bleeding of the next period?

**USUALDA0**

1. LESS THAN 21 DAYS
2. 21-25 DAYS
3. 26-32 DAYS
4. 33-35 DAYS
5. 36-90 DAYS
6. MORE THAN 90 DAYS
7. TOO VARIABLE TO SAY
- 8. DON'T KNOW

C.12. During the last year, have you had any of the following during at least half of your menstrual periods or in the week before them?

- |    |  |                 |       |        |        |
|----|--|-----------------|-------|--------|--------|
| a. | Abdominal pain or cramps                 | <u>CRAMPS0</u>  | 1. NO | 2. YES | -8. DK |
| b. | Breast pain, tenderness or swelling      | <u>BREASTP0</u> | 1. NO | 2. YES | -8. DK |
| c. | Weight gain or feeling bloated           | <u>BLOATED0</u> | 1. NO | 2. YES | -8. DK |
| d. | Changes in your mood (suddenly sad)      | <u>MOODCHN0</u> | 1. NO | 2. YES | -8. DK |
| e. | Increase in appetite or food cravings    | <u>CRAVING0</u> | 1. NO | 2. YES | -8. DK |
| f. | Anxious, jittery, nervous                | <u>ANXIOUS0</u> | 1. NO | 2. YES | -8. DK |
| g. | Back, joint or muscle pain               | <u>BACKPAI0</u> | 1. NO | 2. YES | -8. DK |
| h. | Less sexual interest than usual          | <u>LESSSEX0</u> | 1. NO | 2. YES | -8. DK |
| i. | More sexual interest than usual          | <u>MORESEX0</u> | 1. NO | 2. YES | -8. DK |
| j. | Interference with job or home activities | <u>INTERFE0</u> | 1. NO | 2. YES | -8. DK |
| k. | Severe headaches (including migraine)    | <u>HEADACH0</u> | 1. NO | 2. YES | -8. DK |

IF YES TO ANY OF C.12a-12k ASK C.12.1, OTHERWISE PROCEED TO Q. C.13.
--

C.12.1. Did this/these characteristic(s) usually (more than half of the time) disappear within 1-3 days after your period started? CHARACT0

- 1. NO
- 2. YES
- 8. DON'T KNOW

C.13. In the past 12 months have your periods: INTERVA0  
[HAND RESPONDENT CARD "D"]

- 1. Become farther apart?
- 2. Become closer together?
- 3. Occurred at more variable intervals?
- 4. Stayed the same?
- 5. Become more regular?
- 8. DON'T KNOW

C.14. Now I would like you to think back to when you were between the ages of 25 and 35 years. During the interval from age 25 to 35, did you take birth control pills or other female hormones all the time without a break?

BC25TO30

- 1. NO
- 2. YES (GO TO Q. C.20)

For that time period (age 25-35), consider a typical year of menstrual periods. By typical, I mean that your periods were not interrupted by pregnancy, breastfeeding or a major illness, and you were not taking birth control pills or other hormones during that typical year.

C.15. During a typical year did you have a menstrual flow that lasted more than 10 days?

**FLOAGE20**

- 1. NO
- 2. YES
- 8. DON'T KNOW
- 1. NOT APPLICABLE

C.16. During that typical year, did you bleed or spot between your periods at least half the time?

**SPOT2530**

- 1. NO
- 2. YES
- 8. DON'T KNOW
- 1. NOT APPLICABLE

C.17. On the heaviest days of your menstrual flow, during a typical year, did you ever experience flooding or gushing?

**FLOD2530**

- 1. NO
- 2. YES
- 8. DON'T KNOW
- 1. NOT APPLICABLE

C.18. On the heaviest days of your menstrual flow, during a typical year, did you ever pass clots larger than a dime?

**CLOT2530**

- 1. NO
- 2. YES
- 8. DON'T KNOW
- 1. NOT APPLICABLE

C.19. Did your menstrual flow usually start within 4 days of the day you expected it to start, during a typical year?

By “usually” we mean for at least half of your periods. **STRT2530**

- 1. NO
- 2. YES
- 8. DON'T KNOW
- 1. NOT APPLICABLE

C.20. Since the age of 18, have you ever experienced a time interval of 3 or more months when you did not have a menstrual period? [PROBE: IF "YES": Was this one time only or more than once?] **NOPERIO0**

1. NO (GO TO Q.C.21.)
2. YES - ONE TIME ONLY (GO TO Q.C.20.1.)
3. YES - MORE THAN ONCE (GO TO Q.C.20.2.)
- 8. DON'T KNOW (GO TO Q.C.21.)

C.20.1. Were you breastfeeding or pregnant at the time?

**BREASTF0**

1. NO
2. YES
- 8. DON'T KNOW

GO TO Q. C.21.
----------------

C.20.2. Were you breastfeeding or pregnant every time this happened?

**BFEVE0**

1. NO
2. YES
- 8. DON'T KNOW

Now, I would like to ask you some questions about your pregnancies.

C.21. How many times have you been pregnant? Please include miscarriages, stillbirths, tubal pregnancies, abortions, and livebirths.

\_\_\_ # PREGNANCIES (IF ZERO GO TO Q.C.22.)

**NUMPREG0**



C.21.1. I would like to ask you some questions about each pregnancy. Let's begin with your first pregnancy. [HAND RESPONDENT CARD "E"]

	<p>a. What was the outcome of this pregnancy?</p> <p>1. LIVEBIRTH(S) 2. STILLBIRTH 3. MISCARRIAGE 4. ABORTION 5. TUBAL/ECTOPIC</p> <p>RECORD CORRESPONDING CODE IN BOX</p>	<p>FOR LIVEBIRTH(S) ONLY:</p> <p>b. Was this a 1. vaginal or 2. Cesarean (C-section) delivery?</p>	<p>FOR LIVEBIRTH(S) ONLY:</p> <p>c. If you breastfed, for how long did you breastfeed?</p> <p>IF ANSWER= 0, CODE 00/00</p>	<p>d. Before this pregnancy were you:</p> <p>1. much thinner 2. thinner 3. the same 4. heavier or 5. much heavier</p> <p>than you are now?</p> <p>-8. DON'T KNOW</p> <p>RECORD CORRESPONDING CODE IN BOX</p>	<p>e. How much weight did you gain during this pregnancy?</p> <p>-8. DON'T KNOW</p>	<p>f. One year after this pregnancy ended, were you:</p> <p>1. much thinner 2. thinner 3. the same 4. heavier or 5. much heavier</p> <p>than you are now?</p> <p>6. PREGNANT -8. DON'T KNOW</p> <p>RECORD CORRESPONDING CODE IN BOX</p>
First pregnancy	<u><a href="#">OUTCM10</a></u>	<u><a href="#">DELVR10</a></u>	<u><a href="#">BFMO10*</a></u>	<u><a href="#">WTBFR10</a></u>	<u><a href="#">KGGN10</a></u>	<u><a href="#">WTAFT10</a></u>
Second pregnancy	<u><a href="#">OUTCM20</a></u>	<u><a href="#">DELVR20</a></u>	<u><a href="#">BFMO20*</a></u>	<u><a href="#">WTBFR20</a></u>	<u><a href="#">KGGN20</a></u>	<u><a href="#">WTAFT20</a></u>
Third pregnancy	<u><a href="#">OUTCM30</a></u>	<u><a href="#">DELVR30</a></u>	<u><a href="#">BFMO30*</a></u>	<u><a href="#">WTBFR30</a></u>	<u><a href="#">KGGN30</a></u>	<u><a href="#">WTAFT30</a></u>
Fourth pregnancy	<u><a href="#">OUTCM40</a></u>	<u><a href="#">DELVR40</a></u>	<u><a href="#">BFMO40*/</a></u>	<u><a href="#">WTBFR40</a></u>	<u><a href="#">KGGN40</a></u>	<u><a href="#">WTAFT40</a></u>
Fifth pregnancy	<u><a href="#">OUTCM50</a></u>	<u><a href="#">DELVR50</a></u>	<u><a href="#">BFMO50*</a></u>	<u><a href="#">WTBFR50</a></u>	<u><a href="#">KGGN50</a></u>	<u><a href="#">WTAFT50</a></u>
Sixth pregnancy	<u><a href="#">OUTCM60</a></u>	<u><a href="#">DELVR60</a></u>	<u><a href="#">BFMO60*</a></u>	<u><a href="#">WTBFR60</a></u>	<u><a href="#">KGGN60</a></u>	<u><a href="#">WTAFT60</a></u>
Seventh pregnancy	<u><a href="#">OUTCM70</a></u>	<u><a href="#">DELVR70</a></u>	<u><a href="#">BFMO70*</a></u>	<u><a href="#">WTBFR70</a></u>	<u><a href="#">KGGN70</a></u>	<u><a href="#">WTAFT70</a></u>
Eighth pregnancy	<u><a href="#">OUTCM80</a></u>	<u><a href="#">DELVR80</a></u>	<u><a href="#">BFMO80*</a></u>	<u><a href="#">WTBFR80</a></u>	<u><a href="#">KGGN80</a></u>	<u><a href="#">WTAFT80</a></u>
Ninth pregnancy	<u><a href="#">OUTCM90</a></u>	<u><a href="#">DELVR90</a></u>	<u><a href="#">BFMO90*</a></u>	<u><a href="#">WTBFR90</a></u>	<u><a href="#">KGGN90</a></u>	<u><a href="#">WTAFT90</a></u>
Tenth pregnancy	<u><a href="#">OUTCM100</a></u>	<u><a href="#">DELVR100</a></u>	<u><a href="#">BFMO100*</a></u>	<u><a href="#">WTBFR100</a></u>	<u><a href="#">KGGN100</a></u>	<u><a href="#">WTAFT100</a></u>

\* C.21.1.c variables are collapsed to months

# Variable Excluded from Public Use Data File

Baseline Interview Administered Questionnaire

C.21.2. How old were you when you became pregnant for the first time? \_\_\_\_ YEARS -8 DK

AGFIRPR0

C.21.3. How old were you when you became pregnant the last time? \_\_\_\_ YEARS -8 DK

AGLASPR0

GO TO Q. C.22. IF NO LIVE BIRTHS WERE REPORTED IN Q.C.21., OTHERWISE ASK C.21.4. AND C.21.5.

C.21.4. How old were you when your first child was born? AGFIRKI0 \_\_\_\_ YEARS -8 DK

C.21.5. How old were you when your last child was born? AGLASKI0 \_\_\_\_ YEARS -8 DK

C.22. Have you ever had a period of 12 months when you could not get pregnant although you were attempting to get pregnant or were letting yourself get pregnant? NOGETPR0

1. NO (GO TO Q.C.23.)
2. YES
3. NEVER TRIED (GO TO Q.C.23.)
- 8. DON'T KNOW (GO TO Q.C.23.)

C.22.1. Did a doctor give you a reason why you were not getting pregnant? #WHYNOPR0

1. NO (GO TO Q.C.23.)
2. YES

↓

C.22.2. What was the reason? #WHYSPEC0

C.23. Are you currently trying to or letting yourself get pregnant?

TRYPREG0

1. NO (GO TO Q. C.24.)
2. YES

C.23.1. Are you taking any medication, herbs or diet supplements to help you get pregnant?

#HERBS0

1. NO (GO TO Q.C.24.)
2. YES
- 8. DON'T KNOW (GO TO Q. C.24.)

C.23.2. What are you taking? #HERBSPE0

C.24. [HAND RESPONDENT CARD “F”] I am going to read you a list of ways you might have felt or behaved recently. Please tell me how often you have felt or behaved this way during the past week.

* [READ STEM INSTRUCTIONS]	Rarely or none of the time (less than 1 DAY)	Some or a little of the time (1-2 DAYS)	Occasionally or a moderate amount of the time (3-4 DAYS)	Most or all of the time (5-7 DAYS)
During the past week:				
*a. I was bothered by things that usually don't bother me <b><u>BOTHER0</u></b>	1	2	3	4
*b. I did not feel like eating; my appetite was poor <b><u>APPETIT0</u></b>	1	2	3	4
*c. I felt that I could not shake off the blues even with help from my friends <b><u>BLUES0</u></b>	1	2	3	4
d. I felt that I was just as good as other people <b><u>GOOD0</u></b>	1	2	3	4
e. I had trouble keeping my mind on what I was doing <b><u>KEEPMIN0</u></b>	1	2	3	4
f. I felt depressed <b><u>DEPRESS0</u></b>	1	2	3	4
*g. I felt that everything I did was an effort <b><u>EFFORT0</u></b>	1	2	3	4
h. I felt hopeful about the future <b><u>HOPEFUL0</u></b>	1	2	3	4
i. I thought my life had been a failure <b><u>FAILURE0</u></b>	1	2	3	4
j. I felt fearful <b><u>FEARFUL0</u></b>	1	2	3	4
*k. My sleep was restless <b><u>RESTLES0</u></b>	1	2	3	4
l. I was happy <b><u>HAPPY0</u></b>	1	2	3	4
m. I talked less than usual <b><u>TALKLES0</u></b>	1	2	3	4
n. I felt lonely <b><u>LONELY0</u></b>	1	2	3	4
*o. People were unfriendly <b><u>UNFRNDL0</u></b>	1	2	3	4
p. I enjoyed life <b><u>ENJOY0</u></b>	1	2	3	4
q. I had crying spells <b><u>CRYING0</u></b>	1	2	3	4
r. I felt sad <b><u>SAD0</u></b>	1	2	3	4
*s. I felt that people disliked me <b><u>DISLIKE0</u></b>	1	2	3	4
t. I could not get going <b><u>GETGOIN0</u></b>	1	2	3	4

## Occupational Questions

These next few questions concern employment. We are interested in your work both around the house and at your job or business. Since many people have more than one job at any given time, we will ask you to tell us about all of your jobs.

D.1. Approximately how many hours per week do you perform work around your house? **HSWRKHR0**

\_\_\_\_\_ HRS/WEEK

D.2. During the past 2 weeks, did you work at any time at a job or business, including work for pay performed at home? (Include unpaid work in the family farm/business) **JOB0**

1. NO (GO TO Q. D.3)
2. YES

D.2.1. What is/was your job title? Please answer for each job. <sup>Δ</sup>

**#JOBTIT10**

JOB #1 \_\_\_\_\_

**#JOBTIT20**

JOB #2 \_\_\_\_\_

**#JOBTIT30**

JOB #3 \_\_\_\_\_

D.2.2. Briefly, what are/were your usual job activities? Please answer for each job.

**#JOBACT10**

JOB #1 \_\_\_\_\_

**#JOBACT20**

JOB #2 \_\_\_\_\_

**#JOBACT30**

JOB #3 \_\_\_\_\_

D.2.3. What are/were your usual hours of work each day? (CIRCLE ALL THAT APPLY)

- |   |       |        |                        |
|---|-------|--------|------------------------|
| a. DAY (Between 6 AM and 6 PM)            | 1. NO | 2. YES | <b><u>DAYSHFT0</u></b> |
| b. EVENING/SWING (Between 3 PM and 11 PM) | 1. NO | 2. YES | <b><u>EVESHFT0</u></b> |
| c. NIGHT (Between 9 PM and 9 AM)          | 1. NO | 2. YES | <b><u>NGHTSHF0</u></b> |
| d. ROTATING (alternating weekly/monthly)  | 1. NO | 2. YES | <b><u>ROTSHFT0</u></b> |

D.2.4. What does/did the company or your part of the company, do or make? For example, education, health care, automobile manufacturing, state labor department, retail shoe sales. Please answer this for each job.

**NERI USE ONLY  
CODE**

**#PRODUC10**

JOB #1 \_\_\_\_\_

**#PRODUC20**

JOB #2 \_\_\_\_\_

**#PRODUC30**

JOB #3 \_\_\_\_\_

<sup>Δ</sup> D.2.1 Job#1 is provided later in an occupation code that corresponds to the 1990 census occupation codes

D.2.5. In comparison with other women your age, do you think your work is physically...  
(CIRCLE ONE ANSWER)

**PHYSWOR0**

1. Much lighter
2. Lighter
3. The Same
4. Heavier or
5. Much heavier
- 8. DON'T KNOW

D.2.6. In your current job(s), on a typical day/shift, how often do you do each of the following?

[HAND RESPONDENT CARD "G"]

Never	Less than half of the time	About half of the time	More than half of the time	Always
-------	----------------------------	------------------------	----------------------------	--------

a. Sit <b><u>SIT0</u></b>	1.	2.	3.	4.	5.
b. Stand <b><u>STAND0</u></b>	1.	2.	3.	4.	5.
c. Walk <b><u>WALK0</u></b>	1.	2.	3.	4.	5.
d. Lift heavy loads greater than 15 pounds (more than the weight of 2 gallons of milk) <b><u>LIFT0</u></b>	1.	2.	3.	4.	5.
e. Stoop and bend <b><u>STOOP0</u></b>	1.	2.	3.	4.	5.
f. Push or move heavy equipment <b><u>PUSH0</u></b>	1.	2.	3.	4.	5.
g. Sweat from exertion <b><u>SWEAT0</u></b>	1.	2.	3.	4.	5.

Now I would like to ask you some questions concerning language.

## CODES

- 1....ONLY ENGLISH
- 2....ONLY CHINESE
- 3....ENGLISH MORE OFTEN THAN CHINESE
- 4....CHINESE MORE OFTEN THAN ENGLISH
- 5....BOTH CHINESE AND ENGLISH EQUALLY
- 6....ONLY JAPANESE
- 7....ENGLISH MORE OFTEN THAN JAPANESE
- 8....JAPANESE MORE OFTEN THAN ENGLISH
- 9....BOTH JAPANESE AND ENGLISH EQUALLY
- 10....ONLY SPANISH
- 11....ENGLISH MORE OFTEN THAN SPANISH
- 12....SPANISH MORE OFTEN THAN ENGLISH
- 13....BOTH SPANISH AND ENGLISH EQUALLY
- 14....OTHER, Please Specify: \_\_\_\_\_
- 8....DON'T KNOW
- 77....REFUSED

D.3. In general, what language do you read and speak?

**LANGREA0 , READSPE0**

\_\_\_\_\_

D.4. In what language do you usually think?

LANGTHN0 , THINKSPE0

\_\_\_\_\_

D.5. What language do you usually speak with your friends?

**LANGSPE0 , SPEKSPE0**

D.6. What is/are the language(s) of the radio or TV programs that you prefer to watch?

LANGPRO0 , PROGSPE0

D.7. We have a few final questions for you concerning your household.

Other than yourself, is there anyone else living in the household? **HOUSEHL0**

1. NO (GO TO Q.E.1)
2. YES
- 7. REFUSED (GO TO Q. E.1)

D.7.1. Which of the following relatives or other persons live with you?

		NO	YES
a. Male partner/husband	<u><b>MALEPAR0</b></u>	1.	2.
b. Female partner	<u><b>FEMPART0</b></u>	1.	2.
c. Mother	<u><b>MOTHER0</b></u>	1.	2.
d. Father	<u><b>FATHER0</b></u>	1.	2.
e. Mother-in-law	<u><b>MOTINLA0</b></u>	1.	2.
f. Father-in-law	<u><b>FATINLA0</b></u>	1.	2.

D.7.2. How many of each of the following relatives or other persons live with you?

- |  |       |       |
|--|-------|-------|
| a. Daughter(s)                           | _____ | _____ |
| <b><u>DAUGHTER0</u></b>                  |       |       |
| b. Son(s)                                | _____ | _____ |
| <b><u>SON0</u></b>                       |       |       |
| c. Sister(s)                             | _____ | _____ |
| <b><u>SISTER0</u></b>                    |       |       |
| d. Brother(s)                            | _____ | _____ |
| <b><u>BROTHER0</u></b>                   |       |       |
| e. Other female(s) not already mentioned | _____ | _____ |
| <b><u>OTHFEMA0</u></b>                   |       |       |
| f. Other male(s) not already mentioned   | _____ | _____ |
| <b><u>OTHRMAL0</u></b>                   |       |       |

E.1. STOP TIME          :     AM 1. #STOPAMP  
                             PM 2.

**Thank you. This ends this portion of the interview.**

# Study of Women's Health Across the Nation

## SELF-ADMINISTERED QUESTIONNAIRE

### PART A

#### SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

SWANID

A1. RESPONDENT ID:

A2. SWAN STUDY VISIT #

\_\_\_ \_\_\_

#VISIT

A3. FORM VERSION:

  1     1   /   1     0   /   9     5    
M        M        D        D        Y        Y

#FORM\_V

A4. DATE FORM COMPLETED:

      /       /        
M        M        D        D        Y        Y

SAADAY0<sup>†</sup>

A5. INTERVIEWER'S INITIALS:

\_\_\_ \_\_\_

#INITS

A6. RESPONDENT'S DOB:

      /       /        
M        M        D        D        Y        Y

#DOB

VERIFY WITH RESPONDENT

A7. COMPLETED IN:

1. RESPONDENT'S HOME
2. CLINIC / OFFICE

#LOCATIO

A8. INTERVIEWER-ADMINISTERED?

#INTADMI

1. NO
2. YES

**We have some questions that we are asking you to complete on your own. If anything is unclear to you, please feel free to ask questions. Study Representatives are available and happy to help you. Please take as much time as you need with each question. It is very important to us that you complete the entire questionnaire.**

**Thank you for your participation in this important study.**

<sup>†</sup>SAADAY0 is given in days from interview date

# Variable Excluded from Public Use Data File

Self-Administered Baseline Questionnaire, Part A

Page 30



B.0. RECORD HERE THE TIME YOU BEGAN: \_\_\_\_ : \_\_\_\_ (Circle one)  
 A.M. 1.  
 P.M. 2.

**We are interested in learning more about women's health during their 40's and 50's. This first set of questions ask about your health and use of health care.**

B.1. Compared to 12 months ago, how would you rate your overall health? (CIRCLE ONE NUMBER)

**HLTHAYR0**

1. Much better now
2. Somewhat better now
3. About the same now
4. Somewhat worse now
5. Much worse now

B.2. During the last 12 months, how many different times did you stay in the hospital overnight or longer?

**HOSPSTA0**

\_\_\_\_ # TIMES

B.3. During the past 12 months, about how many times did you see or talk to a medical doctor or assistant regarding your own health? (Do not count doctors seen while an overnight patient in a hospital.)

\_\_\_\_ # TIMES

**MDTALK0**

**CIRCLE ONLY ONE ANSWER FOR EACH QUESTION**

	Within the past year	Within the past 2 years	Within the past 3 years	More than 3 years ago	Never	Don't Know
B.4. About how long has it been since you had your blood pressure taken by a doctor, nurse, or other health professional?	1	2	3	4	5	-8
<b><u>BPTAKEN0</u></b>						
B.5. About how long has it been since you last had your blood cholesterol checked?	1	2	3	4	5	-8
<b><u>CHOLCHC0</u></b>						
B.6. A Pap smear is a routine medical test in which the doctor examines the cervix (internal female organ) and sends a cell sample to the lab. About how long has it been since you had a Pap smear test?	1	2	3	4	5	-8
<b><u>PAPSMEA0</u></b>						
B.7. A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant. About how long has it been since you had such a breast examination by a doctor or other health professional?	1	2	3	4	5	-8
<b><u>BRSTEXA0</u></b>						
B.8. A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a glass plate. When did you have your most recent mammogram?	1	2	3	4	5	-8
<b><u>MAMOGRA0</u></b>						

B.9. Which of the following categories best describes how you usually pay for your medical care? (CIRCLE ALL THAT APPLY.)

- |  |                 |           |
|--|-----------------|-----------|
| 1. Pre-paid private insurance (e.g., Health maintenance organization, HMO Blue, Kaiser Permanente or other Group health-type plan) | <u>PREPAID0</u> |           |
| 2. Other private health insurance (e.g., Blue Cross, Aetna, Prudential)  | <u>OTHRPRI0</u> |           |
| 3. Medicare  | <u>MEDICAR0</u> |           |
| 4. Medicaid (or MediCal)   | <u>MEDICAI0</u> |           |
| 5. Military Or Veterans Administration-Sponsored   | <u>MILITAR0</u> |           |
| 6. No Insurance  | <u>NOINSUR0</u> |           |
| 7. OTHER: Please specify: _____  | <u>OTHINSU0</u> | #OTHINSS0 |

B.10. Approximately how much did you weigh when you left high school? Please indicate in either pounds or kilograms. HSWTKG0

\_\_\_\_\_ pounds OR \_\_\_\_\_ kilograms

B.10.1. Up until now, about how many times have you gained 10 or more pounds (besides during pregnancy) since you were 18 years old? (CIRCLE ONE NUMBER) GAIN10L0

1. Never
2. 1-5 times
3. 6-10 times
4. More than 10 times

B.10.2. Up until now, about how many times have you lost 10 or more pounds (besides during pregnancy) since you were 18 years old? (CIRCLE ONE NUMBER) LOSE10L0

1. Never
2. 1-5 times
3. 6-10 times
4. More than 10 times

**The next several questions are about your lifestyle and habits. Please give only one answer to each of the following questions.**

B.11. Have you ever smoked a total of at least 20 packs of cigarettes over your lifetime or at least 1 cigarette per day for at least 1 year? SMOKERE0

1. NO (GO TO THE SENTENCE BEFORE QUESTION B.12 ON THE NEXT PAGE)
2. YES
- 8. DON'T KNOW (GO TO THE SENTENCE BEFORE QUESTION B.12 ON THE NEXT PAGE)

B.11.1. At what age did you start smoking cigarettes? \_\_\_\_ YEARS STRTSMO0

B.11.2. On the average, since you started smoking, how many cigarettes did you smoke per day?

\_\_\_\_ CIGARETTES PER DAY AVCIGDA0

-8 DON'T KNOW

B.11.3. Do you smoke cigarettes now? SMOKENO0

1. NO
2. YES (GO TO QUESTION B.11.5)
- 8. DON'T KNOW (GO TO THE SENTENCE BEFORE QUESTION B.12)

B.11.4. At what age did you stop? STOPSMO0

\_\_\_\_ YEARS

GO TO THE SENTENCE BEFORE QUESTION B.12.

B.11.5. How many cigarettes, on average, do you smoke per day now?

\_\_ \_\_ \_\_ CIGARETTES PER DAY **CIGSNOW0**

-8. DON'T KNOW (GO TO THE SENTENCE BEFORE QUESTION B.12)

B.11.6. About how long have you smoked this amount? \_\_ \_\_ YEARS **SMOKEYR0**

**The next 7 questions are about your exposure to smoke. If you are a smoker, please do not include yourself when answering questions B.12-B.14.**

B.12. How many members of your household smoke tobacco in the house (at least 1 cigarette, cigar or pipe bowl per day)?

\_\_ # PERSONS **HHMEMSM0**

B.12.1. **During the past 7 days**, on how many days were you exposed to tobacco smoke inside your home?

\_\_ # DAYS => IF 0 DAYS, GO TO QUESTION B.13. **HOMEXPD0**

B.12.2. **Over the past 7 days**, when you were exposed to tobacco smoke in your home, how many hours were you exposed during a typical day?

\_\_ # HOURS **HOMEXPH0**

B.13. **During the past 7 days**, on how many days were you exposed to tobacco smoke while at work?

\_\_ # DAYS => IF 0 DAYS, GO TO QUESTION B.14. **WRKEXPD0**

B.13.1. **Over the past 7 days**, when you were exposed to tobacco smoke while at work, how many hours were you exposed during a typical day?

\_\_ # HOURS **WRKEXPH0**

B.13.2. **During the past 7 days**, when you were exposed to tobacco smoke while at work, how many people on average were smoking in the room you were in?

\_\_\_ # PEOPLE

**WRKEXPE0**

B.14. **During the past 7 days**, how many total hours were you exposed to tobacco smoke while at places other than home or work (including meetings, restaurants, bars, parties, etc.)?

\_\_\_ # HOURS

**TOTEXPH0**

**The next series of questions (B.15. to B.19.) focus on common events in some of our lives.**

B.15. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

(CIRCLE ONE NUMBER ON EACH LINE)

	NO	YES
a. Cut down the amount of time you spent on work or other activities? <b><u>PHYCTDW0</u></b>	1	2
b. Accomplished less than you would like? <b><u>PHYACCO0</u></b>	1	2
c. Were limited in the kind of work or other activities? <b><u>PHYLIMI0</u></b>	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort)? <b><u>PHYDFCL0</u></b>	1	2

B.16. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

(CIRCLE ONE NUMBER ON EACH LINE)

	NO	YES
a. Cut down the <b>amount of time</b> you spent on work or other activities? <b><u>EMOCTDW0</u></b>	1	2
b. Accomplished less than you would like? <b><u>EMOACCO0</u></b>	1	2
c. Didn't do work or other activities as <b>carefully</b> as usual? <b><u>EMOCARE0</u></b>	1	2

B.17. During the **past 4 weeks**, to what extent has your **physical health or emotional problems** interfered with your normal social activities with family, friends, neighbors, or groups? (CIRCLE ONE NUMBER)

**INTERFR0**

1	2	3	4	5
Not at all	Slightly	Moderately	Quite a bit	Extremely

B.18. How much bodily pain have you had during the **past 4 weeks**? (CIRCLE ONE NUMBER)

**BODYPAI0**

1	2	3	4	5	6
None	Very mild	Mild	Moderate	Severe	Very Severe

B.19. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (CIRCLE ONE NUMBER)

**PAINTRF0**

1	2	3	4	5
Not at all	A little bit	Moderately	Quite a bit	Extremely

B.20. **These questions are about how you feel and how things have been with you during the past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.

(CIRCLE ONE NUMBER ON EACH LINE)

How much of the time during the **past 4 weeks**...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel "full of pep"? <b><u>PEP0</u></b>	1	2	3	4	5	6
b. Did you have a lot of energy? <b><u>ENERGY0</u></b>	1	2	3	4	5	6
c. Did you feel worn out? <b><u>WORNOUT0</u></b>	1	2	3	4	5	6
d. Did you feel tired? <b><u>TIRED0</u></b>	1	2	3	4	5	6

B.21. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)? (Circle one number)

**SOCIAL0**

1	2	3	4	5
All of the time	Most of the time	Some of the time	A little of the time	None of the time

**The next series of questions ask about your regular physical activities outside of your job: that is, other than the activities you do for pay.**

**We want to know about your activities at home, not including activities you may do for pay at your home or other people's homes. Please circle only one answer to each question.**

**During the past year** (in the last 12 months), how much time did you spend on average....

- C.1. Caring for a child or children 5 years of age or less, a disabled child or an elderly person? Only count time actually spent doing physical activities like feeding, dressing, moving, playing or bathing. (If child turned 6 less than 6 months ago, consider him/her age 5 for the whole year.)  
(CIRCLE ONE ANSWER) **CHLDCAR0**

1. None or less than one hour per week
2. At least 1 hour but less than 20 hours per week
3. 20 hours or more per week

- C.2. **During the past year** (in the last 12 months), how much time did you spend preparing meals or cleaning up from meals? (CIRCLE ONE ANSWER) **PREPMEA0**

1. 1 hour or less per day
2. Between 1 and 2 hours per day
3. More than 2 hours per day

- C.3. **During the past year** (in the last 12 months), how often did you do routine chores requiring light physical effort, such as dusting, laundry, changing linens, grocery shopping or other shopping? (CIRCLE ONE ANSWER) **LGTCHOR0**

1. Once per week or less
2. More than once per week but less than daily
3. Daily or more

- C.4. **During the past year** (in the last 12 months), how often did you do chores requiring moderate physical effort, such as vacuuming, washing floors, or gardening /yard work such as mowing the lawn or raking leaves? (CIRCLE ONE ANSWER) **MODCHOR0**

1. Once a month or less
2. 2-3 times per month
3. 4 or more times per month

- C.5. **During the past year** (in the last 12 months), how often did you do chores at home requiring vigorous physical effort, such as chopping wood, tilling soil, shoveling snow, shampooing carpets, washing walls or windows, plumbing, tiling or outdoor painting? (CIRCLE ONE ANSWER) **VIGCHOR0**

1. Once a month or less
2. 2-3 times per month
3. 4 or more times per month

**Now we want to ask about the general level of physical activity involved in your daily routine.**

C.6. In comparison with other women of your own age, do you think your recreational physical activity is...

**RECACTI0**

1. Much less
2. Somewhat less
3. The same
4. Somewhat more
5. Much more

**During the past year,** when you were not working or doing chores around the house...

C.7. Did you watch television...(CIRCLE ONE ANSWER)

**WATCHTV0**

1. Never or less than 1 hour a week
2. At least 1 hour/week but less than 1 hour a day
3. 1-2 hours a day
4. 2-4 hours a day
5. More than 4 hours a day

C.8. Did you walk or bike to and from work, school or errands... (CIRCLE ONE ANSWER)

**WALKBIK0**

1. Never or less than 5 minutes per day
2. 5-15 minutes per day
3. 16-30 minutes per day
4. 31-45 minutes per day
5. more than 45 minutes per day

C.9. Did you sweat from exertion...(CIRCLE ONE ANSWER)

**SWEATPA0**

1. Never or less than once a month
2. Once a month
3. 2-3 times a month
4. Once a week
5. More than once a week

C.10. Did you play sports or exercise... (CIRCLE ONE ANSWER)

**SPORTS0**

1. Never (GO TO QUESTION D.1 ON PAGE 11)
2. Less than once a month
3. Once a month
4. 2-3 times a month
5. Once a week
6. More than once a week

**The following questions are about your participation in sports and exercise during the past year.**

C.11. Which sport or exercise did you do **most frequently during the past year?** (SPECIFY ONLY ONE)

\_\_\_\_\_

**SPORT10**

C.12. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER)

**HARTRT10**

1. No
2. Yes, a small increase
3. Yes, a moderate increase
4. Yes, a large increase

C.13. How many months in this past year did you do this activity? (CIRCLE ONE ANSWER)

**SPORT1M0**

1. Less than 1 month
2. 1-3 months
3. 4-6 months
4. 7-9 months
5. More than 9 months

C.14. During these months, on average, how many hours a week did you do this activity? (CIRCLE ONE ANSWER)

**SPORT1W0**

1. Less than 1 hour
2. At least 1 but less than 2 hours
3. At least 2 but less than 3 hours
4. At least 3 but less than 4 hours
5. More than 4 hours

C.15. Did you do any other exercise or play any other sport in this past year?

**OTHSPOR0**

1. NO (GO TO QUESTION D.1.)
2. YES

C.16. What was the second most frequent sport or exercise you did during the past year? (SPECIFY ONLY ONE)

\_\_\_\_\_

**SPORT20**



C.17. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER)

**HARTRT20**

1. No
2. Yes, a small increase
3. Yes, a moderate increase
4. Yes, a large increase

C.18. How many months in this past year did you do this activity? (CIRCLE ONE ANSWER)

**SPORT2M0**

1. Less than 1 month
2. 1-3 months
3. 4-6 months
4. 7-9 months
5. More than 9 months

C.19. During these months, on average, how many hours a week did you do this activity? (CIRCLE ONE ANSWER)

**SPORT2W0**

1. Less than 1 hour
2. At least 1 but less than 2 hours
3. At least 2 but less than 3 hours
4. At least 3 but less than 4 hours
5. More than 4 hours

The following questions are about specific health problems you may have had or treatments you may have used.

D.1. Below is a list of common problems which affect us from time to time in our daily lives. Thinking back over the past two weeks, please circle the number corresponding to how often you experienced any of the following.

	Not at all	1-5 days	6-8 days	9-13 days	Every day
a. Stiffness or soreness in joints, neck or shoulder <b><u>STIFF0</u></b>	1	2	3	4	5
b. Cold sweats <b><u>COLDSWE0</u></b>	1	2	3	4	5
c. Night sweats <b><u>NITESWE0</u></b>	1	2	3	4	5
d. Vaginal dryness <b><u>VAGINDR0</u></b>	1	2	3	4	5
e. Feeling blue or depressed <b><u>FEELBLU0</u></b>	1	2	3	4	5
f. Leaking urine <b><u>LEAKURI0</u></b>	1	2	3	4	5
g. Dizzy spells <b><u>DIZZY0</u></b>	1	2	3	4	5
h. Irritability or grouchiness <b><u>IRRITAB0</u></b>	1	2	3	4	5
i. Feeling tense or nervous <b><u>NRVOUS0</u></b>	1	2	3	4	5
j. Forgetfulness <b><u>FORGET0</u></b>	1	2	3	4	5
k. Frequent mood changes <b><u>MOODCHG0</u></b>	1	2	3	4	5
l. Heart pounding or racing <b><u>HARTRAC0</u></b>	1	2	3	4	5
m. Feeling fearful for no reason <b><u>FEARFULA0</u></b>	1	2	3	4	5
n. Headaches <b><u>HDACHE0</u></b>	1	2	3	4	5
o. Hot flashes or flushes <b><u>HOTFLAS0</u></b>	1	2	3	4	5

If you reported that you experienced hot flashes or flushes in D.1.o., please complete question D.1.1. Otherwise, proceed to question D.2 on the next page.

D.1.1. When you had a hot flash, did you feel...

	NO	YES
a) physically uncomfortable	1	2 <b><u>FLASHPH0</u></b>
b) emotionally upset	1	2 <b><u>FLASHEB0</u></b>
c) embarrassed, especially with other people	1	2 <b><u>FLASHEM0</u></b>

D.2. **These questions (a - d) are about your sleep habits.** Please circle one answer for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 2 weeks.

	No, not in past 2 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
a. Did you have trouble falling asleep? <b><u>TRBLSLE0</u></b>	1	2	3	4	5
b. Did you wake up several times a night? <b><u>WAKEUP0</u></b>	1	2	3	4	5
c. Did you wake up earlier than you had planned to, and were unable to fall asleep again? <b><u>WAKEARL0</u></b>	1	2	3	4	5
d. Overall, was your typical night's sleep during the <u>past 2 weeks</u> : <b><u>TYPNIGH0</u></b>					
	Very sound or restful	Sound or restful	Average quality	Restless	Very restless
	1	2	3	4	5

**A common complaint among women is having to urinate a lot or the involuntary loss of urine.**

D.3. How often do you usually get up from bed at night to urinate? (CIRCLE ONLY ONE ANSWER)  
**GETUPUR0**

1. Never
2. Rarely (less than once a week)
3. Once per week
4. A few times per week
5. Once a night, every night
6. More than once per night

D.4. **In the past year**, have you ever leaked even a very small amount of urine involuntarily?

**INVOLEA0**

1. NO (GO TO THE SENTENCE BEFORE QUESTION D.5. ON THE NEXT PAGE)
2. YES

↓

IF YES:

- a. How long ago did you first notice leakage of urine?

**NOTILEA0**

1. Within the past year
2. 1-2 years ago
3. 3-4 years ago
4. 5-9 years ago
5. 10 or more years ago

- b. **In the last month**, on about how many days have you lost any urine, even a small amount, beyond your control?

**DAYSLEA0**

1. Never
2. Less than one day per week
3. Several days per week
4. Almost daily/daily

- c. Under what circumstances does it occur? (CIRCLE ALL THAT APPLY)

1. Coughing **COUGHIN0**
2. Laughing **LAUGHIN0**
3. Sneezing **SNEEZIN0**
4. Jogging **JOGGING0**
5. Picking up an object from the floor **PICKUP0**
6. When you have an urge to void and can't reach a toilet fast enough **URGEVOI0**
7. Other Specify: \_\_\_\_\_ **OTHRLEA0** **#LEAKSPE0**

- d. How much urine do you lose when you leak?

**AMTLEAK0**

1. A drop or two
2. Enough to change undergarments or wear a liner or pad
3. Enough to wet outer clothing
4. Enough to wet the floor

- e. On a scale from 0 to 10, where 0 = Not at all bothered and 10 = Extremely bothered, how much does the leakage of urine bother you? (CIRCLE ONE NUMBER):

**LEAKBOT0**

0    1    2    3    4    5    6    7    8    9    10

Not at all  
bothered

Somewhat  
bothered

Extremely  
bothered

f. Have you taken any measures to control or remedy the leakage?

**RMDYLEA0**

1. NO (GO TO QUESTION D.5.)
2. YES

IF YES: Which measures? (CIRCLE ALL THAT APPLY)

- |   |                           |
|---|---------------------------|
| 1. Discussed leakage with doctor, nurse or other health care professional                         | <b>DISCLEA0</b>           |
| 2. Medication Specify _____   | <b>MEDILEA0 #MEDISPE0</b> |
| 3. Kegel or pelvic floor exercises  | <b>KEGELEX0</b>           |
| 4. Wear protection => How many wet pads/liners do you usually change in a day? ____ # PADS/LINERS | <b>WEARPRO0 WETPADS0</b>  |
| 5. Urinate more often or on a schedule  | <b>URINOFT0</b>           |
| 6. Restrict activity  | <b>RESTRAC0</b>           |
| 7. Surgery  | <b>SURGLEA0</b>           |
| 8. Other Specify: _____   | <b>OTHRMEA0 #MEASSPE0</b> |

**The next few questions ask about health conditions and surgeries that you may have had.**

D.5. Since you were age 20 years, has a doctor ever told you that you had a broken bone?

**BROKBON0**

1. NO (GO TO QUESTION D.6. ON THE NEXT PAGE)
2. YES (GO TO QUESTION D.5.1.)
- 8. DON'T KNOW (GO TO QUESTION D.6. ON THE NEXT PAGE)

D.5.1. Did you break any of the following bones?

Please circle 1 (NO) or 2 (YES) for each bone.  
IF YES TO ANY, ANSWER D.5.2.

D.5.2. How old were you when the bone(s) first broke?  
If you don't know the exact age the bones were broken, please guess as close as you can.)

	NO	YES	AGE (ONLY IF AFTER AGE 20 YEARS)
a. Hip	1	2 →	____ YEARS <b>HIPAGE0</b>
b. Spine or back (vertebra)	1	2 →	____ YEARS <b>BACKAGE0</b>
c. Upper arm (above the elbow)	1	2 →	____ YEARS <b>UPARMAG0</b>
d. Lower arm or wrist (not finger)	1	2 →	____ YEARS <b>LOARMAG0</b>
e. Lower leg or ankle	1	2 →	____ YEARS <b>LOLEGAG0</b>
f. Foot (not toe)	1	2 →	____ YEARS <b>FOOTAGE0</b>
g. Other (specify): _____	1	2 →	____ YEARS <b>OTHBOAG0</b>
			<b>#SPECBRK0</b>

D.6. Have you ever consulted a doctor for back pain?

**BACKPN0**

1. NO (GO TO QUESTION D.7.)
2. YES (ANSWER QUESTIONS D.6.1. THRU D.6.4.)
- 8. DON'T KNOW (GO TO QUESTION D.7.)

D.6.1. About how old were you? **BCKPNAG0**  
 \_\_\_\_\_ years

D.6.2. Did you have surgery on your back for this problem?

**BACKSUR0**

1. NO **BKSRGAG0**
2. YES => At what age? \_\_\_\_\_ years
- 8. DON'T KNOW

D.6.3. What was the nature of the problem?

**BACKPRO0**

1. Disk
2. Injury
3. Pain **#BACKSPE0**
4. Other Specify: \_\_\_\_\_
- 8. Don't Know

D.6.4. Are you currently being treated for this problem?

**BACKTRE0**

1. NO
2. YES

D.7. Have you ever had any of the following surgeries or procedures?

		NO	YES	DON'T KNOW	
a.	Tubes tied	1	2	-8	
	<b><u>TUBETIE0</u></b>				
b.	D and C (scraping of the uterus for any reason including abortion)	1	2	-8	IF YES, How many times have you had a D and C? _____ TIMES
	<b><u>DANDC0</u></b>				<b><u>DANDCNU0</u></b>
c.	Treatment of an infected fallopian tube	1	2	-8	
	<b><u>INFALLO0</u></b>				
d.	Uterine procedures	1	2	-8	
	<b><u>UTERPRO0</u></b>				
e.	Thyroid gland removed	1	2	-8	
	<b><u>THYRDRM0</u></b>				

**D.8. Dietary and behavioral therapies are often used to treat conditions or to remain in good health.** Please tell us about any of these therapies you may have used.

In the past 12 months, have you used any of the following for any reason?

CIRCLE ONLY ONE NUMBER FOR EACH  
(FOR EACH “YES” RESPONSE IN D.8  
ANSWER D.8.1.)

	NO	YES
a. Special diets or nutritional remedies, such as macrobiotic or vegetarian diets, or vitamin supplements or therapy? <b><u>NUTRIRE0</u></b>	1	2
b. Herbs or herbal remedies, such as homeopathy or Chinese herbs or teas? <b><u>HERBREMO</u></b>	1	2
c. Psychological methods, such as meditation, mental imagery, relaxation techniques? <b><u>PSYCMET0</u></b>	1	2
d. Physical methods, such as massage, acupressure, acupuncture? <b><u>PHYSMET0</u></b>	1	2
e. Folk medicine or traditional Chinese medicine? <b><u>FOLKMED0</u></b>	1	2

D.8.1. IF YES: Have you used it to regulate your menstrual period, for premenstrual or menstrual symptoms, or for menopause-related symptoms?

NO	YES
1	2
<b><u>NUTRSYM0</u></b>	
1	2
<b><u>HERBSYM0</u></b>	
1	2
<b><u>PSYCSYM0</u></b>	
1	2
<b><u>PHYSSYM0</u></b>	
1	2
<b><u>FOLKSYM0</u></b>	

**The next few questions are about religion or spirituality.**

E.1. How important is your religious faith or spirituality to you? (CIRCLE ONE NUMBER)

**FAITH0**

1. Not at all important
2. Not very important
3. Somewhat important
4. Very important

E.2. How much is religion /spirituality a source of strength and comfort to you? (CIRCLE ONE NUMBER)

**SOURCOM0**

1. None
2. A little
3. A great deal

E.3. What is your current religious preference? (CIRCLE ONE NUMBER)

**RELIPRE0**<sup>§</sup>

1. Lutheran
2. Methodist
3. Baptist
4. Episcopal
5. Presbyterian **#PROTSPE0**
6. Other Protestant: Specify \_\_\_\_\_
7. Roman Catholic
8. Jewish
9. Orthodox Christian (e.g., Greek or Russian Orthodox)
10. Islam
11. Buddhism
15. Spiritual, not religious **#OTHRPRE0**
16. Other, including agnostic and atheist Specify \_\_\_\_\_
17. None

E.4. How often do you pray or meditate? (CIRCLE ONE NUMBER)

**PRAY0**

1. Never
2. Less than once a year
3. Yearly or a few times a year
4. Monthly or a few times a month
5. At least once a week - 1 to 3 times a week
6. Nearly every day - 4 or more times a week

E.5. How often do you attend religious services? (CIRCLE ONE NUMBER)

**RELISRV0**

1. Never
2. Less than once a year
3. Yearly or a few times a year
4. Monthly or a few times a month
5. At least once a week - 1 to 3 times a week
6. Nearly every day - 4 or more times a week

E.6. When I need suggestions on how to deal with problems, I know someone in my spiritual or religious community that I can turn to. (CIRCLE ONE NUMBER)

**RELICOM0**

1. Strongly disagree
2. Somewhat disagree
3. Somewhat agree
4. Strongly agree

<sup>§</sup> E.3 Religion has been condensed to the most frequent preferences with less frequent choices placed in 'Other'



**The following section will ask you about personal feelings.** These questions are important, as our feelings may directly affect our health or influence how we respond to health issues.

E.7. In your day-to-day life have you had the following experiences; Often, Sometimes, Rarely, or Never:  
(CIRCLE ONE ANSWER FOR EACH QUESTION)

	OFTEN	SOMETIMES	RARELY	NEVER
a. You are treated with less courtesy than other people <u>COURTESO</u>	1	2	3	4
b. You are treated with less respect than other people <u>RESPECTO</u>	1	2	3	4
c. You receive poorer service than other people at restaurants or stores <u>POORSERO</u>	1	2	3	4
d. People act as if they think you are not smart <u>NOTSMARO</u>	1	2	3	4
e. People act as if they are afraid of you <u>AFRAIDO0</u>	1	2	3	4
f. People act as if they think you are dishonest <u>DISHONSO</u>	1	2	3	4
g. People act as if they're better than you are <u>BETTERO</u>	1	2	3	4
h. You or your family members are called names or insulted <u>INSULTEO</u>	1	2	3	4
i. You are threatened or harassed <u>HARASSEO</u>	1	2	3	4
j. People ignore you or act as if you are not there <u>IGNOREDO</u>	1	2	3	4

If one or more of the responses to Questions E.7 a-j is "often" or "sometimes", please answer Question E.8. IF NOT, PROCEED TO QUESTION E.9.

E.8. What do think the main reason is for these experiences? (CIRCLE ONE ANSWER)

- |              |                 |                                       |
|--------------|-----------------|---------------------------------------|
| 1. Race      | 4. Age          | 7. Physical appearance                |
| 2. Ethnicity | 5. Income level | 8. Sexual orientation                 |
| 3. Gender    | 6. Language     | 9. Other (specify: <u>#OTHRREA0</u> ) |

E.9. Thinking of your experience(s) with receiving health care in the past 12 months, have you been treated badly?

- TREATBA0
1. NO      2. YES      3. DIDN'T RECEIVE ANY HEALTH CARE      -8. DON'T KNOW

E.10. What is your total family income (before taxes) from all sources within your household in the last year? (Mark the one that is your best guess. This information is important for describing the women in the study as a group and is, like all other questions, kept confidential).

1. LESS THAN \$19,999 **INCOME0\$**
2. \$20,000 TO \$49,999
3. \$50,000 TO \$99,999
4. \$100,000 OR MORE
- 7. REFUSED
- 8. DON'T KNOW

**This final section is about different areas that are a part of people's lives.**

E.11. These next questions ask about events that we sometimes experience in our lives. **During the last 12 months**, have you experienced any of the following: If you have not, circle 1 (NO). If you have and it was not at all upsetting, circle 2, If you have and it was somewhat upsetting circle 3, If you have and it was very upsetting circle 4. Please circle one answer for each question.

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting
a. Started school, a training program, or new job. <b><u>STARTNE0</u></b>	1	2	3	4
b. Had trouble with a boss or conditions at work got worse. <b><u>WORKTRB0</u></b>	1	2	3	4
c. Quit, fired or laid off from a job. <b><u>QUITJOB0</u></b>	1	2	3	4
d. Took on a greatly increased work load at job. <b><u>WORKLOA0</u></b>	1	2	3	4
e. Husband/partner became unemployed. <b><u>PRTUNEM0</u></b>	1	2	3	4
f. Major money problems. <b><u>MONEYPR0</u></b>	1	2	3	4
g. Relations with husband/partner changed for the worse but without separation or divorce. <b><u>WORSREL0</u></b>	1	2	3	4
h. Were separated or divorced or long-term relationship ended. <b><u>RELATEN0</u></b>	1	2	3	4
i. Had a serious problem with child or family member (other than husband/partner) or with a close friend. <b><u>SERIPRO0</u></b>	1	2	3	4

<sup>\$</sup> E.10 Income categories have been condensed from the original questionnaire

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Self-Administered Baseline Questionnaire, Part A

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**During the last 12 months**, have you experienced any of the following: If you have not, circle 1 (NO). If you have and it was not at all upsetting, circle 2. If you have and it was somewhat upsetting circle 3, If you have and it was very upsetting circle 4. Please circle one answer for each question.

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting
j. A child moved out of the house or left the area. <b><u>CHILDMO0</u></b>	1	2	3	4
k. Slapped, kicked, or otherwise hurt by husband/partner or someone else important to you. <b><u>HURTO</u></b>	1	2	3	4
l. Took on responsibility for the care of another child, grandchild, parent, other family member or friend. <b><u>RESPCAR0</u></b>	1	2	3	4
m. Family member had legal problems or a problem with police. <b><u>LEGALPR0</u></b>	1	2	3	4
n. Moved to a new house or apartment. <b><u>MOVEHOM0</u></b>	1	2	3	4
o. Married, started a new relationship, or got back together with a former partner. <b><u>STARTRE0</u></b>	1	2	3	4
p. A close relative (husband/partner, child or parent) died.				
p.1. Husband/Partner <b><u>HUSBDIE0</u></b>	1	2	3	4
p.2. Child <b><u>CHLDDIE0</u></b>	1	2	3	4
p.3. Parent <b><u>PRNTDIE0</u></b>	1	2	3	4
p.4. Other _____ (specify) <b><u>OTHRDIE0</u></b> <b><u>#SPECDIE0</u></b>	1	2	3	4

**During the last 12 months**, have you experienced any of the following: If you have not, circle 1 (NO). If you have and it was not at all upsetting, circle 2. If you have and it was somewhat upsetting circle 3, If you have and it was very upsetting circle 4. Please circle one answer for each question.

		NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting
q.	A close friend or family member <u>other than</u> husband/partner, child or parent died.				
q.1.	Close Friend <u>FRDDIED0</u>	1	2	3	4
q.2.	Other relative <u>OTHRELD0</u>	1	2	3	4
q.3.	Other _____ (specify) <u>OTH2DIE0</u> <u>#OTHDISP0</u>	1	2	3	4
r.	Major accident, assault, disaster, robbery or other violent event happened to yourself or to a family member.				
r.1.	Self <u>SELFVIO0</u>	1	2	3	4
r.2.	Husband/Partner <u>HUSBVIO0</u>	1	2	3	4
r.3.	Child <u>CHLDVIO0</u>	1	2	3	4
r.4.	Other family member	1	2	3	4
	<u>OTHFMVIO</u>				
r.5.	Other _____ (specify) <u>OTHVIOL0</u> <u>#VIOLSPC0</u>	1	2	3	4
s.	Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend.				
s.1.	Husband/Partner <u>HUSBILL0</u>	1	2	3	4
s.2.	Child <u>CHILDIL0</u>	1	2	3	4
s.3.	Parent <u>PRNTILL0</u>	1	2	3	4
s.4.	Close Friend <u>FRNDILL0</u>	1	2	3	4
s.5.	Other relative <u>OTHRELI0</u>	1	2	3	4
s.6.	Other _____ (specify) <u>OTHILL0</u> <u>#PHYILSP0</u>	1	2	3	4
t.	Other major event. (Describe _____ <u>MAJEVEN0</u> <u>#MAJEVDS0</u> )	1	2	3	4

# Variable Excluded from Public Use Data File

**Below are statements people have made from time to time in their daily lives.** Thinking about how you feel **today** please circle True or False for each statement.

		<u><b>FALSE</b></u>	<u><b>TRUE</b></u>
E.12.	I have often had to take orders from someone who did not know as much as I did	<u><b>TAKEORD0</b></u>	1 2
E.13.	I think a great many people make a lot of their bad luck in order to gain the sympathy and help of others	<u><b>BADLUCK0</b></u>	1 2
E.14.	It takes a lot of argument to convince most people of the truth	<u><b>ARGUMEN0</b></u>	1 2
E.15.	Most people are honest mainly through fear of being caught	<u><b>HONEST0</b></u>	1 2
E.16.	Most people will use somewhat unfair means to gain profit or an advantage rather than to lose It	<u><b>PROFIT0</b></u>	1 2
E.17.	No one cares much what happens to you	<u><b>NONECAR0</b></u>	1 2
E.18.	It is safer to trust nobody	<u><b>NOTRUST0</b></u>	1 2
E.19.	Most people make friends because friends are likely to be useful to them	<u><b>FRIENDS0</b></u>	1 2
E.20.	Most people inwardly do not like putting themselves out to help other people	<u><b>PUTOUT0</b></u>	1 2
E.21.	I have often met people who were supposed to be experts who were no better than I	<u><b>EXPERTS0</b></u>	1 2
E.22.	People often demand more respect for their own rights than they are willing to allow for Others	<u><b>RIGHTS0</b></u>	1 2
E.23.	A large number of people are guilty of bad sexual behavior	<u><b>SEXBEHA0</b></u>	1 2
E.24.	I think most people would lie to get ahead	<u><b>GETAHEA0</b></u>	1 2

F.1. RECORD HERE THE TIME YOU FINISHED: \_\_\_\_ : \_\_\_\_ (Circle one)  
A.M. 1.  
P.M. 2.

**Thank you for your time. This ends this questionnaire. Please give it to the study personnel.**

Study of Women's Health Across the Nation

SELF-ADMINISTERED QUESTIONNAIRE

PART B

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID:	AFFIX ID LABEL HERE <div></div>	<u>SWANID</u>
A2. SWAN STUDY VISIT #	__ __	#VISIT
A3. FORM VERSION: FORMVER0	<div><div>1</div><div>M</div></div> / <div><div>1</div><div>M</div></div> / <div><div>1</div><div>D</div></div> / <div><div>0</div><div>D</div></div> / <div><div>9</div><div>Y</div></div> / <div><div>5</div><div>Y</div></div>	#FORM_V
A4. DATE FORM COMPLETED:	<div>__</div> <div>M</div> / <div>__</div> <div>M</div> / <div>__</div> <div>D</div> / <div>__</div> <div>D</div> / <div>__</div> <div>Y</div> / <div>__</div> <div>Y</div>	<u>SABDAY0<sup>†</sup></u>
A5. INTERVIEWER'S INITIALS:	____	#INITS
A6. RESPONDENT'S DOB:	<div>__</div> <div>M</div> / <div>__</div> <div>M</div> / <div>__</div> <div>D</div> / <div>__</div> <div>D</div> / <div>__</div> <div>Y</div> / <div>__</div> <div>Y</div>	#DOB
VERIFY WITH RESPONDENT		
A7. COMPLETED IN:	1. RESPONDENT'S HOME 2. CLINIC/OFFICE	#LOCATIO
A8. INTERVIEWER-ADMINISTERED?	1. NO 2. YES	#ADMIN

<sup>†</sup> SABDAY0 is given in days from interview date

# Variable Excluded from Public Use Data File  
Self-Administered Baseline Questionnaire, Part B

This questionnaire covers material that is sensitive and personal. For some women, sexual activity is an important part of their lives; but for others, it is not. Everyone has different ideas on this subject. To help us understand how these matters affect women's lives, we would like you to answer the following questions from your own personal viewpoint. There are no right or wrong answers. Remember, confidentiality is assured. While we hope you are willing to answer all of the questions, if there are questions you would prefer not to answer, you are free to skip them. Please find the most appropriate response to each question, and circle the number for the answer you choose.

[illegible]

B.1. How important is sex in your life? (CIRCLE ONE NUMBER)

1	2	3	4	5
Extremely	Quite	Moderately	Not Very	Not At All
Important	Important	Important	Important	Important

**IMPORSE0**

B.2. During the past 6 months, how often have you felt a desire to engage in any form of sexual activity, either alone or with a partner? (CIRCLE ONE NUMBER)

1	2	3	4	5
Not At	Once or	About	More Than	Daily
All	Twice/ Month	Once/ Week	Once/ Week	

**DESIRSE0**

B.3. During the past 6 months, have you engaged in sexual activities with a partner?  
(CIRCLE ONE NUMBER)

**ENGAGSE0**

1. NO (IF NO, PLEASE ANSWER QUESTION B.3a)
2. YES (GO TO QUESTION B.4. ON THE NEXT PAGE.)

B.3a. People do not engage in sexual activities with partners for many reasons. Please circle 1. (NO) or 2. (YES) for each reason listed below.

I have not had sex in the last 6 months because:

- |  |                         |       |        |
|--|-------------------------|-------|--------|
| 1) I do not have a partner at this time.                       | <b><u>NOPARTN0</u></b>  | 1. NO | 2. YES |
| 2) My partner has a physical problem that interferes with sex. | <b><u>PARTPRO0</u></b>  | 1. NO | 2. YES |
| 3) I have a physical problem that interferes with sex.         | <b><u>PHYSPRO0</u></b>  | 1. NO | 2. YES |
| 4) I am too tired or busy.                                     | <b><u>NOTIRED0</u></b>  | 1. NO | 2. YES |
| 5) My partner is too tired or busy.                            | <b><u>PARTIRE0</u></b>  | 1. NO | 2. YES |
| 6) I am not interested.  | <b><u>NOINTRS0</u></b>  | 1. NO | 2. YES |
| 7) My partner is not interested.                               | <b><u>PARTNOI0</u></b>  | 1. NO | 2. YES |
| 8) Other:  | <b><u>NOSEXOT0</u></b>  | 1. NO | 2. YES |
| Specify _____  | <b><u>#NOSEXSP0</u></b> |       |        |

**PLEASE TURN TO PAGE 6, AND ANSWER QUESTIONS B.14 AND B.15.**



B.4. In the past 6 months, how physically pleasurable was your relationship with your main partner:

**PHYSPLE0**

1	2	3	4	5
Extremely	Very	Moderately	Slightly	Not At All
Pleasurable	Pleasurable	Pleasurable	Pleasurable	Pleasurable

B.5. In the past 6 months, how emotionally satisfying was your relationship with your main partner?

**SATISFY0**

1	2	3	4	5
Extremely	Very	Moderately	Slightly	Not At All
Satisfying	Satisfying	Satisfying	Satisfying	Satisfying

B.6. People engage in sexual activities for a variety of reasons. During the past 6 months, what were your reasons for having sex with your partner? (CIRCLE 1. (NO) OR 2. (YES) FOR EACH REASON LISTED BELOW)

a) To express love or affection	1. NO	2. YES	<b><u>LOVE0</u></b>
b) To relieve sexual tension or arousal	1. NO	2. YES	<b><u>TENSION0</u></b>
c) Because my partner wanted me to	1. NO	2. YES	<b><u>PARTWAN0</u></b>
d) To get pregnant	1. NO	2. YES	<b><u>GETPREG0</u></b>
e) For pleasure or enjoyment	1. NO	2. YES	<b><u>PLEASUR0</u></b>
f) Other	1. NO	2. YES	<b><u>SEXOTH0</u></b>

Specify: \_\_\_\_\_

**#SEXSPEC0**

B.7. During the past 6 months, how often, on average, have you engaged in the following sexual activities? (CIRCLE ONE answer for each question. If an activity does not apply to you, circle 1. (NOT AT ALL).

		Not At All	Once or Twice/ Month	About Once/ Week	More Than Once/ Week	Daily
a. Kissing or hugging	<b><u>KISSING0</u></b>	1	2	3	4	5
b. Sexual touching or caressing	<b><u>TOUCHIN0</u></b>	1	2	3	4	5
c. Oral sex	<b><u>ORALSEX0</u></b>	1	2	3	4	5
d. Sexual intercourse	<b><u>INTCOUR0</u></b>	1	2	3	4	5

B.8. During the last 6 months, how often did you feel aroused during sexual activity?

**AROUSED0**

1	2	3	4	5
Always	Almost Always	Sometimes	Almost Never	Never

B.9. During the past 6 months, have you felt vaginal or pelvic pain during intercourse?

**PELVIC0**

1	2	3	4	5	6
Always	Almost Always	Sometimes	Almost Never	Never	No intercourse in last 6 months

B.10. During the last 6 months, how often have you used lubricants, such as creams or jellies, to make sex more comfortable?

**LUBRICN0**

1	2	3	4	5	6
Always	Almost Always	Sometimes	Almost Never	Never	No intercourse in last 6 months

Now we would like to ask you some questions about birth control practices.

B.11. Have you ever had a tubal ligation (tubes tied)?

**TUBALIG0**

1. NO                      2. YES                      -8. DON'T KNOW

B.12. Has your husband or male partner ever had a vasectomy?

**VASECTM0**

1. NO                      2. YES                      -8. DON'T KNOW                      -1. NOT APPLICABLE

B.13. During the past 6 months, have you and/or your partner used any methods to prevent pregnancy?

1. NO (GO TO QUESTION B.14)

2. YES

**PRGNANC0**



IF YES, which method(s) have you used? (CIRCLE 1. (NO) OR 2. (YES) FOR EACH METHOD LISTED BELOW)

			<u>NO</u>	<u>YES</u>
a.	Rhythm	<b><u>RHYTHM0</u></b>	1	2
b.	Foam or cream (spermicidal)	<b><u>FOAM0</u></b>	1	2
c.	Diaphragm/cervical cap	<b><u>DIAPHRG0</u></b>	1	2
d.	Pill	<b><u>PILL0</u></b>	1	2
e.	IUD	<b><u>IUD0</u></b>	1	2
f.	Withdrawal before ejaculation	<b><u>WITHDRA0</u></b>	1	2
g.	Condom	<b><u>CONDOM0</u></b>	1	2
h.	No sex, abstention	<b><u>ABSTAIN0</u></b>	1	2

B.14. On average, in the past 6 months, how often have you engaged in masturbation (self-stimulation)?

**MASTURB0**

1	2	3	4	5	6
Not At All	Less Than Once/Month	Once Or Twice/Month	About Once/Week	More Than Once/Week	Daily

B.15. Regardless of whether you are currently sexually active, which response best describes who you have generally had sex with over your adult lifetime?

**WHOSEX0**

1. Have never had sex
2. Sex with a woman
3. Sex with a man
4. Sex sometimes with a woman and sometimes with a man

C.1. RECORD HERE THE TIME YOU FINISHED: \_\_\_\_ : \_\_\_\_ (Circle one)  
A.M. 1.  
P.M. 2.

THANK YOU FOR HELPING US WITH THIS IMPORTANT RESEARCH STUDY.

**PLEASE PLACE THE COMPLETED QUESTIONNAIRE IN THE ENVELOPE PROVIDED, SEAL IT, AND GIVE IT TO THE STUDY PERSONNEL.**

**THANK YOU FOR YOUR HELP.**

## Study of Women's Health Across the Nation

### PHYSICAL MEASURES

#### SECTION A. GENERAL INFORMATION

- A1. RESPONDENT ID: AFFIX ID LABEL HERE **SWANID**
- A2. SWAN STUDY VISIT #                     **#VISIT**
- A3. FORM VERSION:       $\frac{1}{M} \frac{2}{M} / \frac{1}{D} \frac{2}{D} / \frac{9}{Y} \frac{5}{Y}$  **#FORM\_V**
- A4. DATE FORM COMPLETED:       $\frac{\quad}{M} \frac{\quad}{M} / \frac{\quad}{D} \frac{\quad}{D} / \frac{\quad}{Y} \frac{\quad}{Y}$  **PHYDAY0<sup>†</sup>**
- A5. RESPONDENT'S DOB:       $\frac{\quad}{M} \frac{\quad}{M} / \frac{\quad}{D} \frac{\quad}{D} / \frac{\quad}{Y} \frac{\quad}{Y}$  **#DOB**

#### VERIFY WITH RESPONDENT

- A6. MEASUREMENTS COMPLETED IN: **#LOCATION00**
1. RESPONDENT'S HOME
  2. CLINIC/OFFICE
- A7. TECHNICIAN'S INITIALS
- |    |                |                                     |                 |
|----|----------------|-------------------------------------|-----------------|
| a. | BLOOD PRESSURE | <u>    </u> <u>    </u> <u>    </u> | <b>#INITSA0</b> |
| b. | HEIGHT/WEIGHT  | <u>    </u> <u>    </u> <u>    </u> | <b>#INITSB0</b> |
| c. | WAIST/HIP      | <u>    </u> <u>    </u> <u>    </u> | <b>#INITSC0</b> |

<sup>†</sup> PHYDAY0 is given in days from interview date

# Variable Excluded from Public Use Data File  
Physical Measures

- B.1. ARM LENGTH   .  cm **#ARMLNGT0**
- B.2. ARM CIRCUMFERENCE   .  cm **#ARMCIRC0**
- B.3. CUFF SIZE USED (Circle one.) 1. Pediatric 3. Large Adult  
2. Adult 4. Thigh **#CUFFSIZ0**

**Wait 5 minutes before measurements. Respondent is to sit quietly for 5 minutes with feet flat on the floor (legs uncrossed) and is to refrain from talking during the measurements.**

**Wait 2 minutes between each blood pressure reading.**

- B.4. PULSE **PULSE0**   beats/30 sec
- B.5. BLOOD PRESSURE #1 (SYS./DIA. 5<sup>th</sup> Phase)    /    mmHg  
**SYSBP10 / DIABP10**
- B.6. BLOOD PRESSURE #2 (SYS./DIA. 5<sup>th</sup> Phase)    /    mmHg  
**SYSBP20 / DIABP20**
- B.7. BLOOD PRESSURE #3 (SYS./DIA. 5<sup>th</sup> Phase)    /    mmHg  
**SYSBP30 / DIABP30**

**Ask the Respondent to remove her shoes before measuring height and weight.**

- B.8. HEIGHT **HEIGHT0**    .   cm  
B.8.1. Measurement Method **HTMETH00** 1. Stadiometer 2. Portable
- B.9. WEIGHT **WEIGHT0**    .  kg  
B.9.1. Scales **SCALE0** 1. Balance Beam 2. Clinic Digital  
3. Portable
- B.10. WAIST CIRCUMFERENCE **WAIST0**    .  cm  
B.10.1. Measurement taken in: **WASTMEA0** 1. Undergarments 2. Light clothing
- B.11. HIP CIRCUMFERENCE **HIP0**    .  cm  
B.11.1. Measurement taken in: **HIPMEAS0** 1. Undergarments 2. Light clothing

**Please note if there were any unusual circumstances or deviations from the protocol.**

**#DEVIATE0**

## ADDITIONAL PHYSICAL MEASURES

One additional measure, BMI1, has been made available:

<i>Variable</i>	<i>Meaning</i>	<i>Values</i>
<b>BMI1</b>	Body Mass Index	numeric

BMI1 is calculated as weight in kilograms divided by the square of height in meters.

## FOOD FREQUENCY QUESTIONNAIRE

No electronic version of the individual food frequency questionnaire variables exists; just the derived composite variables are available. A version of the form appears below, followed by the composite variables.

The SWAN Diet and Physical Activity Working Group recommended that data be excluded for any of the following reasons:

- Too few or too many solid foods/day (n=148)
- More than 10 foods skipped (n=2)
- Daily caloric intake too low or high (n=27)

Altogether, 157 participants have missing data due to a combination of the above exclusions.

# FOOD QUESTIONNAIRE

ID NUMBER										INTERVIEWER		TODAY'S DATE		
										ID #	MO	DAY	YR	
0	1	2	3	4	5	6	7	8	9	0	1	2	3	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	
2	2	2	2	2	2	2	2	2	2	2	2	2	2	
3	3	3	3	3	3	3	3	3	3	3	3	3	3	
4	4	4	4	4	4	4	4	4	4	4	4	4	4	
5	5	5	5	5	5	5	5	5	5	5	5	5	5	
6	6	6	6	6	6	6	6	6	6	6	6	6	6	
7	7	7	7	7	7	7	7	7	7	7	7	7	7	
8	8	8	8	8	8	8	8	8	8	8	8	8	8	
9	9	9	9	9	9	9	9	9	9	9	9	9	9	

## Ethnic group

- ☐ Hispanic
 ☐ White, not Hispanic  
☐ African American
 ☐ Chinese  
☐ Japanese
 ☐ Other

## SEX

- ☐ Male  
☐ Female

DATE OF BIRTH			AGE	
MO	DAY	YR		
0	1	2	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

What language do you usually speak at home or with friends?

- ☐ English
 ☐ Something else
 ☐ Both equally

About how many times have you gone on a diet to lose weight?

- ☐ Never
 ☐ 6 - 8  
☐ 1 - 2
 ☐ 9 - 11  
☐ 3 - 5
 ☐ 12 or more

First, a few general questions about what you eat.	AVERAGE USE IN THE LAST YEAR								
	LESS THAN ONCE PER WEEK	1-2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	1 1/2 PER DAY	2 PER DAY	3 PER DAY	4+ PER DAY
About how many servings of vegetables do you eat, per day or per week, not counting salad or potatoes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how many servings of fruit do you eat, not counting juices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how many servings of cold cereal do you eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how many glasses of milk (or chocolate milk) do you drink?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you use fat or oil to fry or stir-fry, or to simmer or season your food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## IF ONCE PER WEEK OR MORE

What kinds of fat or oil do you usually use to fry or stir-fry, or to simmer or season your food?

(Mark only one or two.)

- ☐ Don't know or no oil
 ☐ Butter
 ☐ Corn oil, vegetable oil
 ☐ Lard, fatback, bacon fat  
☐ Margarine
 ☐ Olive oil or canola oil
 ☐ Low-fat margarine
 ☐ Crisco



When you drink orange juice, how often do you drink a calcium-fortified brand?

- ☐ Usually ☐ Sometimes ☐ Rarely ☐ Don't know

When you eat the following foods, how often do you eat a low-fat or non-fat version of that food?

- |                     |                                      |                                 |                                      |                           |
|---------------------|--------------------------------------|---------------------------------|--------------------------------------|---------------------------|
| Cheese              | <input type="radio"/> Always low-fat | <input type="radio"/> Sometimes | <input type="radio"/> Rarely low-fat | <input type="radio"/> N/A |
| Ice cream or yogurt | <input type="radio"/> Always low-fat | <input type="radio"/> Sometimes | <input type="radio"/> Rarely low-fat | <input type="radio"/> N/A |
| Salad dressing      | <input type="radio"/> Always low-fat | <input type="radio"/> Sometimes | <input type="radio"/> Rarely low-fat | <input type="radio"/> N/A |
| Cake or cookies     | <input type="radio"/> Always low-fat | <input type="radio"/> Sometimes | <input type="radio"/> Rarely low-fat | <input type="radio"/> N/A |

- How often do you add salt to your food at the table? ☐ Seldom ☐ Sometimes ☐ Often
- How often do you eat the skin on chicken? ☐ Seldom ☐ Sometimes ☐ Often ☐ N/A
- How often do you eat the fat on meat? ☐ Seldom ☐ Sometimes ☐ Often ☐ N/A
- How do you like your meat cooked? ☐ Rare ☐ Medium ☐ Well done ☐ N/A

During the past year have you taken any vitamins or minerals regularly (at least once a week)?

- ☐ No, not regularly ☐ Yes, fairly regularly

(IF YES) WHAT DO YOU TAKE FAIRLY REGULARLY?

VITAMIN TYPE	HOW OFTEN				FOR HOW MANY YEARS?					
	DON'T TAKE	1-3 DAYS PER WEEK	4-6 DAYS PER WEEK	EVERY DAY	LESS THAN 1 YR.	1 YEAR	2 YEARS	3-4 YEARS	5-9 YEARS	10+ YEARS
First, Multiple Vitamins. Do you take...										
{ Regular Once-A-Day, Centrum, or Thera type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
{ Antioxidant combination type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single Vitamins (not part of multiple vitamins)										
{ Vitamin A (not beta-carotene)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
{ Beta-carotene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
{ Vitamin C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
{ Vitamin E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
{ Calcium or Tums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
{ Iron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
{ Zinc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
{ Selenium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YOU TAKE MULTIPLE VITAMINS, Do you usually take multiple vitamin types that

- ☐ contain minerals (iron, zinc, etc.) ☐ do not contain minerals ☐ Don't know

IF YOU TAKE VITAMIN C OR VITAMIN E:

How many milligrams of vitamin C do you usually take, on the days you take it?

- ☐ 100 ☐ 250 ☐ 500 ☐ 750 ☐ 1000 ☐ 1500 ☐ 2000 ☐ 3000+ ☐ Don't know

How many IUs of vitamin E do you usually take, on the days you take it?

- ☐ 100 ☐ 200 ☐ 300 ☐ 400 ☐ 600 ☐ 800 ☐ 1000 ☐ 2000+ ☐ Don't know

The next section is about your usual eating habits over the past year or so. This includes all meals or snacks, at home or in a restaurant or carry-out.

Please tell me **how often**, on average, you eat each food. For example, twice a week, three times a month, and so forth.

Also, please tell me **how much** you usually eat of each food. Sometimes I'll ask "how much" as number of pieces, such as 1 egg, 2 eggs or 3 eggs. I'd like you to tell me how many you eat, on the days you eat them.

Sometimes I'll just ask you to tell me whether you usually eat a small, medium or large portion.

TYPE OF FOOD	HOW OFTEN								HOW MUCH EACH TIME				OFFICER USE ONLY
	NEVER OR LESS THAN ONCE PER MONTH	1 PER MON.	2-3 PER MON.	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	EVERY DAY	MEDIUM SERVING	YOUR SERVING SIZE			
										S	M	L	
<b>Please tell me how often you eat each of these foods.</b>													
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apples, applesauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prunes, or prune juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peaches, apricots, canned or dried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium or 1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peaches, apricots, fresh, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oranges or grapefruit, in season, not including juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantaloupe, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/4 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mangoes or papayas, fresh, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watermelon, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries, other berries, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<1/MO.	1/ MO.	2-3/ MO.	1/ WEEK	2/ WEEK	3-4/ WEEK	5-6/ WEEK	EV/ DA.					
Fiber cereals like raisin bran, granola or shredded wheat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other cold cereals like corn flakes or cheerios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked cereal like oatmeal, oat bran or grits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk on cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast bars, granola bars, power bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant breakfast milkshakes like Carnation, diet shakes like Sego, or liquid supplements like Ensure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pancakes or waffles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 med.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 egg=sml. 2 eggs=med.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Egg substitutes, Egg Beaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausage or bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 patties or pieces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cottage cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other cheeses and cheese spreads (regular or lowfat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 slices or 2 ounces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt, frozen yogurt (regular or lowfat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 oz. container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TYPE OF FOOD	HOW OFTEN								HOW MUCH EACH TIME			OFFICE USE ONLY	
	NEVER OR LESS THAN ONCE PER MONTH	1 PER MON.	2-3 PER MON.	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	EVERY DAY	MEDIUM SERVING	YOUR SERVING SIZE			
										S	M		L
How often do you eat the following vegetables, including fresh, frozen, canned or in stir-fry?													
String beans, green beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans such as baked beans, kidney beans, or in chili or bean burritos, not including soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alfalfa sprouts, including on sandwiches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular bean sprouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomatoes, tomato juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium or 6 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa, ketchup, taco sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 tablesp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cauliflower or brussels sprouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, cooked or raw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mustard greens, turnip greens, collards, kale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cole slaw, cabbage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, or mixed vegetables containing carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium bowl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad dressing & mayonnaise, regular or lowfat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 tablesp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fries and fried potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White potatoes not fried, incl. boiled, baked, mashed & in potato salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium or 1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet potatoes, yams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu, bean curd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat substitutes made from soy, like "soy burgers"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup or patty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TYPE OF FOOD	HOW OFTEN								HOW MUCH EACH TIME			OFFICE USE ONLY	
	NEVER OR LESS THAN ONCE PER MONTH	1 PER MON.	2-3 PER MON.	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	EVERY DAY	MEDIUM SERVING	YOUR SERVING SIZE			
										S	M		L
Do you ever eat chicken, meat or fish? <input type="radio"/> Yes <input type="radio"/> No (if no, skip to * below)													
Hamburgers, cheeseburgers, beef burritos or tacos, at home or in a restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium or 4 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, including roasts, steaks, or in stir-fry or sandwiches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver, including chicken livers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork, including chops, roasts, or in stir-fry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 chops or 4 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried chicken, at home or in a restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 small or 1 large pce.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey, roasted or broiled, including on sandwiches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 small or 1 large pce.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken stew, chicken casserole or stir-fry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fried fish or fish sandwich, at home or in a restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 ounces or 1 sandwich	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuna, tuna salad, tuna casserole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1/2 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shellfish such as shrimp, crab, oysters, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5 pieces, 1/4 cup or 3 oz.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish, broiled or baked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 pieces or 4 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Beef or vegetable stew or pot pie with carrots and other vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spaghetti, lasagna, other pasta with tomato sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 1/2 cups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheese dishes without tomato sauce, like macaroni and cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta salad, other pasta without tomato sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3/4 cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza, including carry-out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 hot dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ham, bologna, other lunch meats, regular or made with turkey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 slices or 2 ounces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lentil, pea and bean soups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium bowl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable soups with carrots or tomatoes, such as vegetable beef or tomato soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium bowl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Miso soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium bowl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other soups, like chicken noodle, mushroom, cup-a-soup, ramen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium bowl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



TYPE OF FOOD	HOW OFTEN									HOW MUCH EACH TIME				OFFICE USE ONLY	
	NEVER OR LESS THAN ONCE PER MONTH	1 PER MON.	2-3 PER MON.	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	EVERY DAY	2+ PER DAY	MEDIUM SERVING	YOUR SERVING SIZE				
											S	M	L		XL
Rice, or dishes made with rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3/4 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	<input type="radio"/>
Soy sauce, in cooking or added at the table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 tsp.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/>	<input type="radio"/>
Biscuits, muffins, including fast food	<input type="radio"/>	<input type="radio"/> 1/MO.	<input type="radio"/>	<input type="radio"/> 1/WK.	<input type="radio"/>	<input type="radio"/> 3-4/WK.	<input type="radio"/>	<input type="radio"/> EV/DA.	<input type="radio"/>	1 medium piece	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>
Bagels, English muffins, hamburger buns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	# pieces each time	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/>
Bread, including white bread, French, whole wheat, etc. Remember sandwiches.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	# slices each time	<input type="radio"/> ① slice	<input type="radio"/> ② slices	<input type="radio"/> ③ slices	<input type="radio"/>	<input type="radio"/>
Corn bread, corn muffins, corn tortillas	<input type="radio"/>	<input type="radio"/> 1/MO.	<input type="radio"/>	<input type="radio"/> 1/WK.	<input type="radio"/>	<input type="radio"/> 3-4/WK.	<input type="radio"/>	<input type="radio"/> EV/DA.	<input type="radio"/>	# pieces each time	<input type="radio"/> ① piece	<input type="radio"/> ② pieces	<input type="radio"/> ③ pieces	<input type="radio"/>	<input type="radio"/>
Snacks like nachos with cheese, potato skins with topping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium serving	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	<input type="radio"/>
Salty snacks, like potato chips, corn chips, popcorn, crackers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 handfuls or 1 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	<input type="radio"/>
Peanuts, peanut butter	<input type="radio"/>	<input type="radio"/> 1/MO.	<input type="radio"/>	<input type="radio"/> 1/WK.	<input type="radio"/>	<input type="radio"/> 3-4/WK.	<input type="radio"/>	<input type="radio"/> EV/DA.	<input type="radio"/>	2 tablesp.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	<input type="radio"/>
Margarine on bread or on potatoes, vegetables, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 pats	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/>	<input type="radio"/>
Butter on bread or on potatoes, vegetables, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 pats	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/>	<input type="radio"/>
<b>SWEETS</b>	<b>&lt;1/MO.</b>	<b>1/ MON.</b>	<b>2-3/ MON.</b>	<b>1/ WEEK</b>	<b>2/ WEEK</b>	<b>3-4/ WEEK</b>	<b>5-6/ WEEK</b>	<b>EV/ DA.</b>	<b>2+ DA.</b>						
Ice cream, regular or lowfat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 scoop or 1/2 cup	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	<input type="radio"/>
Doughnuts, pastry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 piece	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	<input type="radio"/>
Cookies or cake, regular or lowfat	<input type="radio"/>	<input type="radio"/> 1/MO.	<input type="radio"/>	<input type="radio"/> 1/WK.	<input type="radio"/>	<input type="radio"/> 3-4/WK.	<input type="radio"/>	<input type="radio"/> EV/DA.	<input type="radio"/>	3-5 cookies	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	<input type="radio"/>
Pumpkin pie, sweet potato pie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium slice	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>
Other pies, including in restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium slice	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>
Chocolate candy, candy bars	<input type="radio"/>	<input type="radio"/> 1/MO.	<input type="radio"/>	<input type="radio"/> 1/WK.	<input type="radio"/>	<input type="radio"/> 3-4/WK.	<input type="radio"/>	<input type="radio"/> EV/DA.	<input type="radio"/>	1 small bar or 1 oz.	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/>	<input type="radio"/>

TYPE OF FOOD	HOW OFTEN									HOW MUCH EACH TIME				OFFICE USE ONLY
	NEVER OR LESS THAN ONCE PER MONTH	1-3 PER MON	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4 PER DAY	5+ PER DAY	MEDIUM SERVING	YOUR SERVING SIZE			
											S	M	L	
<b>How many glasses of these beverages do you drink per day or per week?</b>														
Orange juice or grapefruit juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple juice, grape juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole milk (or chocolate whole milk), not including on cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2% milk (or chocolate 2% milk), not including on cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skim milk, 1% milk, not including on cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soy milk, Vita-Soy, Take Care soy drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chinese herbs made into or added to a soup or tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kool-Aid, Hi-C, or other drinks with added vitamin C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8 oz. glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snapple, Calistoga, sweetened bottled waters or iced teas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet cola soft drinks (not ginger-ale type)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz. can or bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular cola soft drinks (not diet, not ginger-ale type)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz. can or bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 oz. can or bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine or wine coolers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor or mixed drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee (not de-caf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black tea, English tea, Chinese tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 medium cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cream, half and half or nondairy creamer in coffee or tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 tablesp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk in coffee or tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 tablesp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar or honey in coffee or tea or on cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 teaspoons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Food Frequency Questionnaire Composite Variables

<i>Variable</i>	<i>Meaning</i>	<i>Units/Codes</i>
<b><u>LANGFFQ0</u></b>	FFQ Language	E = English C = Chinese J = Japanese S = Spanish
<b><u>LANGSPK0</u></b>	Lang used at home	1 = English 2 = Other 3 = Both
<b><u>WLOSSDT0</u></b>	How many times on diet	1 = Never 2 = 1-2 times 3 = 3-5 times 4 = 6-8 times 5 = 9-11 times 6 = 12 or more
<b><u>GLOBVEG0</u></b>	Global vegetable servings, excl salad/potato	1 = < 1/wk 2 = 1-2/wk 3 = 3-4/wk 4 = 5-6/wk 5 = 1/day 6 = 1 1/2 /day 7 = 2/day 8 = 3/day 9 = 4+ /day
<b><u>GLOBFRT0</u></b>	Global fruit servings, excl juices	Same as above
<b><u>GLOBCER0</u></b>	Global cereal servings	Same as above
<b><u>GLOBMLK0</u></b>	Global milk servings by glass	Same as above
<b><u>OJCALC0</u></b>	How often drink OJ w/Calcium	1 = Usually 2 = Sometimes 3 = Rarely
<b><u>LFATCHS0</u></b>	How often eat lowfat cheese	1 = Always low-fat 2 = Sometimes low-fat 3 = Rarely low-fat
<b><u>LFATICE0</u></b>	How often eat lowfat ice cream/yogurt	Same as above
<b><u>LFATSAL0</u></b>	How often eat lowfat salad dressing	Same as above
<b><u>LFATCAK0</u></b>	How often eat lowfat cake/cookies	Same as above
<b><u>EATSALT0</u></b>	How often add table salt	1 = Seldom 2 = Sometimes 3 = Often
<b><u>EATSKIN0</u></b>	How often eat chicken skin	Same as above
<b><u>EATFATM0</u></b>	How often eat meat fat	Same as above
<b><u>WELLDNE0</u></b>	How do you like your meat cooked	1 = Rare 2 = Medium 3 = Well done
<b><u>TAKEVIT0</u></b>	Take vitamins/minerals regularly	1 = No, not reg 2 = Yes, fairly reg
<b><u>YRSONEA0</u></b>	How many yrs taken multiple vitamin	1 = < yr 2 = 1 yr 3 = 2 yrs 4 = 3-4 yrs 5 = 5-9 yrs 6 = 10+ yrs
<b><u>YRSAO0</u></b>	How many yrs taken antioxidant	Same as above
<b><u>YRSVITA0</u></b>	How many yrs taken vitamin A	Same as above
<b><u>YRSBETA0</u></b>	How many yrs taken beta-carotene	Same as above
<b><u>YRSVITC0</u></b>	How many yrs taken vitamin C	Same as above

<i>Variable</i>	<i>Meaning</i>	<i>Units/Codes</i>
<b>YRSVITE0</b>	How many yrs taken vitamin E	Same as above
<b>YRSCA0</b>	How many yrs taken calcium/Tums	Same as above
<b>YRSIRON0</b>	How many yrs taken iron	Same as above
<b>YRSZINC0</b>	How many yrs taken zinc	Same as above
<b>YRSSELE0</b>	How many yrs taken selenium	Same as above
<b>SUPPLEMENTS</b>		
<b>SUPVITA0</b>	Supplement Vitamin A, retinol equivalents(RE)	RE
<b>SUPVITC0</b>	Supplement Vitamin C, mg	mg
<b>SUPVITD0</b>	Supplement Vitamin D, international units (IU)	IU
<b>SUPVITE0</b>	Supplement Vitamin E, a-TE	a-TE
<b>SUPCA0</b>	Supplement Calcium, mg	mg
<b>SUPBCAR0</b>	Supplement BetaCarotene, mcg	mcg
<b>SUPB10</b>	Supplement B1, mg	mg
<b>SUPB60</b>	Supplement B6, mg	mg
<b>SUPB120</b>	Supplement B12, mcg	mcg
<b>SUPFOL0</b>	Supplement Folate, mcg	mcg
<b>SUPCU0</b>	Supplement Copper, mg	mg
<b>SUPSELE0</b>	Supplement Selenium, mcg	mcg
<b>SUPFE0</b>	Supplement Iron, mg	mg
<b>SUPZN0</b>	Supplement Zinc, mg	mg
<b>DAILY DIETARY ESTIMATE (DDE)</b>		
<b>DTTKCAL0</b>	DDE KCAL - total caloric intake	
<b>DTTPROT0</b>	DDE PROTEIN, gms	g
<b>DTTCARB0</b>	DDE CARB, gms	g
<b>DTTFAT0</b>	DDE Fat, gms	g
<b>DTTCALC0</b>	DDE CALCIUM, mg	mg
<b>DTTPHOS0</b>	DDE PHOS, mg	mg
<b>DTTFE0</b>	DDE IRON, mg	mg
<b>DTTNA0</b>	DDE SODIUM, mg	mg
<b>DTTPOTA0</b>	DDE POTASSIUM, mg	mg
<b>DTTAIU0</b>	DDE A IU, international units	IU
<b>DTTARE0</b>	DDE retinol equivalents	RE
<b>DTTB10</b>	DDE B1, mg	mg
<b>DTTB60</b>	DDE B6, mg	mg
<b>DTTRIBO0</b>	DDE RIBOFLAVIN, mg	mg
<b>DTTNIAC0</b>	DDE NIACIN, mg	mg
<b>DTTVITC0</b>	DDE VITAMIN C, mg	mg
<b>DTTSFAT0</b>	DDE Saturated Fat, gms	g
<b>DTTOLEC0</b>	DDE OLEIC ACID, gms	g
<b>DTTLIN0</b>	DDE LINOLEIC ACID, gms	g
<b>DTTCHOL0</b>	DDE CHOLESTEROL, mg	mg
<b>DTTDFIB0</b>	DDE Dietary Fiber, gms	g
<b>DTTFOLO</b>	DDE FOLATE, mcg	mcg
<b>DTTVITE0</b>	DDE VITAMIN E, a-TE	a-TE
<b>DTTZINC0</b>	DDE ZINC, mg	mg
<b>DTTANZN0</b>	DDE Animal ZINC, mg	mg
<b>DTTMG0</b>	DDE MAGNESIUM, mg	mg
<b>DTTACAR0</b>	DDE Alpha Carotene, mcg	mcg
<b>DTTBCAR0</b>	DDE Beta Carotene, mcg	mcg
<b>DTTRET0</b>	DDE RETINOL, mcg	mcg
<b>DTTPROA0</b>	DDE Pro-A Carotenes, mcg	mcg
<b>FIBBEAN0</b>	DDE Fiber from BEANS	
<b>FIBVEGF0</b>	DDE Fiber from VEG/FRUIT	
<b>FIBGRAI0</b>	DDE Fiber from GRAINS	
<b>DTTALCH0</b>	DDE KCAL from ALCOHOLIC BEV	kcal
<b>DTTSWET0</b>	DDE KCAL from SWEETS	kcal
<b>GMSOLID0</b>	DDE Grams Solid Food	g



Variable	Meaning	Units/Codes
<b>DTCAFF0</b>	Caffeine, mg	mg
<b>DTVITD0</b>	Vitamin D, IU	IU
<b>DTB120</b>	Vitamin B12, mcg	mcg
<b>DTTRANS0</b>	Trans fats, g	g
<b>DTOMEG30</b>	Omega-3 fatty acids, g	g
<b>DTCOPP0</b>	Copper, mg	mg
<b>DTMANG0</b>	Manganese, mg	mg
<b>DTPANTO0</b>	Pantothenic acid, mg	mg
<b>DAILY DIETARY ESTIMATE BEFORE ALCOHOL</b>		
<b>BATKCAL0</b>	DDE KCAL before alcohol total	kcal
<b>BATPROT0</b>	DDE PROTEIN before alcohol, gms	g
<b>BATTFAT0</b>	DDE Total Fat before alcohol, gms	g
<b>BATCARB0</b>	DDE CARB before alcohol total, gms	g
<b>BATPHOS0</b>	DDE PHOSPHORUS before alcohol, mg	mg
<b>BATPOTS0</b>	DDE POTASSIUM before alcohol, mg	mg
<b>BATRIBO0</b>	DDE RIBOFLAVIN before alcohol, mg	mg
<b>BATNIAC0</b>	DDE NIACIN before alcohol total, mg	mg
<b>PERCENTAGE KCAL</b>		
<b>PCTALCH0</b>	% KCAL from ALCOHOLIC BEVS	%
<b>PCTSWET0</b>	% KCAL from SWEETS	%
<b>PCTFAT0</b>	% KCAL from FAT	%
<b>PCTPROT0</b>	% KCAL from PROTEIN	%
<b>PCTCARB0</b>	% KCAL from CARB	%
<b>NUMBER OF SERVINGS AND DAILY FREQUENCY</b>		
<b>FRUTSRV0</b>	# servings fruit or fruit juice	
<b>FVFRQ0</b>	Sum daily FREQ FRUIT + VEG	
<b>VEGSRV0</b>	# servings VEG	
<b>VEGFRQ0</b>	Sum daily FREQ VEG	
<b>GRANSRV0</b>	# servings GRAINS	
<b>GRANFRQ0</b>	Sum daily FREQ GRAINS	
<b>MEATSRV0</b>	# servings MEAT	
<b>MEATFRQ0</b>	Sum daily FREQ MEAT	
<b>DARYSRV0</b>	# servings DAIRY	
<b>DARYFRQ0</b>	Sum daily FREQ DAIRY	
<b>FVSRV0</b>	# servings FRUIT + VEG	
<b>FATSRV0</b>	Servings of fats/sweets/snacks	
<b>ALCHSRV0</b>	# servings of ALCOHOLIC Beverages	
<b>WEEKLY AND MONTHLY VARIABILITY</b>		
<b>FRUTWK0</b>	Wkly variability FRUIT	
<b>FRUTMON0</b>	Monthly variability FRUIT	
<b>FATWK0</b>	Wkly variability FAT/SWEET	
<b>FATMON0</b>	Monthly variability FAT/SWEET	
<b>ALCHWK0</b>	Wkly variability ALCOHOL	
<b>ALCHMON0</b>	Monthly variability ALCOHOL	
<b>VEGWK0</b>	Wkly variability VEG	
<b>VEGMON0</b>	Monthly variability VEG	
<b>GRANWK0</b>	Wkly variability GRAINS	
<b>GRANMON0</b>	Monthly variability GRAINS	
<b>MEATWK0</b>	Wkly variability MEAT	
<b>MEATMON0</b>	Monthly variability MEAT	
<b>DARYWK0</b>	Wkly variability DAIRY	
<b>DARYMON0</b>	Monthly variability DAIRY	
<b>FVWK0</b>	Wkly variability FRUIT+VEG	
<b>FVMON0</b>	Monthly variability FRUIT+VEG	
<b>DIET PLUS SUPPLEMENT</b>		
<b>ALLIRON0</b>	Diet + Suppl Iron, mg	mg
<b>ALLZINC0</b>	Diet + Suppl Zinc, mg	mg

<i>Variable</i>	<i>Meaning</i>	<i>Units/Codes</i>
<b>ALLFOL0</b>	Diet + Suppl Folic acid, mcg	mcg
<b>ALLVITC0</b>	Diet + Suppl Vitamin _C, mg	mg
<b>ALLCALC0</b>	Diet + Suppl Calcium, mg	mg
<b>ALLARE0</b>	Diet + Suppl Vitamin A, RE	RE
<b>ALLBCAR0</b>	Diet + Suppl BetaCarotene, mcg	mcg
<b>ALLB10</b>	Diet + Suppl B1, mg	mg
<b>ALLB20</b>	Diet[Ribo] + Suppl[B1 (B1=B2)], mg	mg
<b>ALLB60</b>	Diet + Suppl B6, mg	mg
<b>ALLVITE0</b>	Diet + Suppl Vitamin _E, a-TE	a-TE
<b>ADDITIONAL VARIABLES</b>		
<b>EATMEAT0</b>	Eat meat/fish/poultry	2 = Yes
<b>ADD1XWK0</b>	Additional foods eaten 1x wk	1 = No 2 = Yes
<b>NUMADD0</b>	# of Additional Foods	numeric
<b>NSKIP0</b>	# foods missing or double-marked	

## ADDITIONAL MEASURES COLLECTED

The following measures that were collected at baseline have been included in the codebook:

### SERUM HORMONE MEASURES

#### 1. Variables for assays

<i>Variable</i>	<i>Assay</i>	<i>Units</i>
<b>DHAS0</b>	Dehydroepiandrosterone sulfate	ug/dL
<b>E2AVE0*</b>	Estradiol (see important note below)	pg/mL
<b>FSH0</b>	Follicle-stimulating hormone	mIU/mL
<b>SHBG0</b>	Sex hormone-binding globulin	nM
<b>T0</b>	Testosterone	ng/dL
<b>TSH0</b>	Thyroid stimulating hormone	uIU/mL

**\* IMPORTANT NOTE:** There were originally two estradiol result variables because estradiol was run in duplicate. E2AVE0 is the within-person arithmetic average of the two estradiol variables.

#### 2. Flags and other variables

<i>Variable</i>	<i>Meaning</i>	<i>Codes</i>
<b>CYCDAY0</b>	Day of cycle	n/a
<b>FLGCV0</b>	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%.	0=no, 1=yes
<b>FLGDIF0</b>	<p>One or both Estradiol results ≤ 20 pg/mL and the difference between them is &gt; 10 pg/mL.</p> <p>Note: Differences were found between some of the Estradiol duplicate measurements. The following guidelines were decided upon:</p> <ol style="list-style-type: none"> <li>1. If both E2 values &gt; 20 pg/ml, CV must be ≤ 15%.</li> <li>2. If one or both E2 ≤ 20 pg/ml, the two E2 results must agree within 10 pg/ml.</li> </ol> <p><b>DATA WITH THESE FLAGS SHOULD BE OMITTED FROM DATA ANALYSES, OR USED WITH CAUTION IF INCLUDED IN ANALYSES.</b></p>	

\*1=yes means flagged

### 3. Changes to the data:

Lower limit of detection (LLD). Hormone results below the LLD were recoded to a value of '.L'.

LLDs changed over time. The following updated LLDs were provided by the lab and apply to all samples:

Hormone	Time Window on hormone measurement corresponding to LLD	Lower Limit of Detection
DHEAS	~ Sep. 15, 1997	<1.52 ug/dL (Initial value)
	Sep. 16, 1997 ~ Jan. 14, 1999	<0.304 ug/dL
	Jan. 15, 1999 ~	<1.5 ug/dL
E2	~ Feb. 20, 2000	<1.0 pg/mL (Initial value)
	Feb. 21, 2000 ~ Aug. 27, 2001	<2.0 pg/mL
	Aug. 28, 2001 ~ May 03, 2009	<4.0 pg/mL
	May 04, 2009 ~	<7.0 pg/mL
FSH	~ Aug. 05, 1999	<1.05 mIU/mL (Initial value)
	Aug. 06, 1999 ~ Nov. 10, 1999	<1.0 mIU/mL
	Nov. 11, 1999 ~ Jul. 19, 2000	<0.7 mIU/mL
	Jul. 20, 2000 ~ Oct. 29, 2002	<0.6 mIU/mL
	Oct. 30, 2002 ~ Sep. 28, 2003	<0.5 mIU/mL
	Sep. 29, 2003 ~ Feb 20, 2006	<0.4 mIU/mL
	Feb 21, 2006 ~	<0.8 mIU/mL
SHBG	~ Aug. 05, 1999	<1.95 nM (Initial value)
	Aug. 06, 1999 ~ Oct. 31, 1999	<1.9 nM
	Nov. 01, 1999 ~ Mar. 22, 2006	<2.0 nM
	Mar. 23, 2006 ~	<3.2 nM
T	~ Jun. 04, 1998	<2.19 ng/dL (Initial value)
	Jun. 05, 1998 ~ Jun. 17, 1999	<2.2 ng/dL
	Jun. 18, 1999 ~	<2.0 ng/dL
TSH	~ Sep. 24, 2000	<0.03 uIU/mL (Initial value)
	Sep. 25, 2000 ~ Jun. 21, 2006	<0.13 uIU/mL
	Jun. 22, 2006 ~ Mar. 26, 2007	<0.011 uIU/mL
	Mar. 27, 2007 ~	<0.01 uIU/mL

## CARDIOVASCULAR MEASURES

### 1. Variables for assays

Variable	Assay	Units
<b>CHOLRES0</b>	Total cholesterol	mg/dl
<b>FACRESU0</b>	Factor VII	%
<b>FIBRESU0</b>	Fibrinogen	mg/dl
<b>GLUCRES0</b>	Glucose	mg/dl
<b>HDLRESU0</b>	High density lipoprotein cholesterol	mg/dl
<b>INSURES0</b>	Insulin	uIU/ml
<b>LDLRESU0</b>	Low-density lipoprotein cholesterol (estimated)	mg/dl
<b>LPARES0</b>	Lipoprotein Lp(a)	mg/dl
<b>PAIRES0</b>	PAI-1	ng/ml
<b>TPARES0</b>	tPA	ng/ml
<b>TRIGRES0</b>	Triglycerides	mg/dl
<b>LPA1RES0</b>	Lipoprotein A-1	mg/dl
<b>APOARES0</b>	Apolipoprotein A-1	mg/dl
<b>APOBRES0</b>	Apolipoprotein B	mg/dl
<b>CRPRESU0</b>	C-reactive protein	mg/l

## 2. Flags and other variables

<i>Variable</i>	<i>Meaning</i>	<i>Codes</i>
<b><u>FLAGCO20</u></b>	Flag to indicate that collection dates for the final 4 protein measures (LPA1RES0, APOARES0, APOBRES0, CRPRESU0) do not match collection dates from the specimen collection form or from the other measures in this data set. More detail in #3 below.	0=no, 1=yes*
<b><u>FLAGSER0</u></b>	Flag to indicate that lipids were measured on serum rather than plasma because plasma was not available. Lipids for these subjects were <u>not</u> set to missing.	0=no, 1=yes

\*1=yes means flagged

## 3. Changes to the data:

- Non-fasting Triglycerides, Insulin, & Glucose - If women were not fasting according to the fasting question on the blood (re)contact form, triglycerides, insulin and glucose were set to missing in the frozen data set because these assays are not valid for non-fasting samples. These three analytes were also set to missing if fasting status was unknown/unclear.
- Estimated vs. Direct LDL. In October, 1999, the CV committee decided that LDL should be estimated (using the Friedewald equation) for all women with triglycerides below 400 mg/dl (TRIGRES0<400) and that all others should have missing data.
- Collection date mismatches. When specimen collection dates were compared to the collection dates according to MRL Laboratory, there were several mismatches. Discrepancies that were not resolved were flagged (FLAGCOL0=1). Note that triglycerides, insulin, and glucose, which must be measured on fasting samples, were set to missing for these subjects since date discrepancies make it difficult to link fasting information to MRL information. Also, Several subjects have different MRL collection dates for the last 4 protein measures FLAGCO20 was set to 1 for these subjects.
- Serum lipids. A few subjects had their lipids measured from serum rather than plasma. The results were left as is but subjects were flagged (FLAGSER0=1).

## BONE MINERAL DENSITY MEASURES

Five of the seven clinical sites did DXA bone scans on the spine and hip. The total bone mineral density scores had to be calibrated in order to apply machine change calibration correction factors.

<i>Variable</i>	<i>Meaning</i>	<i>Codes</i>
<b><u>SPSCDAY0</u></b>	Spine Scan Day	
<b><u>SPSCTIM0</u></b>	Spine Scan Time	
<b><u>SPSCMOD0</u></b>	Spine Scan Mode	5 = 2000 machine 11=4500 machine
<b><u>HPSCDAY0</u></b>	Hip Scan Day	
<b><u>HPSCTIM0</u></b>	Hip Scan Time	
<b><u>HPSCMOD0</u></b>	Hip Scan Mode	5 = 2000 machine 11=4500 machine
<b><u>SPBMDT0</u></b>	Total Spine BMD w/cross-calibration applied	
<b><u>HPBMDT0</u></b>	Total Hip BMD w/cross-calibration applied	

## MENOPAUSAL STATUS MEASURES

Variable	Meaning	Codes
<b>STATUS0</b>	Menopausal Status	1 = Post by BSO (Bilateral Salpingo Oophorectomy) 2 = Natural Post 3 = Late Peri 4 = Early Peri 5 = Pre 6 = Pregnant/breastfeeding 7 = Unknown due to HT use 8 = Unknown due to hysterectomy

**STATUS0** represents menopausal status, and is pulled from another source that evaluated the menopause status related variables over time, and corrected inconsistencies via additional corroborating information. Menopause status is determined from questions on bleeding patterns, current hormone use, pregnancy, breastfeeding, hysterectomy, and oophorectomy. Menopause status is compared across visits, and no women were allowed to move backwards in status (e.g. early peri at Visit 08 could not be pre at Visit 09)

Post by BSO - women with both ovaries removed (Bilateral Salpingo Oophorectomy or BSO) prior to natural post menopause

Natural Post - women who had no bleeding in the 12 months prior to the visit

Late Perimenopause - women who had bleeding in the last 12 months prior to her visit but no bleeding in the past three months

Early Perimenopause - women who had bleeding in the last three months but who said their menstrual periods had become farther apart, closer together, more variable, or more regular

Premenopausal - women who reported bleeding in the past three months and who responded that their menstrual periods had stayed the same since their last visit

Pregnant/breastfeeding – women who reported a pregnancy since the last visit or are currently breastfeeding

Unknown due to HT use - pre- and perimenopausal women using hormones, including birth control pills, estrogen, and progestin, patches and a few vaginal hormones

Unknown due to hysterectomy – women who reported hysterectomy without BSO prior to natural post

**LMPDAY0** is the number of days at baseline since the date of the last menstrual period. It is pulled from another source that evaluated the menopause status related variables over time, and corrected inconsistencies via additional corroborating information.

## OCCUPATION

**OCCUP0** (occupational code) is derived from a text field containing occupation, which was coded into a variable based on the 1990 census occupation codes.

## RACE/ETHNICITY

**RACE** Participant race/ethnicity is provided from the Screener dataset:

Variable	Meaning	Codes
<b>RACE</b>	Race at Screener (Screener Q.33, modified)	1: Black/African American 2: Chinese/Chinese American 3: Japanese/Japanese American 4: Caucasian/ White Non-Hispanic 5: Hispanic