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ICPSR 29701

Study of Women's Health Across the Nation (SWAN): Visit 03 Dataset, [United States], 1999-2001

P.I. Codebook

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Study of Women's Health Across the Nation (SWAN): Visit 03 Dataset, [United States], 1999-2001

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FOLLOW-UP VISIT 03

CODEBOOK

ICPSR UPDATED DATASET 2018

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Changes in the 2018 data refreeze:

- A variable describing the race of participants (RACE) was added from the Screener dataset. See the Additional Measures section at the end of the codebook for more information.
- The race/ethnicity of one participant was originally mislabeled and has now been corrected. Race fields now read Caucasian, not Black, for this participant.
- If the interview was not completed, but the Self-A was completed, AGE was calculated based on the date the participant filled in the Self-A Questionnaire.
- One participant had cardiovascular data only, and was deleted from the dataset.
- Variables STATUS3 and LMPDAY3 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. PLEASE NOTE: STATUS3 has been changed from the prior release to split the surgical category into 'Post by BSO (Bilateral Salpingo Oophorectomy)' and 'Unknown due to hysterectomy.' See the Additional Measures section at the end of the codebook for more information.
- For Interview variables:
    - The variable LANGUAG3 was changed to LANGINT3
    - Job start and stop times (D3) were changed to military time format, and the AM/PM variables dropped.
    - The partner/spouse job title variable PARTNJO3 was dropped
    - One participant was incorrectly categorized in this visit as not having had a hysterectomy and was corrected.
    - One participant was incorrectly categorized as having had a hysterectomy in this visit when only a bilateral oophorectomy was done.
    - One participant had the drug for Estrogen by Injection/Patch (B13) changed from CLIMASE to CLIMARA.
    - One participant had the drug for Progestin Pills (B15) changed from PROSTOGIN to PROGESTIN.
    - One participant's answer of "Yes (2)" to QB26.i (Had heart attack since last visit?) was proved to be an entry error when questioned later. The corrected answer should be "No (1)" and was updated.
    - One participant's answer of "Yes (2)" to QB26.f (Had stroke since last visit?) was proved to be an entry error when questioned later Visit 12. The corrected answer should be "No (1)" and was updated.
- For the Self-Administered Questionnaire Part A:
    - Bed times and wake up times have been converted to SAS time variables (BEDMIL3 & GETUPMIL3). Please note that participants sometimes had confusion concerning 12:00 midnight as to whether that was AM or PM.
    - The SMOKER3 variable was recalculated to correct an error where it was set to missing if LASTSMO3 was missing, but SMOKERE3 was answered. Eight women now have non missing values for SMOKER3.
    - One participant had an incorrect COMP_D which was made missing. AGE3 and AGECONT3 were also made missing.
- For the Self-Administered Questionnaire Part B:
    - 11 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 2584 with Follow-Up 03 Self-B data.
    - One participant had an incorrect date of completion, which has been set to missing.
- For Serum Hormone Measures dataset, the lower limit of detection (LLD) ranges have been updated. See the Additional Measures section at the end of the codebook for more information.
- For the Cardiovascular dataset: Twenty-one samples were missing from the dataset and have now been added. Two samples that were placed in visit 04 but should have been visit 03 have been moved to this dataset. One sample that should have been in Visit 04 was removed. In addition, the CV risk factor indicator variables include the Framingham risk scores 1 and 2, and risk categorization, HOMA Insulin Resistance, and metabolic syndrome have been removed. Please use the longitudinal dataset for these variables.
- In the physical measures section, self-reported weights were included for 13 participants.
- Spine Bone Mineral Density changed slightly for 48 participants due to incorrect application of correction factors.

1. Who is included in the public use dataset:

The dataset contains follow-up visit 3 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.

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 3. 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, are in blue, and are not underlined. 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. This SWANID remains the same for all visits, and can be used for linking. The *baseline* interview date is 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 Visit 3 Self-Administered Questionnaire Part A was collected 4 years after the baseline interview, the day for the Self-Administered Part A would be day 1460 and the Baseline Interview would be day 0.

All variables for visit 3 have a 3 at the end of the variable name.

3. Missing data coding:

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

4. Ways this data can be used and additional notes

General note: Some participants were unable to complete all the components of the visit. In these cases, abbreviated forms of the interview, self-administered part A, and physical measures were completed. To distinguish which interview protocol was followed; refer to the variable FORMFLG3, which has a value of INT for those who completed the full interview, and AIN for those who completed the abbreviated interview.

Interview Questionnaire

In general, any 'Other,

- A social support score can be calculated from the questions in C.9.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.11.
- A perceived stress score can be created from questions in C.10.
- The flag FORMFLG3 is set with a value of AIN for the seven participants who completed the abbreviated interview instead of the full interview.

Self-Administered Questionnaire Part A

The income question I.1 was condensed so that the income ranges were more broadly defined.

- Current smoking is defined as anyone who answered 'yes' to question B.8 (SMOKERE3) and an answer greater than 0 for B.8.a (AVGCIGDA3).
- SF-36 scores can be derived based on questions B.16-22 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.16a-d. The Bodily Pain Score is calculated from questions B.19 and B.20. 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.21a-d. Questions B.21.a and B.21.b should be reversed so that all items are positively scored; for the resulting index a higher score indicates greater energy (and less fatigue). The Social Functioning Score is calculated using questions B.18 and B.22. Question B.18 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.17a-c. All items are positively scored, so a higher score indicates better role-emotional functioning.
- The flag FLGSAAV3 is set for the participant who completed the interview after the 01/31/2001 cutoff.
- The flag DATAFLG3 is set with a value of AIN for the participants who completed the abbreviated form, and SAA for those who completed the full form

Self-Administered Questionnaire Part B

- The flag FLGSABV3 is set for the participant who completed the interview after the 01/31/2001 cutoff.

Self-Administered Questionnaire Part C

- The flag FLGSACBV3 is set for the participant who completed the interview after the 01/31/2001 cutoff.
- The flag FLGVISV3 indicates any out of range values for question B5, which asks how many times did you see/talk to your health care provider regarding your own health.
- The flag FLGPSYV3 indicates any out of range values for question B9d.1 which asks how many times have you seen/talked to this psychiatrist.

Physical Measures

In addition to the variables on the form, BMI3 was also calculated as weight in kilograms divided by the square of height in meters.

Additional Measures

Additional variables

Menopausal status (STATUS3) and last menstrual period day (LMPDAY3) are also provided. Participant race/ethnicity (RACE) is provided from the Source dataset. See the Additional Measures section at the end of the codebook for descriptions.

Date of completion and date variables (INTDAY3, SAADAY3, SABDAY3, SACDAY3, PHYDAY3, HRMDAY3, CVRDAY3, SPSCDAY3, HPSCDAY3, LMPDAY3, SPEDAY3, HYSTDAY3) 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.

Serum Hormone Measures

The baseline hormone results are included. Of special note is that the estradiol assay was run in duplicate. The average (E2AVE3) 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

The Visit 3 cardiovascular results are included. A flag (FLAGSER3) 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. Total spine and total hip bone mineral density (BMD) measures are provided. Any spinal BMDs recommended for exclusion are indicated by the flag BMDFLG3.

Study of Women's Health Across the Nation

ANNUAL FOLLOW-UP INTERVIEW

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: [ ] **SWANID~**

A2. SWAN STUDY VISIT # _____ _____ **VISIT**

A3. FORM VERSION: 02/01/1998 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **INTDAY3†**
M M D D Y Y Y Y

A5. INTERVIEWER'S INITIALS: ___ ___ ___ **#INITS**

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / ___ ___ **#DOB**
M M D D Y Y
VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN: **#LOCATIO3**

RESPONDENT'S HOME 1
CLINIC/OFFICE 2
RESPONDENT'S HOME BY PROXY 3
CLINIC/OFFICE BY PROXY 4

A7.1 INTERVIEW LANGUAGE: **LANGINT3**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

A8. Are you currently pregnant? **PREGNAN3**

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

A9. WAS BLOOD FOR THIS ANNUAL FOLLOW-UP DRAWN PREVIOUS TO THIS INTERVIEW DATE? **PREVBLO3**

NO 1
YES ..... 2 (GO TO PAGE 3)

~ A randomly generated ID will be provided that is different from the original ID
† This date is given in days since the initial baseline interview, which is day zero.
 # Variable Excluded from Public Use Data File

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

A10. Have you had anything to eat or drink, other than water, in the last 12 hours? That is, since __ __ : __ __ last night? **EATDRIN3**

NO 1
YES 2

A11. Did you start a menstrual period in the last 5 days? **STRTPER3**

NO ..... 1 **(A13)**
YES ..... 2 **(A12)**

A12. What is the date that you started to bleed? **DAYBLE3†**

____ ____ / ____ ____ / ____ ____ ____ ____
M M D D Y Y Y Y

A13. BLOOD DRAW ATTEMPTED? **BLDRWAT3**

YES, AS PER PROTOCOL ..... 1 **(A14)**
YES, MENSES TOO VARIABLE ..... 2 **(A14)**
YES, LAST ATTEMPT ..... 3 **(A14)**
YES, RESPONDENT PREGNANT ..... 4 **(A14)**
NO, NOT FASTING AND/OR NOT IN WINDOW - RESCHEDULE ..... 5 **(A13.1)**

A13.1 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 5 days 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

A14. FOLLOW BLOOD DRAW PROTOCOL
RECORD COLLECTION TUBES FILLED ON SPECIMEN COLLECTION FORM

A15. BLOOD DRAWN? **BLDDRAW3**

NO 1
YES 2

† This date is given in days since the initial baseline interview.

 # Variable Excluded from Public Use Data File

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

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. We want to know about any medications you have taken since your last study visit.

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 **since your last study visit**.

IF YES TO ANY, RECORD MEDICATION NAME IN THE SPACES PROVIDED	PRESCRIPTION DRUGS IF YES:						
			a. What is the name of the medication?	b. Have you been taking it at least two times per week for the last month?		c. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
Since your last study visit....	**NO**	**YES**		**NO**	**YES**	**NO**	**YES**
B1. Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)?	1	2	#ACOAMD13	1	2	1	2
ANTICO13	1	2	#ACOAMD23	1	2	1	2
				ACOATW13		#ACOAVR13	
				ACOATW23		#ACOAVR23	
ANTICO23							
B2. Anything for your heart or heart beat, including pills or patches?	1	2	#HARTMD13	1	2	1	2
	1	2		**HARTTW13**		#HARTVR13	
HEART13				1	2	1	2
			#HARTMD23	**HARTTW23**		#HARTVR23	
HEART23							
B3. Any medications for cholesterol or fats in your blood?	1	2	#CHOLMD13	1	2	1	2
CHOLST13	1	2		**CHOLTW13**		#CHOLVR13	
			#CHOLMD23	1	2	1	2
CHOLST23				**CHOLTW23**		#CHOLVR23	
B4. Blood pressure pills?	1	2	#BPMED13	1	2	1	2
BP13				**BPTW13**		#BPVER13	
	1	2	#BPMED23	1	2	1	2
BP23				**BPTW23**		#BPVER23	

 # Variable Excluded from Public Use Data File

Since your last study visit, have you taken...	NO	YES	a. What is the name of the medication?	b. Have you been taking it at least two times per week for the last month? NO	b. YES	c. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL? NO	c. YES
B5. Diuretics for water retention?	1	2		1	2	1	2
DIURET13			#DIURMD13	DIURTW13		#DIURVR13	
	1	2		1	2	1	2
DIURET23			#DIURMD23	DIURTW23		#DIURVR23	
B6. Thyroid pills?	1	2		1	2	1	2
THYROI13			#THYRMD13	THYRTW13		#THYRVR13	
	1	2		1	2	1	2
THYROI23			#THYRMD23	THYRTW23		#THYRVR23	
B7. Insulin or pills for sugar in your blood?	1	2		1	2	1	2
INSULN13			#INSUMD13	INSUTW13		#INSUVR13	
	1	2		1	2	1	2
INSULN23			#INSUMD23	INSUTW23		#INSUVR23	
B8. Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti-depression medication?	1	2		1	2	1	2
			#NERVMD13	NERVTW13		#NERVVR13	
	1	2		1	2	1	2
NERVS13, NERVS23			#NERVMD23	NERVTW23		#NERVVR23	
B9. Steroid pills such as Prednisone, or cortisone?	1	2		1	2	1	2
			#STERMD13	STERTW13		#STERVR13	
STEROI13	1	2		1	2	1	2
STEROI23			#STERMD23	STERTW23		#STERVR23	
B10. Fertility medications to help you get pregnant (Pergonal, Clomid)?	1	2		1	2	1	2
			#FRTLMD13	FRTLTW13		#FRTLVR13	
FERTIL13	1	2		1	2	1	2
FERTIL23			#FRTLMD23	FRTLTW23		#FRTLVR23	

 # Variable Excluded from Public Use Data File

HORMONE QUESTIONS B11-15:

			a. What is the name of the medication?	b. Have you been taking it during the past month?		c. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
Since your last study visit, have you taken...	**NO**	**YES**		**NO**	**YES**	**NO**	**YES**
B11. Birth Control pills?	1	2		1	2	1	2
BCP13			#BCPMED13	**BCPTWI13**		#BCPVER13	
	1	2		1	2	1	2
BCP23			#BCPMED23	**BCPTWI23**		#BCPVER23	
			#ESTRMD13	**ESTRTW13**		#ESTRVR13	
B12. Estrogen pills (such as Premarin, Estrace, Ogen, etc)?	1 **(B13)**	2		1	2	1	2
ESTROG13	1	2		1	2	1	2
ESTROG23			#ESTRMD23	**ESTRTW23**		#ESTRVR23	

B12.d IF YES: Does/Did your prescription have you take estrogen daily or on and off on a monthly cycle? [IF MORE THAN ONE MENTIONED, RECORD THE MORE RECENT AT 1.]

ESTRDA13	**ESTRDA23**
1. EVERY DAY 1	2. EVERY DAY 1
OFF AND ON 2	OFF AND ON 2
DON'T KNOW ..... -8	DON'T KNOW ..... -8

Since your last study visit, have you taken...							
B13. Estrogen by injection or patch (such as Estraderm)?	1	2		1	2	1	2
			#EINJMD13	**EINJTW13**		#EINJVR13	
ESTRNJ13	1	2		1	2	1	2
ESTRNJ23			#EINJMD23	**EINJTW23**		#EINJVR23	
B14. Combination estrogen/progestin (such as Premphase or Prempro)?	1	2		1	2	1	2
			#COMBMD13	**COMBTW13**		#COMBVR13	
COMBIN13	1	2		1	2	1	2
COMBIN23			#COMBMD23	**COMBTW23**		#COMBVR23	
B15. Progestin pills (such as Provera)?	1 **(B16)**	2		1	2	1	2
			#PROGMD13	**PROGTW13**		#PROGVR13	
PROGES13	1	2		1	2	1	2
PROGES23			#PROGMD23	**PROGTW23**		#PROGVR23	

Variable Excluded from Public Use Data File

B15.d IF YES: Does/Did your prescription have you take progestin daily or on and off on a monthly cycle? [IF MORE THAN ONE MENTIONED, RECORD THE MORE RECENT AT 1.]

PROGDA13
1. EVERY DAY 1
OFF AND ON 2
DON'T KNOW..... -8

PROGDA23
2. EVERY DAY..... 1
OFF AND ON..... 2
DON'T KNOW..... -8

Since your last study visit...	NO	YES	a. What is the name of the medication?	NO	YES	b. Have you been taking it at least two times per week for the last month?	NO	YES	c. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?
B16. Are there any other prescription pills or medications that you have taken, that I haven't asked you about? (PLEASE LIST) **OTHMED13-OTHMED93**	1	2	**#OTHRMD13**	1	2	**OTHRTW13**	1	2	**#OTHRVR13**
	1	2	-	1	2		1	2	
	1	2	**#OTHRMD93**	1	2	**OTHRTW93**	1	2	**#OTHRVR93**
	1	2	_____	1	2		1	2	
	1	2		1	2		1	2	
OTHME103-OTHME153	1	2	**#OTHRM103**	1	2	**OTHTW103**	1	2	**#OTHVR103**
	1	2	-	1	2		1	2	
			#OTHRM153			**OTHTW153**			**#OTHVR153**
	1	2		1	2		1	2	
	1	2		1	2		1	2	

IF RESPONDENT HAS TAKEN ANY HORMONES (IF YES TO ANY OF B 11 -15) ASK B17, OTHERWISE GO TO B19.

Note: Another question was added concerning osteoporosis medications to the 1/1/2000 version of the interview. To see this question, please look on page 29 of this document.

 # Variable Excluded from Public Use Data File

B17. I am going to read a list of some reasons why women start taking hormones, including birth control pills. For each one, please tell me if it is a reason why you started taking hormones. (READ LIST a THROUGH i)

	NO	YES	
a. To reduce the risk of heart disease	1	2	**REDUHAR3**
b. To reduce the risk of osteoporosis (brittle bones)	1	2	**OSTEOPO3**
c. To relieve menopausal symptoms	1	2	**MENOSYM3**
d. To stay young-looking	1	2	**YOUNGLK3**
e. A health care provider advised me to take them	1	2	**HCPADVI3**
f. A friend or relative advised me to take them	1	2	**FRNADVI3**
g. To improve my memory	1	2	**IMPRMEM3**
h. To regulate periods	1	2	**REGPERI3**
i. Any other? SPECIFY_____	1	2	**HORMOTH3**
_____			**#HORMSPE3**
j. DON'T KNOW/REMEMBER	1	2	**DONTKNO3**

 # Variable Excluded from Public Use Data File

IF RESPONDENT STARTED TAKING ANY HORMONES INCLUDING BIRTH CONTROL PILLS, BUT IS NOT CURRENTLY TAKING ANY, (THAT IS, "YES" TO ANY OF B11-15 **AND** "NO" TO ALL OF B11b - 15b) ASK B18, OTHERWISE GO TO PAGE 8.

B18. Since your last study visit, you started taking some hormones and then stopped. What were your reasons for stopping? PROBE: Any Others?
[DO NOT READ THE LIST. CODE 1 (NO) OR 2 (YES) FOR EACH ITEM.]

	NO	YES	
a. PROBLEMS WITH BLEEDING	1	2	PRBBLEE3
b. DIDN'T LIKE HAVING PERIODS	1	2	HAVEPER3
c. DIDN'T LIKE HOW I FELT ON THEM	1	2	LIKEFEL3
d. WORRIED ABOUT POSSIBLE SIDE EFFECTS	1	2	SIDEEFF3
e. WORRIED ABOUT CANCER	1	2	CANCER3
f. MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS)	1	2	ADVISTO3
g. TOO EXPENSIVE	1	2	EXPENSI3
h. DON'T LIKE TO TAKE ANY MEDICATIONS	1	2	NOLIKE3
i. COULDN'T REMEMBER TO TAKE THEM	1	2	NOREMBE3
j. DON'T KNOW	1	2	DNTKNOW3
k. OTHER, SPECIFY: _____	1	2	STOPOTH3
			#STOPSPE3
_____			
l. NO REASON GIVEN	1	2	NOREASO3

Now I would like to ask you about over-the-counter medications, non-prescription, that you have taken regularly at least 2 times per week for a month or more, since your last study visit.

IF YES TO ANY, RECORD MEDICATION NAME IN THE SPACES PROVIDED			a. What is the name of the medication?	b. Have you been taking it at least two times per week for the last month?	
Since your last study visit, have you taken.....	**NO**	**YES**		**NO**	**YES**
B19. Any over-the-counter medications for pain including headaches and arthritis?	1	2		1	2
PAIN13			#PAINMD13	**PAINTW13**	
	1	2		1	2
PAIN23			#PAINMD23	**PAINTW23**	
B20. Anything for problems sleeping?	1	2		1	2
SLEEP13			#SLPMD13	**SLEPTW13**	
	1	2		1	2
SLEEP23			#SLPMD23	**SLEPTW23**	
B21. Have you taken any other over-the-counter pills or other medications (including liquids or ointments) that I haven't asked you about? (PLEASE LIST)			#OTCMD13 - #OTCMD93	**OTCTW13 - OTCTW93**	
	1	2		1	2
	1	2	#OTCMD103 - #OTCMD153	**OTCTW103 - OTCTW153**	
OTC13 – OTC93				1	2
OTC103– OTC153	1	2		1	2

B22. Since your last study visit, have you taken any vitamins or minerals fairly regularly, at least once a week?

REGVITA3

NO ..... 1 **(GO TO PAGE 10)**

YES..... 2

 # Variable Excluded from Public Use Data File

B23. IF YES: Since your last study visit, what vitamins and minerals have you taken fairly regularly, at least once per week? [HAND RESPONDENT CARD "A" AND READ RESPONSE CATEGORIES.]

	Don't take any	1-3 days per week	4-6 days per week	Every day
Multi-Vitamins, how often do you take...				
a. Regular Once-A-Day, Centrum, or Thera type ONCEADA3	1	2	3	4
b. Antioxidant combination type ANTIOXI3	1	2	3	4
c. Any others?				
#VTMSPE13,VTMOTH13	1	2	3	4
#VTMSPE23,VTMOTH23	1	2	3	4
#VTMSPE33,VTMOTH33	1	2	3	4
#VTMSPE43,VTMOTH43	1	2	3	4
Single Vitamins, not part of multi-vitamins, how often do you take...				
d. Vitamin A, not beta carotene VITAMNA3	1	2	3	4
e. Beta-carotene BETACAR3	1	2	3	4
f. Vitamin C VITAMNC3	1	2	3	4
g. Vitamin D VITAMND3	1	2	3	4
h. Vitamin E VITAMNE3	1	2	3	4
i. Calcium or Tums CALCTUM3	1	2	3	4
j. Iron IRON3	1	2	3	4
k. Any others?				
SPECIFY: VITOTH13, #VITSPE13	1	2	3	4
VITOTH23, #VITSPE23	1	2	3	4
VITOTH33, #VITSPE33	1	2	3	4
VITOTH43, #VITSPE43	1	2	3	4

B23.1 IF MULTIPLE VITAMIN USE REPORTED, Do you usually take multiple vitamins that:

MULTVIT3

Contain minerals (iron, calcium) 1
Do not contain minerals..... 2
DON'T KNOW ..... -8

Variable Excluded from Public Use Data File

IF BLOOD WAS DRAWN (A15 IS YES), GO TO B24. OTHERWISE GO TO B26.

In order to interpret your blood tests, we need to ask you the following questions.

B24. We've just talked about your prescription medications, over-the-counter medications, vitamins, and minerals you have taken since your last study visit. What did you take in the last 24 hours?
[REVIEW SHADED COLUMNS AFTER RESPONDENT ANSWERS.
IF CURRENT MEDICATION USE REPORTED (YES TO ANY SHADED COLUMN IN B1b-B21b) BUT NOT REPORTED HERE, PROBE FOR USE IN LAST 24 HOURS.]

a. _____ **#TAKEMDA3**

b. _____ **#TAKEMDB3**

c. _____ **#TAKEMDC3**

d. _____ **#TAKEMDD3**

e. _____ **#TAKEMDE3**

f. _____ **#TAKEMDF3**

g. _____ **#TAKEMDG3**

h. _____ **#TAKEMDH3**

i. _____ **#TAKEMDI3**

j. _____ **#TAKEMDJ3**

B25. Have you had any alcohol in the last 24 hours?

ALCHL243

NO 1
YES..... 2

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

B26. **Since your last study visit**, has a doctor, nurse practitioner or other health care provider told you that you had any of the following conditions or treated you for them?

			NO	YES	DON'T KNOW
a.	Anemia?	ANEMIA3	1	2	-8
b.	Diabetes?	DIABETE3	1	2	-8
c	High blood pressure or hypertension?	HIGHBP3	1	2	-8
d.	High cholesterol?	HBCHOLE3	1	2	-8
e.	Migraines?	MIGRAIN3	1	2	-8
f.	Stroke?	STROKE3	1	2	-8
g.	Arthritis or osteoarthritis (degenerative joint disease)?	OSTEOAR3	1	2	-8
h.	Overactive or underactive thyroid?	THYROID3	1	2	-8
i.	Heart attack?	HEARTAT3	1	2	-8
j.	Angina?	ANGINA3	1	2	-8
k.	Osteoporosis (brittle or thinning bones)?	OSTEOPR3	1	2	-8
l.	Fibroids, benign growths of the uterus or womb?	FIBROID3	1	2	-8
m.	Cancer, other than skin cancer?	CANCERS3	1 **(B29)**	2	-8 **(B29)**

B27. What is/was the primary site of the cancer? SITESPE3

SPECIFY: _____

a. IF BREAST CANCER: Have you taken Tamoxifen since your last study visit? TAMOXIF3

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

b. Since your last study visit, have you received chemotherapy or radiation treatment for this cancer? CHEMOTH3

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

B28. DELETED

B29. **Since your last study visit**, how many times did you break or fracture a bone?
[IF MORE THAN ONE BONE WAS BROKEN DURING THE SAME EVENT COUNT AS ONE TIME.]

_____ # of times broken bones (IF NONE, GO TO B30) **BROKEBO3**

	a. Which bones did you break or fracture? LIST BELOW. [IF BONE WAS BROKEN MORE THAN ONCE, RECORD EACH BREAK AND SPECIFY WHEN "REBROKEN". BE SPECIFIC IN IDENTIFYING WHICH BONE WAS BROKEN (I.E. RIGHT TIBIA).]	b. How did it happen? Was it for any of the following reasons? [HAND RESPONDENT CARD "B" AND READ RESPONSE CATEGORIES.] • after a fall from a height above the ground greater than six inches, • in a motor vehicle accident, • while moving fast, like running, bicycling or skating, • while playing sports, • **or** because something heavy fell on you or struck you.	
		NO	**YES**
1.	_____ **BONES13**	1 **HAPPEN13**	2
2.	_____ **BONES23**	1 **HAPPEN23**	2
3.	_____ **BONES33**	1 **HAPPEN33**	2

B30. **Since your last study visit**, have you consulted a doctor, nurse practitioner, chiropractor, or other health care provider for back pain?

BCKPAIN3

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

Since your last study visit, have you had any of the following surgeries or procedures?

	NO	YES	DON'T KNOW
B31. D and C, a scraping of the uterus for any reason, including abortion? **DANDC3**	1 **(B32)**	2	-8 **(B32)**
a. Since your last study visit, how many times have you had a D and C? ____ # TIMES **NUMDAND3**			
B32. Hysterectomy (an operation to remove your uterus or womb)? **HYSTERE3**	1 **(B33)**	2	-8 **(B33)**
a. When was this performed? **HYSTDAY3†** ___ ___ / ___ ___ ___ ___ (M M / Y Y Y Y)			
B33. Did you have one or both ovaries removed (an oophorectomy)? **OOPHORE3**	1 **(B34)**	2	-8 **(B34)**
a. Was one ovary removed or were both ovaries removed? **ONEOVAR3** ONE OVARY REMOVED.....1 BOTH OVARIES REMOVED.....2 DON'T KNOW.....-8			
B34. Uterine procedures, other than D and C, for example: cesarean section, IUD insertion, fibroid removal or endometrial biopsy? **UTERPRO3**	1	2	-8
B35. Thyroid gland removed? **THYRREM3**	1	2	-8

† This date is given in days since the initial baseline interview.

 # Variable Excluded from Public Use Data File

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

C1. Did you have any menstrual bleeding since your last study visit? **BLEEDNG3**

NO ..... 1 **(C6)**
YES 2

C2. Did you have any menstrual bleeding in the last 3 months? **BLD3MON3**

NO 1
YES 2

C3. What was the date that you started your most recent menstrual bleeding? [PROMPT FOR MONTH AND YEAR, EVEN IF DAY IS UNKNOWN. ENTER -8 FOR DAY FIELD IF UNKNOWN]

____ ____ / ____ ____ / ____ ____ ____ ____ **LMPDAY3**†
M M D D Y Y Y Y

For the next few questions I would like to ask you to think about your periods since your last study visit, during times when you were not using birth control pills or other hormone medications.

C4. Which of the following best describes your menstrual periods since your last study visit? Have they: [HAND RESPONDENT CARD "C"] **DESCPER3**

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

C5. Since your last study visit, have you ever had a menstrual flow that lasted more than 10 days? **MENSFLO3**

NO 1
YES 2
DON'T KNOW ..... -8
REFUSED ..... -7
NOT APPLICABLE ..... -1

C6. Since your last study visit, have you been pregnant? Please include live births, stillbirths, abortions, miscarriages, tubal or ectopic pregnancies. **PRGNANT3**

NO ..... 1 **(C7)**
YES 2

a. IF YES: [HAND RESPONDENT CARD "D"] What was the outcome of the pregnancy? [READ RESPONSE CATEGORIES. IF RESPONDENT WAS PREGNANT MORE THAN ONCE SINCE LAST VISIT, RECORD OUTCOME OF MOST RECENT PREGNANCY.] **OUTCOME3**

Live birth 1
Still birth ..... 2 **(C7)**
Miscarriage ..... 3 **(C7)**
Abortion ..... 4 **(C7)**
Tubal/ectopic pregnancy ..... 5 **(C7)**
Still pregnant ..... 6 **(C7)**

b. FOR LIVE BIRTHS ONLY: Are you currently breastfeeding? **BRSTFEE3**

NO 1
YES 2

† This date is given in days since the initial baseline interview.

 # Variable Excluded from Public Use Data File

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

C7. Thinking about your quality of life at the present time, I'd like you to give it a rating where 0 represents the worst possible quality for you and 10 represents the best possible quality for you. [HAND RESPONDENT CARD "E"] Looking at this line, how would you rate your overall quality of life at the present time? Choose a number between 0 and 10. **QLTYLIF3**

0	1	2	3	4	5	6	7	8	9	10
Worst Possible Quality										Best Possible Quality

C8. About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind? **CLOSE3**

WRITE IN NUMBER OF CLOSE FRIENDS AND RELATIVES: ___ ___
DON'T KNOW ..... -8
REFUSED ..... -7

C9. 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?
[HAND RESPONDENT CARD "F" AND READ RESPONSE CATEGORIES]

		None of the time	A little of the time	Some of the time	Most of the time	All of the
a.	Someone you can count on to listen to you when you need to talk? **LISTEN3**	1	2	3	4	5
b.	Someone to take you to the doctor if you needed it? **TAKETOM3**	1	2	3	4	5
c.	Someone to confide in or talk to about yourself or your problems? **CONFIDE3**	1	2	3	4	5
d.	Someone to help with daily chores if you were sick? **HELPSIC3**	1	2	3	4	5

C10. I would now like to ask you about your feelings over the past two weeks. Tell me how often you have felt or thought this way. [HAND RESPONDENT CARD "G" AND READ RESPONSE CATEGORIES]

	*[READ STEM INSTRUCTIONS] In the past two weeks you have:	Never	Almost Never	Sometimes	Fairly Often	Very Often
*a.	Felt unable to control important things in your life? **CONTROL3**	1	2	3	4	5
*b.	Felt confident about your ability to handle your personal problems? **ABILITY3**	1	2	3	4	5
c.	Felt that things were going your way? **YOURWAY3**	1	2	3	4	5
d.	Felt difficulties were piling so high that you could not overcome them? **PILING3**	1	2	3	4	5

C11. 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**. [HAND RESPONDENT CARD "H" AND READ RESPONSE CATEGORIES]

* [READ STEM INSTRUCTIONS] During the past week:	**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)**
*a. I was bothered by things that usually don't bother me **BOTHER3**	1	2	3	4
*b. I did not feel like eating; my appetite was poor **APPETIT3**	1	2	3	4
*c. I felt that I could not shake off the blues even with help from my friends **BLUES3**	1	2	3	4
d. I felt that I was just as good as other people **GOOD3**	1	2	3	4
e. I had trouble keeping my mind on what I was doing **KEEPMIN3**	1	2	3	4
f. I felt depressed **DEPRESS3**	1	2	3	4
*g. I felt that everything I did was an effort **EFFORT3**	1	2	3	4
h. I felt hopeful about the future **HOPEFUL3**	1	2	3	4
i. I thought my life had been a failure **FAILURE3**	1	2	3	4
j. I felt fearful **FEARFUL3**	1	2	3	4
*k. My sleep was restless **RESTLES3**	1	2	3	4
l. I was happy **HAPPY3**	1	2	3	4
m. I talked less than usual **TALKLES3**	1	2	3	4
n. I felt lonely **LONELY3**	1	2	3	4
*o. People were unfriendly **UNFRNDL3**	1	2	3	4
p. I enjoyed life **ENJOY3**	1	2	3	4
q. I had crying spells **CRYING3**	1	2	3	4
r. I felt sad **SAD3**	1	2	3	4
*s. I felt that people disliked me **DISLIKE3**	1	2	3	4
t. I could not get going **GETGOIN3**	1	2	3	4

OCCUPATIONAL QUESTIONS

These next few questions concern employment. Since many people have more than one job at any given time, we will ask you to tell us about all of your jobs.

D1. Since your last study visit, has there been a change in any of your jobs, that is where you work, the usual hours you worked, or your usual job tasks? **CHNGJOB3**

NO ..... 1 **(D6)**
YES..... 2

D2. 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 or business. If you were on vacation, or scheduled leave or sick leave, please answer as though you were at your usual job. **JOB3**

NO ..... 1 **(D6)**
YES..... 2

a. For each paid job you have had in the last two weeks, what was your job title?

#JOBTIT13
JOB #1_____

#JOBTIT23
JOB #2_____

#JOBTIT33
JOB #3_____

b. Briefly, what are your usual job activities?
[IF MORE THAN ONE JOB WAS MENTIONED, ASK: Please answer for each job.]

#JOBACT13
JOB #1_____

_____

#JOBACT23
JOB #2_____

_____

#JOBACT33
JOB #3_____

_____

 # Variable Excluded from Public Use Data File

D3. What are your usual hours of work each day for each job?

JOB #1: START TIME: **STRTIM13** ___ ___ : ___ ___ A.M. 1. P.M. 2.

STOP TIME: **STPTIM13** ___ ___ : ___ ___ A.M. 1. P.M. 2.

ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTATI3**
NO 1
YES 2

JOB #2: START TIME: **STRTIM23** ___ ___ : ___ ___ A.M. 1. P.M. 2.

STOP TIME: **STPTIM23** ___ ___ : ___ ___ A.M. 1. P.M. 2.

ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTAT23**
NO 1
YES 2

JOB #3: START TIME: **STRTIM33** ___ ___ : ___ ___ A.M. 1. P.M. 2.

STOP TIME: **STPTIM33** ___ ___ : ___ ___ A.M. 1. P.M. 2.

ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTAT33**
NO 1
YES 2

D4. On average, how many total hours a week do you work, for pay? **HOURSPA3**

≤ 10 1
11-19 2
20-34 3
35-40 4
41-60 5
>60 6

D5. What does the company or your part of the company, do or make? (For example, high school education, health care in hospital, automobile manufacturing, state labor department, retail shoe sales.)
[IF MORE THAN ONE JOB WAS MENTIONED, ASK: Please answer this for each job.]

NERI USE ONLY CODE

JOB #1_____ ___ ___ ___
#JBMAKE13

JOB #2_____ ___ ___ ___
#JBMAKE23

JOB #3_____ ___ ___ ___
#JBMAKE33

 # Variable Excluded from Public Use Data File

D6. Do you do volunteer work? **VOLUNTE3**

NO ..... 1 **(D7)**
YES..... 2

a. What type of volunteer work do you do? How many hours a week do you spend doing it?

	TYPE OF VOLUNTEER WORK	HRS/WK
	#TYPVOL13	**VLNTHR13**
1.	_____	_____
	#TYPVOL23	**VLNTHR23**
2.	_____	_____
	#TYPVOL33	**VLNTHR33**
3.	_____	_____

D7. What is your current marital status? Would you say... **MARITAL3**

Single/never married..... 1
Currently married or living as married 2
Separated 3
Widowed..... 4
Divorced 5
DON'T KNOW ..... -8
REFUSED ..... -7

IF A PARTNER OR SPOUSE IS REPORTED (2 OR 4 in D7), ASK D8, OTHERWISE GO TO PAGE 21.

D8. What is/ was your partner or spouse's job title for their primary, usual job or occupation?

PARTNJO3 **NERI USE ONLY CODE**

_____ _____ _____

D9. What does the company or part of the company, that your spouse or partner works for, do or make? (For example, high school education, health care in hospital, automobile manufacturing, state labor department, retail shoe sales.)

#PRTNRMA3 **NERI USE ONLY CODE**

_____ ___ ___ ___

 # Variable Excluded from Public Use Data File

SECTION E- DELETED

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

F1. Other than yourself, is there anyone else living in your household? **HOUSEHL3**

NO	1	**(END)**
YES	2	
REFUSED	-7	**(END)**

F2. Please tell me their relationship to you, their gender, and their age.

	a. RELATIONSHIP TO YOURSELF	b. SEX	c. AGE
1.	RELAT13	SEX13	AGE13
2.	RELAT23	SEX23	AGE23
3.	RELAT33	SEX33	AGE33
4.	RELAT43	SEX43	AGE43
5.	RELAT53	SEX53	AGE53
6.	RELAT63	SEX63	AGE63
7.	RELAT73	SEX73	AGE73
8.	RELAT83	SEX83	AGE83
9.	RELAT93	SEX93	AGE93
10.	RELAT103	SEX103	AGE103
11.	RELAT113	SEX113	AGE113
12.	RELAT123	SEX123	AGE123

Thank you. This ends this portion of the interview

ADDITIONAL QUESTIONS FROM OTHER FORM VERSION OF INTERVIEW ADMINISTRATED QUESTIONAIRE

FORM VERSION: 01/01/2000

Since your last study visit, have you taken...			a. What is the name of the medication?	b. Have you been taking it at least two times per week for the last month?		c. INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
	NO	**YES**		**NO**	**YES**	**NO**	**YES**
B16. Medications to prevent or treat osteoporosis (brittle or thinning bones such as Fosamax, Didronel, Evista, Miacalcin, Rocaltrol)? **OSTEPR13**	1	2	**#OSTEMD13**	1	2 **OSTETW13**	1 **#OSTEVR13**	2
OSTEPR23	1	2	**#OSTEMD23**	1	2 **OSTETW23**	1 **#OSTEVR23**	2

 # Variable Excluded from Public Use Data File

Study of Women's Health Across the Nation

SELF-ADMINISTERED QUESTIONNAIRE PART A

ANNUAL FOLLOW-UP

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE **SWANID**

A2. SWAN STUDY VISIT # _____ _____ **#VISIT**

A3. FORM VERSION: 02/01/1999 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **SAADAY3†**
M M D D Y Y Y Y

A5. INTERVIEWER'S INITIALS: ___ ___ ___ **#INITS**

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / ___ ___ **#DOB**
M M D D Y Y

VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO3**

RESPONDENT'S HOME 1
CLINIC / OFFICE 2
RESPONDENT'S HOME W/ PROXY 3
CLINIC/OFFICE W/ PROXY 4

A8. INTERVIEW LANGUAGE: **LANGSAA3**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

A9. INTERVIEWER-ADMINISTERED? **#INTADMI3**

NO 1
YES 2

† This date is given in days since the initial baseline interview.

 # Variable Excluded from Public Use Data File

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. Please find the most appropriate response to each question and circle the number for the answer you choose.

Thank you for your participation in this important study.

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.

B1. In general, would you say your health is excellent, very good, good, fair or poor? (PLEASE CIRCLE ONE RESPONSE.) **OVERHLT3**

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
Don't know	-8

B2. Since your last study visit, how many different times did you stay in the hospital overnight or longer?

___ ___ # TIMES **HOSPSTA3**

B3. Since your last study visit, about how many times did you see or talk to a doctor, nurse practitioner or other health care provider, regarding your own health? (Do not count health care providers that you have seen during a visit for this study.)

___ ___ # TIMES **MDTALK3**

Since your last study visit, have you had:
(PLEASE CIRCLE 1 FOR NO OR 2 FOR YES FOR EACH QUESTION.)

		NO	YES
B4.	A Pap Smear (a routine medical test in which the doctor examines the cervix)? **PAPSMEA3**	1	2
B5.	A breast physical examination (a doctor or medical assistant feels for lumps in the breast)? **BRSTEXA3**	1	2
B6.	A mammogram (an x-ray taken only of the breast by a machine that presses the breast against a glass plate)? **MAMOGRA3**	1	2

B7. Since your last study visit, are there any health services that you needed but did not receive?

HLTHSER3

No	1	(GO TO B8)
Yes	2	(GO TO B7a)

IF YES:

B7a. What kind of health services? **HLTHSV13**

1._____

HLTHSV23

2._____

HLTHSV33

3._____

B7b. What is the **primary** reason for not receiving these health services?
(PLEASE CIRCLE ONLY ONE RESPONSE.) **PRIMREA3**

Insurance or health plan does not cover	1
Cannot afford	2
Travel distance / lack of transportation	3
No health care provider	4
Too busy/ didn't have the time	5
Other	6

Please specify _____ **#REASSPE3**

B8. Since your last study visit, have you smoked cigarettes regularly (at least one cigarette a day)?

SMOKERE3

No..... 1 (GO TO B9)
Yes ..... 2 (GO TO B8a)

B8a. IF YES: How many cigarettes, on average, do you smoke per day now?
(If NONE, please indicate with a (0) zero and answer B8b.)

_____ CIGARETTES PER DAY **AVCIGDA3**

B8b. IF NONE, (You stopped smoking), What was the last month you smoked?

_____ MONTH **#LASTSMO3**

The next 7 questions are about your exposure to smoke. If you are a smoker, please do not include yourself when answering questions B9-B11.

B9. Since your last study visit, how many other members of your household have smoked tobacco, inside the house (at least 1 cigarette, cigar or pipe bowl per day)?

_____ # PERSONS (IF ZERO, GO TO B10) **HHMEMSM3**

B9a. **During the past 7 days**, how many days were you exposed to tobacco smoke in your home?

_____# DAYS (IF 0 DAYS, GO TO B10) **HOMEXPD3**

B9b. **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 **HOMEXPH3**

B10. **During the past 7 days**, on how many days were you exposed to tobacco smoke while at work?

___ # DAYS (IF ZERO DAYS, GO TO QUESTION B11.) **WRKEXPD3**

B10a. **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 **WRKEXPH3**

B10b. **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 **PEWRKSM3**

B11. **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 **OTHEXPH3**

The next questions are about your consumption of alcoholic beverages.

B12. Since your last study visit, did you drink any beer, wine, liquor, or mixed drinks? **DRNKBEE3**

No ..... 1 (GO TO B16)
Yes ..... 2 (GO TO B13)

B13. How many glasses of beer (a medium glass or serving of beer is twelve ounces) did you drink on average per day, week or month? (PLEASE CIRCLE ONLY ONE RESPONSE.) **GLASBEE3**

None or less than one per month 1
1-3 per month 2
1 per week 3
2-4 per week 4
5-6 per week 5
1 per day 6
2-3 per day 7
4 per day 8
5 or more per day 9

B14. How many glasses of wine or wine coolers, (a medium glass or serving of wine is 4 to 6 ounces), did you drink on average per day, week or month? (CIRCLE ONE NUMBER) **GLASWIN3**

None or less than one per month	1
1-3 per month	2
1 per week	3
2-4 per week	4
5-6 per week	5
1 per day	6
2-3 per day	7
4 per day	8
5 or more per day	9

B15. How many glasses of liquor or mixed drinks, (a medium serving is one shot), did you drink on average, per day, week or month? (CIRCLE ONE NUMBER) **GLASLIQ3**

None or less than once per month	1
1-3 per month	2
1 per week	3
2-4 per week	4
5-6 per week	5
1 per day	6
2-3 per day	7
4 per day	8
5 or more per day	9

The next series of questions (B16 to B22) focus on common events in some of our lives.

B16. 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? **PHYCTDW3**	1	2
b. Accomplished less than you would like? **PHYACCO3**	1	2
c. Were limited in the kind of work or other activities? **PHYLIMI3**	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort)? **PHYDFCL3**	1	2

B17. 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 **amount of time** you spent on work or other activities? EMOCTDW3	1	2
b.	Accomplished less than you would like? EMOACCO3	1	2
c.	Didn't do work or other activities as **carefully** as usual? EMOCARE3	1	2

B18. 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) INTERFR3

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

B19. How much bodily pain have you had during the **past 4 weeks**? (CIRCLE ONE NUMBER) BODYPAI3

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

B20. 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) PAINTRF3

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

B21. These next 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)

During the **past 4 weeks, how much time...**	**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"? PEP3	1	2	3	4	5	6
b. Did you have a lot of energy? ENERGY3	1	2	3	4	5	6
c. Did you feel worn out? WORNOUT3	1	2	3	4	5	6
d. Did you feel tired? TIRED3	1	2	3	4	5	6

B22. 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) SOCIAL3

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

We are interested in finding out more information about your level of physical activity during the past year. First 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.

C1. **During the past year** (in the last 12 months), how much time did you spend on average 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) **CARING3**

None or less than 1 hour a week 1
At least 1 hour but less than 20 hours a week 2
20 hours or more a week 3

C2. **During the past year** (in the last 12 months), how much time on average did you spend preparing meals or cleaning up from meals? (CIRCLE ONE ANSWER) **MEALS3**

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

C3. **During the past year** (in the last 12 months), how often did you do routine chores requiring light physical effort such as dusting, laundry, or changing linens or grocery shopping or other shopping?
(CIRCLE ONE ANSWER) **ROUTNCH3**

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

C4. **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) **MODERAT3**

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

C5. **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 plumbing, tiling or outdoor painting? (CIRCLE ONE ANSWER) **VIGOROU3**

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

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

C6. In comparison with other women your age, is your usual level of physical activity: (CIRCLE ONE ANSWER) **PHYSACT3**

Much less than other women your age 1
Somewhat less 2
About the same as other women your age 3
Somewhat more 4
Much more than other women your age 5

C7. **During the past year** (in the last 12 months), did you watch television...(CIRCLE ONE ANSWER)

WATCHTV3

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

C8. **During the past year** (in the last 12 months), did you walk or bike to and from work, school or errands... (CIRCLE ONE ANSWER) **WALKBIK3**

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

C9. **During the past year** (in the last 12 months), did you sweat from exertion... (CIRCLE ONE ANSWER) **SWEATPA3**

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

C10. **During the past year** (in the last 12 months), did you play sports or exercise... (CIRCLE ONE ANSWER) **SPORTS3**

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

The following questions are about your participation in sports and exercise during the past year. If you NEVER played sports or exercised, please GO TO PAGE 13.

C11. Which sport, or exercise did you do **most frequently during the past year**? (SPECIFY ONLY ONE) **SPOREX13**

_____

C12. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER)

RATEIN13

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

C13. How many months in this past year did you do this activity? (CIRCLE ONE ANSWER) **MTHSAC13**

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

C14. During those months, on average, how many hours a week did you do this activity? (CIRCLE ONE ANSWER) **HRSACT13**

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

C15. Did you do any other exercise or play any other sport in the past year?

OTHSPOR3

No ..... 1 (GO TO PAGE 13)
Yes 2

C16. What was the second most frequent sport,or exercise you did in this past year? (SPECIFY ONLY ONE) **SPOREX23**

_____

C17. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER)

RATEIN23

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

C18. How many months in this past year did you do this activity? (CIRCLE ONE ANSWER)

MTHSAC23

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

C19. During those months, on average, how many hours a week did you do this activity? (CIRCLE ONE ANSWER) **HRSACT23**

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

We would like to ask about the physical activity you did during this past year as part of the work you get paid to do. If you have NOT been employed for AT LEAST 6 MONTHS OF THE PAST 12 MONTHS, GO TO PAGE 14.

C20. In comparison with other women your age, do you think your work during this past year is physically.....(CIRCLE ONE ANSWER) **PHYSWOR3**

Much lighter 1
Lighter 2
The same 3
Heavier 4
Much Heavier 5
Don't know ..... -8

C21. After work, are you physically tired.....(CIRCLE ONE ANSWER) **WORKTIR3**

Never 1
Seldom 2
Sometimes 3
Often 4
Always 5

C22. In your current job(s), on a typical day/shift, how often do you do each of the following:

	Never	Less than half of the time	About half of the time	More than half of the time	Always	Don't Know
a. Sit **WRKACTA3**	1	2	3	4	5	-8
b. Stand **WRKACTB3**	1	2	3	4	5	-8
c. Walk **WRKACTC3**	1	2	3	4	5	-8
d. Lift heavy loads greater than 15 pounds (more than the weight of 2 gallons of milk) **WRKACTD3**	1	2	3	4	5	-8
e. Stoop and bend **WRKACTE3**	1	2	3	4	5	-8
f. Push or move heavy objects **WRKACTF3**	1	2	3	4	5	-8
g. Sweat from exertion **WRKACTG3**	1	2	3	4	5	-8

Finally, we are interested in how much your physical activity level has changed since your last study visit. Please circle one number for each question.

C23. Since your last study visit, is your current level of physical activity doing chores around your home (such as cleaning, laundry, childcare, care of elders, etc., not performed for pay.)

CHORES3

Much greater now 1
Greater now 2
About the same 3
Less now 4
Much less now 5

C24. Since your last study visit, is your current level of physical activity at work performed for pay:

WORKPHY3

Much greater now 1
Greater now 2
About the same 3
Less now 4
Much less now 5
Doesn't Apply ..... -1

C25. Since your last study visit, is your current level of physical activity in planned sports (such as volleyball, softball or tennis) and exercise (such as aerobics or jogging):

PLANSPO3

Much greater now 1
Greater now 2
About the same 3
Less now 4
Much less now 5

C26. Since your last study visit, is your current level of other routine physical activity (such as walking, gardening, climbing stairs, etc.):

ROUTINE3

Much greater now 1
Greater now 2
About the same 3
Less now 4
Much less now 5

The following questions are about specific health problems you may have had over the past two weeks.

D1. 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.

How often have you had...	Not at all	1-5 days	6-8 days	9-13 days	Every day
a. Stiffness or soreness in joints, neck or shoulder? **STIFF3**	1	2	3	4	5
b. Back aches or pains? **ACHES3**	1	2	3	4	5
c. Cold sweats? **COLDSWE3**	1	2	3	4	5
d. Night sweats? **NITESWE3**	1	2	3	4	5
e. Vaginal dryness? **VAGINDR3**	1	2	3	4	5
f. Feeling blue or depressed? **FEELBLU3**	1	2	3	4	5
g. Dizzy spells? **DIZZY3**	1	2	3	4	5
h. Irritability or grouchiness? **IRRITAB3**	1	2	3	4	5
i. Feeling tense or nervous? **NRVOUS3**	1	2	3	4	5
j. Forgetfulness? **FORGET3**	1	2	3	4	5
k. Frequent mood changes? **MOODCHG3**	1	2	3	4	5
l. Heart pounding or racing? **HARTRAC3**	1	2	3	4	5
m. Feeling fearful for no reason? **FEARFULA3**	1	2	3	4	5
n. Headaches? **HDACHE3**	1	2	3	4	5
o. Hot flashes or flushes? **HOTFLAS3**	1	2	3	4	5

D2. These questions (a - d) are about your sleep habits over the past two weeks. 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 the past 2 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times per week	Yes, 5 or more times a week
In the past two weeks...					
a. Did you have trouble falling asleep? **TRBLSLE3**	1	2	3	4	5
b. Did you wake up several times a night? **WAKEUP3**	1	2	3	4	5
c. Did you wake up earlier than you had planned to, and were unable to fall asleep again? **WAKEARL3**	1	2	3	4	5

d. Overall, was your typical night's sleep during the past 2 weeks: **TYPNIGH3**

1	2	3	4	5
Very Sound or Restful	Sound or Restful	Average Quality	Restless	Very Restless

The following questions relate to your usual sleep habits during the past month only. Your answers should give the most accurate description for most of the days and nights in the past month. Please answer all questions.

D3. During the past month, when have you usually gone to bed at night? (PLEASE CIRCLE A.M. OR P.M.)

BEDTIME3

USUAL BED TIME ___ ___:___ ___ A.M. 1. P.M. 2. **BEDTIMA3**

D4. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

NUMBER OF MINUTES _____ **NUMMINU3**

D5. During the past month, when have you usually gotten up in the morning? (PLEASE CIRCLE A.M. OR P.M.)

GETUPTI3

USUAL GETTING UP TIME ___ ___:___ ___ A.M. 1. P.M. 2. **GETPAMP3**

D6. During the past month, how many hours of **actual sleep** did you get at night? (This may be different than the number of hours you spend in bed.)

HOURS OF SLEEP PER NIGHT _____ **HRSSLEE3**

D7. During the past month, how often have you had trouble sleeping because you...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Feel too cold **TOOCOLD3**	1	2	3	4
b. Feel too hot **TOOHOT3**	1	2	3	4
c. Had bad dreams **BADREAM3**	1	2	3	4
d. Have pain **HAVPAIN3**	1	2	3	4
e. Other reason(s). Please describe: **TRBSLPE3** **OTHTRB3**	1	2	3	4

_____

_____

D8. During the past month, how would you rate your sleep quality overall?

SLEEPQL3

Very good 1
Fairly good 2
Fairly bad 3
Very bad 4

D9. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?

MEDICIN3

Not during the past month 1
Less than once a week 2
Once or twice a week 3
Three or more times a week 4

D10. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

TRBAWAK3

Not during the past month 1
Less than once a week 2
Once or twice a week 3
Three or more times a week 4

D11. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

ENTHUS3

No problem at all 1
Only a very slight problem 2
Somewhat of a problem 3
A very big problem 4

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

D12. How often do you usually get up from bed at night to urinate? (CIRCLE ONLY ONE ANSWER)

GETUPUR3

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

D13. Since your last study visit, have you had any urinary tract infections?

UTI3

No 1
Yes 2

D14. Since your last study visit, have you ever leaked, even a very small amount, of urine involuntarily?

INVOLEA3

No ..... 1 (GO TO D15)
Yes 2

↓

IF YES:

a. **In the last month**, about how many days have you lost any urine, even a small amount, beyond your control? (CIRCLE ONLY ONE ANSWER)

DAYSLEA3

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

b. Under what circumstances does it occur?
(CIRCLE 1 FOR NO OR 2 FOR YES FOR EACH QUESTION)

	NO	YES
1. Coughing **COUGHIN3**	1	2
2. Laughing **LAUGHIN3**	1	2
3. Sneezing **SNEEZIN3**	1	2
4. Jogging **JOGGING3**	1	2
5. Picking up an object from the floor **PICKUP3**	1	2
6. When you have an urge to void and can't get to a toilet fast enough. **URGEVOI3**	1	2
7. Other **OTHRLEA3**	1	2
Specify: _____ **#LEAKSPE3**		

c. How much urine do you lose when you leak? (CIRCLE ONLY ONE ANSWER.)

AMTLEAK3

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

d. 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): **LEAKBOT3**

0	1	2	3	4	5	6	7	8	9	10
Not at all bothered					Somewhat bothered					Extremely bothered

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

D15. In the past 12 months, have you used any of the following for any reason? (CIRCLE ONLY ONE NUMBER FOR EACH)

	NO	YES
a. Special diets or nutritional remedies, such as macrobiotic or vegetarian diets, or vitamin supplements or therapy? **NUTRIRE3**	1	2
b. Herbs or herbal remedies, such as homeopathy or Chinese herbs or teas? **HERBREM3**	1	2
c. Psychological methods, such as meditation, mental imagery, or relaxation techniques? **PSYCMET3**	1	2
d. Physical methods, such as massage, acupressure, acupuncture, or chiropractic therapy? **PHYSMET3**	1	2
e. Folk medicine or traditional Chinese medicine? **FOLKMED3**	1	2
f. Any others? **OTHRTHE3**	1	2

IF YES, please specify:

_____

_____

_____

_____

SPECOTH3

E1. These next questions ask about events that we sometimes experience in our lives. **Since your last study visit,** 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 . If you have and it was very upsetting and is still upsetting, circle 5. (PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION.)

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very Upsetting and still upsetting
a. Started school, a training program, or new job? **STARTNE3**	1	2	3	4	5
b. Had trouble with a boss or conditions at work got worse? **WORKTRB3**	1	2	3	4	5
c. Quit, fired or laid off from a job? **QUITJOB3**	1	2	3	4	5
d. Took on a greatly increased work load at job? **WORKLOA3**	1	2	3	4	5
e. Husband/partner became unemployed? **PRTUNEM3**	1	2	3	4	5
f. Major money problems? **MONEYPR3**	1	2	3	4	5
g. Relations with husband/partner changed for the worse but without separation or divorce? **WORSREL3**	1	2	3	4	5
h. Were separated or divorced or a long-term relationship ended? **RELATEN3**	1	2	3	4	5
i. Had a serious problem with child or family member (other than husband/partner) or with a close friend? **SERIPRO3**	1	2	3	4	5
j. A child moved out of the house or left the area? **CHILDMO3**	1	2	3	4	5
k. Took on responsibility for the care of another child, grandchild, parent, other family member or friend? **RESPCAR3**	1	2	3	4	5
l. Family member had legal problems or a problem with police? **LEGALPR3**	1	2	3	4	5

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very Upsetting and still upsetting
m. A close relative (husband/partner, child or parent) died. . .					
1. husband/partner? **HUSBDIE3**	1	2	3	4	5
2. child? **CHLDDIE3**	1	2	3	4	5
3. parent? **PRNTDIE3**	1	2	3	4	5
n. A close friend or family member other than a husband/partner, child or parent died? **CLOSDIE3**	1	2	3	4	5
o. Major accident, assault, disaster, robbery or other violent event happened to yourself? **SELFVIO3**	1	2	3	4	5
p. Major accident, assault, disaster, robbery or other violent event happened to a family member? **FAMLVIO3**	1	2	3	4	5
q. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? **PHYSILL3**	1	2	3	4	5
r. Other major event not included above? **MAJEVEN3**	1	2	3	4	5
Specify: _____					

SECTIONS F & G DELETED FROM QUESTIONNAIRE

These next questions concern different aspects (or roles) of your life and how you feel about them.

H1. Are you currently employed for pay?

EMPLYPA3

No ..... 1 (GO TO H2)
Yes 2

a. How rewarding is your job? (CIRCLE ONE NUMBER)

REWRDJO3

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

b. How stressful is your job? (CIRCLE ONE NUMBER)

STRSSJO3

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

H2. Are you currently caring for an older or disabled family member?

CRNTCAR3

No ..... 1 (GO TO H3)
Yes 2

a. How rewarding is your role as caregiver? (CIRCLE ONE NUMBER)

RWRDCAR3

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

b. How stressful is your role as caregiver? (CIRCLE ONE NUMBER)

STRSCAR3

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

H3. Are you currently married or in a committed relationship?

CRNTMAR3

No ..... 1 (GO TO H4)
Yes 2

a. How rewarding is this relationship? (CIRCLE ONE NUMBER)

RWRDREL3

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

b. How stressful is this relationship? (CIRCLE ONE NUMBER)

STRSREL3

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

H4. Do you have any children or stepchildren?

CHILDRE3

No ..... 1 (GO TO I1)
Yes 2

a. How rewarding is your role as a mother? (CIRCLE ONE NUMBER)

REWRDMO3

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

b. How stressful is your role as a mother? (CIRCLE ONE NUMBER)

STRSSMO3

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

We would like to ask you for some important information that will help us to understand your answers better. Please remember that all of your answers will of course remain confidential.

I1. What is your total family income (before taxes) from all sources within your household in the last year? (Circle the answer that is your best guess.)

INCOME3[$]

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

The next question deals with how you respond to your physical senses. For each item, please indicate the degree to which each statement is TRUE OF YOU in general.

J1. Please circle the number that corresponds to your answer for each statement below:

(CIRCLE ONLY ONE ANSWER FOR EACH QUESTION)

	Not at all True	A little bit true	Moderately true	Quite a bit true	Extremely true
a. I am often aware of various things happening within my body. **AWAREBO3**	1	2	3	4	5
b. Sudden loud noises really bother me. **NOISES3**	1	2	3	4	5
c. I hate to be too hot or too cold. **HOTCOLD3**	1	2	3	4	5
d. I am quick to sense the hunger contractions in my stomach. **HUNGER3**	1	2	3	4	5
e. I can't stand pain. **STNDPAI3**	1	2	3	4	5

SECTION K DELETED FROM QUESTIONNAIRE

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.

[$] I.1 Income categories have been condensed from the original questionnaire

 # Variable Excluded from Public Use Data File

L1. In your day-to-day life have you had the following experiences: (CIRCLE ONE ANSWER FOR EACH)

	Often	Sometimes	Rarely	Never
a. You are treated with less courtesy than other people. COURTES3	1	2	3	4
b. You are treated with less respect than other people. RESPECT3	1	2	3	4
c. You receive poorer service than other people at restaurants or stores. POORSER3	1	2	3	4
d. People act as if they think you are not smart. NOTSMAR3	1	2	3	4
e. People act as if they are afraid of you. AFRAIDO3	1	2	3	4
f. People act as if they think you are dishonest. DISHONS3	1	2	3	4
g. People act as if they're better than you are. BETTER3	1	2	3	4
h. You or your family members are called names or insulted. INSULTE3	1	2	3	4
i. You are threatened or harassed. HARASSE3	1	2	3	4
j. People ignore you or act as if you are not there. IGNORED3	1	2	3	4

IF YOU ANSWERED "OFTEN" OR "SOMETIMES", TO ONE OR MORE STATEMENTS IN L1, PLEASE ANSWER QUESTION L2.

L2. Were any of the following reasons why you "sometimes" or "often" had these experiences? (CIRCLE ONE ANSWER FOR EACH.)

		NO	YES
a. Race	BCRACE3	1	2
b. Ethnicity	BCETHN3	1	2
c. Gender	BCGENDR3	1	2
d. Age	BCAGE3	1	2
e. Income Level	BCINCML3	1	2
f. Language	BCLANG3	1	2
g. Body Weight	BCWGHT3	1	2
h. Physical Appearance (other than body weight)	BCPHAPP3	1	2
i. Sexual Orientation	BCORIEN3	1	2
j. Other	OTHEREX3	1	2

Specify: _____ #OTHRSPE3

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

Variable Excluded from Public Use Data File

Study of Women's Health Across the Nation

SELF-ADMINISTERED QUESTIONNAIRE PART B

ANNUAL FOLLOW-UP

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: [ ] **SWANID**

A2. SWAN STUDY VISIT # _____ _____ **#VISIT**

A3. FORM VERSION: 0 2 / 0 1 / 1 9 9 9 (M M / D D / Y Y Y Y) **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ (M M / D D / Y Y Y Y) **SABDAY3**†

A5. INTERVIEWER'S INITIALS: ___ ___ ___ **#INITS**

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / ___ ___ (M M / D D / Y Y) **#DOB**
VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO3**

RESPONDENT'S HOME 1
CLINIC/OFFICE 2
RESPONDENT'S HOME W/ PROXY 3
CLINIC/ OFFICE W/ PROXY 4

A8. INTERVIEW LANGUAGE: **LANGSAB3**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

A9. INTERVIEWER-ADMINISTERED? **#ADMIN3**

NO 1
YES 2

† This date is given in days since the initial baseline interview

 # Variable Excluded from Public Use Data File

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 and health, 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.

B1. How important is sex in your life? (CIRCLE ONE NUMBER) **IMPORSE3**

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

B2. 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) **DESIRSE3**

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

B3. During the past 6 months, have you engaged in sexual activities with a partner? (CIRCLE ONE NUMBER) **ENGAGSE3**

No ..... 1 (GO TO B3.a)
Yes ..... 2 (GO TO B4)

B3.a People do not engage in sexual activities with partners for many reasons. Please circle 1 (NO) or 2 (YES) for each reason listed below. Please answer all four questions.

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

	NO	YES
1) I do not have a partner at this time. **NOPARTN3**	1	2
2) My partner has a physical problem that interferes with sex. **PARTPRO3**	1	2
3) I have a physical problem that interferes with sex. **PHYSPRO3**	1	2
4) Other: Please Specify_____ **NOSEXOT3**	1	2

_____
#NOSEXSP3

PLEASE TURN TO PAGE 6, AND ANSWER QUESTION B15.

B4. In the past 6 months, how physically pleasurable was your relationship with your partner:

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

PHYSPLE3

B5. In the past 6 months, how emotionally satisfying was your relationship with your partner?

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

SATISFY3

B6. During the past 6 months, how often, on average, have you engaged in each of 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? **KISSING3**	1	2	3	4	5
b) Sexual touching or caressing? **TOUCHIN3**	1	2	3	4	5
c) Oral sex? **ORALSEX3**	1	2	3	4	5
a) Sexual intercourse? **INTCOUR3**	1	2	3	4	5

Please answer the following questions, B7 - B9, about sexual activity with your partner(s).

B7. During the last 6 months, how often did you feel aroused during sexual activity? **AROUSED3**

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

B8. During the past 6 months, have you felt vaginal or pelvic pain during intercourse? **PELVIC3**

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

B9. During the last 6 months, how often have you used lubricants, such as creams or jellies, to make sex more comfortable? **LUBRICN3**

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

Please answer the following questions, B10 - B14, about sexual activity with your partner(s).

B10. During the past six months, how often were you able to reach climax (come)?

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

ABLECLM3

B11. During the past six months, how often was it important for you to reach a climax?

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

IMPCLMX3

B12. During the past six months, how often did you feel satisfied after sexual activity?

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

SATISFD3

B13. During the past six months, how often were you satisfied with the frequency of sexual activity?

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

FREQUEN3

B14. During the past six months, how frequently did you feel tense or nervous after a sexual experience?

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

NERVOUS3

B15. On average, in the last 6 months, how often have you engaged in masturbation (self-stimulation)?

1	2	3	4	5	6
Not at all	Less than once a Month	Once or Twice a Month	About once a week	More than once a week	Daily

MASTURB3

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.

Study of Women's Health Across the Nation

SELF-ADMINISTERED QUESTIONNAIRE PART C

ANNUAL FOLLOW-UP

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: AFFIX ID LABEL HERE [ ] **SWANID**

A2. SWAN STUDY VISIT # _____ _____ **#VISIT**

A3. FORM VERSION: 02/01/1999 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ (M M / D D / Y Y Y Y) **SACDAY3**†

A5. INTERVIEWER'S INITIALS: ___ ___ ___ **#INITS**

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / ___ ___ (M M / D D / Y Y) **#DOB**
VERIFY WITH RESPONDENT

A7. COMPLETED IN: **#LOCATIO3**

RESPONDENT'S HOME 1
CLINIC / OFFICE 2
RESPONDENT'S HOME W/ PROXY 3
CLINIC/OFFICE W/ PROXY 4

A8. INTERVIEW LANGUAGE: **LANGSAC3**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

A9. INTERVIEWER-ADMINISTERED? **#ADMIN3**

NO 1
YES 2

† This date is given in days since the initial baseline interview

 # Variable Excluded from Public Use Data File

We are interested in learning more about your health, health care decisions and practices. Once again, all your responses will be kept strictly confidential. It is very important that you answer each question the best you can. Please find the most appropriate response to each question, and circle the number for the answer you choose.

B1. Do you have a health care provider from whom you **primarily** get your care for women's health conditions? **PROVIDE3**

No ..... 1 **(GO TO B8)**
Yes ..... 2 **(GO TO B2)**

B2. What is the name of this health care provider? **#PROVNAM3** _____ (FIRST) **#PROVLAS3** _____ (LAST)

B3. What is the name and location of the institution where he/she practices?
#INSTITU3 _____ (INSTITUTION NAME) **#CITYTOW3** _____ (CITY/TOWN)

B3.a. What type of practice is this? **TYPEPRA3**

Hospital 1
Office 2
Clinic 3
Other 4
Specify:_____ **#SPECIF13**

B4. Which of the following best describes this provider's specialty.
(PLEASE CIRCLE ONE RESPONSE) **SPECIAL3**

A family practitioner 1
An internist 2
A gynecologist 3
A nurse practitioner or physician assistant 4
A naturopath (one who uses natural (non-medicinal) therapy) 5
Other 6
Specify:_____ **SPECIFY3**
No specialty 7
Don't know ..... -8

B5. Since your last study visit, about how many times did you see or talk to **this** health care provider regarding your own health? **VISIPRO3**

_____ _____#Times

B6. Please indicate what role you prefer that this health care provider take in deciding about your health:
(PLEASE CIRCLE ONLY ONE NUMBER) **ROLE3**

1	2	3	4	5	6	7
My provider's role is to provide information and let me make my own decision						My provider's role is to evaluate my situation and make the best decision for me

 # Variable Excluded from Public Use Data File

B7. Here are some statements that describe ways health care providers sometimes interact with their patients. Using the scale provided, indicate how often each statement is true for you and your health care provider for women's health conditions (the provider you listed above). If a statement describes something that has never come up for you, respond according to how you think your provider would most likely respond.

		Almost Always	Often	Neutral	Seldom	Almost Never
a.	My health care provider encourages me to make my own decisions regarding treatment plans. **ENCOURA3**	5	4	3	2	1
b.	When my health care provider recommends treatment plans he/she also discusses alternatives. **DISCUSS3**	5	4	3	2	1
c.	If I refuse treatment, my health care provider respects my decision. **REFUSAL3**	5	4	3	2	1
d.	My health care provider encourages me to participate in decisions about my health care. **PARTICI3**	5	4	3	2	1
e.	My health care provider seriously considers any alternative treatments that I suggest. **ALTERNA3**	5	4	3	2	1
f.	If I tell my health care provider my treatment plan is too difficult or too much trouble, he/she changes it. **CHANGES3**	5	4	3	2	1
g.	My health care provider encourages me to trust my own judgment about my health care. **JUDGEMN3**	5	4	3	2	1

 # Variable Excluded from Public Use Data File

B8. In the past year, have you talked to any health care providers or other professionals for problems with emotions, "nerves", or mental health? **EMOTION3**

NO ..... 1 (GO TO C1)
YES..... 2 (GO TO B9)

B9. In the past year, have you seen or talked with any of the following health care providers or other professionals for treatment of emotional problems?

	NO	YES	B9.1 **IF YES**: How many times have you seen or talked to **this** kind of provider or professional in the past year?
a. Primary care provider / family physician (not an OB/GYN physician) **PRIMARY3**	1	2	____ ____ ____ times **PRIMAR13**
b. OB/GYN (Obstetrician/gynecologist) physician **OBSTETR3**	1	2	____ ____ ____ times **OBSTET13**
c. Nurse practitioner / registered nurse or physician assistant **PRACTIT3**	1	2	____ ____ ____ times **PRACTI13**
d. Psychiatrist **PSYCHIA3**	1	2	____ ____ ____ times **PSYCHI13**
e. Psychologist, social worker or counselor **PSYCHOL3**	1	2	____ ____ ____ times **PSYCHO13**
f. Other **OTHER3**			**OTHER13**
Specify: _____ **OTHER_S3**	1	2	____ ____ ____ times
_____	1	2	____ ____ ____ times

C1. Since your last study visit, have you had any of the following conditions?

	NO	YES	C1.1. **IF YES,** has it made it difficult to carry out your daily routine (e.g., work, housework, childcare)? NO	YES
a. endometriosis **ENDO3** (abnormal growths in lining of uterus)	1	2	1 **ENDODIF3**	2
b. pelvic pain **PELVIC3** (pain in the lowest part of the abdomen)	1	2	1 **DIFFPEL3**	2
c. pelvic prolapse or relaxation **PROLAPS3** (the uterus, bladder, or rectum drops, sometimes bulging out of vagina)	1	2	1 **DIFFPRO3**	2
d. pelvic cancer **PCANCER3** (cancer of the vulva, cervix, uterus,or ovaries)	1	2	1 **DIFFCAN3**	2
e. abnormal bleeding **ABBLEED3** (bleeding from the vagina that is different from usual: irregular, heavy, or long in duration)	1	2	1 **DIFFBLE3**	2

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. READING: PRIMARY DATA COLLECTION.....1 **#DATACOL1**

QC DATA COLLECTION.....2

#FORM_V

A4. FORM VERSION: 0 2 / 0 1 / 1 9 9 7 (M M / D D / Y Y Y Y)

PHYDAY3†

A5. DATE FORM COMPLETED: ____ ____ / ____ ____ / ____ ____ ____ ____ (M M / D D / Y Y Y Y)

A6. RESPONDENT'S DOB: ____ ____ / ____ ____ / ____ ____ **#DOB** (M M / D D / Y Y)

VERIFY WITH RESPONDENT

A7. MEASUREMENTS COMPLETED IN: **#LOCATIO3**

RESPONDENT'S HOME.....1

CLINIC/OFFICE.....2

A8. TECHNICIAN'S INITIALS

a. BLOOD PRESSURE ____ ____ ____ **#INITSA3**

b. HEIGHT/WEIGHT ____ ____ ____ **#INITSB3**

c. WAIST/HIP ____ ____ ____ **#INITSC3**

† This date is given in days since the initial baseline interview

 # Variable Excluded from Public Use Data File

Section B. Measurements

B.1. ARM LENGTH ☐☐.☐ cm #ARMLNGT3

B.2. ARM CIRCUMFERENCE ☐☐.☐ cm #ARMCIRC3

B.3. CUFF SIZE USED (Circle one.) #CUFFSIZ3
1. Pediatric
2. Adult
3. Large Adult
4. Thigh

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 ☐☐ beats/30 sec PULSE3

B.5. BLOOD PRESSURE **#1** (SYS./DIA. 5th Phase) SYSBP13 / DIABP13 ☐☐☐ / ☐☐☐ mmHg

B.6. BLOOD PRESSURE **#2** (SYS./DIA. 5th Phase) SYSBP23/ DIABP23 ☐☐☐ / ☐☐☐ mmHg

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

B.7. HEIGHT HEIGHT3 ☐☐☐.☐☐ cm

B.7.1. Measurement Method HTMETHO3 1. Stadiometer 2. Portable

B.8. WEIGHT WEIGHT3 ☐☐☐.☐ kg

B.8.1. Scales SCALE3 1. Balance Beam 2. Clinic Digital 3. Portable

B.9. WAIST CIRCUMFERENCE WAIST3 ☐☐☐.☐ cm

B.9.1. Measurement taken in: WASTMEA3 1. Undergarments 2. Light clothing

B.10. HIP CIRCUMFERENCE HIP3 ☐☐☐.☐ cm

B.10.1. Measurement taken in: HIPMEAS3 1. Undergarments 2. Light clothing

B.11. **Please note if there were any unusual circumstances or deviations from the protocol.** #DEVIATE3

_____

_____

ADDITIONAL PHYSICAL MEASURES

One additional measure, BMI3, has been made available:

Variable	*Meaning*	*Values*
BMI3	Body Mass Index	numeric

BMI3 is calculated as weight in kilograms divided by the square of height in meters.

ADDITIONAL MEASURES COLLECTED

The following measures that were collected at Visit 03 have been included in the codebook:

SERUM HORMONE MEASURES

1. *Variables for assays*

Variable	*Assay*	*Units*
DHAS3	Dehydroepiandrosterone sulfate	ug/dL
FSH3	Follicle-stimulating hormone	mIU/mL
SHBG3	Sex hormone-binding globulin	nM
T3	Testosterone	ng/dL
E2AVE3*	Estradiol (see important note below)	pg/mL

*** IMPORTANT NOTE: There were originally two estradiol result variables because estradiol was run in duplicate. E2AVE2 is the within-person arithmetic average of the two estradiol variables.**

2. *Flags and other variables*

Variable	*Meaning*	*Codes*
CYCDAY3	Day of cycle	n/a
FLGCV3	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%.	0=no, 1=yes
FLGDIF3	One or both Estradiol results ≤ 20 pg/mL and the difference between them is > 10 pg/mL. Note: Differences were found between some of the Estradiol duplicate measurements. The following guidelines were decided upon: *1. If both E2 values>20 pg/ml, CV must be ≤15%.* *2. If one or both E2≤20 pg/ml, the two E2 results must agree within 10 pg/ml.* ***DATA WITH THESE FLAGS SHOULD BE OMITTED FROM DATA ANALYSES, OR USED WITH CAUTION IF INCLUDED IN ANALYSES.***	

*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 LLDs were provided by the lab and applied 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

CARDIOVASCULAR MEASURES

1. *Variables for assays*

Variable	*Assay*	*Units*
CHOLRES3	Total cholesterol	mg/dl
TRIGRES3	Triglycerides	mg/dl
LDLRESU3	Low-density lipoprotein cholesterol (estimated)	mg/dl
HDLRESU3	High density lipoprotein cholesterol	mg/dl
GLUCRES3	Glucose	mg/dl
INSURES3	Insulin	uIU/ml
FACRESU3	Factor VII	%
FIBRESU3	Fibrinogen	mg/dl
PAIRESU3	PAI-1	ng/ml
TPARESU3	tPA	ng/ml
LPARESU3	Lipoprotein Lp(a)	mg/dl
LPA1RES3	Lipoprotein A-1	mg/dl
APOARES3	Apolipoprotein A-1	mg/dl
APOBRES3	Apolipoprotein B	mg/dl
CRPRESU3	C-reactive protein	mg/l

2. *Flags and other variables*

Variable	*Meaning*	*Codes*
FLAGSER3	Flag to indicate that lipids were measured on serum rather than plasma because plasma was not available. Lipids for these subjects were not set to missing.	0=no, 1=yes
FLGCVRV3	Flag to indicate the sample was collected after the cut-off date for Visit 3 (01/31/2001)	0=no, 1=yes

*1=yes means flagged

3. *Changes to the data:*
   - Non-fasting Triglycerides, Insulin, & Glucose - If women were not fasting, triglycerides, insulin and glucose were set to missing in the frozen data set because these assays are not valid for non-fasting samples.
   - Estimated vs. Direct LDL. LDL is estimated using the Friedewald equation for all women with triglycerides below 400 mg/dl. If triglycerides exceed 400 mg/dl, LDL is set to missing.
   - Serum lipids. A few subjects had their lipids measured from serum rather than plasma. The results were left as is but subjects were flagged (FLAGSER1=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.

Variable	*Meaning*	*Codes*
SPSCDAY3	Spine Scan Day	
SPSCTIM3	Spine Scan Time	
SPSCMOD3	Spine Scan Mode	5 = 2000 machine 11=4500 machine
HPSCDAY3	Hip Scan Day	
HPSCTIM3	Hip Scan Time	
HPSCMOD3	Hip Scan Mode	5 = 2000 machine 11=4500 machine
SPBMDT3	Total Spine BMD w/cross-calibration applied	
HPBMDT3	Total Hip BMD w/cross-calibration applied	
BMDFLG3	PI recommended for spine exclusion	0=no 1=yes

MENOPAUSAL STATUS MEASURES

Variable	*Meaning*	*Codes*
STATUS3	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

STATUS3 represents menopausal status. 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 - *w*omen 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 - *w*omen 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

LMPDAY3 is the number of days from baseline (Day 0) to the date of the last menstrual period at Visit 03. It is pulled from another source that evaluated the menopause status related variables over time, and corrected inconsistencies via additional corroborating information

RACE/ETHNICITY

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

Variable	*Meaning*	*Codes*
RACE	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