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ICPSR 32721

Study of Women's Health Across the Nation (SWAN), 2005-2007: Visit 09 Dataset

P.I. Codebook

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Kim Sutton-Tyrell
University of Pittsburgh

Faith Selzer
University of Pittsburgh

MaryFran R. (Mary Francis Roy) Sowers
University of Michigan

Joel Finkelstein
Massachusetts General Hospital, Boston

Lynda Powell
Rush University. Rush-Presbyterian-St. Luke's Medical Center, Chicago

Ellen Gold
University of California-Davis

Gail Greendale
University of California-Los Angeles

Gerson Weiss
University of Medicine and Dentistry-New Jersey Medical Center

Karen Matthews
University of Pittsburgh

Maria Mori Brooks
University of Pittsburgh

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STUDY of WOMEN'S HEALTH ACROSS the NATION

FOLLOW-UP VISIT 09

CODEBOOK

ICPSR UPDATED DATASET 2018

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DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 09 DATASET

CHANGES IN THE 2018 DATA REFREEZE:

- Additional participant data has become available for Visit 9 (n=214) that was not present in the previous version of this dataset for the following forms: Interview, Self-Administered Questionnaire (Part A), Physical Measures, Hormones, and Specimen Collection.
- 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.
- 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.
- Variables STATUS9 and LMPDAY9 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: STATUS9 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 the Interview dataset:
  - Job start and stop times (G4) were changed to military time format, and the AM/PM variables dropped.
  - The interview language variable LANGUAG9 was renamed LANGINT9
  - One participant's answer of "Yes (2)" to QD1.i (Had heart attack since last visit?) was proved to be an entry error when asked at a later visit. The corrected answer should be "No (1)" and was updated.
- For the Food Frequency Questionnaire, twelve blank completion dates were included and three corrected.
- For the Physical Measures dataset, two participants had corrected weights and updated BMIs. Please note that the change in weight caused changes in bioimpedance created variables.
- Spine Bone Mineral Density changed slightly for 43 participants due to incorrect application of correction factors
- 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.

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1. Who is included in the public use dataset:

The dataset contains follow-up visit 9 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, Chicago, IL, and New Jersey.

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 9. 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 *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 9 Self-Administered Questionnaire Part A was collected 9 years after the baseline interview, the day for the Self-Administered Part A would be day 3285 and the Baseline Interview would be day 0.

All variables for visit 9 have a 9 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

Interview Questionnaire

In general, most 'Other, specify' text fields are not included in the dataset.
- A menopausal status variable (STATUS9) was derived for all analyses of the SWAN data for the participant at visit 9.
- Age (AGE9) was calculated from date of birth to when the interview form was completed, and is rounded to the next lowest integer.
- CES-D scores can be created from the questions in F.5.
- A perceived stress score can be created from questions in F.4.
- In depth complementary and alternative medicine questions are asked in questions C.1 through C.21.
- Several forms of the interview could be administered, depending on the amount of time available with the participant. This is also the first visit to implement the final menstrual period form, which contains some of the same variables as are found in the interview. The flag FORMINT9 was set to indicate which version of the interview was administered:
    a) FUI indicates participants that completed the full interview.
    b) AINT (Abbreviated FU interview) (135 participants) completed an abbreviated interview in combination with either an abbreviated or full Self-Administered Part A form.
    c) AFUI (Abbreviated Plus FU Interview) (43 participants) completed the abbreviated form of the interview made that comprised key questions from the interview and Self-Administered Questionnaire – Part A.
    d) MAIL (Mailed Interview) (36 participants) completed the mailed form of the interview, which was typically mailed to the participant, but could also be administered in a home visit or in the clinic by site personnel
    e) FMP (Final Menstrual Period Form) (1 participant) – could be filled in at the clinic, home or by mail.
- An attitude toward aging and menopause score can be created from the questions F.2.a-c and F.3.a-d and is scored according to Sommer B, et al, article 'Attitudes Toward Menopause and Aging Across Ethnic/Racial Groups' in *Psychosomatic Medicine,* 1999; 61:868-75. For this scale, a score is calculated if at least 4 of the 7 items were completed. Responses were reversed where necessary (F.2.a, F.2.c, and F.3.a) so that all items are positively scored. Items are summed and averaged, and can range from 1.00 to 3.00, with a higher value indicating a more positive attitude. Additionally, the continuous score can be converted to a categorical score defined as: 1=neutral/negative attitude (1.0-2.00); 2=slightly/somewhat positive attitude (2.01-2.49); and 3=highly positive attitude (2.50-3.00).

Self-Administered Questionnaire Part A

The participant could fill in a full Self-Administered Questionnaire, Part A, a phone interview, or one of three abbreviated versions as described above (AINT, AFUI, or MAIL). The flag FORMSAA9 delineates those who did the full questionnaire (SAA) from the 110 participants who did the abbreviated questionnaire (AIN), the 7 that did the phone interview (PAT), the 43 that did the abbreviated plus follow-up interview (AFU) and the 36 who completed a Mailed Questionnaire Annual Follow-up (MAL).

- The income question (G.1) was condensed so that the income ranges were more broadly defined.
- Current smoking is defined as anyone who answered 'yes' to question B.9 (SMOKERE9) and an answer greater than 0 for B.9a (AVGCIGDA9).
- Positive and Negative Affect Schedule (PANAS) Scores can be derived from questions H.1.a through H.1.t. A subset of the participants answered the Japanese version, which has 22 culturally appropriate items rather than the 20 items asked on the English version. There is no direct correlation between the two versions, so all Japanese items have been set to missing. In addition, question G.1.b has been set to missing because 'disinterested' was on the form, but the correct PANAS term is 'distressed.' It is suggested that the raw 9 item negative affect score, when multiplied by 1.112, can be made comparable to the positive affect score and the outcomes found in the literature.
- A Somatosensory Amplification Scale (Barsky, AJ et al, Psychosomatic Medicine, 1988, 50(5):510-519) can be derived from questions F.1.a through F.1.e as long as all five items were completed. It is rescaled and summed to create a total symptom score ranging from 0 to 20, with a higher score indicating more sensitivity.
- An Attitude towards Aging Summary Score can be derived from the questions in F.2.a-g as long as at least 6 of the 7 items were completed. All questions except for F.2.e and F.2.g should be reversed so that all items are positively scored. Items are summed, and can range from 0 to 28. A higher value indicates a more positive attitude.

- The flag FLGSAAV9 is set for the 2 participants who completed the questionnaire after the 01/31/2007 cutoff.

Physical Measures

- In addition to the variables on the form, BMI9 was also calculated as weight in kilograms divided by the square of height in meters.
- Self-reported weight and height were collected, along with the reason for using self-reported measures.

Cognitive Function Form

- Individual and summary scores are available for the following tests: East Boston Memory Test (both the immediate and delayed recall of a story), Symbol Digits Modalities Test, Faces (both immediate and delayed recall) and the Digits Backward Test.
- Several special codes were used in this dataset to indicate why tests (and test items) were not administered:
  - 6 = Not administered because of physical impairment
  - 7 = Not administered because of verbal refusal
  - 8 = Not administered because of a behavioral reason
  - 9 = Not administered for some other reason
  - 10 = Administered but not according to protocol

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. 112 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).

A subset of participants were asked questions on an Ethnics Food Page (**EFP**) concerning Spanish, Chinese, or Japanese foods eaten, and are indicated in the variable EFP9. The administration was changed slightly in Visit 9 from the Baseline administration in the following ways:
1. Chinese should also be asked Japanese foods;
2. Japanese should also be asked Chinese foods;
3. A subset of Caucasians should be asked both Chinese and Japanese food

The variables for the EFP are included in this visit because the EFP nutrient estimates are included in the DTT (dietary) nutrients estimates (and where relevant, the ALL nutrient estimates – dietary plus supplements), and investigators may want to subtract those estimates from the DTT and ALL.

Additional Measures

Several variables pertaining to the blood draw (serum hormone and cardiovascular measures) that were part of the follow-up interview were moved to a separate questionnaire. Those variables are now included in this part of the data dictionary.

Serum Hormone Measures

The Visit 9 hormone results are included. Of special note is that the estradiol assay was run in duplicate. The average (E2AVE9) 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.

The flag FLGHRMV9 is set for the 2 participants who completed the questionnaire after the 01/31/2007 cutoff.

Cardiovascular Measures

Blood samples to perform the cardiovascular assays were collected at Visit 9, but will be assayed at a later date.

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.

Bioimpedance Measures

Body composition was measured using bioimpedance equipment. Percent body fat (equation provided by Dr. MaryFran Sowers), skeletal muscle mass (Janssen, 2000), fat free mass, total body water, and percent body fat (all provided by RJL Systems and validated using NHANES III data (Chumlea, 2002)) are also provided. MISSPHY9 flags where missing physical measures caused the created variables to be missing, and MISSCON9 flags where conductance was missing. A flag (FLAGSRP9) indicates where self-reported physical measures were used in calculations. A flag FLGBIOV9 indicates where two participants completed the bioimpedance measures after the Visit 9 cutoff (01/31/2007).

Additional variables

Menopausal status (STATUS9) and last menstrual period day (LMPDAY9) 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 (INTDAY9, SAADAY9, PHYDAY9, FFQDAY9, HRMDAY9, COGDAY9, BMDDAY9, SPEDAY9, SPSCDAY9, HPSCDAY9, BIODAY9, CAMDAY9, LMPDAY9, HYSTDAY9) 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.

ANNUAL FOLLOW-UP INTERVIEW

Study of Women's Health Across the Nation

SECTION A.   GENERAL INFORMATION

AFFIX ID LABEL HERE

A1.   RESPONDENT ID: **SWANID˜**

A2.   SWAN STUDY VISIT #   09   **VISIT**

A3.   FORM VERSION: 01/15/2005   **#FORM_V**

A4.   DATE FORM COMPLETED: __ __ / __ __ / __ __ __ __   **INTDAY9†**
                                         M M   D D   Y Y Y Y

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

A6.   RESPONDENT'S DOB: __ __ / __ __ / 1 9 __ __   **#DOB**
                                          M M   D D   Y Y Y Y

VERIFY WITH RESPONDENT

A7.   INTERVIEW COMPLETED IN: **#LOCATIO9**

          RESPONDENT'S HOME...1
          CLINIC/OFFICE 2
          RESPONDENT'S HOME BY PROXY...3
          CLINIC/OFFICE BY PROXY 4
          TELEPHONE..5
          TELEPHONE BY PROXY...6

A8.   INTERVIEW LANGUAGE: **LANGINT9**

          ENGLISH 1
          SPANISH 2
          CANTONESE..3
          JAPANESE 4

A9.   Are you currently pregnant?   **PRGNAN9**

          NO..1
          YES..2
          DON'T KNOW .... -9

˜ 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.

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

REFER TO THE "MEDICATION REFERENCE LIST" AS PER PROTOCOL.

I would like to begin the interview by asking you some questions about prescribed and over - the - counter (OTC) medications.

I will start by asking about any pills or medicines, including patches, suppositories, injections, creams and ointments which are <u>prescribed</u> 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
					ACOATW19		**#ACOAVR19**
B1. Have you taken any medication, pills or other medicine to thin your	1	2	**#ACOAEN19, #ACOAMD19**	1	2	1	2
					ACOATW29		**#ACOAVR29**
	1	2	**#ACOAEN29, #ACOAMD29**	1	2	1	2
blood (anticoagulants)? **ANTICO19 ANTICO29**							
					HARTTW19		**#HARTVR19**
B2. Anything for your heart or heart beat, including	1	2	**#HARTEN19, #HARTMD19**	1	2	1	2
pills or patches?					**HARTTW29**		**#HARTVR29**
HEART19 HEART29	1	2	**#HARTEN29, #HARTMD29**	1	2	1	2
					CHOLTW19		**#CHOLVR19**
B3. Any medications for cholesterol or fats in	1	2	**#CHOLEN19, #CHOLMD19**	1	2	1	2
your blood?					**CHOLTW29**		**#CHOLVR29**
CHOLST19 CHOLST29	1	2	**#CHOLEN29, #CHOLMD29**	1	2	1	2
					BPTW19		**#BPVER19**
B4. Blood pressure pills? **BP19**	1	2	**#BPEN19, #BPMED19**	1	2	1	2
BP29					**BPTW29**		**#BPVER29**
	1	2	**#BPEN29, #BPMED29**	1	2	1	2

Since your last study visit, have you taken....

		NO	YES	a. What is the name of the medication?	NO	YES	NO	YES
B5.	Diuretics for water retention? **DIURET19** **DIURET29**	1 / 1	2 / 2	#DIUREN19, #DIURMD19	1 / 1	**DIURTWI9** 2 / **DIURTW29** 2	1 / 1	#DIURVR19 2 / #DIURVR29 2
B6.	Thyroid pills? **THYROI19** **THYROI29**	1 / 1	2 / 2	#THYREN19, #THYRMD19 / #THYREN29, #THYRMD29	1 / 1	**THYRTW19** 2 / **THYRTW29** 2	1 / 1	#THYRVR19 2 / #THYRVR29 2
B7.	Insulin or pills for sugar in your blood? **INSULN19** **INSULN29**	1 / 1	2 / 2	#INSUEN19, #INSUMD19 / #INSUEN29, #INSUMD29	1 / 1	**INSUTW19** 2 / **INSUTW29** 2	1 / 1	#INSUVR19 2 / #INSUVR29 2
B8.	Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti-depression medication? **NERVS19, NERVS29**	1 / 1	2 / 2	#NERVEN19, #NERVMD19 / #NERVEN29, #NERVMD29	1 / 1	**NERVTW19** 2 / **NERVTW29** 2	1 / 1	#NERVVR19 2 / #NERVVR29 2
B9.	Steroid pills such as Prednisone, or cortisone? **STEROI19** **STEROI29**	1 / 1	2 / 2	#STEREN19, #STERMD19 / #STEREN29, #STERMD29	1 / 1	**STERTW19** 2 / **STERTW29** 2	1 / 1	#STERVR19 2 / #STERVR29 2
B10.	Prescribed medications for arthritis? **ARTHRT19** **ARTHRT29**	1 / 1	2 / 2	#ARTHEN19, #ARTHMD19 / #ARTHEN29, #ARTHMD29	1 / 1	**ARTHTW19** 2 / **ARTHTW29** 2	1 / 1	#ARTHVR19 2 / #ARTHVR29 2
B11.	Fertility medications to help you get pregnant (such as Pergonal, Clomid, Fertinex, Gonal-F, Follistim or Repronex)? **FERTIL19,FERTIL29**	1 / 1	2 / 2	#FRTLEN19, #FRTLMD19 / #FRTLEN29, #FRTLMD29	1 / 1	**FRTLTW19** 2 / **FRTLTW29** 2	1 / 1	#FRTLVR19 2 / #FRTLVR29 2

HORMONE QUESTIONS B12-17:

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
B12.	Birth Control pills?	1 **(B13)**	2	#BCPEN19, #BCPMED19	1	2	1	2
BCP19						**BCPTWI19**		**#BCPVER19**
BCP29		1	2	#BCPEN29, #BCPMED29	1	2	1	2
						BCPTWI29		**#BCPVER29**

B12.d For your most recent use, what was the primary reason for taking birth control pills? **BCREAS9**

```
TO PREVENT PREGNANCY ....................................................................1
TO HELP CONTROL PRE-MENSTRUAL SYMPTOMS.................................2
TO HELP CONTROL MENOPAUSAL SYMPTOMS.......................................3
TO CONTROL OTHER SYMPTOMS.........................................................4
TO REGULATE PERIODS ....................................................................5
TO PREVENT OSTEOPOROSIS .............................................................6
TO REDUCE BLEEDING.......................................................................7
OTHER.............................................................................................9
    (SPECIFY)  BCREAS S9 _____
DON'T KNOW....................................................................................-9
```

		NO	YES		NO	YES	NO	YES
B13.	Estrogen pills (such as Premarin, Estrace, Ogen, etc)?	1 **(B14)**	2	#ESTREN19, #ESTRMD19	1	2	1	2
						ESTRTW19		**#ESTRVR19**
ESTROG19		1	2	#ESTREN29, #ESTRMD29	1	2	1	2
ESTROG29						**ESTRTW29**		**#ESTRVR29**

B13.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.]

ESTRDA19   **ESTRDA29**
1. EVERY DAY 1   2. EVERY DAY 1
   OFF AND ON 2   OFF AND ON 2
   DON'T KNOW ....-9   DON'T KNOW ....-9

Since your last study visit, have you taken...

		NO	YES		NO	YES	NO	YES
B14.	Estrogen by injection or patch (such as Estraderm)? **ESTRNJ19**	1	2	#EINJEN19, #EINJMD19	1	2	1	2
						EINJTW19		**#EINJVR19**
	ESTRNJ29	1	2	#EINJEN29, #EINJMD29	1	2	1	2
						EINJTW29		**#EINJVR29**
B15.	Combination estrogen/progestin (such as Premphase or Prempro)? **COMBIN19**	1	2	#COMBEN19,#COMBMD19	1	2	1	2
						COMBTW19		**#COMBVR19**
	COMBIN29	1	2	#COMBEN29,#COMBMD29	1	2	1	2
						COMBTW29		**#COMBVR29**

	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
B16. Progestin pills (such as Provera)? **PROGES19**	1 **(B17)**	2	#PROGEN19, #PROGMD19	1	2 **PROGTW19**	1	2 #PROGVR19
PROGES29	1	2	#PROGEN29, #PROGMD29	1	2 **PROGTW29**	1	2 #PROGVR29

B16.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.]

PROGDA19	**PROGDA29**
1. EVERY DAY 1	2. EVERY DAY 1
OFF AND ON 2	OFF AND ON 2
DON'T KNOW ....-9	DON'T KNOW ....-9

	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
B17. Any other <u>prescription hormones</u> that I haven't asked you about, for example vaginal rings (such as Femring), progestin injections (such as Depo-Provera), estrogen/testosterone combinations (such as Estratest), or vaginal creams?	1 **OHRM_19**	2	#OHRMED19	1 **OHRMMO19**	2	1 #OHRMVR19	2
	1 **OHRM_29**	2	#OHRMED29	1 **OHRMMO29**	2	1 #OHRMVR29	2
	1 **OHRM_39**	2	#OHRMED39	1 **OHRMMO39**	2	1 #OHRMVR39	2
	1 **OHRM_49**	2	#OHRMED49	1 **OHRMMO49**	2	1 #OHRMVR49	2

Since your last study visit, have you taken...

	NO	YES			NO	YES
B18. **IV** (into the vein) medication to prevent or treat osteoporosis (brittle or thinning bones) such as IV bisphosphonates? **OSTEIV19**	1	2	B18a.	**If yes**, have you taken it in the last year? **OSTIVL19**	1	2

	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.	Have you been taking it once a week for the last month?	d.	INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?

Since your last study visit, have you taken…

	NO	YES		NO	YES	NO	YES	NO	YES
B19. **Non IV** Medications to prevent or treat osteoporosis (brittle or thinning bones)	1	2	#OSTENN19, #OSTNMD19	1 **(c)**	2 **(d)** OSTNTW19	1	2 OSTN1W19	1 #OSTVCK19	2
	1	2	#OSTENN29, #OSTNMD29	1 **(c)**	2 **(d)** OSTNTW29	1	2 OSTN1W29	1 #OSTVCK29	2
such as Fosamax, Didronel, Evista, Miacalcin, Rocaltrol, Actonel, Forteo (PTH)? **OSTEON19** **OSTEON29**									

	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

Since your last study visit....

Question	NO (a)	YES (a)	Medication name	NO (b)	YES (b)	NO (c)	YES (c)
OTHMED19 B20. Are there any other <u>prescription</u> pills or medications	1	2	#OTHRMD19	1	**OTHRTW19** 2	1	#OTHRVR19 2
OTHMED29 that you have taken,	1	2	#OTHRMD29	1	**OTHRTW29** 2	1	#OTHRVR29 2
that I haven't **OTHMED39**	1	2	#OTHRMD39	1	**OTHRTW39** 2	1	#OTHRVR39 2
asked you about? **OTHMED49** (PLEASE LIST)	1	2	#OTHRMD49	1	**OTHRTW49** 2	1	#OTHRVR49 2
OTHMED59	1	2	#OTHRMD59	1	**OTHRTW59** 2	1	#OTHRVR59 2
OTHMED69	1	2	#OTHRMD69	1	**OTHRTW69** 2	1	#OTHRVR69 2
OTHMED79	1	2	#OTHRMD79	1	**OTHRTW79** 2	1	#OTHRVR79 2
OTHMED89	1	2	#OTHRMD89	1	**OTHRTW89** 2	1	#OTHRVR89 2
OTHMED99	1	2	#OTHRMD99	1	**OTHRTW99** 2	1	#OTHRVR99 2
OTHME109	1	2	#OTHRM109	1	**OTHTW109** 2	1	#OTHVR109 2
OTHME119	1	2	#OTHRM119	1	**OTHTW119** 2	1	#OTHVR119 2
OTHME129	1	2	#OTHRM129	1	**OTHTW129** 2	1	#OTHVR129 2
OTHME139	1	2	#OTHRM139	1	**OTHTW139** 2	1	#OTHVR139 2
OTHME149	1	2	#OTHRM149	1	**OTHTW149** 2	1	#OTHVR149 2
OTHME159	1	2	#OTHRM159	1	**OTHTW159** 2	1	#OTHVR159 2

IF RESPONDENT HAS TAKEN ANY HORMONES (IF YES TO ANY OF B13 -17) ASK B21,
OTHERWISE GO TO PAGE 9, Q B23.

B21. Were you using any prescription medications containing estrogen or progestin at the time of your last study visit?

ESTLSTV9

NO 1
YES..2   (GO TO PAGE 9)
DON'T KNOW ....-9

B22. I am going to read a list of some reasons why women start taking hormones, <u>not</u> including birth control pills. For each one, please tell me if it is a reason <u>why you</u> started taking hormones. (READ LIST a THROUGH i)

			NO	YES
a.	To reduce the risk of heart disease	**REDUHAR9**	1	2
b.	To reduce the risk of osteoporosis (brittle or thinning bones)	**OSTEOPO9**	1	2
c.	To relieve menopausal symptoms	**MENOSYM9**	1	2
d.	To stay young-looking	**YOUNGLK9**	1	2
e.	A health care provider advised me to take them	**HCPADVI9**	1	2
f.	A friend or relative advised me to take them	**FRNADVI9**	1	2
g.	To improve my memory	**IMPRMEM9**	1	2
h.	To regulate periods	**REGPERI9**	1	2
i.	Any other? SPECIFY **HORMOTH9,** **#HORMSPE9**_____		1	2
j.	DON'T KNOW/REMEMBER	**DONTKNO9**	1	2

IF RESPONDENT REPORTED TAKING ANY HORMONES SINCE HER LAST STUDY VISIT, BUT IS NOT CURRENTLY TAKING ANY (THAT IS, "YES" TO <u>ANY</u> OF B13-17 **AND** "NO" TO <u>ALL</u> OF B13b - 17b), ASK B23, OTHERWISE GO TO Q B24.

B23.   **Since your last study visit**, you were taking some hormones and then stopped.

In what month and year did you last take hormones? **HORMDAY9†**

__ __ / __ __ __ __
 M M   Y Y Y Y
[PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER –9 IF MONTH IS UNKNOWN.]

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	**PRBBLEE9**	1	2
b.	DIDN'T LIKE HAVING PERIODS	**HAVEPER9**	1	2
c.	DIDN'T LIKE HOW I FELT ON THEM	**LIKEFEL9**	1	2
d.	WORRIED ABOUT POSSIBLE SIDE EFFECTS	**SIDEEFF9**	1	2
e.	WORRIED ABOUT CANCER	**CANCER9**	1	2
f.	MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS) **ADVISTO9**			1	2
g.	TOO EXPENSIVE	**EXPENSI9**	1	2
h.	DON'T LIKE TO TAKE ANY MEDICATIONS	**NOLIKE9**	1	2
i.	COULDN'T REMEMBER TO TAKE THEM	**NOREMEB9**	1	2
j.	DON'T KNOW	**DNTKNOW9**	1	2
k.	OTHER, SPECIFY: **STOPOTH9, #STOPSPE9**_____			1	2
l.	NO REASON GIVEN	**NOREASO9**	1	2
m.	NEWS / MEDIA REPORTS ABOUT WOMEN WHO TOOK HORMONES AS PART OF A RESEARCH STUDY (E.G. RESULTS OF WHI) **NEWSRPT9**			1	2

† This date is given in days since the initial baseline interview, which is day zero.

B24.   **Since your last study visit**, have you taken any vitamins or minerals fairly regularly, at least once a week?

NO..1   (**GO TO B26, PAGE 11**)
YES………………………………………………………………..2**REGVITA9**

B25.   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.]

Multi-Vitamins, how often do you take...	**Don't take any**	**1-3 days per week**	**4-6 days per week**	**Every Day**
a. Regular Once-A-Day, Centrum, or Thera type **ONCEADA9**	1	2	3	4
b. Antioxidant combination type **ANTIOXI9**	1	2	3	4
c. Any other combination types? NO (**B25d**) YES IF YES, specify **VITCOMB9** #VTMSPE19, **VTMOTH19**		2	3	4
#VTMSPE29, **VTMOTH29**		2	3	4
#VTMSPE39, **VTMOTH39**		2	3	4
#VTMSPE49, **VTMOTH49**		2	3	4
Single Vitamins or minerals, not part of multi-vitamins, how often do you take…				
d. Vitamin A, not beta carotene **VITAMNA9**	1	2	3	4
e. Beta-carotene **BETACAR9**	1	2	3	4
f. Vitamin C **VITAMNC9**	1	2	3	4
g. Vitamin D **VITAMND9**	1	2	3	4
h. Vitamin E **VITAMNE9**	1	2	3	4
i. Calcium or Tums **CALCTUM9**	1	2	3	4
j. Iron **IRON9**	1	2	3	4
k. Zinc **ZINC9**	1	2	3	4
l. Selenium **SELENIU9**	1	2	3	4
m. Folate **FOLATE9**	1	2	3	4
n Any other single vitamins or minerals? NO (**B26**) YES IF YES, specify (continued on page 11): **VTMSING9** #SVTMNA19, **SVTMOT19**		2	3	4
#SVTMNA29, **SVTMOT29**		2	3	4

Question B25n. continued…

n.   Any other single vitamins or minerals?
IF YES, specify:

	Don't take any	1-3 days per week	4-6 days per week	Every day
#SVTMNA39, **SVTMOT39**		2	3	4
#SVTMNA49, **SVTMOT49**		2	3	4
#SVTMNA59, **SVTMOT59**		2	3	4
#SVTMNA69, **SVTMOT69**		2	3	4
#SVTMNA79, **SVTMOT79**		2	3	4
#SVTMNA89, **SVTMOT89**		2	3	4
#SVTMNA99, **SVTMOT99**		2	3	4
#SVTMN109, **SVTMO109**		2	3	4

Now I would like to ask you about over-the-counter medications, <u>non-prescription</u>, 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
B26. Any over-the-counter medications for pain including headaches and arthritis? **PAIN19**	1	2	#PAINMD19 _____	1 **PAINTW19**	2
PAIN29	1	2	#PAINMD29 _____	1 **PAINTW29**	2
B27. Anything for problems sleeping? **SLEEP19**	1	2	#SLEPMD19 _____	1 **SLEPTW19**	2
SLEEP29	1	2	#SLEPMD29	1 **SLEPTW29**	2

			a. What is the name of the medication?	b. Have you been taking it at least two times per week for the last month?	

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…

B28. Have you taken any other over-the-counter pills or other medications (including liquids or ointments or aspirin) that I haven't asked you about? (PLEASE LIST)

	NO	YES		NO	YES
OTC19	1	2	#OTCMD19	OTCTW19 1	2
OTC29	1	2	#OTCMD29	OTCTW29 1	2
OTC39	1	2	#OTCMD39	OTCTW39 1	2
OTC49	1	2	#OTCMD49	OTCTW49 1	2
OTC59	1	2	#OTCMD59	OTCTW59 1	2
OTC69	1	2	#OTCMD69	OTCTW69 1	2
OTC79	1	2	#OTCMD79	OTCTW79 1	2
OTC99	1	2	#OTCMD89	OTCTW89 1	2
OTC99	1	2	#OTCMD99	OTCTW99 1	2
OTC109	1	2	#OTCMD109	OTCTW109 1	2
OTC119	1	2	#OTCMD119	OTCTW119 1	2
OTC129	1	2	#OTCMD129	OTCTW129 1	2
OTC139	1	2	#OTCMD139	OTCTW139 1	2
OTC149	1	2	#OTCMD149	OTCTW149 1	2
OTC159	1	2	#OTCMD159	OTCTW159 1	2

B29. During the past year have you used any supplements containing soy protein or phytoestrogen powders or pills?

       NO...1   **(B30)**
       YES..2
       DON'T KNOW …………………………………………………………-9   **(B30) SOYYSNO9**

    B29a. IF YES: How many times per week? [MAY USE RESPONDENT CARD "A" AGAIN.]   **SOYPROT9**

       Don't take any (OR TAKE LESS THAN ONCE PER WEEK)............................1
       1-3 days per week 2
       4-6 days per week 3
       Every day 4
       DON'T KNOW ....-9

Please look at response card B, which we'll be using for the next 3 questions. [HAND RESPONDENT CARD "B" AND READ RESPONSE CATEGORIES.]

B30. How many bowls of cereal do you eat per week where the label of the cereal box says that it is high in calcium?
                                                        CEREACA9

       None or fewer than one a week...1
       1 per week...2
       2 per week...3
       3-4 per week..4
       5-6 per week..5
       7 or more per week 6
       DON'T KNOW ....-9

B31. How many slices of bread do you eat per week when the bread wrapper says the loaf is high in calcium?
                                                        BREADCA9

       None or fewer than one a week...1
       1 per week...2
       2 per week...3
       3-4 per week..4
       5-6 per week..5
       7 or more per week 6
       DON'T KNOW ....-9

B32. Some brands of fortified juice have extra calcium added. How many glasses of fruit juice or fruit drink containing extra calcium do you drink per week?
                                                        ORANGCA9

       None or fewer than one a week...1
       1 per week...2
       2 per week...3
       3-4 per week..4
       5-6 per week..5
       7 or more per week 6
       DON'T KNOW ....-9

During the past 12 months, have you used any of the following for your health? N=No Y=Yes →	[**IF YES**, HAND RESPONDENT CARD "C".] Please look at the reasons listed on the card. Please tell me whether or not you use X … ASK EACH REASON FOR EACH "YES" RESPONSE. FOR EACH "YES" ANSWER ONLY, CIRCLE "N=NO" OR "Y=YES" FOR **EACH** REASON A THROUGH J.									
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
C1. Acupuncture ACUPUNC9 N Y → ↓	**ACUPHAR9** N Y	**ACUPOST9** N Y	**ACUPMEN9** N Y	**ACUPLOO9** N Y	**ACUPMEM9** N Y	**ACUPPER9** N Y	**ACUPGEN9** N Y	**ACUPWGH9** N Y	**ACUPADV9** N Y	**ACUPOTH9** N Y **ACUPSPE9**____
C2. Black Cohosh BCOHOSH9 N Y → ↓	**BCOHHAR9** N Y	**BCOHOST9** N Y	**BCOHMEN9** N Y	**BCOHLOO9** N Y	**BCOHMEM9** N Y	**BCOHPER9** N Y	**BCOHGEN9** N Y	**BCOHWGH9** N Y	**BCOHADV9** N Y	**BCOHOTH9** N Y **BCOHSPE9**___
C3. Dong Quai DQUAI9 N Y → ↓	**DQUAHAR9** N Y	**DQUAOST9** N Y	**DQUAMEN9** N Y	**DQUALOO9** N Y	**DQUAMEM9** N Y	**DQUAPER9** N Y	**DQUAGEN9** N Y	**DQUAWGH9** N Y	**DQUAADV9** N Y	**DQUAOTH9** N Y **DQUASPE9**___
C4. Eating a nutritious diet DIETNUT9 N Y → ↓	**DIETHAR9** N Y	**DIETOST9** N Y	**DIETMEN9** N Y	**DIETLOO9** N Y	**DIETMEM9** N Y	**DIETPER9** N Y	**DIETGEN9** N Y	**DIETWGH9** N Y	**DIETADV9** N Y	**DIETOTH9** N Y **DIETSPE9**____
C5. Exercise EXERCIS9 N Y → ↓	**EXERHAR9** N Y	**EXEROST9** N Y	**EXERMEN9** N Y	**EXERLOO9** N Y	**EXERMEM9** N Y	**EXERPER9** N Y	**EXERGEN9** N Y	**EXERWGH9** N Y	**EXERADV9** N Y	**EXEROTH9** N Y **EXERSPE9**____
C6. Flaxseed or flaxseed oil supplements FLAXSEE9 N Y → ↓	**FLAXHAR9** N Y	**FLAXOST9** N Y	**FLAXMEN9** N Y	**FLAXLOO9** N Y	**FLAXMEM9** N Y	**FLAXPER9** N Y	**FLAXGEN9** N Y	**FLAXWGH9** N Y	**FLAXADV9** N Y	**FLAXOTH9** N Y **FLAXSPE9**____

During the past 12 months, have you used any of the following for your health? N=No Y=Yes →	FOR EACH "YES" ANSWER ONLY, CIRCLE "N=NO" OR "Y=YES" FOR **EACH** REASON A THROUGH J.									
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
C7. Ginkgo Biloba GINKGO9 N Y → ↓	GINKHAR9 N Y	GINKOST9 N Y	GINKMEN9 N Y	GINKLOO9 N Y	GINKMEM9 N Y	GINKPER9 N Y	GINKGEN9 N Y	GINKWGH9 N Y	GINKADV9 N Y	GINKOTH9 N Y GINKSPE9___
C8. Ginseng GINSENG9 N Y → ↓	GINSHAR9 N Y	GINSOST9 N Y	GINSMEN9 N Y	GINSLOO9 N Y	GINSMEM9 N Y	GINSPER9 N Y	GINSGEN9 N Y	GINSWGH9 N Y	GINSADV9 N Y	GINSOTH9 N Y GINSSPE9___
C9. Glucosamine with or without Chondroitin GLUSAMI9 N Y → ↓	GLUSHAR9 N Y	GLUSOST9 N Y	GLUSMEN9 N Y	GLUSLOO9 N Y	GLUSMEM9 N Y	GLUSPER9 N Y	GLUSGEN9 N Y	GLUSWGH9 N Y	GLUSADV9 N Y	GLUSOTH9 N Y GLUSSPE9___
C10. Mexican yam or progesterone cream MYAMPRO9 N Y → ↓	MYAMHAR9 N Y	MYAMOST9 N Y	MYAMMEN9 N Y	MYAMLOO9 N Y	MYAMMEM9 N Y	MYAMPER9 N Y	MYAMGEN9 N Y	MYAMWGH9 N Y	MYAMADV9 N Y	MYAMOTH9 N Y MYAMSPE9___
C11. Prayer PRAYER9 N Y → ↓	PRAYHAR9 N Y	PRAYOST9 N Y	PRAYMEN9 N Y	PRAYLOO9 N Y	PRAYMEM9 N Y	PRAYPER9 N Y	PRAYGEN9 N Y	PRAYWGH9 N Y	PRAYADV9 N Y	PRAYOTH9 N Y PRAYSPE9___
C12. Self-help group SELFHEL9 N Y → ↓	SELFHAR9 N Y	SELFOST9 N Y	SELFMEN9 N Y	SELFLOO9 N Y	SELFMEM9 N Y	SELFPER9 N Y	SELFGEN9 N Y	SELFWGH9 N Y	SELFADV9 N Y	SELFOTH9 N Y SELFSPE9

During the past 12 months, have you used any of the following for your health? N=No Y=Yes →	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
C13. Soy supplement SOYSUPP9 N Y → ↓	SOYHAR9 N Y	SOYOST9 N Y	SOYMEN9 N Y	SOYLOO9 N Y	SOYMEM9 N Y	SOYPER9 N Y	SOYGEN9 N Y	SOYWGH9 N Y	SOYADV9 N Y	SOYOTH9 N Y SOYSPE9___
C14. St. John's Wort WORTSTJ9 N Y → ↓	WORTHAR9 N Y	WORTOST9 N Y	WORTMEN9 N Y	WORTLOO9 N Y	WORTMEM9 N Y	WORTPER9 N Y	WORTGEN9 N Y	WORTWGH9 N Y	WORTADV9 N Y	WORTOTH9 N Y WORTSPE9__
C15. Vitamin or supplement combination especially for women's health WVITAMI9 N Y → ↓	WVITHAR9 N Y	WVITOST9 N Y	WVITMEN9 N Y	WVITLOO9 N Y	WVITMEM9 N Y	WVITPER9 N Y	WVITGEN9 N Y	WVITWGH9 N Y	WVITADV9 N Y	WVITOTH9 N Y WVITSPE9____
C16. Yoga YOGA9 N Y → ↓	YOGAHAR9 N Y	YOGAOST9 N Y	YOGAMEN9 N Y	YOGALOO9 N Y	YOGAMEM9 N Y	YOGAPER9 N Y	YOGAGEN9 N Y	YOGAWGH9 N Y	YOGAADV9 N Y	YOGAOTH9 N Y YOGASPE9__
C17. Botanica / Curandero BOTANIC9 N Y → ↓	BOTAHAR9 N Y	BOTAOST9 N Y	BOTAMEN9 N Y	BOTALOO9 N Y	BOTAMEM9 N Y	BOTAPER9 N Y	BOTAGEN9 N Y	BOTAWGH9 N Y	BOTAADV9 N Y	BOTAOTH9 N Y BOTASPE9__

FOR EACH "YES" ANSWER ONLY, CIRCLE "N=NO" OR "Y=YES" FOR **EACH** REASON A THROUGH J.

During the past 12 months, have you used any of the following for your health? N=No Y=Yes →	FOR EACH "YES" ANSWER ONLY, CIRCLE "N=NO" OR "Y=YES" FOR **EACH** REASON A THROUGH J.									
	a. To reduce risk of heart disease?	b. To reduce risk of osteoporosis?	c. To relieve menopausal symptoms?	d. To stay young-looking?	e. To improve memory?	f. To regulate periods?	g. For general health?	h. To lose weight or to stay the same weight	i. On advice from health care provider?	j. Is there any other reason you use X? (SPECIFY)
C18. Herbal Tea **HERBALT9** N Y → ↓	HTEAHAR9 N Y	HTEAOST9 N Y	HTEAMEN9 N Y	HTEALOO9 N Y	HTEAMEM9 N Y	HTEAPER9 N Y	HTEAGEN9 N Y	HTEAWGH9 N Y	HTEAADV9 N Y	HTEAOTH9 N Y **HTEASPE9**
C19. Any other health practice or remedy (specify): N Y → OTHALT9 OTHALTS9	OTHHAR9 N Y	OTHOST9 N Y	OTHMEN9 N Y	OTHLOO9 N Y	OTHMEM9 N Y	OTHPER9 N Y	OTHGEN9 N Y	OTHWGH9 N Y	OTHADV9 N Y	OTHALTR9 N Y WHYOTHA9 _____
C20. Any other health practice or remedy (specify): N Y → OTHALT29 OTALT2S9	OT2HAR9 N Y	OT2OST9 N Y	OT2MEN9 N Y	OT2LOO9 N Y	OT2MEM9 N Y	OT2PER9 N Y	OT2GEN9 N Y	OT2WGH9 N Y	OT2ADV9 N Y	OT2ALT9 N Y WHYOT2A9 _____
C21. Any other health practice or remedy (specify): N Y → OTHALT39 OTALT3S9	OT3HAR9 N Y	OT3OST9 N Y	OT3MEN9 N Y	OT3LOO9 N Y	OT3MEM9 N Y	OT3PER9 N Y	OT3GEN9 N Y	OT3WGH9 N Y	OT3ADV9 N Y	OT3ALT9 N Y WHYOT3A9 _____

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

D1. **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?	**ANEMIA9**	1	2	-9
b.	Diabetes?	**DIABETE9**	1	2	-9
c.	High blood pressure or hypertension?	**HIGHBP9**	1	2	-9
d.	High cholesterol?	**HBCHOLE9**	1	2	-9
e.	Migraines?	**MIGRAIN9**	1	2	-9
f.	Stroke?	**STROKE9**	1	2	-9
g.	Arthritis or osteoarthritis (degenerative joint disease)? **OSTEOAR9**		1	2	-9
h.	Overactive or underactive thyroid?	**THYROID9**	1	2	-9
i.	Heart attack?	**HEARTAT9**	1	2	-9
j.	Angina?	**ANGINA9**	1	2	-9
k.	Osteoporosis (brittle or thinning bones)? **OSTEOPR9**		1	2	-9
l.	Skin cancer?	**SKCNCER9**	1 **(m)**	2	-9 **(m)**

l1. **If yes**, what type of cancer were you told you had?

		NO	YES	DON'T KNOW
a. Melanoma?	**MECNCER9**	1	2	-9
b. Non melanoma skin cancer?	**NMECNCR9**	1	2	-9

m. Cancer, other than skin cancer?　**CANCERS9**　　1 **(D2)**　　2　　　-9　**(D2)**

m.1. IF YES, What is/was the <u>primary</u> site of the cancer? (CIRCLE ONE ANSWER.) **PSITECA9**

```
ONE BREAST ................................................................. 1
BOTH BREASTS ............................................................. 2
OVARY ........................................................................... 3   (b)
UTERUS ......................................................................... 4   (b)
CERVIX.......................................................................... 5   (b)
LEUKEMIA..................................................................... 6   (b)
LUNG.............................................................................. 7   (b)
COLON........................................................................... 9   (b)
RECTUM ........................................................................ 9   (b)
THROAT......................................................................... 10  (b)
VULVA ........................................................................... 12  (b)
RENAL CELL.................................................................. 13  (b)
NONE OF THE ABOVE / OTHER ............................... 11
       SPECIFY: SITESPE9_____  (b)
DON'T KNOW ............................................................... -9  (b)
```

a. IF BREAST CANCER: Have you taken Tamoxifen since your last study visit? **TAMOXIF9**

```
NO ........................................................................................................ 1
YES ...................................................................................................... 2
DON'T KNOW ..................................................................................... -9
NOT APPLICABLE ............................................................................ -1
```

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

```
NO ........................................................................................................ 1 CHEMOTH9
YES ...................................................................................................... 2
DON'T KNOW ..................................................................................... -9
```

D2. How many times have you broken or fractured one or more bones **since your last study visit**?
[IF MORE THAN ONE BONE WAS BROKEN DURING THE SAME EVENT COUNT AS ONE TIME.]

BROKEBO9 # of events where bone(s) were broken or fractured

| 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. _____ **BONES19**	1 **HAPPEN19**	2
2. _____ **BONES29**	1 **HAPPEN29**	2
3. _____ **BONES39**	1 **HAPPEN39**	2

Since your last study visit, have you had any of the following surgeries or procedures?	NO	YES	DON'T KNOW
D3. D and C, a scraping of the uterus for any reason, including abortion?	1 **(D4)**	2	-9 **(D4)**
a. Since your last study visit, how many times have you had a D and C? **DANDC9** ____ # TIMES **NUMDAND9**			
D4. Hysterectomy (an operation to remove your uterus or womb)?	1 **(D5)**	2	-9 **(D5)**
a. When was this performed? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER –9 IF MONTH IS UNKNOWN.] **HYSTERE9** ☐☐ / ☐☐☐☐ M M Y Y Y Y **HYSTDAY9**†			

IF HYSTERECTOMY, COMPLETE "HYSTERECTOMY PARTICIPANT FORM" AT END OF INTERVIEW.

† This date is given in days since the initial baseline interview, which is day zero.

Since your last study visit, have you had any of the following surgeries or procedures?	NO	YES	DON'T KNOW

D5. Did you have one or both ovaries removed (an oophorectomy)?
 	
OOPHORE9
 	
   a. Was one ovary removed or were both ovaries removed?
      ONEOVAR9
   ONE OVARY REMOVED...1
   BOTH OVARIES REMOVED 2
   DON'T KNOW ....-9
	1 **(D6)**	2	-9 **(D6)**

D6 Did you have an endometrial ablation (a procedure to reduce or eliminate menstrual periods by partially or completely destroying the lining of the uterus)? **ABLATIN9**	1	2	-9
D7. Any <u>other</u> uterine procedures, other than D and C, for example: cesarean section, IUD insertion, fibroid removal or endometrial biopsy? **UTERPRO9**	1	2	-9
D8. Thyroid gland removed? **THYRREM9**	1	2	-9

D9. Since your last study visit, have you had any of the following conditions?		NO	YES	DON'T KNOW
a. endometriosis diagnosed by a physician (abnormal growths in lining of uterus)?	**ENDO9**	1	2	-9
b. pelvic pain (pain in the lowest part of the abdomen)?	**PELVCPN9**	1	2	-9
c. pelvic prolapse or relaxation (the uterus, bladder, or rectum drops, sometimes bulging out of vagina)?	**PROLAPS9**	1	2	-9
d. abnormal vaginal bleeding (bleeding from the vagina that is different enough from your normal pattern to be a concern: irregular, heavy, or long in duration)?	**ABBLEED9**	1	2	-9
e. fibroids (benign growths in the uterus or womb)?	**FIBRUTR9**	1	2	-9

We are interested in learning more about your health care decisions. All of your responses will be kept strictly confidential.

D10. Do you have a health care provider from whom you primarily get your care for women's health conditions? (If you have an obstetrician or gynecologist (ob/gyn), refer to him or her. If you don't, refer to the person from whom you get care for women's health. We will not contact your provider unless we request your specific written permission.)

PRVIDER9

    No ....1 **(GO TO E1, PAGE 22)**

    Yes 2

D11. What is the name of this health care provider? **#PRVFRST9**_____ **#PRVLAST9**_____
                                                     (FIRST)   (LAST)

D12. In what city or town and what state do you see this health care provider?

  a. **#PRVTOWN9**_____   b. **#PRVSTAT9**_____   c. If foreign country,
     CITY/TOWN   STATE   Specify**#PCNTRY9**_____

D13. What professional degree does this health care provider have? If you are not sure, please make your best guess: [HAND RESPONDENT CARD "D" AND READ RESPONSE CATEGORIES.] **PROFDEG9**

    Medical Doctor (MD) 1
    Doctor of Osteopathy (DO) 2
    Chiropractor (DC).. 3
    Registered Nurse (RN) .... 4 **(D15)**
    Nurse Practitioner (NP) .... 5 **(D15)**
    Physician Assistant (PA) .... 6 **(D15)**
    Other: Specify **SPECIFY9**_____7
    DON'T KNOW ....-9 **(D15)**

D14. Which of the following best describes this provider's specialty?   **PROVSPC9**

    A family practitioner... 1
    An internist 2
    An obstetrician or gynecologist 3
    A naturopath (one who uses non-medicinal therapy) 4
    Other: Specify **SPECIAL9**_____5
    No specialty 6
    DON'T KNOW ....-9

D15. On average, how much time does this health care provider spend with you at each visit?   **PROVTIM9**

    0-5 minutes 1
    6-10 minutes 2
    11-15 minutes 3
    16-20 minutes 4
    21-30 minutes 5
    More than 30 minutes 6
    DON'T KNOW ....-9

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

E1.   Did you have any menstrual bleeding since your last study visit?   **BLEEDNG9**

              NO 1   **(E6)**
              YES... 2

E2.   Did you have any menstrual bleeding in the <u>last 3 months</u>?   **BLD3MON9**

              NO 1
              YES... 2

E3.   What was the date that you started your most recent menstrual bleeding? [PROMPT FOR MONTH AND
         YEAR, EVEN IF DAY IS UNKNOWN. ENTER -9 FOR DAY FIELD IF UNKNOWN] **LMPDAY9**†

         ___ ___ / ___ ___ / ___ ___ ___ ___
          M   M   D   D   Y   Y   Y   Y

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

E4.   Which of the following <u>best</u> describes your menstrual periods since your last study visit? Have they:
         [HAND RESPONDENT CARD "E"]   **DESCPER9**

              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 .... -9
              NOT APPLICABLE.. -1   **(E6)**

E5.   A menstrual <u>cycle</u> is the period of time from the <u>beginning of bleeding</u> from one menstrual period to the
         <u>beginning of bleeding</u> of the next menstrual period. Since your last study visit, what was the <u>usual</u> length of your
         menstrual cycles?   **LENGCYL9**
              LESS THAN 24 DAYS 1
              24-35 DAYS 2
              MORE THAN 35 DAYS.. 3
              TOO VARIABLE OR IRREGULAR TO SAY 4
              DON'T KNOW .... -9

E6.   Since your last study visit, have you been pregnant? Please include live births, stillbirths, abortions,
miscarriages, tubal or ectopic pregnancies.   **PRGNANT9**
              NO 1   **(F1)**
              YES... 2

         a. IF YES: [HAND RESPONDENT CARD "F"] 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.]   **OUTCOME9**

              Live birth 1
              Still birth.. 2   **(F1)**
              Miscarriage 3   **(F1)**
              Abortion.. 4   **(F1)**
              Tubal/ectopic pregnancy.. 5   **(F1)**
              Still pregnant.. 6   **(F1)**

         b. FOR LIVE BIRTHS ONLY: Are you currently breastfeeding?   **BRSTFEE9**
              NO.. 1
              YES 2

† This date is given in days since the initial baseline interview, which is day zero.

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

F1.   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 "G."] Looking at this line, how would you rate your overall quality of life at the present time? Choose a number between 0 and 10.   **QLTYLIF9**

0	1	2	3	4	5	6	7	9	9	10

Worst possible quality   Best possible quality

F2. Now I am going to read you some statements about some general attitudes and feelings that women your age may have. Please tell me whether you personally agree, you feel neutral or you disagree with them.
[READ a-e] [PROMPT AT *: Do you personally agree, feel neutral (have no opinion) or disagree with.]:

		Agree	**Neutral**	**Disagree**	**Don't know**
*a.	The older a woman is, the more valued she is. **OLD_VAL9**	1	2	3	-9
*b.	A woman is less attractive after menopause. **ATTRACT9**	1	2	3	-9
c.	Women who no longer have menstrual periods feel free and independent. **FREE9**	1	2	3	-9
d.	Menopause is a mid-life change that generally does not need medical attention. **NO_MED9**	1	2	3	-9
*e.	Women with little free time hardly notice the menopause. **H_NOTIC9**	1	2	3	-9

F3. Now I am going to read you some statements about some personal feelings that women your age may have.
Please tell me whether you personally agree, you feel neutral or you disagree with them [READ a-e]
[PROMPT AT *: Do you personally agree, feel neutral (have no opinion) or disagree?]:

		Agree	Neutral	Disagree	Don't know
*a.	Overall, going through the menopause or change of life, will be or was, a positive experience for me. **POSITIV9**	1	2	3	-9
*b.	As I age, I feel worse about myself. **WORSE9**	1	2	3	-9
c.	During the menopause or the change of life I became, or expect to become, irritable or depressed. **MENODEP9**	1	2	3	-9
d.	I will feel, or felt, regret when my periods stopped for the last time. **REGRET9**	1	2	3	-9
*e.	I don't, or didn't know, what to expect with the menopause. **EXPECT9**	1	2	3	-9

F4. 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 "H" 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? **CONTROL9**	1	2	3	4	5
*b. Felt confident about your ability to handle your personal problems? **ABILITY9**	1	2	3	4	5
c. Felt that things were going your way? **YOURWAY9**	1	2	3	4	5
d. Felt difficulties were piling so high that you could not overcome them? **PILING9**	1	2	3	4	5

F5. 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 "I" 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 **BOTHER9**	1	2	3	4
*b. I did not feel like eating; my appetite was poor **APPETIT9**	1	2	3	4
*c. I felt that I could not shake off the blues even with help from my friends **BLUES9**	1	2	3	4
d. I felt that I was just as good as other people **GOOD9**	1	2	3	4
e. I had trouble keeping my mind on what I was doing **KEEPMIN9**	1	2	3	4
f. I felt depressed **DEPRESS9**	1	2	3	4
*g. I felt that everything I did was an effort **EFFORT9**	1	2	3	4
h. I felt hopeful about the future **HOPEFUL9**	1	2	3	4
i. I thought my life had been a failure **FAILURE9**	1	2	3	4
j. I felt fearful **FEARFUL9**	1	2	3	4
*k. My sleep was restless **RESTLES9**	1	2	3	4
l. I was happy **HAPPY9**	1	2	3	4
m. I talked less than usual **TALKLES9**	1	2	3	4
n. I felt lonely **LONELY9**	1	2	3	4
*o. People were unfriendly **UNFRNDL9**	1	2	3	4
p. I enjoyed life **ENJOY9**	1	2	3	4
q. I had crying spells **CRYING9**	1	2	3	4
r. I felt sad **SAD9**	1	2	3	4
*s. I felt that people disliked me **DISLIKE9**	1	2	3	4
t. I could not get going **GETGOIN9**	1	2	3	4

OCCUPATIONAL QUESTIONS

These next few questions concern employment. I'm going to ask you to tell me about any <u>changes</u> in your employment **since your last study visit**.

G1.   **Since your last study visit**, has there been a change in any of your jobs, that is: your place of employment, your job title, or your usual job tasks?   **CHNGJOB9**

          NO 1   **(G3, p26)**
          YES.. 2
          N/A .... -1   **(G6, p27)**

G2.   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.)   **JOB9**

          NO 1   **(G6, p27)**
          YES.. 2

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

        JOB #1 **#JOBTITL19**_____

        JOB #2 **#JOBTITL29**_____

        JOB #3 **#JOBTITL39**_____

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

        JOB #1 **#JOBACT19**_____

        _____

        JOB #2 **#JOBACT29**_____

        _____

        JOB #3 **#JOBACT39**_____

        _____

    c.   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.]

        JOB #1 **#JBMAKE19**_____

        JOB #2 **#JBMAKE29**_____

        JOB #3 **#JBMAKE39**_____

G3. **Since your last study visit**, has there been a change in your usual hours of work of any of your jobs? **CHANGHR9**

NO .... 1 **(G5)**
YES.. 2

G4.   What are your usual hours of work each day for each job? **ROTATI9**

JOB #1:   ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY?).
NO 1
YES .... 2 **(JOB #2)**

STRTIM19
START TIME: ___ ___ : ___ ___   A.M. 1.   P.M. 2. **STRAMP19**
STPTIM19
STOP TIME: ___ ___ : ___ ___   A.M. 1.   P.M. 2. **STPAMP19**

JOB #2:   ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY?). **ROTAT29**
NO 1
YES .... 2 **(JOB #3)**

STRTIM29
START TIME: ___ ___ : ___ ___   A.M. 1.   P.M. 2. **STRAMP29**
STPTIM29
STOP TIME: ___ ___ : ___ ___   A.M. 1.   P.M. 2. **STPAMP29**

JOB #3:   ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY?). **ROTAT39**
NO 1
YES .... 2 **(G5)**

STRTIM39
START TIME: ___ ___ : ___ ___   A.M. 1.   P.M. 2. **STRAMP39**
STPTIM39
STOP TIME: ___ ___ : ___ ___   A.M. 1.   P.M. 2. **STPAMP39**

G5.   On average, how many total hours a week do you work, for pay? **HOURSPA9**

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

G6.   Do you do volunteer work?   **VOLUNTE9**

    NO 1   **(G7)**
    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

        1. **#TYPVOL19**_____   **VLNTHR19**____

           _____

        2. **#TYPVOL29**_____   **VLNTHR29**___

           _____

        3. **#TYPVOL39**_____   **VLNTHR39**___

           _____

G7.   What is your current marital status? Would you say...   **MARITAL9**

    Single/never married... 1
    Currently married or living as married 2
    Separated 3
    Widowed.. 4
    Divorced 5
    DON'T KNOW .... -9
    REFUSED .... -7

We have a few questions for you concerning your household.

H1.   **Since your last study visit**, has there been any change in who is living in your household? **CHGHHLD9**

    NO 1   **(I1)**
    YES.. 2
    DON'T KNOW .... -9

H2.   Other than yourself, is there anyone else living in your household?   **HOUSEHL9**

    NO 1   **(I1)**
    YES.. 2
    REFUSED .... -7   **(I1)**

H3.   Please tell me their relationship to you, their gender, and their age.

a. RELATIONSHIP TO YOURSELF	b. SEX	c. AGE
1. **RELATE1** / **RELATI19**_____	**SEX19**___	**AGE19**_____
2. **RELATE2** / **RELATI29**_____	**SEX29**___	**AGE29**_____
3. **RELATE3** / **RELATI39**_____	**SEX39**___	**AGE39**_____
4. **RELATE4** / **RELATI49**_____	**SEX49**___	**AGE49**_____
5. **RELATE5** / **RELATI59**_____	**SEX59**___	**AGE59**_____
6. **RELATE6** / **RELATI69**_____	**SEX69**___	**AGE69**_____
7. **RELATE7** / **RELATI89**_____	**SEX89**___	**AGE89**_____
9. **RELATE9** / **RELATI99**_____	**SEX99**___	**AGE99**_____
9. **RELATE9** / **RELATI99**_____	**SEX99**___	**AGE99**_____
10. **RELATE10** / **RELAT109**_____	**SEX109**__	**AGE109**_____
11. **RELATE11** / **RELAT119**_____	**SEX119**__	**AGE119**_____
12. **RELATE12** / **RELAT129**_____	**SEX129**__	**AGE129**_____

IF HYSTERECTOMY, COMPLETE "HYSTERECTOMY PARTICIPANT FORM" NOW

Date Data Entered / Initials _____   Date Verified / Initials _____

MAILED QUESTIONNAIRE

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION*.*

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **SWANID**

A2. SWAN STUDY VISIT #   09   **#VISIT**

A3. FORM VERSION: 03/15/2004   **#FORM_V**

A4. INTERVIEWER'S INITIALS: ___ ___ ___   **#INITS**

A5. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1   9   ___ ___   **#DOB**
                                           M   M   D   D   Y   Y   Y   Y

A6.   INTERVIEW COMPLETED IN: **MAILLOC9**

         CLINIC / OFFICE 1
         RESPONDENT'S HOME W/ PROXY 2
         CLINIC/OFFICE W/ PROXY 3
         TELEPHONE 4
         TELEPHONE BY PROXY 5

A7.   INTERVIEW LANGUAGE: **#LANGUAG9**

         ENGLISH 1
         SPANISH 2
         CANTONESE.. 3
         JAPANESE 4

A8.   INTERVIEWER-ADMINISTERED?   **#INTADMN9**
         NO.. 1
         YES 2

We are interested in learning more about women's health during their 40's, 50's and 60's. The following questions will help to further the knowledge about this crucial time period in a woman's health. Please answer the following questions as completely as possible. Thank you for your dedication and commitment to the SWAN study.

We last interviewed you on _____ [DATE]. We would like to ask you a few questions about what's happened to you since then.

B1.   Please enter today's date: __ __ / __ __ / __ __ __ __   **#COMP_D**
                                                         M M   D D   Y Y Y Y

I1. Did you **start** using any prescription medications containing estrogen or progestin **since the time of your last study visit?** (CIRCLE "YES" EVEN IF YOU STOPPED AND/OR STARTED ONE OR MORE TIMES.)   **STRTEST9**

        No.. 1 **(GO TO I3)**
        Yes 2
        Don't know ....-9 **(GO TO I3)**

I3.   Have you **stopped** taking any prescription medications containing estrogen or progestin **since your last study visit**? (CIRCLE "YES" EVEN IF YOU STARTED AGAIN AFTER STOPPING.) **STPESTR9**

        No .... 1 **(GO TO I5)**
        Yes 2
        Don't Know ....-9 **(GO TO I5)**

I6. During **the past year** have you used any single vitamin (not part of a multi-vitamin) that is mostly calcium or taken Tums pills?   **SINGVTM9**
        No.. 1 **(GO TO I7)**
        Yes 2
        Don't know ....-9 **(GO TO I7)**

    I6a.   IF YES, how many times **per week**?   **SINGVTN9**
        Don't take any now or take less than once per week................................. 1
        1-3 days per week... 2
        4-6 days per week... 3
        Every day 4
        Don't know ....-9

B5. **Since your last study visit**, did you have **both** ovaries removed (a bilateral oophorectomy)?
(PLEASE CIRCLE ONE RESPONSE)   **BOTHOVR9**

      No... 1

      Yes 2

      Don't know ....-8

SELF-ADMINISTERED QUESTIONNAIRE PART A

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A.   GENERAL INFORMATION

AFFIX ID LABEL HERE

A1.   RESPONDENT ID: **SWANID**

A2.   SWAN STUDY VISIT #   09   **#VISIT**

A3.   FORM VERSION: 03/03/2003   **#FORM_V**

A4.   DATE FORM COMPLETED: __ __ / __ __ / __ __ __ __   **SAADAY9[†]**
M   M   D   D   Y   Y   Y   Y

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

A6.   RESPONDENT'S DOB: __ __ / __ __ / 1 9 __ __   **#DOB**
M   M   D   D   Y   Y   Y   Y
VERIFY WITH RESPONDENT

A7.   COMPLETED IN: **#LOCATIO9**

RESPONDENT'S HOME 1
CLINIC / OFFICE 2
RESPONDENT'S HOME W/ PROXY 3
CLINIC/OFFICE W/ PROXY 4
TELEPHONE 5
TELEPHONE BY PROXY 6

A8.   INTERVIEW LANGUAGE: **LANGSAA9**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

A9.   INTERVIEWER-ADMINISTERED?   **#INTADMI9**
NO 1
YES 2

[†] This date is given in days since the initial baseline interview, which is day zero.

 # 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.

Please remember that this information will remain confidential.

Thank you for your participation in this important study.

We are interested in learning more about women's health during their 40's, 50's and 60's. This first set of questions asks 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.)   **OVERHLT9**

        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   **HOSPSTA9**

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 hospitalizations or visits for this study.)

    ____ ____ ____ # TIMES   **MDTALK9**

B4.   Since your last study visit, about how many times did you see or talk to a health care provider or other professional for problems with emotions, "nerves", or mental health?

    ____ ____ ____ # TIMES   **NERVES9**

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

		NO	YES
B5.	A Pap Smear (a routine medical test in which the doctor examines the cervix)? **PAPSMEA9**	1	2
B6.	A breast physical examination (a doctor or medical assistant feels for lumps in the breast)? **BRSTEXA9**	1	2
B7.	A mammogram (an x-ray taken only of the breast by a machine that presses the breast against a glass plate)? **MAMOGRA9**	1	2

B8. Since your last study visit, are there any health services that you needed but did not receive?

HLTHSER9

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

B8a. People fail to get health care for a variety of reasons. Have any of the following reasons prevented you from getting health care?   (PLEASE CIRCLE ONE NUMBER FOR EACH REASON)

		NO	YES
a.	Insurance or health plan does not cover	1	2 **INSURAN9**
b.	Cannot afford	1	2 **NOTAFFR9**
c.	Travel distance / lack of transportation	1	2 **NOTRANS9**
d.	No health care provider	1	2 **NOPROVI9**
e.	Too busy/ didn't have the time	1	2 **TOOBUSY9**
f.	Don't trust doctors	1	2 **NOTRUST9**
g.	I'm better off not knowing	1	2 **BETTROF9**
h.	Other, Specify **#FAILSPE9**_____	1	2 **FAILOTH9**

B9.   Since your last study visit, have you smoked cigarettes regularly (at least one cigarette a day)?

SMOKERE9

No..1 **(GO TO B10)**
Yes 2

B9a.   IF YES: How many cigarettes, on average, do you smoke per day now?
(If NONE, please indicate with a (0) zero and answer B9b.)

_____ CIGARETTES PER DAY   **AVCIGDA9**

B9b.   If you stopped smoking since your last study visit, what was the last month and year you smoked?

___ ___ / ___ ___ ___ ___   Don't Know (-8) ☐
 M   M   Y   Y   Y   Y
 #SMOKEMO9/ **#SMOKEYR9**

The next 7 questions are about your exposure to smoke. If you are a smoker, please do <u>not</u> include yourself when answering questions B.10-B.12.

B10.   How many members of your household smoke tobacco in the house (at least 1 cigarette, cigar or pipe bowl per day)?

      ___ # PERSONS   **HHMEMSM9**

      B10a. **During the <u>past 7 days</u>**, on how many days were you exposed to tobacco smoke <u>inside your home</u>?

            ___# DAYS => IF 0 DAYS, GO TO QUESTION B.11.   **HOMEXPD9**

      B10b.   **Over the past 7 days**, when you were exposed to tobacco smoke <u>in your home</u>, how many hours were you exposed during a typical day?

            ___ # HOURS   **HOMEXPH9**

B11.   **During the past 7 days**, on how many days were you exposed to tobacco smoke <u>while at work</u>?

      ___ # DAYS => IF 0 DAYS, GO TO QUESTION B.12.   **WRKEXPD9**

      B11a.   **Over the past 7 days**, when you were exposed to tobacco smoke <u>while at work</u>, how many hours were you exposed during a typical day?

            ___ # HOURS   **WRKEXPH9**

      B11b.   **During the past 7 days**, when you were exposed to tobacco smoke <u>while at work</u>, how many people on average were smoking in the room you were in?

            ___ # PEOPLE   **WRKEXPE9**

B12.   **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   **TOTEXPH9**

The next questions are about your consumption of alcoholic beverages.

B13.   Since your last study visit, did you drink any beer, wine, liquor, or mixed drinks? **DRNKBEE9**

          No 1   **(GO TO C1, PAGE 7)**
          Yes...2

B14. 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.)   **GLASBEE9**

          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 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)   **GLASWIN9**

          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

B16. 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)   **GLASLIQ9**

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

Thinking back over the <u>past two weeks</u>, how often have you had…

C1.   Hot flashes or flushes?   **HOTFLAS9**
      (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

      ☐ **Not at all** (1) **(GO TO C2)**

      ☐ **1-5 days** (2)

      ☐ **6-8 days** (3)

      ☐ **9-13 days** (4)

      ☐ **Every day** (5)

> C1a. On the days that you have hot flashes or flushes, how many times each day do you usually have them?
>
>   NUMBER OF TIMES PER DAY: ___ ___   **(GO TO C1b)**
>   **NUMHOTF9**
> C1b. How much are you usually bothered by hot flashes or flushes?
>   (CIRCLE ONE NUMBER.):   **BOTHOTF9**
>
>   Not at all..1
>   Very little 2
>   Moderately 3
>   A lot...4

C2.   Cold sweats?   **COLDSWE9**
      (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

      ☐ **Not at all** (1) **(GO TO C3)**

      ☐ **1-5 days** (2)

      ☐ **6-8 days** (3)

      ☐ **9-13 days** (4)

      ☐ **Every day** (5)

> C2a. On the days that you have cold sweats, how many times each day do you usually have them?
>
>   NUMBER OF TIMES PER DAY: ___ ___   **(GO TO C2b)**
>   **NUMCLDS9**
> C2b. How much are you usually bothered by cold sweats?
>   (CIRCLE ONE NUMBER.):   **BOTCLDS9**
>
>   Not at all..1
>   Very little 2
>   Moderately 3
>   A lot...4

Thinking back over the past two weeks, how often have you had…

C3.   Night sweats?   **NITESWE9**
       (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

☐ **Not at all** (1) **(GO TO C4)**

☐ **1-5 days** (2)

☐ **6-8 days** (3)

☐ **9-13 days** (4)

☐ **Every day** (5)

> C3a. On the days that you have night sweats, how many times each
>   night do you usually have them?
>
> NUMBER OF TIMES PER NIGHT: ___ ___   **(GO TO C3b)**
>   **NUMNITS9**
> C3b. How much are you usually bothered by night sweats?
>   (CIRCLE ONE NUMBER.):   **BOTNITS9**
>
>   Not at all...1
>   Very little 2
>   Moderately 3
>   A lot...4

C4.   Stiffness or soreness in joints, neck or shoulders?   **STIFF9**
       (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

☐ **Not at all** (1) **(GO TO C5)**

☐ **1-5 days** (2)

☐ **6-8 days** (3)

☐ **9-13 days** (4)

☐ **Every day** (5)

> C4a. How much are you usually bothered by stiffness or soreness in
>   joints, neck or shoulders? (CIRCLE ONE NUMBER.):
>   **BOTSTIF9**
>
>   Not at all...1
>   Very little 2
>   Moderately 3
>   A lot...4

C5.   Irritability or grouchiness?   **IRRITAB9**
       (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

☐ **Not at all** (1) **(GO TO C6)**

☐ **1-5 days** (2)

☐ **6-8 days** (3)

☐ **9-13 days** (4)

☐ **Every day** (5)

> C5a. How much are you usually bothered by irritability or grouchiness?
>   (CIRCLE ONE NUMBER.):   **BOTIRRT9**
>
>   Not at all...1
>   Very little 2
>   Moderately 3
>   A lot...4

Thinking back over the <u>past two weeks</u>, how often have you felt…

C6. Tense or nervous?   **NRVOUS9**
     (CHECK ONE BOX AND ANSWER THE NEXT QUESTION AS INSTRUCTED.)

☐ **Not at all** (1) **(GO TO C7)**

☐ **1-5 days** (2)

☐ **6-8 days** (3)

☐ **9-13 days** (4)

☐ **Every day** (5)

> C6a. How much are you usually bothered by feeling tense or nervous?
>   (CIRCLE ONE NUMBER.):   **BOTNERV9**
>
> Not at all..1
> Very little 2
> Moderately 3
> A lot...4

C7. Below is a list of common problems which affect us from time to time in our daily lives.
     Thinking back over the <u>past two weeks</u>, 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. Back aches or pains? **ACHES9**	1	2	3	4	5
b. Vaginal dryness? **VAGINDR9**	1	2	3	4	5
c. Feeling blue or depressed? **FEELBLU9**	1	2	3	4	5
d. Dizzy spells? **DIZZY9**	1	2	3	4	5
e. Forgetfulness? **FORGET9**	1	2	3	4	5
f. Frequent mood changes? **MOODCHG9**	1	2	3	4	5
g. Heart pounding or racing? **HARTRAC9**	1	2	3	4	5
h. Feeling fearful for no reason? **FEARFUL9**	1	2	3	4	5
i. Headaches? **HDACHE9**	1	2	3	4	5
j. Breast pain/tenderness? **BRSTPAI9**	1	2	3	4	5
k. Vaginal irritation/itching? **VAGIRRT9**	1	2	3	4	5
l. Vaginal discharge? **VAGDISH9**	1	2	3	4	5
m. Vaginal soreness/pain? **VAGSORE9**	1	2	3	4	5

C8.   These questions (a - c) are about your sleep habits <u>over the past two weeks</u>. Please circle <u>one</u> answer for each of the following questions. Pick the answer that best describes how often you experienced the situation in the <u>past 2 weeks</u>.

In the past two 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
a. Did you have trouble falling asleep? **TRBLSLE9**	1	2	3	4	5
b. Did you wake up several times a night? **WAKEUP9**	1	2	3	4	5
c. Did you wake up earlier than you had planned to, and were unable to fall asleep again? **WAKEARL9**	1	2	3	4	5

The following question relates to your usual sleep habits <u>during the past month only</u>. Your answer should give the most accurate description for <u>most</u> of the days and nights <u>in the past month</u>.

C9.   During the past month, how would you rate your sleep quality overall?   **SLEEPQL9**

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

A common complaint among women is having to urinate a lot or the involuntary loss of urine. We would like to understand more about this problem, find out what women do to handle it, and whether women are satisfied with these treatments.

C10.   Have you **ever** leaked urine, even a very small amount, beyond your control?   **LEKEVER9**

No .... 1 **(GO TO D1, PAGE 18)**
Yes 2

C11. Have you **ever** discussed your urine leakage with a doctor, nurse or other health care professional?

<div align="center">

LEKDISC9

</div>

No 1
Yes .... 2 **(GO TO C12)**

C11a. IF NO, Why have you not discussed your leakage with a doctor, nurse or other health care professional?
(PLEASE CIRCLE ONE NUMBER FOR EACH.)

		NO	**YES**
a.	My problem is not bad enough to discuss it with a doctor, nurse or health care professional **LNOTBAD9**	1	2
b.	I don't think there are any effective treatments for my leaking problem **LNOEFTX9**	1	2
c.	Leaking urine is a normal part of getting older **LNRMOLD9**	1	2
d.	Leaking urine is normal after having children **LNRMCHD9**	1	2
e.	I am worried that I will be told I need surgery **LWYSURG9**	1	2
f.	I am too embarrassed about my leaking problem to bring it up at a visit with my doctor/nurse/other health care professional **LEMBARR9**	1	2
g.	My doctor/nurse/other health care professional has never asked about my leaking problem. **LDRNASK9**	1	2
h.	I can or have treated my leaking problem by myself **LTXMYSF9**	1	2
i.	Are there any other reason(s) you have not discussed your leaking problem with a doctor/nurse or other health care professional? **LEAKOR9** If yes, please list **LEAKORS9** _____ _____	1 **(GO TO C13)**	2 **(GO TO C13)**

If you have <u>not</u> discussed your urine leakage with a health care professional (you answered C11 as No), then skip to question C13 at the bottom of the page.

C12. Did a doctor, nurse or other health care professional recommend or prescribe any treatment for your urine leakage?   **RXTRMLK9**

No...1 **(GO TO C13)**
Yes 2

C12a. IF YES, for the treatments that were recommended or prescribed by a doctor, nurse or other health care professional, tell us how satisfied you were with each of them. (CIRCLE ONE NUMBER FOR EACH.)

		Not Recommended	Recommended			
			But have not tried this treatment	**Not satisfied at all with this treatment**	**Somewhat satisfied with this treatment**	**Very satisfied with this treatment**
a.	Medication, **LRXMED9** Please specify **#LRXMEDS9**	0	1	2	3	4
b.	Kegels or pelvic muscle exercises **LRXKEGL9**	0	1	2	3	4
c.	Biofeedback or electrical stimulation **LRXBIOF9**	0	1	2	3	4
d.	Urinate more often or urinate on a schedule **LRXUMOR9**	0	1	2	3	4
e.	Limit fluid intake **LRXLIMT9**	0	1	2	3	4
f.	Surgery **LRXSURG9**	0	1	2	3	4
g.	Any other treatments, **LRXOTH9** Please specify #LRXOTHS9	No (0)	1	2	3	4

We have been asking about having to urinate a lot or the involuntary loss of urine in general. Now, the following questions will help us understand how you've experienced these things more recently.

C13. <u>**Since your last study visit**</u>, have you leaked, even a very small amount, of urine involuntarily or beyond your control?   **LEKINVO9**

No ....1 **(GO TO D1, PAGE 18)**
Yes...2

C14. **In the last month**, about how many days have you lost any urine, even a small amount, beyond your control? (CIRCLE ONLY ONE ANSWER) **LEKDAYS9**

Never...1 **(GO TO D1, PAGE 18)**
Less than one day per week 2
Several days per week...3
Almost daily/daily..4

a. In the last month, have you lost any urine, even a small amount, beyond your control when you are coughing, laughing, sneezing, jogging, picking up an object from the floor or similar type of activity?

No ....1 **(GO TO C14b)**
Yes 2 **LEKCOUG9**

   a1. IF YES, about how many times per week have you lost any urine under these circumstances?

   Less than once per week 1 **COUGLWK9**
   At least once per week to several times per week.................2
   Almost daily / daily...3

b. In the last month, have you lost any urine, even a small amount, beyond your control when you have the urge to urinate and can't get to the toilet fast enough? **LEKURGE9**

No ....1 **(GO TO C14c)**
Yes 2

   b1. IF YES, about how many times per week have you lost any under this circumstance?
   URGELWK9

   Less than once per week 1
   At least once per week to several times per week.................2
   Almost daily / daily...3

c. How much urine do you lose when you leak? **LEKAMNT9**

   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): **LEKBOTH9**

   0   1   2   3   4   5   6   7   8   9   10

   Not at all   Somewhat   Extremely
   bothered   bothered   bothered

D1. 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, indicate how upsetting it was by circling 2, 3 4 or 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? **STARTNE9**	1	2	3	4	5
b.	Had trouble with a boss or conditions at work got worse? **WORKTRB9**	1	2	3	4	5
c.	Quit, fired or laid off from a job? **QUITJOB9**	1	2	3	4	5
d.	Took on a greatly increased work load at job? **WORKLOA9**	1	2	3	4	5
e.	Husband/partner became unemployed? **PRTUNEM9**	1	2	3	4	5
f.	Major money problems? **MONEYPR9**	1	2	3	4	5
g.	Relations with husband/partner changed for the worse but without separation or divorce? **WOSRELR9**	1	2	3	4	5
h.	Were separated or divorced or a long-term relationship ended? **RELATEN9**	1	2	3	4	5
i.	Had a serious problem with child or family member (other than husband/partner) or with a close friend? **SERIPRO9**	1	2	3	4	5
j.	A child moved out of the house or left the area? **CHILDMO9**	1	2	3	4	5
k.	Took on responsibility for the care of another child, grandchild, parent, other family member or friend? **RESPCAR9**	1	2	3	4	5

Question D1 continued:

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very upsetting and still upsetting
l. Family member had legal problems or a problem with police? **LEGALPR9**	1	2	3	4	5
m. A close relative (husband/partner, child or parent) died? **CRELDIE9**	1	2	3	4	5
n. A close friend or family member <u>other than</u> a husband/partner, child or parent died? **CLOSDIE9**	1	2	3	4	5
o. Major accident, assault, disaster, robbery or other violent event happened to yourself? **SELFVIO9**	1	2	3	4	5
p. Major accident, assault, disaster, robbery or other violent event happened to a family member? **FAMLVIO9**	1	2	3	4	5
q. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? **PHYSILL9**	1	2	3	4	5
r. Other major event not included above? **MAJEVEN9**	1	2	3	4	5

Specify: **#SPECEVN9**

_____

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....

E1. 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)

CARING9

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

E2. **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)

MEALS9

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

E3. **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)

ROUTNCH9

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

E4. **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)

MODERAT9

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

E5. **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)

VIGOROU9

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

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

E6. In comparison with other women of your own age, do you think your <u>recreational</u> physical activity is…

PHYSACT9

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

During the <u>past year</u>, when you were not working or doing chores around the house...

E7. Did you watch television...(CIRCLE ONE ANSWER)

WATCHTV9

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

E8. Did you walk or bike to and from work, school or errands…(CIRCLE ONE ANSWER)

WALKBIK9

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

E9. Did you sweat from exertion...(CIRCLE ONE ANSWER)

SWEATPA9

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

E10. Did you play sports or exercise...(CIRCLE ONE ANSWER)

SPORTS9

Never.. 1   **(GO TO E20, PAGE 19)**
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 6

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

E11. Which sport or exercise did you do **most frequently during the past year**? (SPECIFY ONLY ONE)

SPOREX19

_____

E12. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER)

RATEIN19

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

E13. How many months in this past year did you do this activity? (CIRCLE ONE ANSWER)

MTHSAC19

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

E14. During these months, on average, how many hours a week did you do this activity?
(CIRCLE ONE ANSWER)

HRSACT19

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

E15. Did you do any other exercise or play any other sport in this past year?

OTHSPOR9

No..1   **(GO TO E20, PAGE 19)**
Yes 2

E16. What was the second most frequent sport or exercise you did during the past year?
(SPECIFY ONLY ONE)

SPOREX29

_____

E17. When you did this activity, did your heart rate and breathing increase? (CIRCLE ONE ANSWER)

RATEIN29

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

E18. How many months in this past year did you do this activity? (CIRCLE ONE ANSWER)

MTHSAC29

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

E19. During these months, on average, how many hours a week did you do this activity?
(CIRCLE ONE ANSWER)

HRSACT29

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 F1, PAGE 20.**

E20. In comparison with other women your age, do you think your work during this past year is physically.....(CIRCLE ONE ANSWER)   **PHYSWOR9**

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

E21. After work, are you physically tired.....(CIRCLE ONE ANSWER)   **WORKTIR9**

Never.. 1
Seldom 2
Sometimes.. 3
Often 4
Always 5

E22. 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 **WRKACTA9**	1	2	3	4	5	-8
b. Stand **WRKACTB9**	1	2	3	4	5	-8
c. Walk **WRKACTC9**	1	2	3	4	5	-8
d. Lift heavy loads greater than 15 pounds (more than the weight of 2 gallons of milk) **WRKACTD9**	1	2	3	4	5	-8
e. Stoop and bend **WRKACTE9**	1	2	3	4	5	-8
f. Push or move heavy objects **WRKACTF9**	1	2	3	4	5	-8
g. Sweat from exertion **WRKACTG9**	1	2	3	4	5	-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.

F1. 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. **AWAREBO9**	1	2	3	4	5
b. Sudden loud noises really bother me. **NOISES9**	1	2	3	4	5
c. I hate to be too hot or too cold. **HOTCOLD9**	1	2	3	4	5
d. I am quick to sense the hunger contractions in my stomach. **HUNGER9**	1	2	3	4	5
e. I can't stand pain. **STNDPAI9**	1	2	3	4	5

The next question deals with your attitude about aging. For each item, please indicate the degree to which YOU agree or disagree in general.

F2. Please indicate the extent you personally agree or disagree with the following statements about yourself.

(CIRCLE ONLY ONE ANSWER FOR EACH QUESTION)

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a.	I have never dreaded the day I would look in the mirror and see gray hairs. **GRAYHAI9**	1	2	3	4	5
b.	It doesn't bother me at all to imagine myself being old. **IMAGNOL9**	1	2	3	4	5
c.	When I look in the mirror, it doesn't bother me to see how my looks have changed with age. **LOOKSAG9**	1	2	3	4	5
d.	I expect to feel good about life when I am old. **GOODOLD9**	1	2	3	4	5
e.	I fear it will be very hard for me to find contentment in old age. **FEAROLD9**	1	2	3	4	5
f.	I will have plenty to occupy my time when I am old. **PLNTYOC9**	1	2	3	4	5
g.	As I age I feel worse about myself. **AGEWORS9**	1	2	3	4	5

We would like to ask you some additional questions that will help us to understand your answers better. Please remember that this information will remain confidential.

G1. What is your total family income (before taxes) from all sources within your household in the last year?
     (CIRCLE THE ANSWER THAT IS YOUR <u>BEST</u> GUESS.)   **INCOME9$**

         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

G2. How hard is it for you to pay for the <u>very basics</u> like food, housing, medical care, and heating? Would you say it is…(CIRCLE ONE NUMBER)   **HOW_HAR9**

         Very hard 1
         Somewhat hard 2
         Not hard at all 3
         Don't know .... -8

H1. We are interested in how you have felt **this week** (the past 7 days) and below are a number of words that describe different feelings or emotions that people experience. Read each item and then, using the scale provided, indicate in the space next to each item how strongly you have experienced these feelings this past week. (CIRCLE ONLY ONE NUMBER FOR EACH.)

		Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
a. Interested	INTRPAN9	1	2	3	4	5
b. Disinterested	DISIPAN9	1	2	3	4	5
c. Excited	EXCIPAN9	1	2	3	4	5
d. Upset	UPSEPAN9	1	2	3	4	5
e. Strong	STROPAN9	1	2	3	4	5
f. Guilty	GUILPAN9	1	2	3	4	5
g. Scared	SCARPAN9	1	2	3	4	5
h. Hostile	HOSTPAN9	1	2	3	4	5
i. Enthusiastic	ENTHPAN9	1	2	3	4	5
j. Proud	PROUPAN9	1	2	3	4	5
k. Irritable	IRRIPAN9	1	2	3	4	5
l. Alert	ALERPAN9	1	2	3	4	5
m. Ashamed	ASHAPAN9	1	2	3	4	5
n. Inspired	INSPPAN9	1	2	3	4	5
o. Nervous	NERVPAN9	1	2	3	4	5
p. Determined	DETEPAN9	1	2	3	4	5
q. Attentive	ATTEPAN9	1	2	3	4	5
r. Jittery	JITTPAN9	1	2	3	4	5
s. Active	ACTIPAN9	1	2	3	4	5
t. Afraid	AFRAPAN9	1	2	3	4	5

Thank you for your time. This ends <u>this</u> questionnaire.

Please give it to the study personnel.

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**************************************************************************************************
**************************************************************************************************
*************   MAILED QUESTIONNAIRE URINARY INCONTINENCE QUESTIONS   *************
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A common complaint among women is having to urinate a lot or the involuntary loss of urine.

G1.   **Since your last study visit**, have you leaked urine, even a small amount, beyond your control?

No.. 1   **(GO TO H1)**
Yes 2   **LEKMAIL9**

G2.   **In the last month**, about how many days have you lost any urine, even a small amount, beyond your control when you are coughing, laughing, sneezing, jogging, picking up an object from the floor or similar type of activity? (CIRCLE ONLY ONE ANSWER.)   **LSTURIN9**

Never... 1
About once in the last month 2
At least once per week to several times per week................. 3
Almost daily / daily.. 4

G3.   **In the last month**, about how many days have you lost any urine, even a small amount, beyond your control when you have the urge to urinate and can't get to the toilet fast enough?
 (CIRCLE ONLY ONE ANSWER.)   **LSTURI29**

Never... 1
About once in the last month 2
At least once per week to several times per week................. 3
Almost daily / daily.. 4

PHYSICAL MEASURES

Study of Women's Health Across the Nation

SECTION A.   GENERAL INFORMATION

AFFIX ID LABEL HERE   **SWANID**

A1. RESPONDENT ID:

A2. SWAN STUDY VISIT #   09   **#VISIT**

A3. FORM VERSION: 06/01/2003   **#FORM_V**

A4. DATE FORM COMPLETED: __ __ / __ __ / __ __ __ __   **PHYDAY9†**
                          M M   D D   Y Y Y Y

A5. RESPONDENT'S DOB: __ __ / __ __ / 1 9 __ __   **#DOB**
                          M M   D D   Y Y Y Y

VERIFY WITH RESPONDENT

A6. MEASUREMENTS COMPLETED IN: **#LOCATIO9**

                    RESPONDENT'S HOME....................1
                    CLINIC/OFFICE...................2

A7. TECHNICIAN'S INITIALS

        a.   BLOOD PRESSURE   ____ ____ ____   **#INITSA9**

        b.   HEIGHT/WEIGHT   ____ ____ ____   **#INITSB9**

        c.   WAIST/HIP   ____ ____ ____   **#INITSC9**

A8.   WERE PHYSICAL MEASURES COMPLETED?   **#PHYCOMP9**
          NO 1
          YES .... 2 **(B1)**

    A8.1. IF NO (i.e. PHYSICAL MEASURES NOT DONE), SPECIFY REASON: **#PHYNOT**

       UNWILLING/UNABLE TO COME TO OFFICE .... 1 **(END)**
       OUTSIDE OF 90-DAY WINDOW .... 2 **(END)**
       OTHER .... 3 **(END)**
            IF OTHER, SPECIFY _____ **#PHYNOTS**
       REFUSED ....-7 **(END)**

† This date is given in days since the initial baseline interview, which is day zero.

 # Variable Excluded from Public Use Data File
Physical Measures   65

Section B.   Measurements

B1.   ARM LENGTH   ___ ___ ___ . ___ cm   **#ARMLNGT9**

B2.   ARM CIRCUMFERENCE   ___ ___ ___ . ___ cm   **#ARMCIRC9**

B3.   CUFF SIZE USED (Circle one.)   1. Pediatric   3. Large Adult **#CUFFSIZ9**
                                                         2. 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.

B4.   PULSE   **PULSE9**   ___ ___ beats/30 sec

B5.   BLOOD PRESSURE #1 (SYS./DIA. 5th Phase)   ___ ___ ___ / ___ ___ ___ mmHg
         SYSBP19 / DIABP19

B6.   BLOOD PRESSURE #2 (SYS./DIA. 5th Phase)   ___ ___ ___ / ___ ___ ___ mmHg
         SYSBP29 / DIABP29

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

B7.   HEIGHT   **HEIGHT9**   ___ ___ ___ . ___ ___ cm

       B7.1. Measurement Method   1. Stadiometer   2. Portable
              HTMETHO9   3. Self Report

              B7.1.a. If Self Report, then choose one of the following   **HTSELF9**
                      1. Participant in wheelchair/disabled   2. Equipment Failure
                      3. Refused to be measured   4. Other   **HTSELFS9**
                                                                    Specify_____

B8.   WEIGHT   **WEIGHT9**   ___ ___ ___ . ___ kg

       B8.1. Scales   **SCALE9**   1. Balance Beam   2. Clinic Digital
                                                3. Portable   4. Self Report

              B8.1.a. If Self Report, then choose one of the following   **WTSELF9**
                      1. Participant in wheelchair/disabled   2. Equipment Failure
                      3. Refused to be weighed   4. Participant weight more than scale
                      5. Other   **WTSELFS9**
                         Specify_____

B9.   WAIST CIRCUMFERENCE   **WAIST9**   ___ ___ ___ . ___ cm

       B9.1.   Measurement taken in: 1. Undergarments   2. Light clothing
                                                                       WASTMEA9

B10.   HIP CIRCUMFERENCE   **HIP9**   ___ ___ ___ . ___ cm

       B10.1.   Measurement taken in: 1. Undergarments   2. Light clothing
                                                                       HIPMEAS9

B11.   **Please note if there were any unusual circumstances or deviations from the protocol.**
       _____

       _____**#DEVIAT19** / **#DEVIAT29**_____

ADDITIONAL PHYSICAL MEASURES

One additional measure, BMI, has been made available:

Variable	Meaning	Values
BMI9	Body Mass Index	numeric

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

COGNITIVE FUNCTION FORM

ANNUAL FOLLOW-UP

Study of Women's Health Across the Nation

SECTION A.   GENERAL INFORMATION

AFFIX ID LABEL HERE

A1.   RESPONDENT ID: **SWANID**

A2.   SWAN STUDY VISIT #   09   **#VISIT**

A3.   FORM VERSION: 05/01/2005   **#FORM_V**

A4.   DATE FORM COMPLETED: __ __ / __ __ / __ __ __ __   **COGDAY9†**
                                                  M M   D D   Y Y Y Y

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

A6.   RESPONDENT'S DOB: __ __ / __ __ / 1 9 __ __   **#DOB**
                                               M M   D D   Y Y Y Y
                                      VERIFY WITH RESPONDENT

A7.   COMPLETED IN: **#LOCATIO9**
          RESPONDENT'S HOME 1
          CLINIC / OFFICE 2

A8.   INTERVIEW LANGUAGE: **LANGCOG9**
          ENGLISH 1
          SPANISH 2
          CANTONESE 3
          JAPANESE 4

A9.   WERE ANY OF THE COGNITIVE FUNCTION TESTS COMPLETED?   **#COGCOMP9**
          NO 1
          YES 2   **(A10)**

       A9.1. IF NO (i.e. COGNITIVE FUNCTION TESTS NOT DONE), SPECIFY REASON: **#COGNOT9**
          UNWILLING/UNABLE TO COME TO OFFICE 1   **(END)**
          OUTSIDE OF 90-DAY WINDOW 2   **(END)**
          OTHER 3   **(END)**
                IF OTHER, SPECIFY **#COGNOTS9** _____
          REFUSED .... -7   **(END)**

A10. START TIME   ___ ___ : ___ ___   AM….1   **#STRTAMP9**
                                          #START9   PM….2

† This date is given in days since the initial baseline interview, which is day zero.

B. EAST BOSTON MEMORY TEST I

I have some questions that involve remembering things and concentrating. Please try your best.

INTERVIEWER NOTE: RECORD ALL ANSWERS PROVIDED BY THE PARTICIPANT.
ALL RESPONSES MUST BE GIVEN **WITHOUT** ANY AID TO MEMORY.

I.   IMMEDIATE RECALL OF STORY

Now I would like to ask you to try to remember a short story.

First, I'm going to read you a short story and when I'm through, I'm going to wait a few seconds and then ask you to tell me as much as you can remember.

The story is:

Three children were alone at home and the house caught on fire. A brave fireman managed to climb in a back window and carry them to safety. Aside from minor cuts and bruises, all were well.

WAIT FIVE SECONDS, THEN SAY: Please tell me the story.

RECORD RESPONSE VERBATIM   SCORE EACH IDEA AS PRESENT OR ABSENT

IMEDTHR9

IMEDCH19

IMEDHOU9

IMEDFIR9

IMEDFMN9

IMEDCLM9

IMEDCH29

IMEDRES9

IMEDMIN9

IMEDINJ9

IMEDEVR9
IMEDWEL9
TOTIDE19

Idea	Present	Absent
Three	1	0
Children	1	0
House	1	0
On Fire	1	0
Fireman	1	0
Climb In	1	0
Children	1	0
Rescued	1	0
Minor	1	0
Injuries	1	0
Everyone	1	0
Well	1	0
Total Ideas		

C. FACES I

Now we will move to another exercise.

HAVE **STIMULUS BOOKLET I** READY. RECORDING OF THE PARTICIPANT'S RESPONSES AND SCORING FOR FACES I ARE DONE ON THE FOLLOWING PAGE. THERE IS NOTHING TO WRITE DOWN WHILE PRESENTING THE INITIAL SET OF FACES (1-24). THE PRIMARY MEASURE OF PERFORMANCE IS THE NUMBER OF FACES CORRECTLY IDENTIFIED.

READ THE <u>INITIAL INSTRUCTION</u>: "I am going to show you some pictures of faces, one at a time. Look at each face carefully and remember what it looks like. Remember each one."

EXPOSE EACH PHOTOGRAPH (1-24) FOR 2 SECONDS AND SAY, "Remember this one."

WHEN ALL HAVE BEEN PRESENTED READ THE <u>NEXT INSTRUCTION</u>. "Now I am going to show you some more pictures of faces, one at a time. I want you to look at the face on each page carefully. Say "Yes" if the face is one that I asked you to remember or "No" if it is not."

IF THE RESPONDENT DOES NOT UNDERSTAND THE DIRECTIONS, YOU MAY REPEAT THEM, PARAPHRASING WHERE NECESSARY.

TURN THE PAGE TO EXPOSE ITEM 1. EXPOSE EACH PHOTOGRAPH (1-48). RECORD THE PARTICIPANT'S RESPONSES ON PAGE 4 OF THIS FORM. CIRCLE WHETHER THE RESPONDENT SAYS "YES" OR "NO" TO EACH OF THE 48 FACES THAT ARE PRESENTED (i.e. CIRCLE "Y / YES" OR "N / NO"). LATER, THE RESPONSES ARE SCORED AS CORRECT OR NOT (i.e. BOLDFACE TYPE YES/NO=1, AND Y/N=0).

AFTER YOU HAVE SHOWN THE LAST RECOGNITION FACE FOR FACES I AND RECORDED THE RESPONSE, GIVE THE <u>FINAL INSTRUCTION</u>. I want you to remember the first group of faces I asked you to remember because later on I'm going to ask you to pick them out of another group of faces.

FACES I

C1. FACES I ADMINISTRATION STATUS: **FACEADM9**

     FACES I ADMINISTERED 1
     NOT ADMINISTERED BECAUSE OF PHYSICAL IMPAIRMENT...............................6
     NOT ADMINISTERED BECAUSE OF VERBAL REFUSAL..7
     NOT ADMINISTERED BECAUSE OF BEHAVIORAL REASON...................................8
     NOT ADMINISTERED FOR OTHER REASON
         OTHER: SPECIFY **#FACESPE9** _____ 9
     ADMINISTERED,BUT NOT ACCORDING TO PROTOCOL
         SPECIFY_____ 10

IF, FACES I ADMINISTERED, – CIRCLE "Y / YES" OR "N / NO"

ITEM/RESPONSE			SCORE 0 OR 1
1	Y	**NO**	**FACEI19**
2	**YES**	N	**FACEI29**
3	Y	**NO**	**FACEI39**
4	Y	**NO**	**FACEI49**
5	**YES**	N	**FACEI59**
6	Y	**NO**	**FACEI69**
7	**YES**	N	**FACEI79**
8	Y	**NO**	**FACEI89**
9	Y	**NO**	**FACEI99**
10	Y	**NO**	**FACEI109**
11	**YES**	N	**FACEI119**
12	**YES**	N	**FACEI129**
13	Y	**NO**	**FACEI139**
14	**YES**	N	**FACEI149**
15	Y	**NO**	**FACEI159**
16	**YES**	N	**FACEI169**
17	Y	**NO**	**FACEI179**
18	Y	**NO**	**FACEI189**
19	**YES**	N	**FACEI199**
20	Y	**NO**	**FACEI209**
21	**YES**	N	**FACEI219**
22	**YES**	N	**FACEI229**
23	Y	**NO**	**FACEI239**
24	**YES**	N	**FACEI249**
25	**YES**	N	**FACEI259**
26	Y	**NO**	**FACEI269**
27	Y	**NO**	**FACEI279**
28	**YES**	N	**FACEI289**
29	**YES**	N	**FACEI299**
30	Y	**NO**	**FACEI309**
31	Y	**NO**	**FACEI319**
32	**YES**	N	**FACEI329**
33	**YES**	N	**FACEI339**
34	Y	**NO**	**FACEI349**
35	**YES**	N	**FACEI359**
36	Y	**NO**	**FACEI369**
37	**YES**	N	**FACEI379**
38	**YES**	N	**FACEI389**
39	Y	**NO**	**FACEI399**
40	**YES**	N	**FACEI409**
41	Y	**NO**	**FACEI419**
42	**YES**	N	**FACEI429**
43	Y	**NO**	**FACEI439**
44	**YES**	N	**FACEI449**
45	Y	**NO**	**FACEI459**
46	**YES**	N	**FACEI469**
47	**YES**	N	**FACEI479**
*48	Y	**NO**	**FACEI489**

D. SYMBOL DIGIT MODALITIES TEST

Now, we are going to try something a little different.

PLACE THE LAMINATED TEST FORM IN FRONT OF RESPONDENT RESPONSES ON A BLANK SDMT FORM.

POINT TO KEY AT TOP OF PAGE AND SAY: Look at these boxes. Notice that each box has a little mark in the upper part and a number in the lower part. Each mark has its own number.   Now look down here. [POINT]

Notice that the boxes on the top have marks, but the boxes on the bottom are empty. I want you to call out the number that goes with each mark. For example, look at the first mark and then look at the key. [POINT]

The number 1 goes with the first mark. So you call out the number 1 for the first box.

POINT OUT NEXT 2 ANSWERS: A 5 goes with this mark, and a 2 goes with this mark.

Now what number belongs in the next box?
POINT TO BOX IF NECESSARY. RECORD RESPONSE.

IF RESPONSE IS CORRECT, SAY: Good. You have the idea.
IF RESPONSE IS INCORRECT, SAY: No, that is a 1. AND POINT TO THE APPROPRIATE SYMBOL/ITEM PAIR IN KEY.

Now, for practice, tell me the numbers that belong in the rest of the boxes up to this line.
DRAW OVER THE DOUBLE LINE IN THE PRACTICE ROW.
Use your finger as you move along the row so you don't get lost.

RECORD RESPONSES TO REMAINING PRACTICE ITEMS (ANSWERS: 3 6 2 4 1 6). IMMEDIATELY CORRECT EACH ERROR AS ABOVE. RECORD "0" FOR NON-NUMERIC RESPONSES.

REINSTRUCT AND/OR ENCOURAGE GUESSING IF RESPONDENT IS CONFUSED ON THE PRACTICE ROW; E.G., If you don't know, guess a number from 1 to 9, and I'll tell you if you're right or wrong.

AFTER PRACTICE ROW IS COMPLETED, SAY:
Good, you know how to do them. I have some more of these I want you to do. When I tell you to begin start here [POINT TO THE FIRST SQUARE TO RIGHT OF DOUBLE LINE] and call out the numbers just like you have been doing until I say 'Stop.' If you make a mistake, tell me what you think the correct answer is. Do not skip any boxes and work as quickly as you can. Ready? Begin.

START TIMER AT "BEGIN," ALLOW 90 SECONDS, AND THEN SAY: Stop.
RECORD RESPONSES.
DO NOT REINSTRUCT FURTHER; IF PRESSED, SAY: Just do the best you can.

SYMBOL DIGIT MODALITIES TEST (CONTINUED) – SCORING:

1. Administration status (1, 6-10) _____ **SDMTSTA9**

    1 = Test administered

    6 = Not administered because of physical impairment

    7 = Not administered because of verbal refusal

    8 = Not administered because of a behavioral reason

    9 = Not administered for some other reason

          Specify **#SDMTSPE9**_____

   10 = Administered but not according to protocol

          Specify_____

2. Number of Test Administrations _____ **SDMTADM9**

3. Number of Practice Items Correct (0-7) _____ **SDMTPRA9**

4. Number of Test Items Attempted (0-110) **SDMTATM9** _____ _____ _____

5. Number of Test Items Correct (0-110) **SDMTCOR9** _____ _____ _____

E. DIGITS BACKWARD

ADMINISTRATION: MAKE SURE YOU HAVE RESPONDENT'S ATTENTION BEFORE PRESENTING EACH ITEM.   READ DIGITS CLEARLY AT ONE-PER-SECOND RATE, LETTING VOICE PITCH DROP/RISE ON LAST DIGIT. PRESENT EACH ITEM ONLY ONCE. IF REPETITION IS REQUESTED, SAY: Just tell me what you can remember.

DISCONTINUE AFTER TWO CONSECUTIVE ERRORS AT A GIVEN ITEM LENGTH (e.g., IF BOTH 4a AND 4b ARE ERRORS). IF REQUESTED, REINSTRUCT: After I say the numbers, you are to say them backwards.

IF RESPONDENT REPEATS THE NUMBERS FORWARD, SCORE THE RESPONSE AS AN ERROR (0) AND REINSTRUCT AS ABOVE. ONLY ONE UNREQUESTED REINSTRUCTION IS PERMITTED.

SCORING: CLASSIFY EACH RESPONSE AS ERROR (0) OR CORRECT (1) AND ENTER THE SCORE IN THE SPACE PROVIDED.   FOR ITEMS NOT ADMINISTERED DUE TO BRANCHING OR DISCONTINUATION RULE, PLACE AN "-1" IN THE SPACE PROVIDED; FOR ITEMS NOT ADMINISTERED FOR ANY OTHER REASON, ENTER THE APPROPRIATE CODE: 6 = PHYSICAL IMPAIRMENT; 7 = VERBAL REFUSAL; 8 = BEHAVIORAL REASON; 9 = OTHER REASON.

INSTRUCTION: Now, let's move on to another part. I am going to say some numbers. When I stop, I want you to say them backwards.

 ITEM   **RESPONSE CODE**

P1. Try this one : 2 – 8 – 3."   _____

     IF <u>CORRECT</u> (1), SAY: That's right. Now I have some more numbers.
     Remember, you are to say them backwards.

       [GO TO 1a]

     IF <u>ERROR</u> (0), SAY: No, I said 2 – 8 – 3, so to say them backwards, you would
     need to say 3 – 8 – 2.

       [GO TO P2]

P2. Try this one. Remember, you are to say them backwards. Ready? 1 – 5 – 8.   _____

     IF <u>CORRECT</u> (1), SAY: That's right. Now I have some more numbers.
     Remember, you are to say them backwards.

       [GO TO 1a]

     IF <u>ERROR</u> (0), SAY: No, I said 1 – 5 – 8, so to say them backwards, you would
     need to say 8 - 5 - 1. Now I have some more numbers. Remember, you are to say
     them backwards.

DIGITS BACKWARD (CONTINUED)

0 = Error
1 = Correct
-1 = Not Administered due to discontinuation rule
6 = Not administered because of physical impairment
7 = Not administered because of verbal refusal
8 = Not administered because of behavioral reason
9 = Not administered for some other reason, Specify below
10 = Administered but not according to protocol, Specify below

Item		*Response Code*
1a.	Ready? 5 – 1	**DIGIT1A9**_____
1b.	Here is another: 3 – 8	**DIGIT1B9**_____
2a.	Here is another: 4 – 9 – 3	**DIGIT2A9**_____
2b.	Here is another: 5 – 2 – 6	**DIGIT2B9**_____
3a.	Here is another: 3 – 8 – 1 – 4	**DIGIT3A9**_____
3b.	Here is another: 1 – 7 – 9 – 5	**DIGIT3B9**_____
4a.	Here is another: 6 – 2 – 9 – 7 – 2.....................................	**DIGIT4A9**_____
4b.	Here is another: 4 – 8 – 5 – 2 – 7.....................................	**DIGIT4B9**_____
5a.	Here is another: 7 – 1 – 5 – 2 – 8 – 6...............................	**DIGIT5A9**_____
5b.	Here is another: 8 – 3 – 1 – 9 – 6 – 4...............................	**DIGIT5B9**_____
6a.	Here is another: 4 – 7 – 3 – 9 – 1 – 2 – 8........................	**DIGIT6A9**_____
6b.	Here is another: 8 – 1 – 2 – 9 – 3 – 6 – 3........................	**DIGIT6B9**_____

Specify:

_____**#SPCDIG19**_____

_____**#SPCDIG29**_____

[NOTE: DISCONTINUE TEST AFTER 2 CONSECUTIVE ERRORS AT THE SAME ITEM LENGTH]

F. EAST BOSTON MEMORY TEST II – DELAYED RECALL OF STORY

Please recall the short story I read a few moments ago and tell me as much as you can remember of the story now.

RECORD RESPONSE VERBATIM

SCORE EACH IDEA AS PRESENT OR ABSENT

DLAYTHR9

DLAYCH19

DLAYHOU9

DLAYFIR9

DLAYFMN9

DLAYCLM9

DLAYCH29

DLAYRES9

DLAYMIN9

DLAYINJ9

DLAYEVR9
DLAYWEL9
TOTIDE29

Idea	Present	Absent
Three	1	0
Children	1	0
House	1	0
On Fire	1	0
Fireman	1	0
Climb In	1	0
Children	1	0
Rescued	1	0
Minor	1	0
Injuries	1	0
Everyone	1	0
Well	1	0
Total Ideas		

G. FACES II

Now I'm going to show you some more pictures of faces. I want you to look at each face carefully. Say "Yes" if the face is one I asked you to remember earlier or "No" if it is not.

HAVE **STIMULUS BOOKLET II** READY.

IF THE RESPONDENT DOES NOT UNDERSTAND THE DIRECTIONS, YOU MAY REPEAT THEM, PARAPHRASING WHERE NECESSARY.

TURN THE PAGE TO EXPOSE ITEM 1. EXPOSE EACH PHOTOGRAPH (1-48). RECORD THE PARTICIPANT'S RESPONSES ON PAGE 11 OF THIS FORM. CIRCLE WHETHER THE RESPONDENT SAYS "YES" OR "NO" TO EACH OF THE 48 FACES THAT ARE PRESENTED (i.e. CIRCLE "Y / YES" OR "N / NO"). LATER, THE RESPONSES ARE SCORED AS CORRECT OR NOT (i.e. BOLDFACE TYPE YES/NO=1, AND Y/N=0).

FACES II

G1. FACES II ADMINISTRATION STATUS: **FACE2AD9**

FACES II ADMINISTERED 1
NOT ADMINISTERED BECAUSE OF PHYSICAL IMPAIRMENT 6
NOT ADMINISTERED BECAUSE OF VERBAL REFUSAL... 7
NOT ADMINISTERED BECAUSE OF BEHAVIORAL REASON 8
NOT ADMINISTERED FOR OTHER REASON
     OTHER: SPECIFY **#FACE2SP9** _____ 9
ADMINISTERED,BUT NOT ACCORDING TO PROTOCOL
     SPECIFY_____........................... 10
FACES I **NOT** ADMINISTERED ....-1

IF FACES II ADMINISTERED, – CIRCLE "Y / YES" OR "N / NO"

ITEM/RESPONSE			SCORE 0 OR 1
1	Y	**NO**	**FACED19**
2	**YES**	N	**FACED29**
3	Y	**NO**	**FACED39**
4	Y	**NO**	**FACED49**
5	**YES**	N	**FACED59**
6	Y	**NO**	**FACED69**
7	**YES**	N	**FACED79**
8	Y	**NO**	**FACED89**
9	Y	**NO**	**FACED99**
10	Y	**NO**	**FACED109**
11	**YES**	N	**FACED119**
12	Y	**NO**	**FACED129**
13	**YES**	N	**FACED139**
14	Y	**NO**	**FACED149**
15	**YES**	N	**FACED159**
16	Y	**NO**	**FACED169**
17	Y	**NO**	**FACED179**
18	**YES**	N	**FACED189**
19	Y	**NO**	**FACED199**
20	**YES**	N	**FACED209**
21	**YES**	N	**FACED219**
22	Y	**NO**	**FACED229**
23	**YES**	N	**FACED239**
24	Y	**NO**	**FACED249**
25	**YES**	N	**FACED259**
26	Y	**NO**	**FACED269**
27	**YES**	N	**FACED279**
28	**YES**	N	**FACED289**
29	**YES**	N	**FACED299**
30	Y	**NO**	**FACED309**
31	**YES**	N	**FACED319**
32	Y	**NO**	**FACED329**
33	**YES**	N	**FACED339**
34	Y	**NO**	**FACED349**
35	**YES**	N	**FACED359**
36	**YES**	N	**FACED369**
37	Y	**NO**	**FACED379**
38	Y	**NO**	**FACED389**
39	**YES**	N	**FACED399**
40	**YES**	N	**FACED409**
41	Y	**NO**	**FACED419**
42	**YES**	N	**FACED429**
43	**YES**	N	**FACED439**
44	Y	**NO**	**FACED449**
45	Y	**NO**	**FACED459**
46	**YES**	N	**FACED469**
47	Y	**NO**	**FACED479**
48	**YES**	N	**FACED489**

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=104)
- More than 10 foods skipped (n=4)
- Daily caloric intake too low or high (n=14)

Altogether, 112 participants have missing data due to a combination of the above exclusions.

FOOD QUESTIONNAIRE

ID NUMBER

INTERVIEWER ID #

TODAY'S DATE — MO DAY YR

Ethnic group
- ○ Hispanic
- ○ African American
- ○ Japanese
- ○ White, not Hispanic
- ○ Chinese
- ○ Other

SEX
- ○ Male
- ○ Female

DATE OF BIRTH — MO DAY YR

AGE

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
- ○ 1 - 2
- ○ 3 - 5
- ○ 6 - 8
- ○ 9 - 11
- ○ 12 or more

First, a few general questions about what you eat.	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
						AVERAGE USE IN THE LAST YEAR			
About how many servings of vegetables do you eat, per day or per week, not counting salad or potatoes?	○	○	○	○	○	○	○	○	○
About how many servings of fruit do you eat, not counting juices?	○	○	○	○	○	○	○	○	○
About how many servings of cold cereal do you eat?	○	○	○	○	○	○	○	○	○
About how many glasses of milk (or chocolate milk) do you drink?	○	○	○	○	○	○	○	○	○
How often do you use fat or oil to fry or stir-fry, or to simmer or season your food?	○	○	○	○	○	○	○	○	○

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
- ○ Margarine
- ○ Butter
- ○ Olive oil or canola oil
- ○ Corn oil, vegetable oil
- ○ Low-fat margarine
- ○ Lard, fatback, bacon fat
- ○ 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	○ Always low-fat	○ Sometimes	○ Rarely low-fat	○ N/A
Ice cream or yogurt	○ Always low-fat	○ Sometimes	○ Rarely low-fat	○ N/A
Salad dressing	○ Always low-fat	○ Sometimes	○ Rarely low-fat	○ N/A
Cake or cookies	○ Always low-fat	○ Sometimes	○ Rarely low-fat	○ 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?					
First,	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
Multiple Vitamins. Do you take…										
Regular Once-A-Day, Centrum, or Thera type	○	○	○	○	○	○	○	○	○	○
Antioxidant combination type	○	○	○	○	○	○	○	○	○	○
Single Vitamins (not part of multiple vitamins)										
Vitamin A (not beta-carotene)	○	○	○	○	○	○	○	○	○	○
Beta-carotene	○	○	○	○	○	○	○	○	○	○
Vitamin C	○	○	○	○	○	○	○	○	○	○
Vitamin E	○	○	○	○	○	○	○	○	○	○
Calcium or Tums	○	○	○	○	○	○	○	○	○	○
Iron	○	○	○	○	○	○	○	○	○	○
Zinc	○	○	○	○	○	○	○	○	○	○
Selenium	○	○	○	○	○	○	○	○	○	○

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	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	OFFICE USE ONLY
						HOW OFTEN				HOW MUCH EACH TIME			

Please tell me how often you eat each of these foods.

TYPE OF FOOD	NEVER OR LESS	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	S	M	L	
Bananas	○	○	○	○	○	○	○	○	1 medium	○ 1/2	○ 1	○ 2	○
Apples, applesauce	○	○	○	○	○	○	○	○	1 medium	○ 1/2	○ 1	○ 2	○
Prunes, or prune juice	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1/2 cup	○ S	○ M	○ L	○
Peaches, apricots, canned or dried	○	○	○	○	○	○	○	○	1 medium or 1/2 cup	○ S	○ M	○ L	○
Peaches, apricots, fresh, in season	○	○	○	○	○	○	○	○	1 medium	○ 1/2	○ 1	○ 2	○
Oranges or grapefruit, in season, not including juice	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1 medium	○ 1/2	○ 1	○ 2	○
Cantaloupe, in season	○	○	○	○	○	○	○	○	1/4 medium	○ 1/8	○ 1/4	○ 1/2	○
Mangoes or papayas, fresh, in season	○	○	○	○	○	○	○	○	1/2 medium	○ S	○ M	○ L	○
Watermelon, in season	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1 slice	○ S	○ M	○ L	○
Strawberries, other berries, in season	○	○	○	○	○	○	○	○	1/2 cup	○ S	○ M	○ L	○

	<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	○	○	○	○	○	○	○	○	1 medium bowl	○ S	○ M	○ L	○
Other cold cereals like corn flakes or cheerios	○	○	○	○	○	○	○	○	1 medium bowl	○ S	○ M	○ L	○
Cooked cereal like oatmeal, oat bran or grits	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1 medium bowl	○ S	○ M	○ L	○
Milk on cereal	○	○	○	○	○	○	○	○	1/2 cup	○	○	○	○
Breakfast bars, granola bars, power bars	○	○	○	○	○	○	○	○	1 serving	○ S	○ M	○ L	○
Instant breakfast milkshakes like Carnation, diet shakes like Sego, or liquid supplements like Ensure	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1 serving	○ S	○ M	○ L	○
Pancakes or waffles	○	○	○	○	○	○	○	○	2 med.	○ 1	○ 2	○ 3	○
Eggs	○	○	○	○	○	○	○	○	1 egg=sml. 2 eggs=med.	① egg	② eggs	③ eggs	○
Egg substitutes, Egg Beaters	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	2 eggs	① egg	② eggs	③ eggs	○
Sausage or bacon	○	○	○	○	○	○	○	○	2 patties or pieces	① piece	② pieces	③ pieces	○
Cottage cheese	○	○	○	○	○	○	○	○	1/2 cup	○ S	○ M	○ L	○
Other cheeses and cheese spreads (regular or lowfat)	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	2 slices or 2 ounces	○ 1	○ 2	○ 3	○
Yogurt, frozen yogurt (regular or lowfat)	○	○	○	○	○	○	○	○	8 oz. container	○ S	○ M	○ L	○

TYPE OF FOOD	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	OFFICE USE ONLY

How often do you eat the following vegetables, including fresh, frozen, canned or in stir-fry?

TYPE OF FOOD	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	S	M	L	OFFICE USE ONLY
String beans, green beans	○	○	○	○	○	○	○	○	1/2 cup	○ S	○ M	○ L	○
Peas	○	○	○	○	○	○	○	○	1/2 cup	○ S	○ M	○ L	○
Beans such as baked beans, kidney beans, or in chili or bean burritos, not including soup	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	3/4 cup	○ S	○ M	○ L	○
Corn	○	○	○	○	○	○	○	○	1/2 cup	○ S	○ M	○ L	○
Alfalfa sprouts, including on sandwiches	○	○	○	○	○	○	○	○	1/2 cup	○ S	○ M	○ L	○
Regular bean sprouts	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1/2 cup	○ S	○ M	○ L	○
Tomatoes, tomato juice	○	○	○	○	○	○	○	○	1 medium or 6 oz. glass	○ S	○ M	○ L	○
Salsa, ketchup, taco sauce	○	○	○	○	○	○	○	○	2 tablesp.	○ 1	○ 2	○ 3	○
Broccoli	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1/2 cup	○ S	○ M	○ L	○
Cauliflower or brussels sprouts	○	○	○	○	○	○	○	○	1/2 cup	○ S	○ M	○ L	○
Spinach, cooked or raw	○	○	○	○	○	○	○	○	1/2 cup	○ S	○ M	○ L	○
Mustard greens, turnip greens, collards, kale	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1/2 cup	○ S	○ M	○ L	○
Cole slaw, cabbage	○	○	○	○	○	○	○	○	1/2 cup	○ S	○ M	○ L	○
Carrots, or mixed vegetables containing carrots	○	○	○	○	○	○	○	○	1/2 cup	○ S	○ M	○ L	○
Green salad	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1 medium bowl	○ S	○ M	○ L	○
Salad dressing & mayonnaise, regular or lowfat	○	○	○	○	○	○	○	○	2 tablesp.	○ 1	○ 2	○ 3	○
French fries and fried potatoes	○	○	○	○	○	○	○	○	3/4 cup	○ S	○ M	○ L	○
White potatoes not fried, incl. boiled, baked, mashed & in potato salad	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1 medium or 1/2 cup	○ S	○ M	○ L	○
Sweet potatoes, yams	○	○	○	○	○	○	○	○	1/2 cup	○ S	○ M	○ L	○
Tofu, bean curd	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1/2 cup	○ S	○ M	○ L	○
Meat substitutes made from soy, like "soy burgers"	○	○	○	○	○	○	○	○	1 cup or patty	○ S	○ M	○ L	○

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? ○ Yes ○ No (if no, skip to ★ below)													
Hamburgers, cheeseburgers, beef burritos or tacos, at home or in a restaurant	○	○	○	○	○	○	○	○	1 medium or 4 oz.	○	○ M	○	○
Beef, including roasts, steaks, or in stir-fry or sandwiches	○	○	○	○	○	○	○	○	4 ounces	○	○ M	○	○
Liver, including chicken livers	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	4 ounces	○	○ M	○	○
Pork, including chops, roasts, or in stir-fry	○	○	○	○	○	○	○	○	2 chops or 4 ounces	○	○ M	○	○
Fried chicken, at home or in a restaurant	○	○	○	○	○	○	○	○	2 small or 1 large pce.	○	○ M	○	○
Chicken or turkey, roasted or broiled, including on sandwiches	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	2 small or 1 large pce.	○	○ M	○	○
Chicken stew, chicken casserole or stir-fry	○	○	○	○	○	○	○	○	1 cup	○ S	○ M	○ L	○
Fried fish or fish sandwich, at home or in a restaurant	○	○	○	○	○	○	○	○	4 ounces or 1 sandwich	○	○ M	○	○
Tuna, tuna salad, tuna casserole	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1/2 cup	○ S	○ M	○ L	○
Shellfish such as shrimp, crab, oysters, etc.	○	○	○	○	○	○	○	○	5 pieces, 1/4 cup or 3 oz.	○ S	○ M	○ L	○
Other fish, broiled or baked	○	○	○	○	○	○	○	○	2 pieces or 4 ounces	○	○ M	○	○
★ Beef or vegetable stew or pot pie with carrots and other vegetables	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1 cup	○ S	○ M	○ L	○
Spaghetti, lasagna, other pasta with tomato sauce	○	○	○	○	○	○	○	○	1 1/2 cups	○ S	○ M	○ L	○
Cheese dishes without tomato sauce, like macaroni and cheese	○	○	○	○	○	○	○	○	1 cup	○ S	○ M	○ L	○
Pasta salad, other pasta without tomato sauce	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	3/4 cup	○ S	○ M	○ L	○
Pizza, including carry-out	○	○	○	○	○	○	○	○	2 slices	① slice	② slices	③ slices	○
Hot dogs	○	○	○	○	○	○	○	○	2 hot dogs	① dog	② dogs	③ dogs	○
Ham, bologna, other lunch meats, regular or made with turkey	○	○	○	○	○	○	○	○	2 slices or 2 ounces	① slice	② slices	③ slices	○
Lentil, pea and bean soups	○	○	○	○	○	○	○	○	1 medium bowl	○ S	○ M	○ L	○
Vegetable soups with carrots or tomatoes, such as vegetable beef or tomato soup	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1 medium bowl	○ S	○ M	○ L	○
Miso soup	○	○	○	○	○	○	○	○	1 medium bowl	○ S	○ M	○ L	○
Other soups, like chicken noodle, mushroom, cup-a-soup, ramen	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	1 medium bowl	○ S	○ M	○ L	○

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	○	○	○	○	○	○	○	○	○	3/4 cup	○ S	○ M	○ L	○ XL	
Soy sauce, in cooking or added at the table	○	○	○	○	○	○	○	○	○	2 tsp.	○ 1	○ 2	○ 3		○
Biscuits, muffins, including fast food	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	○	1 medium piece	○ S	○ M	○ L		○
Bagels, English muffins, hamburger buns	○	○	○	○	○	○	○	○	○	# pieces each time	○ 1/2	○ 1	○ 2		○
Bread, including white bread, French, whole wheat, etc. Remember sandwiches.	○	○	○	○	○	○	○	○	○	# slices each time	① slice	② slices	③ slices		○
Corn bread, corn muffins, corn tortillas	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	○	# pieces each time	① piece	② pieces	③ pieces		○
Snacks like nachos with cheese, potato skins with topping	○	○	○	○	○	○	○	○	○	1 medium serving	○ S	○ M	○ L	○ XL	
Salty snacks, like potato chips, corn chips, popcorn, crackers	○	○	○	○	○	○	○	○	○	2 handfuls or 1 cup	○ S	○ M	○ L	○ XL	
Peanuts, peanut butter	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	○	2 tablesp.	○ S	○ M	○ L	○ XL	
Margarine on bread or on potatoes, vegetables, etc.	○	○	○	○	○	○	○	○	○	2 pats	○ 1	○ 2	○ 3		○
Butter on bread or on potatoes, vegetables, etc.	○	○	○	○	○	○	○	○	○	2 pats	○ 1	○ 2	○ 3		○
SWEETS	<1/MO.	1/ MON.	2-3/ MON.	1/ WEEK	2/ WEEK	3-4/ WEEK	5-6/ WEEK	EV/ DA.	2+/ DA.						
Ice cream, regular or lowfat	○	○	○	○	○	○	○	○	○	1 scoop or 1/2 cup	○ S	○ M	○ L	○ XL	
Doughnuts, pastry	○	○	○	○	○	○	○	○	○	1 piece	○ S	○ M	○ L	○ XL	
Cookies or cake, regular or lowfat	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	○	3-5 cookies	○ S	○ M	○ L	○ XL	
Pumpkin pie, sweet potato pie	○	○	○	○	○	○	○	○	○	1 medium slice	○ S	○ M	○ L		○
Other pies, including in restaurants	○	○	○	○	○	○	○	○	○	1 medium slice	○ S	○ M	○ L		○
Chocolate candy, candy bars	○	○ 1/MO.	○	○ 1/WK.	○	○ 3-4/WK.	○	○ EV/DA.	○	1 small bar or 1 oz.	○ S	○ M	○ L		○

	HOW OFTEN									HOW MUCH EACH TIME				OFFICE USE ONLY
TYPE OF FOOD	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	

How many glasses of these beverages do you drink per day or per week?

TYPE OF FOOD	NEVER	1-3 MON	1 WK	2-4 WK	5-6 WK	1 DAY	2-3 DAY	4 DAY	5+ DAY	MEDIUM SERVING	S	M	L	OFFICE
Orange juice or grapefruit juice	○	○	○	○	○	○	○			6 oz. glass	○ 4 oz.	○ 6 oz.	○ 8 oz.	○
Apple juice, grape juice	○	○	○	○	○	○	○			6 oz. glass	○ 4 oz.	○ 6 oz.	○ 8 oz.	○
Whole milk (or chocolate whole milk), not including on cereal	○	○ 1-3/MO.	○	○ 2-4/WK.	○	○ 1/DAY	○	○ 4/DAY		8 oz. glass	○ 5 oz.	○ 8 oz.	○ 10 oz.	○
2% milk (or chocolate 2% milk), not including on cereal	○	○	○	○	○	○	○	○		8 oz. glass	○ 5 oz.	○ 8 oz.	○ 10 oz.	○
Skim milk, 1% milk, not including on cereal	○	○	○	○	○	○	○	○		8 oz. glass	○ 5 oz.	○ 8 oz.	○ 10 oz.	○
Soy milk, Vita-Soy, Take Care soy drink	○	○ 1-3/MO.	○	○ 2-4/WK.	○	○ 1/DAY	○	○ 4/DAY		8 oz. glass	○ 5 oz.	○ 8 oz.	○ 10 oz.	○
Chinese herbs made into or added to a soup or tea	○	○	○	○	○	○	○	○		1 medium cup	○ S	○ M	○ L	○
Kool-Aid, Hi-C, or other drinks with added vitamin C	○	○	○	○	○	○	○	○		8 oz. glass	○ 5 oz.	○ 8 oz.	○ 10 oz.	○
Snapple, Calistoga, sweetened bottled waters or iced teas	○	○ 1-3/MO.	○	○ 2-4/WK.	○	○ 1/DAY	○	○ 4/DAY		1 bottle	○ 8 oz.	○ 12 oz.	○ 16 oz.	○
Diet cola soft drinks (not ginger-ale type)	○	○	○	○	○	○	○	○	○	12 oz. can or bottle	○ 8 oz.	○ 12 oz.	○ 16 oz.	○
Regular cola soft drinks (not diet, not ginger-ale type)	○	○	○	○	○	○	○	○	○	12 oz. can or bottle	○ 8 oz.	○ 12 oz.	○ 16 oz.	○
Beer	○	○ 1-3/MO.	○	○ 2-4/WK.	○	○ 1/DAY	○	○ 4/DAY	○	12 oz. can or bottle	○ 8 oz.	○ 12 oz.	○ 16 oz.	○
Wine or wine coolers	○	○	○	○	○	○	○	○	○	1 medium glass	○ S	○ M	○ L	○
Liquor or mixed drinks	○	○	○	○	○	○	○	○	○	1 shot	○ S	○ M	○ L	○
Coffee (not de-caf)	○	○ 1-3/MO.	○	○ 2-4/WK.	○	○ 1/DAY	○	○ 4/DAY	○	1 medium cup	○ S	○ M	○ L	○
Green tea	○	○	○	○	○	○	○	○	○	1 medium cup	○ S	○ M	○ L	○
Black tea, English tea, Chinese tea	○	○	○	○	○	○	○	○	○	1 medium cup	○ S	○ M	○ L	○
Cream, half and half or nondairy creamer in coffee or tea	○	○ 1-3/MO.	○	○ 2-4/WK.	○	○ 1/DAY	○	○ 4/DAY	○	2 tablesp.	○ 1	○ 2	○ 3	○
Milk in coffee or tea	○	○	○	○	○	○	○	○	○	2 tablesp.	○ 1	○ 2	○ 3	○
Sugar or honey in coffee or tea or on cereal	○	○	○	○	○	○	○	○	○	2 teaspoons	○ 1	○ 2	○ 3	○

Ethnics Food Page

In addition to the English-language questionnaire (intended to be used for non-Hispanic Caucasians and African Americans), there are Food Questionnaires in Spanish, Chinese and Japanese. These contain essentially the same food list as on the English questionnaire, and in addition include some foods important in those ethnic groups. Those foods, which are printed directly on the respective questionnaires, are shown below.

Spanish Food Questionnaire

(Portions are four sizes using woodblocks or bowls to estimate portion size, unless otherwise specified)

Evaporated or condensed milk	Whether sweetened or not.
Pudding, Flan	Any pudding or custard. .
Cooked green peppers, chile rellenos	Any cooked green pepper form.
Avocado, guacamole	Whether as a fruit or as a dip or condiment.
Chile peppers, hot chile sauce	Hot. Portion is in teaspoons.
Sauces such as mole, sofrito	Any Hispanic sauce.
Viandas, plantain, cassava	Starchy Hispanic vegetables.
Corn tortillas	Any size. Ask "How many tortillas each time?"
Flour tortillas	Any size. Ask "How many tortillas each time?"

Chinese Food Questionnaire

(Portions are four sizes using woodblocks or bowls to estimate portion size, unless otherwise specified)

Green leafy vegetables including gai-lan, bok choy, cai xin, etc.	Do not double-count the items reported under mustard greens on the main list. Note that the serving size unit for this food is "rice bowl"; so the portion size would be asked as "how many rice bowls?"
Preserved vegetables (e.g. preserved Chinese mustard, radish)	This refers to specifically Asian preserved or pickled vegetables. Note that the serving size unit is "rice bowl"; portion would be asked as "Is your portion size 1/4, 1/2 or 1 rice bowl?"
Noodles, any style, rice or wheat, including ramen, cup-a-soup, stir-fry	On the Chinese questionnaire, ramen and cup-a-soup were not listed under "Other soups", so that all noodles could be captured here. Do not double-count noodles or pasta reported earlier under Spaghetti, Pasta with Cheese Sauces, or Pasta Salad. Note that the serving size unit is "soup bowl"; portion size would be asked as "how much of a soup bowl, ½, 1, 2 or 3?"
Steamed or boiled Chinese dumplings, with meat/ vegetable fillings, including wonton	Emphasize steamed or boiled.

Fried Chinese dumplings with meat / vegetable fillings, including wonton, potstickers	Emphasize fried.
Bean vermicelli	Note that portion size is 'rice bowl'. Portion size would be asked as "how much of a rice bowl, ½, 1, 2 or 3?"
Soybean paste	Portion size is in tablespoons. Ask "How many tablespoons?"
Soybean sprouts	Note that portion size is 'rice bowl'.
Bitter melon, winter melon	Note that portion size is 'rice bowl'.
Duck or squab	Portion refers to pieces. Ask "How many pieces?"
Seaweed	Portion size is a rice bowl.
Fermented bean curd	Portion refer to pieces.

Japanese Food Questionnaire

(Portions are four sizes using woodblocks or bowls to estimate portion size, unless otherwise specified)

Dry spiced tofu	.
Fermented tofu	Portion is in numbers of tablespoons. Ask "How many tablespoons?"
Koritofu	Also known as koyadofu.
Aburage, Atsuage	
Seaweed (dried and in soup)	Portion is in numbers of cups, cooked. Ask "Is it 1/4, 1/2 or 1 cup, cooked?"
Seaweed - agar	
Mushroom (including Shiitake, Enoki, Dried Cloud Ear, Shimeji)	Portion is in numbers of tablespoons. Ask "How many tablespoons?"
Daikon radish, burdock, kabu	
Fish eaten whole (like sardines, canned mackerel, smelt, white bait)	
Noodles (Soomen, Soba, Udon, Ramen, Hiyamugi)	Portion is in numbers of soup bowls. Ask "How many soup bowls?" or "Would it be 1/2, 1 or 2 soup bowls?"
Soybeans (Fermented or Natto)	
Soybeans (Roasted)	
Soybeans (Fresh green)	
Barley, Hoji, Genmai tea	
Chawan Mushi (egg custard)	
Pickled Plums	

Food Frequency Questionnaire Composite Variables

Variable	Meaning	Units/Codes
LANGFFQ9	FFQ Language	E = English C =Chinese J = Japanese S= Spanish
LANGSPK9	Lang used at home	1 = English 2 = Other 3 = Both
WLOSSDT9	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
GLOBVEG9	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
GLOBFRT9	Global fruit servings, excl juices	Same as above
GLOBCER9	Global cereal servings	Same as above
GLOBMLK9	Global milk servings by glass	Same as above
OJCALC9	How often drink OJ w/Calcium	1 = Usually 2 = Sometimes 3 = Rarely
LFATCHS9	How often eat lowfat cheese	1 = Always low-fat 2 = Sometimes low-fat 3 = Rarely low-fat
LFATICE9	How often eat lowfat ice cream/yogurt	Same as above
LFATSAL9	How often eat lowfat salad dressing	Same as above
LFATCAK9	How often eat lowfat cake/cookies	Same as above
EATSALT9	How often add table salt	1 = Seldom 2 = Sometimes 3 = Often
EATSKIN9	How often eat chicken skin	Same as above
EATFATM9	How often eat meat fat	Same as above
WELLDNE9	How do you like your meat cooked	1 = Rare 2 = Medium 3 = Well done
TAKEVIT9	Take vitamins/minerals regularly	1 = No, not reg 2 = Yes, fairly reg
YRSONEA9	How many yrs taken multiple vitamin	1 = < yr 2 = 1 yr 3 = 2 yrs

 # Variable Excluded from Public Use Data File

		4 = 3-4 yrs 5 = 5-9 yrs 6 = 10+ yrs
YRSAO9	How many yrs taken antioxidant	Same as above
YRSVITA9	How many yrs taken vitamin A	Same as above
YRSBETA9	How many yrs taken beta-carotene	Same as above
YRSVITC9	How many yrs taken vitamin C	Same as above
YRSVITE9	How many yrs taken vitamin E	Same as above
YRSCA9	How many yrs taken calcium/Tums	Same as above
YRSIRON9	How many yrs taken iron	Same as above
YRSZINC9	How many yrs taken zinc	Same as above
YRSSELE9	How many yrs taken selenium	Same as above
SUPPLEMENTS		
SUPVITA9	Supplement Vitamin A, retinol equivalents(RE)	RE
SUPVITC9	Supplement Vitamin_C, mg	mg
SUPVITD9	Supplement Vitamin D, international units (IU)	IU
SUPVITE9	Supplement Vitamin_E, a-TE	a-TE
SUPCA9	Supplement Calcium, mg	mg
SUPBCAR9	Supplement BetaCarotene, mcg	mcg
SUPB19	Supplement B1, mg	mg
SUPB69	Supplement B6, mg	mg
SUPB129	Supplement B12, mcg	mcg
SUPFOL9	Supplement Folate, mcg	mcg
SUPCU9	Supplement Copper, mg	mg
SUPSELE9	Supplement Selenium, mcg	mcg
SUPFE9	Supplement Iron, mg	mg
SUPZINC9	Supplement Zinc, mg	mg
DAILY DIETARY ESTIMATE (DDE)		
DTTKCAL9	DDE KCAL - total caloric intake	
DTTPROT9	DDE Protein, gms	g
DTTCARB9	DDE Carb, gms	g
DTTFAT9	DDE Fat, gms	g
DTTCALC9	DDE Calcium, mg	mg
DTTPHOS9	DDE Phos, mg	mg
DTTFE9	DDE Iron, mg	mg
DTTNA9	DDE Sodium, mg	mg
DTTPOTA9	DDE Potassium, mg	mg
DTTAIU9	DDE A_IU, international units	IU
DTTARE9	DDE retinol equivalents	RE
DTTB19	DDE B1, mg	mg
DTTB69	DDE B6, mg	mg
DTTRIBO9	DDE Riboflavin, mg	mg
DTTNIAC9	DDE Niacin, mg	mg
DTTVITC9	DDE Vitamin C, mg	mg
DTTSFAT9	DDE Saturated Fat, gms	g
DTTOLEC9	DDE Oleic Acid, gms	g
DTTLIN9	DDE Linoleic Acid, gms	g
DTTCHOL9	DDE Cholesterol, mg	mg
DTTDFIB9	DDE Dietary Fiber, gms	g
DTTFOL9	DDE Folate, mcg	mcg
DTTDFE9	DDE Folate DFE, mcg_DFE	mcg_DFE
DTTVITE9	DDE Vitamin E, a-TE	a-TE

 # Variable Excluded from Public Use Data File

DTTZINC9	DDE Zinc, mg	mg
DTTANZN9	DDE Animal Zinc, mg	mg
DTTMG9	DDE Magnesium, mg	mg
DTTACAR9	DDE Alpha Carotene, mcg	mcg
DTTBCAR9	DDE Beta Carotene, mcg	mcg
DTTRET9	DDE Retinol, mcg	mcg
DTTPROA9	DDE Pro-A Carotenes, mcg	mcg
FIBBEAN9	DDE Fiber from Beans	
FIBVEGF9	DDE Fiber from Veg/Fruit	
FIBGRAI9	DDE Fiber from Grains	
DTTALCH9	DDE KCAL from Alcoholic Bev	kcal
DTTSWET9	DDE KCAL from Sweets	kcal
GMSOLID9	DDE Grams Solid Food	g
DTTCAFF9	Caffeine, mg	mg
DTTVITD9	Vitamin D, IU	IU
DTTB129	Vitamin B12, mcg	mcg
DTTTRAN9	Trans fats, g	g
DTTOMEG9	Omega-3 fatty acids, g	g
DTTCOPP9	Copper, mg	mg
DTTMANG9	Manganese, mg	mg
DTTPANT9	Pantothenic acid, mg	mg
DAILY DIETARY ESTIMATE BEFORE ALCOHOL		
BATKCAL9	DDE KCAL before alcohol total	kcal
BATPROT9	DDE Protein before alcohol, gms	g
BATTFAT9	DDE Total Fat before alcohol, gms	g
BATCARB9	DDE Carb before alcohol total, gms	g
BATPHOS9	DDE Phosphorus before alcohol, mg	mg
BATPOTS9	DDE Potassium before alcohol, mg	mg
BATRIBO9	DDE Riboflavin before alcohol, mg	mg
BATNIAC9	DDE Niacin before alcohol total, mg	mg
PERCENTAGE KCAL		
PCTALCH9	% KCAL from Alcoholic Bevs	%
PCTSWET9	% KCAL from Sweets	%
PCTFAT9	% KCAL from Fat	%
PCTPROT9	% KCAL from Protein	%
PCTCARB9	% KCAL from Carb	%
NUMBER OF SERVINGS AND DAILY FREQUENCY		
FRUTSRV9	# servings fruit or fruit juice	
FVFRQ9	Sum daily freq Fruit + Veg	
VEGSRV9	# servings Veg	
VEGFRQ9	Sum daily freq Veg	
GRANSRV9	# servings Grains	
GRANFRQ9	Sum daily freq Grains	
MEATSRV9	# servings Meat	
MEATFRQ9	Sum daily freq meat	
DARYSRV9	# servings Dairy	
DARYFRQ9	Sum daily freq Dairy	
FVSRV9	# servings Fruit + Veg	
FATSRV9	Servings of fats/sweets/snacks	
ALCHSRV9	# servings of Alcoholic Beverages	
WEEKLY AND MONTHLY VARIABILITY		
FRUTWK9	Wkly variability Fruit	

FRUTMON9	Monthly variability Fruit	
FATWK9	Wkly variability Fat/Sweet	
FATMON9	Monthly variability Fat/Sweet	
ALCHWK9	Wkly variability Alcohol	
ALCHMON9	Monthly variability Alcohol	
VEGWK9	Wkly variability Veg	
VEGMON9	Monthly variability Veg	
GRANWK9	Wkly variability Grains	
GRANMON9	Monthly variability Grains	
MEATWK9	Wkly variability Meat	
MEATMON9	Monthly variability Meat	
DARYWK9	Wkly variability Dairy	
DARYMON9	Monthly variability Dairy	
FVWK9	Wkly variability Fruit+Veg	
FVMON9	Monthly variability Fruit+Veg	
DIET PLUS SUPPLEMENT		
ALLIRON9	Diet + Suppl Iron, mg	mg
ALLZINC9	Diet + Suppl Zinc, mg	mg
ALLFOL9	Diet + Suppl Folic acid, mcg	mcg
ALLVITC9	Diet + Suppl Vitamin C, mg	mg
ALLCALC9	Diet + Suppl Calcium, mg	mg
ALLARE9	Diet + Suppl Vitamin A, RE	RE
ALLBCAR9	Diet + Suppl BetaCarotene, mcg	mcg
ALLB19	Diet + Suppl Vitamin B1, mg	mg
ALLB29	Diet[Ribo] + Suppl[B1 (B1=B2)], mg	mg
ALLB69	Diet + Suppl Vitamin B6, mg	mg
ALLVITE9	Diet + Suppl Vitamin E, a-TE	a-TE
ALLB129	Diet + Suppl Vitamin B12, mcg	Mcg
ALLVITD9	Diet + Suppl Vitamin D, IU	IU
"ETHNIC FOODS PAGES" VARIABLES		
EFP9	EFP Food Page Administered	1 = Yes
EFPKCAL9	EFP DDE KCAL- total caloric intake	
EFPPROT9	EFP DDE Protein, gms	g
EFPFAT9	EFP DDE Fat, gms	g
EFPCARB9	EFP DDE Carb, gms	g
EFPCALC9	EFP DDE Calcium, mg	mg
EFPPHOS9	EFP DDE Phos, mg	mg
EFPFE9	EFP DDE Iron, mg	mg
EFPNA9	EFP DDE Sodium, mg	mg
EFPPOTA9	EFP DDE Potassium, mg	mg
EFPAIUI9	EFP DDE A_IU, international units	IU
EFPARE9	EFP Daily dietary estimate, A_RE	RE
EFPB19	EFP Daily dietary estimate B1, mg	mg
EFPRIBO9	EFP DDE Riboflavin, mg	mg
EFPNIAC9	EFP DDE Niacin, mg	mg
EFPVITC9	EFP DDE Vitamin C, mg	mg
EFPSFAT9	EFP DDE Saturated Fat, gms	g
EFPOLEC9	EFP DDE Oleic Acid, gms	g
EFPLIN9	EFP DDE Linoleic Acid, gms	g
EFPCHOL9	EFP DDE Cholesterol, mg	mg
EFPDFIB9	EFP DDE Dietary Fiber, gms	g
EFPFOL9	EFP DDE Folate, mcg	mcg

EFPVITE9	EFP DDE Vitamin E, a-TE	a-TE
EFPZINC9	EFP DDE Zinc, mg	mg
EFPANZN9	EFP DDE Animal Zinc, mg	mg
EFPB69	EFP Daily dietary estimate B6, mg	mg
EFPMG9	EFP DDE Magnesium, mg	mg
EFPACAR9	EFP DDE AlphaCarotene, mcg	mcg
EFPBCAR9	EFP DDE BetaCarotene, mcg	mcg
EFPCRYP9	EFP DDE Cryptoxanthin, mcg	mcg
EFPLUT9	EFP DDE Lutein, mcg	mcg
EFPLYC9	EFP DDE Lycopene, mcg	mcg
EFPRET9	EFP DDE Retinol, mcg	mcg
EFPPROA9	EFP DDE Pro-A Carotenes, mcg	mcg
EFPGENI9	EFP DDE Genistein, mcg	mcg
EFPDAID9	EFP DDE Daidzein, mcg	mcg
EFPCOUM9	EFP DDE Coumestrol, mcg	mcg
EFPCAFF9	EFP DDE Caffeine, mg	mg
EFPVITD9	EFP DDE Vitamin D, IU	IU
EFPB129	EFP Daily dietary estimate B12, mcg	mcg
EFPTRAN9	EFP DDE Trans Fatty Acid, gms	g
EFPISOF9	EFP DDE Isoflavones, mg	mg
EFPQUER9	EFP DDE Quercetin, mg	mg
EFPOMEG9	EFP DDE Omega-3 FA, gms	g
EFPCOPP9	EFP DDE Copper, mg	mg
EFPMANG9	EFP DDE Manganese, mg	mg
EFPPANT9	EFP DDE Pantothenic Acid, mg	mg
EFPDFE9	EFP DDE Folate DFE, mcg_DFE	mcg
EFPBEAN9	EFP DDE Fiber from Beans	
EFPFIBV9	EFP DDE Fiber from Veg/Fruit	
EFPGRAI9	EFP DDE Fiber from Grains	
EFPFRTS9	EFP N servings fruit or fruit juice	
EFPFATS9	EFP Servings of fats/sweets/snacks	
EFPVEGS9	EFP N servings Veg	
EFPVEGF9	EFP Sum daily freq Veg	
EFPGRNS9	EFP N servings Grains	
EFPGRNF9	EFP Sum daily freq Grains	
EFPMTSV9	EFP N servings Meat	
EFPMTFQ9	EFP Sum daily freq Meat	
EFPDARS9	EFP N servings Dairy	
EFPDARF9	EFP Sum daily freq Dairy	
EFPFVSV9	EFP N servings Fruit + Veg	
EFPFVFQ9	EFP Sum daily freq Fruit + Veg	
ADDITIONAL VARIABLES		
EATMEAT9	Eat meat/fish/poultry	2 = Yes
ADD1XWK9	Additional foods eaten 1x wk	1 = No 2 = Yes
NUMADDS9	# of Additional Foods	numeric
NSKIP9	# foods missing or double-marked	
EXCLUDE9	Too many/few foods/calories or > 10 skipped	1 = Yes

FOOD FREQUENCY QUESTIONNAIRE SUPPLEMENT-Part 2

Study of Women's Health Across the Nation

SECTION A.   GENERAL INFORMATION

AFFIX ID LABEL HERE

A1.   RESPONDENT ID: **#SWANID**

A2.   SWAN STUDY VISIT #   09   **#VISIT**

A3.   FORM VERSION: 01/15/2005   **#FORM_V**

A4.   DATE FORM COMPLETED: __ __ / __ __ / __ __ __ __   **#COMP_D**
                                              M M   D   D   Y   Y   Y   Y

A5.   INTERVIEWER'S INITIALS: __ __ __   **#INITS9**

A6.   RESPONDENT'S DOB: __ __ / __ __ / 1 9 __ __
                                         M M   D   D   Y   Y   Y   Y **#DOB**

VERIFY WITH RESPONDENT

A7.   INTERVIEW LANGUAGE:

    ENGLISH..1
    SPANISH..2   **#LANGUAGE**
    CANTONESE 3
    JAPANESE 4

A8.   WAS THE <u>CORE</u> FOOD FREQUENCY QUESTIONNAIRE COMPLETED?

    NO 1   **#FFQCOMP9**
    YES ....2 **(A9)**

    A8.1. IF NO (i.e. <u>CORE</u> FFQ NOT DONE), SPECIFY REASON: **#FFQNDOE9**

    UNWILLING/UNABLE TO COME TO OFFICE ....1 **(END)**
    OUTSIDE OF 90-DAY WINDOW..2 **(END)**
    OTHER, SPECIFY_____**#FFQNDONS9**_____..3 **(END)**
    REFUSED... -7 **(END)**

A9.   WILL THE FOOD FREQUENCY QUESTIONNAIRE <u>SUPPLEMENT</u> BE COMPLETED?

    NO, PARTICIPANT REFUSED ....1 **(END)**
    YES ....2 **#FFQSUPP9**

This section will focus on the use of special diet practices or foods.

B1. **During the past year** have you used a special food pattern (such as a low fat diet, a low salt diet, a vegetarian diet, etc.) or a dieting plan (such as, Jenny Craig, Atkins, Weight Watchers, etc)?

        No ....1 **(C1) SPECFOO9**
        Yes...2
        Refused... -7 **(C1)**
        Don't know .... -8 **(C1)**

    IF YES TO B1: Which of the following food patterns or diet plans have you used **in the past year?**
        CHECK ONE RESPONSE FOR EACH QUESTION (B2 – B13).

	a. In the past year have you used…	NO	YES	**b. If YES,** have you used this food plan in the past week? NO	YES
B2.	Jenny Craig Diet Plan **JENCRAI9**	1	2 **(B2b)**	1 **FODPNJC9**	2
B3.	Atkins Diet **ATKINS9**	1	2 **(B3b)**	1 **FODPPNA9**	2
B4.	South Beach Diet **SOUTHBC9**	1	2 **(B4b)**	1 **FODPBNS9**	2
B5.	Weight Watchers **WEGHTWT9**	1	2 **(B5b)**	1 **FODPNWW9**	2
B6.	Nutri System **NUTRISY9**	1	2 **(B6b)**	1 **FODPNNS9**	2
B7.	Low-fat diet **LOWFATD9**	1	2 **(B7b)**	1 **FODPNLF9**	2
B8.	Low-salt diet **LOWSALT9**	1	2 **(B8b)**	1 **FODPNLS9**	2
B9.	High protein diet **PROTEIN9**	1	2 **(B9b)**	1 **FODPNHP9**	2
B10.	Vegetarian diet **VEGDIET9**	1	2 **(B10b)**	1 **FODPNVD9**	2
B11.	Slim Fast **SLIMFAS9**	1	2 **(B11b)**	1 **FODPNSF9**	2
B12.	Other. Specify: **OTHFOO19** **OTHFOS19** _____	1	2 **(B12b)**	1 **FODPNO19**	2
B13.	Other. Specify: **OTHFOO29** **OTHFOS29** _____	1	2 **(B13b)**	1 **FODPNO29**	2

These next questions ask about some types of food that you may have eaten over the past year.

C1. In the past year if you ate cold cereal was it usually…

    Regular 1   **COLDCER9**
    Low-carb 2
    Didn't eat cold cereal 3
    Don't know ....-8

C2. In the past year if you ate cooked cereal (such as oatmeal, oat bran or grits) was it usually…

    Regular 1   **COOKCER9**
    Low-carb 2
    Didn't eat cooked cereal 3
    Don't know ....-8

C3. In the past year if you ate meal replacement bars or snack bars (such as breakfast bars, granola bars or power bars) were they usually…

    Regular 1   **MEALBAR9**
    Low-carb 2
    Didn't eat replacement bars 3
    Don't know ....-8

C4. In the past year if you drank instant breakfast shakes (like Carnation, diet shakes like Sego or liquid supplements like Ensure) was it usually…

    Regular 1   **INSTSHK9**
    Low-carb 2
    Didn't drink shakes or supplements 3
    Don't know ....-8

C5. In the past year if you ate chocolate candy or candy bars were they usually…

    Regular 1   **CHOCOCD9**
    Low-carb 2
    Didn't eat chocolate candy or candy bars 3
    Don't know ....-8

C6. In the past year if you ate ice cream was it usually…

    Regular 1   **ICECREA9**
    Low-carb 2
    Low-fat 3
    Didn't eat ice cream 4
    Don't know ....-8

C7. In the past year if you used salad dressing was it usually…

    Regular 1   **SALADDR9**
    Low-carb 2
    Low-fat 3
    Didn't use salad dressing 4
    Don't know ....-8

C8. In the past year if you drank beer was it usually…

    Regular 1   **DRKBEER9**
    Low-carb 2
    Light beer 3
    Didn't drink beer 4
    Don't know ....-8

BIOIMPEDANCE

INTERVIEWER-ADMINISTERED ANNUAL FOLLOW-UP FORM

Study of Women's Health Across the Nation

SECTION A.   GENERAL INFORMATION

AFFIX ID LABEL HERE

A1.   RESPONDENT ID: **SWANID**

A2.   SWAN STUDY VISIT #   09   **#VISIT**

A3.   FORM VERSION: 03/03/2003   **#FORM_V**

A4.   DATE FORM COMPLETED: __ __ / __ __ / __ __ __ __   **BIODAY9†**
                                    M   M   D   D   Y   Y   Y   Y

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

A6.   RESPONDENT'S DOB: __ __ / __ __ / 1 9 __ __   **#DOB**
                                    M   M   D   D   Y   Y   Y   Y

VERIFY WITH RESPONDENT

A7.   INTERVIEW COMPLETED IN: **#LOCATIO9**
        RESPONDENT'S HOME/OFFICE 1
        CLINIC/OFFICE 2

A8.   INTERVIEW LANGUAGE: **LANGBIO9**
        ENGLISH 1
        SPANISH...2
        CANTONESE..3
        JAPANESE...4

A9.   WAS BIOIMPEDANCE MEASUREMENT COMPLETED?   **COMPBIA9**
        NO..1
        YES..2   **(B1)**

      A9.1. IF NO (i.e. BIOIMPEDANCE NOT DONE), SPECIFY REASON: **#BIONOT9**
        UNWILLING/UNABLE TO COME TO OFFICE..1   **(END)**
        OUTSIDE OF 90-DAY WINDOW 2   **(END)**
        OTHER 3   **(END)**
             IF OTHER, SPECIFY ____ **#BIONOTS9**_____
        INELIGIBLE (B1 = YES or DON'T KNOW) 4   **(END)**
        REFUSED ....-7   **(END)**

† This date is given in days since the initial baseline interview, which is day zero.
 # Variable Excluded from Public Use Data File

Now I would like to measure your body composition using this bioimpedance equipment. Body composition is the amount of body fluids, fat, and lean body mass, including your muscles and organs found in your body.

B1. Do you have an insulin pump, pacemaker or automatic implantable cardiac defibrillator (AICD)?

AICDPUM9

NO..1	
YES..2	**(END)**
DON'T KNOW .... -8	**(END)**

IF YES OR DON'T KNOW, **STOP**. SUBJECT INELIGIBLE FOR BIOIMPEDANCE

If you have not recently done so, I would like you to use the bathroom before we take this measurement. For this measurement, you will need to remove metal jewelry and your right sock and shoe. Two sticky pads called electrodes will be placed on your right hand at the wrist and knuckles and two more will be placed on your right foot at the toes and ankle. Once the electrodes are attached, it will take less than one minute for the equipment to measure your body composition.

Before we begin the bioimpedance measurement I need to ask you a few questions that will help us interpret the results**.**

B2. Have you exercised intensely for at least half an hour or taken a sauna within the last 12 hours? That is, since __ __ : __ __ a.m. / p.m.?

EXER12H9

NO...1
YES...2
REFUSED... -7

B3.   Have you had anything to eat or drink, apart from water, in the last 5 hours?
That is, since __ __ : __ __ a.m. / p.m.?

EAT5HR9

NO...1
YES...2
REFUSED... -7

B4.   Have you had more than 2 alcohol drinks in the last 24 hours?
That is, since __ __ : __ __ a.m. / p.m.?

ALCO24H9

NO...1
YES...2
REFUSED... -7

B5.   Do you have any embedded medical devices, metal pins or plates, clips or beads used to treat cancer, braces, staples from surgery or any other type of embedded <u>metal</u>?   **EMBDDEV9**

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

Please remove all metal jewelry. Although you won't feel anything, metal removal is encouraged for more accurate results. Now please remove your right shoe and sock before lying down on a table for the test.

METJEWL9

B6. DID PARTICIPANT WEAR ANY <u>METAL</u> JEWELRY DURING MEASUREMENT?

> NO..1 **(B7)**
> YES...2

> B6.1. IF YES, WERE THERE ANY RINGS, BRACELETS, WATCHES OR ANKLE JEWELRY ON
> THE <u>MEASURED</u> SIDE?   **ONMEASS9**

> NO..1
> YES...2

> LEGS SHOULD BE FAR ENOUGH APART SO THAT THE THIGHS DO NOT TOUCH. HANDS AND ARMS SHOULD BE FAR ENOUGH APART SO THAT THE HANDS AND ARMS DON'T TOUCH THE TORSO.
>
> IF THE SKIN IS OILY, CLEAN IT WITH AN ALCOHOL SWAB BEFORE ATTACHING ELECTRODES.
>
> IF THE SKIN IS DRY, APPLY A SMALL AMOUNT OF ECG OR CONDUCTIVE PASTE BEFORE ATTACHING ELECTRODES.

B7.   ON WHICH SIDE OF THE BODY WERE THE ELECTRODES PLACED? **SIDE9**

> RIGHT 1
> LEFT 2

> THE **VALID RANGE** FOR THE CONDUCTANCE VALUE IS **-800 TO 800 OHMS**. THE VALID RANGE FOR THE REACTANCE VALUE IS **-150 TO 150 OHMS**. IF AN *'OUT OF RANGE'* CONDUCTANCE OR REACTANCE OR *NEGATIVE* CONDUCTANCE VALUE IS DETECTED PLEASE SEE INSTRUCTIONS ON THE NEXT PAGE.

B8.   RECORD THE CONDUCTANCE / RESISTANCE VALUE THAT APPEARS ON THE IMPEDANCE METER:

> **CONDRAW9 / CONDFRZ9**
> (+ OR -) _____ _____ _____ OHMS

B9. RECORD THE REACTANCE / IMPEDANCE VALUE THAT APPEARS ON THE IMPEDANCE METER:

> **IMPERAW9 / IMPEFRZ9**
> (+ OR -) _____ _____ _____ OHMS

B10. WAS THE MEASUREMENT RE-RUN? **BIORRUN9**

        NO..1
        YES..2

B11.   COMMENTS: _____
                        # OPERCO19   **#OPERCO29**

    _____

> REMOVE AND DISPOSE OF THE ELECTRODES, BE SURE NOT TO INJURE THE SUBJECT'S SKIN.
> IF YOU HAVEN'T ALREADY DONE SO, COMPLETE QUESTION A10 = "YES (2)."

Thank you for your participation in this study.

> IF AN *'OUT OF RANGE'* CONDUCTANCE OR REACTANCE IS DETECTED, IMMEDIATELY CHECK THE QUALITY OF THE ATTACHMENT OF THE ALLIGATOR CLAMPS AND THE SECURITY OF THE ELECTRODES TO THE SKIN. THEN, RE-DO THE PROCEDURE.
>
> IF THE *SECOND* MEASUREMENT FALLS WITHIN THE VALID RANGE, IT SHOULD BE ENTERED INTO THE FIELD FOR Q.B8 OR Q.B9. THE *INITIAL* MEASUREMENT SHOULD BE RECORDED IN THE COMMENTS (Q.B11) AND Q.B10 SHOULD BE CODED "2=YES" RE-RUN.
>
> IF THE SECOND ATTEMPT ALSO RESULTS IN AN INVALID RANGE, THEN VALIDATE WITH 500 OHM RESISTOR AND RE-RUN A THIRD ATTEMPT. IF THE *THIRD* MEASUREMENT FALLS WITHIN THE VALID RANGE, IT SHOULD BE ENTERED INTO THE FIELD FOR Q.B8 OR Q.B9. IF *THIRD* ATTEMPT VALUES ARE STILL INVALID, CODE "-2222" INSTEAD OF OUT OF RANGE VALUE. THE *INITIAL* AND *SECOND* MEASURMENTS SHOULD BE RECORDED IN THE COMMENTS (Q.B11) AND Q.B10 SHOULD BE CODED "2=YES" RE-RUN.
>
> THE ABOVE PROCEDURES SHOULD ALSO BE FOLLOWED IF A *VALID BUT* <u>*NEGATIVE*</u> **VALUE** (BETWEEN -1 AND -800) IS DETECTED FOR CONDUCTANCE (Q.B8). IF THE SECOND OR THIRD CONDUCTANCE MEASUREMENT RESULTS IN A POSITIVE VALUE, IT SHOULD BE ENTERED INTO Q.B8 AND THE INITIAL MEASUREMENT(S) SHOULD BE RECORDED IN THE COMMENTS (Q.B11) AND Q.B10 SHOULD BE CODED "2=YES" RE-RUN. IF ALL THREE MEASUREMENTS RESULT IN A NEGATIVE VALUE, THEN THE FINAL <u>VALID</u> MEASUREMENT (BETWEEN -1 AND -800) SHOULD BE ENTERED INTO Q.B8.

ADDITIONAL MEASURES COLLECTED

The following answers pertain to the serum hormone measures:

A9.   WAS BLOOD DRAWN?   **BLDDRAW9**

        NO...1
        YES...2 **(A10)**

THE FOLLOWING ONLY APPLY IF BLOOD WAS DRAWN.

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

A10.   Are you currently pregnant?   **PREGNAN9**

        NO...1
        YES...2
        DON'T KNOW..-9

A11.   Have you had anything to eat or drink, other than water, **in the last 12 hours**? That is,
       since __ __ : __ __   last night ?   **EATDRIN9**

        NO...1
        YES...2

A12.   Did you start a menstrual period in the last five days?   **STRTPER9**

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

       A12.1.   What is the date that you started to bleed?   **BLEDAY9**[†]

$$\overline{\qquad}\ \overline{\qquad} / \overline{\qquad}\ \overline{\qquad} / \overline{\qquad}\ \overline{\qquad}\ \overline{\qquad}\ \overline{\qquad}$$
     M   M   D   D   Y   Y   Y   Y

A13.   BLOOD DRAW CATEGORY: **BLDRWAT9**

        BLOOD DRAWN, PER PROTOCOL 1
        BLOOD DRAWN, MENSES TOO VARIABLE 2
        BLOOD DRAWN, LAST ATTEMPT 3
        BLOOD DRAWN, RESPONDENT PREGNANT 4

> FOLLOW BLOOD DRAW PROTOCOL
> RECORD COLLECTION TUBES FILLED ON SPECIMEN COLLECTION FORM
> IF NOT ALREADY DONE, COMPLETE QUESTION A9 = "YES (2)"

In order to interpret your blood draw results, we need to ask you the following question.

A14.   Have you had any alcohol **in the last 24 hours**?   **ALCHL249**

        NO...1
        YES...2

[†] This date is given in days since the initial baseline interview, which is day zero.
 # Variable Excluded from Public Use Data File

SERUM HORMONE MEASURES

1. *Variables for assays*

+Variable	Assay	Units
DHAS9	Dehydroepiandrosterone sulfate	ug/dL
E2AVE9*	Estradiol (see important note below)	pg/mL
FSH9	Follicle-stimulating hormone	mIU/mL
SHBG9	Sex hormone-binding globulin	nM
T9	Testosterone	ng/dL

* 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
CYCDAY9	Day of cycle	n/a
FLGCV9	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%.	0=no, 1=yes
FLGDIF9	One or both Estradiol results $\leq$ 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 $\leq$15%.* 2. *If one or both E2$\leq$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:*

- <u>Lower limit of detection</u> (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 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

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
SPSCDAY9	Spine Scan Day	
SPSCTIM9	Spine Scan Time	
SPSCMOD9	Spine Scan Mode	5 = 2000 machine 11=4500 machine
HPSCDAY9	Hip Scan Day	
HPSCTIM9	Hip Scan Time	
HPSCMOD9	Hip Scan Mode	5 = 2000 machine 11=4500 machine
SPBMDT9	Total Spine BMD w/cross-calibration applied	
HPBMDT9	Total Hip BMD w/cross-calibration applied	

MENOPAUSAL STATUS MEASURES

Variable	Meaning	Codes
STATUS9	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

STATUS9 represents menopausal status, and 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

LMPDAY9 is the number of days from baseline (Day 0) to the date of the last menstrual period at Visit 09. 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