

ICPSR 30501

**Study of Women's Health Across
the Nation (SWAN), 2001-2003: Visit
05 Dataset**

P.I. Codebook

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Study of Women's Health Across the Nation (SWAN), 2001-2003: Visit 05 Dataset

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FOLLOW-UP VISIT 05

CODEBOOK

ICPSR UPDATED DATASET 2018

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DOCUMENTATION FOR THE PUBLIC-USE SWAN VISIT 05 DATASET

CHANGES IN THE 2018 DATA REFREEZE:

- A variable describing the race of participants (RACE) was added from the Screener dataset. See the Additional Measures section at the end of the codebook for more information.
- The race/ethnicity of one participant was originally mislabeled and has now been corrected. Race fields now read Caucasian, not Black, for this participant.
- If the interview was not completed, but the Self-A was completed, AGE was calculated based on the date the participant filled in the Self-A Questionnaire.
- Variables STATUS5 and LMPDAY5 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: STATUS5 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 (D3) were changed to military time format, and the AM/PM variables dropped.
 - Three participants have updated Birth Control Pills (B11) or Estrogen Pills (B12) values.
 - Two participants have updated hysterectomy status variables
 - One participant's answer of "Yes (2)" to QB28.i (Had heart attack since last visit?) was proved to be an entry error when at a later visit. The corrected answer should be "No (1)" and was updated.
- For the Self-Administered Questionnaire, Part A, four women had incorrect completion dates. These have been corrected, and the age recalculated.
- For the Self-Administered Questionnaire, Part B,
 - 9 women either left the entire questionnaire blank or refused all items. Their forms should have been set to off protocol, and they should not have been included in the final frozen dataset. They have been removed, leaving a total of 2384 with Follow-Up 05 Self-B data.
 - Three participants had an incorrect completion dates. These have been corrected.
- For the Cardiovascular Measures dataset, three samples that should have been in Visit 06 were removed. In addition, twenty-one samples were missing from the dataset and have now been added.
- 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.
- In the Physical Measures section, self-reported weights were included for 99 participants.
- Spine Bone Mineral Density changed slightly for 45 participants due to incorrect application of correction factors

1. Who is included in the public use dataset:

The dataset contains follow-up visit 5 information for the 3,302 women from the 7 clinical sites participating in the SWAN longitudinal study. The sites include Boston, MA, Pittsburgh, PA, Oakland and Los Angeles, CA, Detroit, MI, Newark, NJ, and Chicago, IL.

2. How this codebook is constructed:

Following this documentation section are copies of each of the questionnaires that were used at visit 5. 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 5 Self-Administered Questionnaire Part A was collected 5 years after the baseline interview, the day for the Self-Administered Part A would be day 1825 and the Baseline Interview would be day 0.

All variables for visit 5 have a 5 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, any 'Other, specify' text field is not included in the dataset.

- A social support score can be calculated from the questions in C.8.a-d after recoding them from a 1-5 range to a 0-4 range.
- CES-D scores can be created from the questions in C.10.
- A perceived stress score can be created from questions in C.9.
- The flag FORMFLG5 is set with a value of AIN for the seven participants who completed the abbreviated interview instead of the full interview.

Self-Administered Questionnaire Part A

A Self-A Amended Telephone Interview (PATI), comprised of key questions from the core Follow-up Self-Administered Questionnaire Part A, was administered at study visits in cases where the Self-Administered Questionnaire was not completed. Similarly, an Abbreviated Follow-up Interview (AINT), comprised of key questions from the core Annual Follow-up Interview and Self-Administered Questionnaire Part A, was administered for participants who are not willing to come in for a core study visit, but who were willing to give 10 or 15 minutes of their time to answer questions over the telephone. The flag FORMSAA5 delineates those who did the full questionnaire (SAA) from the 43 participants who did the abbreviated questionnaire (AIN), and the 37 that did the phone interview (PAT).

- 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 (SMOKERE5) and an answer greater than 0 for B.9.a (AVGCIGDA5).
- Please note that only 1 subscale of the SF36 was created at visit 05: vitality. The SWAN investigators decided not to ask the questions related to the other 4 subscales at visit 05. The SF-36 Vitality Score is calculated from questions B.10a-d. Questions B.10.a and B.10.b should be reversed so that all items are positively scored; for the resulting index a higher score indicates greater energy (and less fatigue).
- The flag FLGSAAV5 is set for the two participants who completed the interview after the 02/15/2003 cutoff.

Self-Administered Questionnaire Part B

- The flag FLGSABV5 is set for the one participants who completed the interview after the 02/15/2003 cutoff.

Physical Measures

- In addition to the variables on the form, BMI5 was also calculated as weight in kilograms divided by the square of height in meters.
- The flag FORMPHY5 delineates those who did the full physical (PHY) from the 61 participants who did the abbreviated questionnaire (AIN), and the 37 that did the phone interview (PAT).

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 Ethnic Food Page (**EFP**) concerning Spanish, Chinese, or Japanese foods eaten, and are indicated in the variable EFP5. The administration was changed slightly in Visit 5 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

Serum Hormone Measures

The Visit 5 hormone results are included. Of special note is that the estradiol assay was run in duplicate. The average (E2AVE5) 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.

Cardiovascular Measures

The flag FLGCVRV5 is set for the three participants who completed the interview after the 02/15/2003 cutoff.

Bone Mineral Density Measures

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

Additional variables

Menopausal status (STATUS5) and last menstrual period day (LMPDAY5) 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 and date variables (INTDAY5, SAADAY5, SABDAY5, PHYDAY5, FFQDAY5, HRMDAY5, CVRDAY5, SPSCDAY5, HPSCDAY5, LMPDAY5, SPEDAY5, HYSTDAY5) 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.

Study of Women's Health Across the Nation

ANNUAL FOLLOW-UP INTERVIEW

SECTION A. GENERAL INFORMATION

A1.	RESPONDENT ID:	AFFIX ID LABEL HERE <div style="border: 1px solid black; width: 200px; height: 40px; margin: 5px 0;"></div>	<u>SWANID~</u>
A2.	SWAN STUDY VISIT #	_____	<u>VISIT</u>
A3.	FORM VERSION:	02/15/2001	<u>#FORM_V</u>
A4.	DATE FORM COMPLETED:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div>M M / D D / Y Y Y Y</div> </div>	<u>INTDAYS†</u>
A5.	INTERVIEWER'S INITIALS:	_____	<u>#INITS</u>
A6.	RESPONDENT'S DOB:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div>M M / D D / 1 9 Y Y Y Y</div> </div>	<u>#DOB</u>

VERIFY WITH RESPONDENT

A7. INTERVIEW COMPLETED IN: #LOCATIO5

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

A7.1 INTERVIEW LANGUAGE: LANGINT5

ENGLISH	1
SPANISH	2
CANTONESE	3
JAPANESE	4

A8. Are you currently pregnant? PREGNAN5

NO	1
YES	2
DON'T KNOW	-8

A9. WAS BLOOD FOR THIS ANNUAL FOLLOW-UP DRAWN PREVIOUS TO THIS INTERVIEW DATE? PREVBLO5

NO	1
YES	2

(GO TO

PAGE 3)

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

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

Variable Excluded from Public Use Data File

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

A10. Have you had anything to eat or drink, other than water, in the last 12 hours? That is, since ____ : ____ last night? **EATDRIN5**

NO 1
YES 2

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

NO 1 (A13)
YES 2 (A12)

A12. What is the date that you started to bleed? **DAYBLE5[†]**

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

A13. BLOOD DRAW ATTEMPTED? **BLDRWAT5**

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

A13.1 Unfortunately this is not the best time to draw a blood sample. In order to get the best possible information for this study, we need you to fast for 12 hours and to be within 5 days of starting a menstrual period. We need to reschedule a good day to draw your blood.
[INTERVIEWER HAND INSTRUCTION CARD TO RESPONDENT AND EXPLAIN]
GO TO SECTION B ON THE NEXT PAGE

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

A15. BLOOD DRAWN? **BLDDRAW5**

NO 1
YES 2

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

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

I would like to begin the interview by asking you some questions about 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 prescribed by your doctor or other health care provider, that you have taken since your last study visit.

IF YES TO ANY, RECORD

MEDICATION NAME IN THE SPACES
PROVIDED

PRESCRIPTION DRUGS

IF YES:

			a.	b.	c.
			What is the name of the medication?	Have you been taking it at least two times per week for the last month?	INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?
Since your last study visit....	NO	YES			
B1. Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)? <u>ANTICO15</u>	1	2	<u>#ACOAMD15</u>	<u>ACOATW15</u>	<u>#ACOAVR15</u>
<u>ANTICO25</u>	1	2	<u>#ACOAMD25</u>	<u>ACOATW25</u>	<u>#ACOAVR25</u>
B2. Anything for your heart or heart beat, including pills or patches? <u>HEART15</u>	1	2	<u>#HARTMD15</u>	<u>HARTTW15</u>	<u>#HARTVR15</u>
<u>HEART25</u>	1	2	<u>#HARTMD25</u>	<u>HARTTW25</u>	<u>#HARTVR25</u>
B3. Any medications for cholesterol or fats in your blood? <u>CHOLST15</u>	1	2	<u>#CHOLMD15</u>	<u>CHOLTW15</u>	<u>#CHOLVR15</u>
<u>CHOLST25</u>	1	2	<u>#CHOLMD25</u>	<u>CHOLTW25</u>	<u>#CHOLVR25</u>
B4. Blood pressure pills? <u>BP15</u>	1	2	<u>#BPMED15</u>	<u>BPTW15</u>	<u>#BPVER15</u>
<u>BP25</u>	1	2	<u>#BPMED25</u>	<u>BPTW25</u>	<u>#BPVER25</u>

	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, have you taken...	NO	YES	NO	YES	NO	YES
B5. Diuretics for water retention?	1	2	1	2	1	2
<u>DIURET15</u>	1	2	<u>#DIURMD15</u>	<u>DIURTW15</u>	<u>#DIURVR15</u>	
<u>DIURET25</u>			<u>#DIURMD25</u>	<u>DIURTW25</u>	<u>#DIURVR25</u>	
B6. Thyroid pills?	1	2	1	2	1	2
<u>THYROI15</u>	1	2	<u>#THYRMD15</u>	<u>THYRTW15</u>	<u>#THYRVR15</u>	
<u>THYROI25</u>			<u>#THYRMD25</u>	<u>THYRTW25</u>	<u>#THYRVR25</u>	
B7. Insulin or pills for sugar in your blood?	1	2	1	2	1	2
<u>INSULN15</u>	1	2	<u>#INSUMD15</u>	<u>INSUTW15</u>	<u>#INSUVR15</u>	
<u>INSULN25</u>			<u>#INSUMD25</u>	<u>INSUTW25</u>	<u>#INSUVR25</u>	
B8. Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti- depression medication?	1	2	1	2	1	2
<u>NERVS15, NERVS25</u>	1	2	<u>#NERVMD15</u>	<u>NERVTW15</u>	<u>#NERVVR15</u>	
<u>NERVS15, NERVS25</u>			<u>#NERVMD25</u>	<u>NERVTW25</u>	<u>#NERVVR25</u>	
B9. Steroid pills such as Prednisone, or cortisone?	1	2	1	2	1	2
<u>STEROI15</u>	1	2	<u>#STERMD15</u>	<u>STERTW15</u>	<u>#STERV15</u>	
<u>STEROI25</u>			<u>#STERMD25</u>	<u>STERTW25</u>	<u>#STERV25</u>	
B10. Fertility medications to help you get pregnant (Pergonal, Clomid)?	1	2	1	2	1	2
<u>FERTIL15</u>	1	2	<u>#FRTLMD15</u>	<u>FRTLW15</u>	<u>#FRTLVR15</u>	
<u>FERTIL25</u>			<u>#FRTLMD25</u>	<u>FRTLW25</u>	<u>#FRTLVR25</u>	

- 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?

HORMONE QUESTIONS B11-15:

Since your last study visit, have you taken...	<u>NO</u>	YES		<u>NO</u>	YES	<u>NO</u>	YES
B11. Birth Control pills?	1 (B12)	2	<u>#BCPMED15</u>	1	2	1	2
<u>BCP15</u>				<u>BCPTW15</u>		<u>#BCPVER15</u>	
	1	2	<u>#BCPMED25</u>	1	2	1	2
<u>BCP25</u>				<u>BCPTW25</u>		<u>#BCPVER25</u>	

B11.d For your most recent use, what was the primary reason for taking birth control pills? BCREAS5

- 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 8
 (SPECIFY) _____ BCRES S5
 DON'T KNOW -8

	<u>NO</u>	YES		<u>NO</u>	YES	<u>NO</u>	YES
B12. Estrogen pills (such as Premarin, Estrace, Ogen, etc)?	1 (B13)	2		1	2	1	2
			<u>#ESTRMD15</u>	<u>ESTRTW15</u>		<u>#ESTRVR15</u>	
<u>ESTROG15, ESTROG25</u>	1	2	<u>#ESTRMD25</u>	<u>ESTRTW25</u>		<u>#ESTRVR25</u>	

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

- ESTRDA15 ESTRDA25
 1. EVERY DAY 1 2. EVERY DAY 1
 OFF AND ON 2 OFF AND ON 2
 DON'T KNOW -8 DON'T KNOW -8

Since your last study visit, have you taken...	<u>NO</u>	YES		<u>NO</u>	YES	<u>NO</u>	YES
B13. Estrogen by injection or patch (such as Estraderm)?	1	2	<u>#EINJMD15</u>	1	2	1	2
				<u>EINJTW15</u>		<u>#EINJVR15</u>	
<u>ESTRNJ15, ESTRNJ25</u>	1	2	<u>#EINJMD25</u>	1	2	1	2
				<u>EINJTW25</u>		<u>#EINJVR25</u>	
B14. Combination estrogen/progestin (such as Premphase or Prempro)?	1	2	<u>#COMBMD15</u>	1	2	1	2
			<u>#COMBMD25</u>	<u>COMBTW15</u>		<u>#COMBVR15</u>	
<u>COMBIN15, COMBIN25</u>	1	2		<u>COMBTW25</u>		<u>#COMBVR25</u>	

Variable Excluded from Public Use Data File

Follow-up Visit 05 Interview Administered Questionnaire

	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...	<u>NO</u>	YES			NO	YES
B15. Progestin pills (such as Provera)?	1 (B16)	2	<u>#PROGMD15</u>	<u>PROGTW15</u> 1 2	#PROGVR15 1 2	
<u>PROGES15</u> <u>PROGES25</u>	1	2	<u>#PROGMD25</u>	<u>PROGTW25</u> 1 2	#PROGVR25 1 2	

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

<u>PROGDA15</u>		<u>PROGDA25</u>	
1.	EVERY DAY.....1	2.	EVERY DAY.....1
	OFF AND ON2		OFF AND ON2
	DON'T KNOW-8		DON'T KNOW-8

	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
B16. Medications to prevent or treat osteoporosis (brittle or thinning bones such as Fosamax, Didronel, Evista, Miacalcin, Rocaltrol, Actonel)?	1	2	<u>#OSTEMD15</u>	<u>OSTETW15</u> 1 2	#OSTEVR15 1 2	
<u>OSTEPR15</u>	1	2	<u>#OSTEMD25</u>	<u>OSTETW25</u> 1 2	#OSTEVR25 1 2	
<u>OSTEPR25</u>						
B17. Prescribed medications for arthritis?	1	2	<u>#ARTHMD15</u>	<u>ARTHTW15</u> 1 2	#ARTHVR15 1 2	
<u>ARTHRT15</u>	1	2	<u>#ARTHMD25</u>	<u>ARTHTW25</u> 1 2	#ARTHVR25 1 2	
<u>ARTHRT25</u>						

			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
B18. Are there any other prescription pills or medications that you have taken, that I haven't asked you about? (PLEASE LIST)		1 2		1 2	1 2
					1 2
	<u>OTHMED15-95</u>		#OTHRMD15	<u>OTHRTW15</u>	#OTHRVR15
		1 2	-	1 2	1 2
			#OTHRMD95	<u>OTHRTW95</u>	#OTHRVR95
		1 2		1 2	1 2
	<u>OTHME105-155</u>		#OTHRM105	<u>OTHTW105</u>	#OTHVR105
		1 2		1 2	1 2
			#OTHRM155	<u>OTHTW155</u>	#OTHVR155
		1 2		1 2	1 2

IF RESPONDENT HAS TAKEN ANY HORMONES (IF YES TO ANY OF B12 -15) ASK B19, OTHERWISE GO TO PAGE 9.

B19. Were you using any prescription medications containing estrogen or progestin at the time of your last study visit?

ESTLSTV5

NO.....	1	
YES.....	2	(GO TO
DON'T KNOW.....	-8	

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B20. I am going to read a list of some reasons why women start taking hormones, not including birth control pills. For each one, please tell me if it is a reason why you started taking hormones. (READ LIST a THROUGH i)

		NO	YES
a. To reduce the risk of heart disease	<u>REDUHAR5</u>	1	2
b. To reduce the risk of osteoporosis (brittle or thinning bones)	<u>OSTEOP05</u>	1	2
c. To relieve menopausal symptoms	<u>MENOSYM5</u>	1	2
d. To stay young-looking	<u>YOUNGLK5</u>	1	2
e. A health care provider advised me to take them	<u>HCPADVI5</u>	1	2
f. A friend or relative advised me to take them	<u>FRNADVI5</u>	1	2
g. To improve my memory	<u>IMPRMEM5</u>	1	2
h. To regulate periods	<u>REGPERI5</u> <u>HORMOTH5</u>	1	2
i. Any other? SPECIFY _____	<u>#HORMSPE5</u>	1	2

j. DON'T KNOW/REMEMBER	<u>DONTKNO5</u>	1	2

IF RESPONDENT REPORTED TAKING ANY HORMONES SINCE HER LAST STUDY VISIT, BUT IS NOT CURRENTLY TAKING ANY (THAT IS, “YES” TO ANY OF B12-15 **AND** “NO” TO ALL OF B12b - 15b), ASK B21, OTHERWISE GO TO PAGE 10.

B21. Since your last study visit, you were taking some hormones and then stopped.

In what month and year did you last take hormones?

HORMDAY5[‡]

____/____
M M Y Y Y Y

[PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 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	<u>PRBBLEE5</u>	1	2
b.	DIDN'T LIKE HAVING PERIODS	<u>HAVEPER5</u>	1	2
c.	DIDN'T LIKE HOW I FELT ON THEM	<u>LIKEFEL5</u>	1	2
d.	WORRIED ABOUT POSSIBLE SIDE EFFECTS	<u>SIDEEFF5</u>	1	2
e.	WORRIED ABOUT CANCER	<u>CANCER5</u>	1	2
f.	MY HEALTH CARE PROVIDER ADVISED ME TO STOP (FOR MEDICAL REASONS)	<u>ADVISTO5</u>	1	2
g.	TOO EXPENSIVE	<u>EXPENS15</u>	1	2
h.	DON'T LIKE TO TAKE ANY MEDICATIONS	<u>NOLIKE5</u>	1	2
i.	COULDN'T REMEMBER TO TAKE THEM	<u>NOREMEB5</u>	1	2
j.	DON'T KNOW	<u>DNTKNOW5</u>	1	2
		<u>STOPOTH5</u>		
k.	OTHER, SPECIFY:	<u>#STOPSPE5</u>	1	2
<hr/>				
l.	NO REASON GIVEN	<u>NOREASONS5</u>	1	2

[‡] Day of the month is assumed to be the 15th when calculating days since baseline interview.

Variable Excluded from Public Use Data File

Follow-up Visit 05 Interview Administered Questionnaire

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

IF YES TO ANY, RECORD MEDICATION
NAME IN THE SPACES PROVIDED

a.
What is the
name of the
medication?

b.
Have you been taking it at least
two times per week for the last
month?

						NO YES	
Since your last study visit, have you taken.....		NO	YES				
B22	Any over-the-counter medications for pain including headaches and arthritis?			#PAINMD15	PAINTW15		
	<u>PAIN15</u>	1	2	_____	1		2
	<u>PAIN25</u>	1	2		1		2
				#PAINMD25	PAINTW15		
B23	Anything for problems sleeping?	1	2	_____	1		2
	<u>SLEEP15</u>			#SLEPMD15	SLEP TW15		
	<u>SLEEP25</u>	1	2		1		2
				#SLEPMD25	SLEP TW25		
B24	Have you taken any other over-the-counter pills or other medications (including liquids or ointments) that I haven't asked you about? (PLEASE LIST)	1	2	_____	1		2
		1	2	#OTCMD15	OTCT W15		2
		1	2	#OTCMD45	OTCT W25		2
	<u>OTC15-45</u>	1	2	_____	1		2
		1	2		OTCT W35		2
					OTCT W45		2

IF BLOOD WAS DRAWN (A15 IS YES), GO TO B25. OTHERWISE GO TO B27.

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

B25 We've just talked about your prescription medications, over-the-counter medications, vitamins, and minerals you have taken since your last study visit. What did you take in the last 24 hours?
[REVIEW SHADED COLUMNS AFTER RESPONDENT ANSWERS.
IF CURRENT MEDICATION USE REPORTED (YES TO ANY SHADED COLUMN IN B1b-B21b)
BUT NOT REPORTED HERE, PROBE FOR USE IN LAST 24 HOURS.]

- | | |
|----------|-----------|
| a. _____ | #TAKEMDA5 |
| b. _____ | #TAKEMDB5 |
| c. _____ | #TAKEMDC5 |
| d. _____ | #TAKEMDD5 |
| e. _____ | #TAKEMDE5 |
| f. _____ | #TAKEMDF5 |
| g. _____ | #TAKEMDG5 |
| h. _____ | #TAKEMDH5 |
| i. _____ | #TAKEMDI5 |
| j. _____ | #TAKEMDJ5 |

B26. Have you had any alcohol in the last 24 hours?

ALCHL245

NO	1
YES.....	2

B27a. During the past year have you used any supplements containing soy protein or phytoestrogen powders or pills? (IF YES: How many times per week?) **SOYPROT5**

Don't take any	1
1-3 days per week	2
4-6 days per week	3
Every day	4
DON'T KNOW	-8

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

B27b. How many bowls of cereal do you eat per week where the label of the cereal box says that it is high in calcium?

CEREACA5

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	-8

B27c. How many slices of bread do you eat per week when the bread wrapper says the loaf is high in calcium?

BREADCA5

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	-8

B27d. Some brands of orange juice have extra calcium added. How many glasses of orange juice containing extra calcium do you drink per week?

ORANGCA5

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	-8

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

B28 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?	<u>ANEMIA5</u>	1	2	-8
b. Diabetes?	<u>DIABETE5</u>	1	2	-8
c. High blood pressure or hypertension?	<u>HIGHBP5</u>	1	2	-8
d. High cholesterol?	<u>HBCHOLE5</u>	1	2	-8
e. Migraines?	<u>MIGRAIN5</u>	1	2	-8
f. Stroke?	<u>STROKE5</u>	1	2	-8
g. Arthritis or osteoarthritis (degenerative joint disease)?	<u>OSTEOAR5</u>	1	2	-8
h. Overactive or underactive thyroid?	<u>THYROID5</u>	1	2	-8
i. Heart attack?	<u>HEARTAT5</u>	1	2	-8
j. Angina?	<u>ANGINA5</u>	1	2	-8
k. Osteoporosis (brittle or thinning bones)?	<u>OSTEOPR5</u>	1	2	-8
l. DELETED				
m. Cancer, other than skin cancer?	<u>CANCERS5</u>	1 (B29)	2	-8 (B29)

m.1. What is/was the primary site of the cancer? **SITESPE5**

SPECIFY: _____

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

TAMOXIF5

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

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

CHEMOTH5

NO 1
 YES 2
 DON'T KNOW -8

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

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

BROKEB05

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. _____
BONES15

2. _____
BONES25

3. _____
BONES35

1
HAPPEN15

1
HAPPEN25

1
HAPPEN35

2
 2
 2

Since your last study visit, have you had any of the following surgeries or procedures?		NO	YES	DON'T KNOW
B30	D and C, a scraping of the uterus for any reason, including abortion? i. Since your last study visit, how many times have <u>DANDC5</u> you had a D and C? _____ # TIMES <u>NUMDAND5</u>	1 (B31)	2	-8 (B31)
B31	Hysterectomy (an operation to remove your uterus or womb)? <u>HYSTERE5</u> ii. When was this performed? [PROMPT FOR YEAR EVEN IF MONTH IS UNKNOWN. ENTER -8 IF MONTH IS UNKNOWN.] _____/_____ M M Y Y Y Y <u>HYSTDAY5†</u>	1 (B32)	2	-8 (B32)
B32	Did you have one or both ovaries removed (an oophorectomy)? <u>OOPHOREC5</u> i. Was one ovary removed or were both ovaries removed? ONE OVARY REMOVED 1 BOTH OVARIES REMOVED 2 DON'T KNOW -8 <u>ONEOVAR5</u>	1 (B33)	2	-8 (B33)
B33a	Did you have an endometrial ablation (a procedure to reduce or eliminate menstrual periods by partially or completely destroying the lining of the uterus)? <u>ABLATIN5</u>	1	2	-8
B33b	Any <u>other</u> uterine procedures, other than D and C, for example: cesarean section, IUD insertion, fibroid removal or endometrial biopsy? <u>UTERPRO5</u>	1	2	-8
B34	Thyroid gland removed? <u>THYRREM5</u>	1	2	-8

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

Variable Excluded from Public Use Data File

Follow-up Visit 05 Interview Administered Questionnaire

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B35 Since your last study visit, have you had any of the following conditions?	NO	YES	B35.1 IF YES, has it made it difficult to carry out your daily routine (e.g., work, housework, childcare)?	NO	YES
a. endometriosis diagnosed by a physician (abnormal growths in lining of uterus) <u>ENDO5</u>	1	2	<u>ENDODIF5</u>	1	2
b. pelvic pain (pain in the lowest part of the abdomen) <u>PELVCPN5</u>	1	2	<u>DIFPELV5</u>	1	2
c. pelvic prolapse or relaxation (the uterus, bladder, or rectum drops, sometimes bulging out of vagina) <u>PROLAPS5</u>	1	2	<u>DIFPROL5</u>	1	2
d. pelvic cancer (cancer of the vulva, cervix, uterus, or ovaries) <u>PELVCNC5</u>	1	2	<u>DIFCANC5</u>	1	2
e. 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) <u>ABBLEED5</u>	1	2	<u>DIFBLED5</u>	1	2
f. fibroids (benign growths in the uterus or womb) <u>FIBRUTR5</u>	1	2	<u>DIFFIBR5</u>	1	2

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

B36 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.)

PRVIDER5

No 1 (GO TO PAGE 17)
Yes 2

B37 What is the name of this health care provider? _____
(FIRST) (LAST)
#PRVNAME5 **#PRVLAST5**

B38 In what city or town and what state do you see this health care provider?

CITY/TOWN STATE
#PRVTOWN5 **#PRVSTAT5**

B39 What professional degree does this health care provider have? If you are not sure, please make your best guess: [HAND RESPONDENT CARD "C" AND READ RESPONSE CATEGORIES.] **PROFDEG5**

Medical Doctor (MD) 1
Doctor of Osteopathy (DO) 2
Chiropractor (DC) 3
Registered Nurse (RN) 4 (B41)
Nurse Practitioner (NP) 5 (B41)
Physician Assistant (PA) 6 (B41)
Other: Specify **SPECIFY5** 7
DON'T KNOW 8 (B41)

B40 Which of the following best describes this provider's specialty? **PROVSPC5**

A family practitioner 1
An internist 2
An obstetrician or gynecologist 3
A naturopath (one who uses non-medicinal therapy) 4
Other: Specify **SPECIAL5** 5
No specialty 6
DON'T KNOW 8

B41 On average, how much time does this health care provider spend with you at each visit? **PROVTIM5**

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 8

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

- C1. Did you have any menstrual bleeding since your last study visit? **BLEEDNG5**
 NO 1 (C6)
 YES 2
- C2. Did you have any menstrual bleeding in the last 3 months? **BLD3MON5**
 NO 1
 YES 2
- C3. What was the date that you started your most recent menstrual bleeding? [PROMPT FOR MONTH AND YEAR, EVEN IF DAY IS UNKNOWN. ENTER -8 FOR DAY FIELD IF UNKNOWN]
 ____ / ____ / ____
 M M D D Y Y Y Y **LMPDAY5[†]**

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

- C4. Which of the following best describes your menstrual periods since your last study visit? Have they: [HAND RESPONDENT CARD “C”] **DESCPER5**
 Become farther apart? 1
 Become closer together? 2
 Occurred at more variable intervals? 3
 Stayed the same? 4
 Become more regular? 5
 DON’T KNOW -8
 NOT APPLICABLE -1
- C5. A menstrual cycle is the period of time from the beginning of bleeding from one menstrual period to the beginning of bleeding of the next menstrual period. Since your last study visit, what was the usual length of your menstrual cycles? **LENGCYL5**
 LESS THAN 24 DAYS 1
 24-35 DAYS 2
 MORE THAN 35 DAYS 3
 TOO VARIABLE OR IRREGULAR TO SAY 4
 DON’T KNOW -8
- C6. Since your last study visit, have you been pregnant? Please include live births, stillbirths, abortions, miscarriages, tubal or ectopic pregnancies. **PRGNANT5**
 NO 1 (C7)
 YES 2
- a. IF YES: [HAND RESPONDENT CARD “D”] What was the outcome of the pregnancy? [READ RESPONSE CATEGORIES. IF RESPONDENT WAS PREGNANT MORE THAN ONCE SINCE LAST VISIT, RECORD OUTCOME OF MOST RECENT PREGNANCY.] **OUTCOME5**
 Live birth 1
 Still birth 2 (C7)
 Miscarriage 3 (C7)
 Abortion 4 (C7)
 Tubal/ectopic pregnancy 5 (C7)
 Still pregnant 6 (C7)
- b. FOR LIVE BIRTHS ONLY: Are you currently breastfeeding? **BRSTFEES**
 NO 1
 YES 2

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

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

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

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

QLTYLIF5

- C8. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?
[HAND RESPONDENT CARD "G" AND READ RESPONSE CATEGORIES]

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
a.	Someone you can count on to listen to you when you need to talk? <u>LISTEN5</u>	1	2	3	4	5
b.	Someone to take you to the doctor if you needed it? <u>TAKETOM5</u>	1	2	3	4	5
c.	Someone to confide in or talk to about yourself or your problems? <u>CONFIDE5</u>	1	2	3	4	5
d.	Someone to help with daily chores if you were sick? <u>HELPSIC5</u>	1	2	3	4	5

- C9. 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]	Never	Almost Never	Sometimes	Fairly Often	Very Often
In the past two weeks you have:						
*a.	Felt unable to control important things in your life? <u>CONTROLS</u>	1	2	3	4	5
*b.	Felt confident about your ability to handle your personal problems? <u>ABILITY5</u>	1	2	3	4	5
c.	Felt that things were going your way? <u>YOURWAYS</u>	1	2	3	4	5
d.	Felt difficulties were piling so high that you could not overcome them? <u>PILING5</u>	1	2	3	4	5

C10 I am going to read you a list of ways you might have felt or behaved recently. Please tell me how often you have felt or behaved **this way during the past week**. [HAND RESPONDENT CARD “H” AND READ RESPONSE CATEGORIES]

* [READ STEM INSTRUCTIONS]				
During the past week:	Rarely or none of the time (less than 1 DAY)	Some or a little of the time (1-2 DAYS)	Occasionally or a moderate amount of the time (3-4 DAYS)	Most or all of the time (5-7 DAYS)
*a. I was bothered by things that usually don't bother me <u>BOTHER5</u>	1	2	3	4
*b. I did not feel like eating; my appetite was poor <u>APPETIT5</u>	1	2	3	4
*c. I felt that I could not shake off the blues even with help from my friends <u>BLUES5</u>	1	2	3	4
d. I felt that I was just as good as other people <u>GOOD5</u>	1	2	3	4
e. I had trouble keeping my mind on what I was doing <u>KEEPMIN5</u>	1	2	3	4
f. I felt depressed <u>DEPRESS5</u>	1	2	3	4
*g. I felt that everything I did was an effort <u>EFFORT5</u>	1	2	3	4
h. I felt hopeful about the future <u>HOPEFUL5</u>	1	2	3	4
i. I thought my life had been a failure <u>FAILURE5</u>	1	2	3	4
j. I felt fearful <u>FEARFUL5</u>	1	2	3	4
*k. My sleep was restless <u>RESTLES5</u>	1	2	3	4
l. I was happy <u>HAPPY5</u>	1	2	3	4
m. I talked less than usual <u>TALKLES5</u>	1	2	3	4
n. I felt lonely <u>LONELY5</u>	1	2	3	4
*o. People were unfriendly <u>UNFRNDL5</u>	1	2	3	4
p. I enjoyed life <u>ENJOY5</u>	1	2	3	4
q. I had crying spells <u>CRYING5</u>	1	2	3	4
r. I felt sad <u>SAD5</u>	1	2	3	4
*s. I felt that people disliked me <u>DISLIKE5</u>	1	2	3	4
t. I could not get going <u>GETGOIN5</u>	1	2	3	4

OCCUPATIONAL QUESTIONS

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

- D1. 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? **CHNGJOB5**

NO 1 (D3)
YES 2
N/A -1 (D6)

- D2. During the past 2 weeks, did you work at any time at a job or business, including work for pay performed at home? (Include unpaid work in the family farm or business. If you were on vacation, or scheduled leave or sick leave, please answer as though you were at your usual job.) **JOB5**

NO 1 (D6)
YES 2

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

#JOBTIT15

JOB #1 _____

#JOBTIT25

JOB #2 _____

#JOBTIT35

JOB #3 _____

- b. Briefly, what are your usual job activities?

[IF MORE THAN ONE JOB WAS MENTIONED, ASK: Please answer for each job.]

#JOBACT15

JOB #1 _____

#JOBACT25

JOB #2 _____

#JOBACT35

JOB #3 _____

- 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.]

#JBMAKE15

JOB #1 _____

#JBMAKE25

JOB #2 _____

#JBMAKE35

JOB #3 _____

D3. Since your last study visit, has there been a change in your usual hours of work of any of your jobs?

CHANGHR5

NO 1 (D5)
YES 2

D4. What are your usual hours of work each day for each job?

JOB #1: START TIME: **STRTIM15** A.M. 1. P.M. 2. **STRAMP15**

STOP TIME: **STPTIM15** A.M. 1. P.M. 2. **STPAMP15**

ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTAT15**

NO 1
YES 2

JOB #2: START TIME: **STRTIM25** A.M. 1. P.M. 2. **STRAMP25**

STOP TIME: **STPTIM25** A.M. 1. P.M. 2. **STPAMP25**

ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTAT25**

NO 1
YES 2

JOB #3: START TIME: **STRTIM35** A.M. 1. P.M. 2. **STRAMP35**

STOP TIME: **STPTIM35** A.M. 1. P.M. 2. **STPAMP35**

ROTATING/ALTERNATING (ALTERNATING WEEKLY/MONTHLY) **ROTAT35**

NO 1
YES 2

D5. On average, how many total hours a week do you work, for pay?

HOURSPA5

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

D6. Do you do volunteer work?

VOLUNTE5

NO 1 (D7)
YES 2

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

TYPE OF VOLUNTEER WORK	HRS/WK
<u>#TYPVOL15</u>	<u>VLNTHR15</u>
1. _____	_____
<u>#TYPVOL25</u>	<u>VLNTHR25</u>
2. _____	_____
<u>#TYPVOL345</u>	<u>VLNTHR35</u>
3. _____	_____
_____	_____

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

MARITAL5

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

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

E1. Since your last study visit, has there been any change in who is living in your household? **CHGHHLD5**

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

E2. Other than yourself, is there anyone else living in your household? **HOUSEHL5**

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

E3. Please tell me their relationship to you, their gender, and their age.

	a. RELATIONSHIP TO YOURSELF	b. SEX	c. AGE
1.	<u>RELAT15</u>	<u>SEX15</u>	<u>AGE15</u>
2.	<u>RELAT25</u>	<u>SEX25</u>	<u>AGE25</u>
3.	<u>RELAT35</u>	<u>SEX35</u>	<u>AGE35</u>
4.	<u>RELAT45</u>	<u>SEX45</u>	<u>AGE45</u>
5.	<u>RELAT55</u>	<u>SEX55</u>	<u>AGE55</u>
6.	<u>RELAT65</u>	<u>SEX65</u>	<u>AGE65</u>
7.	<u>RELAT75</u>	<u>SEX75</u>	<u>AGE75</u>
8.	<u>RELAT85</u>	<u>SEX85</u>	<u>AGE85</u>
9.	<u>RELAT95</u>	<u>SEX95</u>	<u>AGE95</u>
10.	<u>RELAT104</u>	<u>SEX105</u>	<u>AGE105</u>
11.	<u>RELAT115</u>	<u>SEX115</u>	<u>AGE115</u>
12.	<u>RELAT125</u>	<u>SEX125</u>	<u>AGE125</u>

Thank you. This ends this portion of the interview

**ADDITIONAL QUESTIONS FROM OTHER FORM VERSIONS OF THE
INTERVIEW ADMINISTRATED QUESTIONNAIRE**

FORM VERSION: 02/01/1998

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

	NO	YES	DON'T KNOW
1. Fibroids, benign growths of the uterus or womb? <u>FIBROID5</u>	1	2	-8

Study of Women's Health Across the Nation
SELF-ADMINISTERED QUESTIONNAIRE PART A
ANNUAL FOLLOW-UP

SECTION A. GENERAL INFORMATION

- A1. RESPONDENT ID: AFFIX ID LABEL HERE SWANID
- A2. SWAN STUDY VISIT # _____ #VISIT
- A3. FORM VERSION: 02/15/2001 #FORM_V
- A4. DATE FORM COMPLETED:
 _____ / _____ / _____
 M M D D Y Y Y Y
 SAADAYS[†]
- A5. INTERVIEWER'S INITIALS: _____ #INITS
- A6. RESPONDENT'S DOB:
 _____ / _____ / _____
 M M D D Y Y Y Y
 #DOB
- VERIFY WITH RESPONDENT**

- A7. COMPLETED IN: #LOCATIO5
- 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: LANGSAA5
- ENGLISH 1
 SPANISH 2
 CANTONESE 3
 JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? #INTADMI5
- NO 1
 YES 2

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

We have some questions that we are asking you to complete on your own. If anything is unclear to you, please feel free to ask questions. Study representatives are available and happy to help you. Please take as much time as you need with each question. It is very important to us that you complete the entire questionnaire. Please find the most appropriate response to each question and circle the number for the answer you choose.

Thank you for your participation in this important study.

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

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

OVERHLT5

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

HOSPSTA5

- 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

MDTALK5

- 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

NERVES5

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)?	1	2
B6. A breast physical examination (a doctor or medical assistant feels for lumps in the breast)?	1	2
B7. A mammogram (an x-ray taken only of the breast by a machine that presses the breast against a glass plate)?	1	2

PAPSMEA5

BRSTEXA5

MAMOGRA5

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

HLTHSER5

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

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
Insurance or health plan does not cover	1	2 <u>INSURAN5</u>
Cannot afford	1	2 <u>NOTAFFR5</u>
Travel distance / lack of transportation	1	2 <u>NOTRANS5</u>
No health care provider	1	2 <u>NOPROVI5</u>
Too busy/ didn't have the time	1	2 <u>TOOBUSY5</u>
Don't trust doctors	1	2 <u>NOTRUST5</u>
I'm better off not knowing	1	2 <u>BETTROF5</u>
Other	1	2 <u>FAILOTH5</u>
Please specify		<u>#FAILSPE5</u>

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

SMOKERE5

No..... 1 (GO TO B10)
Yes 2 (GO TO B9a)

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 **AVCIGDA5**

B9b. IF NONE, (You stopped smoking), What was the last month you smoked?

_____ MONTH **#LASTSMO5**

B10. These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

(CIRCLE ONE NUMBER ON EACH LINE)

During the <u>past 4 weeks,</u> <u>how much time...</u>	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel "full of pep"? <u>PEP5</u>	1	2	3	4	5	6
b. Did you have a lot of energy? <u>ENERGY5</u>	1	2	3	4	5	6
c. Did you feel worn out? <u>WORNOUT5</u>	1	2	3	4	5	6
d. Did you feel tired? <u>TIRED5</u>	1	2	3	4	5	6

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

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

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

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

- C.2. **During the past year** (in the last 12 months), how much time did you spend preparing meals or cleaning up from meals? (CIRCLE ONE ANSWER) **MEALS5**

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

- C.3. **During the past year** (in the last 12 months), how often did you do routine chores requiring light physical effort, such as dusting, laundry, changing linens, grocery shopping or other shopping? (CIRCLE ONE ANSWER) **ROUTNCH5**

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

- C.4. **During the past year** (in the last 12 months), how often did you do chores requiring moderate physical effort, such as vacuuming, washing floors, or gardening /yard work such as mowing the lawn or raking leaves? (CIRCLE ONE ANSWER) **MODERAT5**

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

- C.5. **During the past year** (in the last 12 months), how often did you do chores at home requiring vigorous physical effort, such as chopping wood, tilling soil, shoveling snow, shampooing carpets, washing walls or windows, plumbing, tiling or outdoor painting? (CIRCLE ONE ANSWER) **VIGOROU5**

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

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

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

PHYSACT5

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

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

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

WATCHTV5

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

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

WALKBIK5

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

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

SWEATPA5

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

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

SPORTS5

- 1 Never (GO TO QUESTION D1 ON PAGE 10)
- 2 Less than once a month
- 3 Once a month
- 4 2-3 times a month
- 5 Once a week
- 6 More than once a week

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

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

SPOREX15

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

RATEIN15

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

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

MTHSAC15

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

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

HRSACT15

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

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

OTHSPOR5

- 1 NO (GO TO QUESTION D1.)
- 2 YES

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

SPOREX25

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

RATEIN25

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

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

MTHSAC25

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

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

HRSACT25

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

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

- D1. Below is a list of common problems which affect us from time to time in our daily lives. Thinking back over the past two weeks, please circle the number corresponding to how often you experienced any of the following.

How often have you had...	Not at all	1-5 days	6-8 days	9-13 days	Every day
a. Stiffness or soreness in joints, neck or shoulder? <u>STIFF5</u>	1	2	3	4	5
b. Back aches or pains? <u>ACHES5</u>	1	2	3	4	5
c. Cold sweats? <u>COLDSWE5</u>	1	2	3	4	5
d. Night sweats? <u>NITESWE5</u>	1	2	3	4	5
e. Vaginal dryness? <u>VAGINDR5</u>	1	2	3	4	5
f. Feeling blue or depressed? <u>FEELBLU5</u>	1	2	3	4	5
g. Dizzy spells? <u>DIZZY5</u>	1	2	3	4	5
h. Irritability or grouchiness? <u>IRRITAB5</u>	1	2	3	4	5
i. Feeling tense or nervous? <u>NRVOUS5</u>	1	2	3	4	5
j. Forgetfulness? <u>FORGET5</u>	1	2	3	4	5
k. Frequent mood changes? <u>MOODCHG5</u>	1	2	3	4	5
l. Heart pounding or racing? <u>HARTRAC5</u>	1	2	3	4	5
m. Feeling fearful for no reason? <u>FEARFULA5</u>	1	2	3	4	5
n. Headaches? <u>HDACHE5</u>	1	2	3	4	5
o. Hot flashes or flushes? <u>HOTFLAS5</u>	1	2	3	4	5
p. Breast pain/tenderness <u>BRSTPAI5</u>	1	2	3	4	5

D2. These questions (a - c) are about your sleep habits over the past two weeks. Please circle one answer for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 2 weeks.

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? <u>TRBLSLE5</u>	1	2	3	4	5
b. Did you wake up several times a night? <u>WAKEUP5</u>	1	2	3	4	5
c. Did you wake up earlier than you had planned to, and were unable to fall asleep again? <u>WAKEARL5</u>	1	2	3	4	5

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

D3. During the past month, how would you rate your sleep quality overall?

	<u>SLEEPQL5</u>
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.

D4. How often do you usually get up from bed at night to urinate? (CIRCLE ONLY ONE ANSWER)

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

D5. Since your last study visit, have you ever leaked, even a very small amount, of urine involuntarily?

INVOLEA5

No 1 (GO TO D6)
 Yes 2



IF YES:

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

DAYSLEA5

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

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

	NO	YES
1. When you are coughing, laughing, sneezing, jogging, or picking up an object from the floor.	1	2
2. When you have an urge to void and can't get to a toilet fast enough.	1	2
3. Other	1	2
Specify: _____		

#LEAKSPE5

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

D6. In the past 12 months, have you used any of the following for any reason?
(CIRCLE ONLY ONE NUMBER FOR EACH)

	NO	YES
a. Special diets or nutritional remedies, such as macrobiotic or vegetarian diets, or vitamin supplements or therapy?	1	2
<u>NUTRIRES5</u>		
b. Herbs or herbal remedies, such as homeopathy or Chinese herbs or teas?	1	2
<u>HERBREM5</u>		
c. Psychological methods, such as meditation, mental imagery, or relaxation techniques?	1	2
<u>PSYCMET5</u>		
d. Physical methods, such as massage, acupressure, acupuncture, or chiropractic therapy?	1	2
<u>PHYSMET5</u>		
e. Folk medicine or traditional Chinese medicine?	1	2
<u>FOLKMED5</u>		
f. Any others?	1	2
<u>OTHRTHE5</u>		
IF YES, please specify: <u>#SPECOTH5</u>		

E1. These next questions ask about events that we sometimes experience in our lives. **Since your last study visit**, have you experienced any of the following: If you have not, circle 1 (NO). If you have and it was not at all upsetting, circle 2. If you have and it was somewhat upsetting circle 3. If you have and it was very upsetting circle 4 . If you have and it was very upsetting and is still upsetting, circle 5. (PLEASE CIRCLE ONE ANSWER FOR EACH QUESTION.)

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very Upsetting and still upsetting
a. Started school, a training program, or new job? <u>STARTNE5</u>	1	2	3	4	5
b. Had trouble with a boss or conditions at work got worse? <u>WORKTRB5</u>	1	2	3	4	5
c. Quit, fired or laid off from a job? <u>QUITJOB5</u>	1	2	3	4	5
d. Took on a greatly increased work load at job? <u>WORKLOA5</u>	1	2	3	4	5
e. Husband/partner became unemployed? <u>PRTUNEM5</u>	1	2	3	4	5
f. Major money problems? <u>MONEYPR5</u>	1	2	3	4	5
g. Relations with husband/partner changed for the worse but without separation or divorce? <u>WOSRELR5</u>	1	2	3	4	5
h. Were separated or divorced or a long-term relationship ended? <u>RELATEN5</u>	1	2	3	4	5
i. Had a serious problem with child or family member (other than husband/partner) or with a close friend? <u>SERIPRO5</u>	1	2	3	4	5
j. A child moved out of the house or left the area? <u>CHILDMO5</u>	1	2	3	4	5
k. Took on responsibility for the care of another child, grandchild, parent, other family member or friend? <u>RESPCAR5</u>	1	2	3	4	5
l. Family member had legal problems or a problem with police? <u>LEGALPR5</u>	1	2	3	4	5

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very Upsetting and still upsetting
m. A close relative (husband/partner, child or parent) died? <u>CRELDIE5</u>	1	2	3	4	5
n. A close friend or family member <u>other than</u> a husband/partner, child or parent died? <u>CLOSDIE5</u>	1	2	3	4	5
o. Major accident, assault, disaster, robbery or other violent event happened to yourself? <u>SELFVIO5</u>	1	2	3	4	5
p. Major accident, assault, disaster, robbery or other violent event happened to a family member? <u>FAMLVIO5</u>	1	2	3	4	5
q. Serious physical illness, injury or drug/alcohol problem in family member, partner or close friend? <u>PHYSILL5</u>	1	2	3	4	5
r. Other major event not included above? <u>MAJEVEN5</u> Specify: #SPECEVN5	1	2	3	4	5

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

F1. Are you currently employed for pay? **EMPLYPA5**

No..... 1 (GO TO F2)
Yes 2

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

REWRDJO5

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

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

STRSSJO5

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

F2. Are you currently caring for an older or disabled family member? **CRNTCAR5**

No..... 1 (GO TO F3)
Yes 2

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

RWRDCAR5

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

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

STRSCAR5

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

F3. Are you currently married or in a committed relationship? **CRNTMAR5**

No..... 1 (GO TO F4)
Yes 2

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

RWRDREL5

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

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

STRSREL5

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

F4. Do you have any children or stepchildren? **CHILDRE5**

No..... 1 (GO TO G1)
Yes 2

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

REWRDMO5

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

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

STRSSMO5

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

We would like to ask you one additional question 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 best guess.)

INCOME5^s

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

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

^sG.1 Income categories have been condensed from the original questionnaire

**ADDITIONAL QUESTIONS FROM OTHER FORM VERSIONS OF THE
SELF ADMINSTRATED QUESTIONNAIRE, PART A**

Information on two physical activity variables (STRENEX5 and MODEREX5) are only available for the AIN/PAT participants.

C20. Considering a usual 7-day period (a week) in the past year, how many times on the average did you do the following kinds of exercise or other physical activity for more than 15 minutes, not counting activity you do at work? (WRITE ON EACH LINE THE APPROPRIATE NUMBER)

- | | <i>TIMES PER
WEEK</i> |
|--|----------------------------------|
| a. STRENUOUS EXERCISE/PHYSICAL ACTIVITY
(HEART RATE AND BREATHING INCREASE A LOT)
(i.e., running, jogging, soccer, singles tennis, basketball, cross country
skiing, judo, roller skating/blading, vigorous swimming, vigorous long
distance bicycling, vigorous aerobic dance) <u>STRENEX5</u> | _____ |
| b. MODERATE EXERCISE/PHYSICAL ACTIVITY
(HEART RATE AND BREATHING INCREASE SOMEWHAT)
(i.e., fast walking, doubles tennis, easy bicycling, volleyball,
badminton, easy swimming, alpine skiing popular and folk dancing,
low impact aerobics, weight lifting/training) <u>MODEREX5</u> | _____ |

Study of Women's Health Across the Nation
SELF-ADMINISTERED QUESTIONNAIRE PART B
ANNUAL FOLLOW-UP

SECTION A. GENERAL INFORMATION

- A1. RESPONDENT ID: AFFIX ID LABEL HERE **SWANID**
- A2. SWAN STUDY VISIT # _____ **#VISIT**
- A3. FORM VERSION: 02/15/2001 **#FORM_V**
- A4. DATE FORM COMPLETED:

 /

 /

 SABDAY5[†]
- M M D D Y Y Y Y
- A5. INTERVIEWER'S INITIALS: _ _ _ **#INITS**
- A6. RESPONDENT'S DOB:

 /

 /

 #DOB
- M M D D Y Y Y Y
- VERIFY WITH RESPONDENT**

-
- A7. COMPLETED IN: **#LOCATIO5**
- 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: **LANGSAB5**
- ENGLISH 1
 SPANISH 2
 CANTONESE 3
 JAPANESE 4
- A9. INTERVIEWER-ADMINISTERED? **#ADMIN5**
- NO 1
 YES 2



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

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

B1. During the past 6 months, how often have you felt a desire to engage in any form of sexual activity, either alone or with a partner? (CIRCLE ONE NUMBER) **DESIRSE5**

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

B2. During the past 6 months, have you engaged in sexual activities with a partner? (CIRCLE ONE NUMBER) **ENGAGSE5**

No..... 1 (GO TO B2.a) 
 Yes 2 (GO TO B3) 

B2.a People do not engage in sexual activities with partners for many reasons. Please circle 1 (NO) or 2 (YES) for each reason listed below. Please answer all four questions.

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

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

NOPARTN5

PARTPRO5

PHYSPRO5

NOSEXOT5

#NOSEXSP5

PLEASE TURN TO PAGE 5, AND ANSWER QUESTION B11.

B3. In the past 6 months, how emotionally satisfying was your relationship with your partner?

SATISFY5

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

B4. During the past 6 months, how often, on average, have you engaged in each of the following sexual activities? (CIRCLE ONE ANSWER FOR EACH QUESTION. IF AN ACTIVITY DOES NOT APPLY TO YOU, CIRCLE 1 [NOT AT ALL].)

	Not At All	Once or Twice/Month	About Once/Week	More Than Once/Week	Daily
a) Kissing or hugging? <u>KISSING5</u>	1	2	3	4	5
b) Sexual touching or caressing? <u>TOUCHIN5</u>	1	2	3	4	5
c) Oral sex? <u>ORALSEX5</u>	1	2	3	4	5
d) Sexual intercourse? <u>INTCOUR5</u>	1	2	3	4	5

Please answer the following questions, B5 – B8, about sexual activity with your partner(s).

B5. During the last 6 months, how often did you feel aroused during sexual activity? AROUSED5

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

B6. During the past 6 months, have you felt vaginal or pelvic pain during intercourse? PELVIC5

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

B7. During the last 6 months, how often have you used lubricants, such as creams or jellies, to make sex more comfortable? LUBRICN5

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

B8. During the past six months, how often were you able to reach climax (come)? ABLECLM5

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

Please answer the following questions, B9 – B10, about sexual activity with your partner(s).

B9. During the past six months, how often did you feel satisfied after sexual activity? **SATISFD5**

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

B10. During the past six months, how often were you satisfied with the frequency of sexual activity? **FREQUEN5**

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

B11. On average, in the last 6 months, how often have you engaged in masturbation (self-stimulation)? **MASTURB5**

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

We have one final question. We are asking this question to gather information about the risk of acquiring HIV/AIDS and other sexually transmitted diseases. We understand that this question is very personal. There are many women in this study with a wide range of experiences. Please answer only if you have had sex with men in the last six months. Your answers are important in this research study and will be kept confidential.

B12. Over the past 6 months, how many men have you had intercourse with? **MEN6MOS5**

Zero	1
One	2
Two.....	3
Three.....	4
Four - ten	5
More than 10.....	6

Thank you for helping us with this important research study.

Please place the completed questionnaire in the envelope provided, seal it, and give it to the study personnel.

Study of Women's Health Across the Nation

PHYSICAL MEASURES

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID:	AFFIX ID LABEL HERE <div></div>	<u>SWANID</u>
A2. SWAN STUDY VISIT #	___ ___	<u>#VISIT</u>
A3. READING:	PRIMARY DATA COLLECTION.....1 QC DATA COLLECTION.....2	<u>#DATACOL1</u> <u>#FORM_V</u>
A4. FORM VERSION:	<div><div>0</div><div>M</div></div> <div><div>2</div><div>M</div></div> <div>/</div> <div><div>0</div><div>D</div></div> <div><div>1</div><div>D</div></div> <div>/</div> <div><div>1</div><div>Y</div></div> <div><div>9</div><div>Y</div></div> <div><div>9</div><div>Y</div></div> <div><div>7</div><div>Y</div></div>	<u>PHYDAY5[†]</u>
A5. DATE FORM COMPLETED:	<div><div>___</div><div>M</div></div> <div><div>___</div><div>M</div></div> <div>/</div> <div><div>___</div><div>D</div></div> <div><div>___</div><div>D</div></div> <div>/</div> <div><div>___</div><div>Y</div></div> <div><div>___</div><div>Y</div></div> <div><div>___</div><div>Y</div></div> <div><div>___</div><div>Y</div></div>	
A6. RESPONDENT'S DOB:	<div><div>___</div><div>M</div></div> <div><div>___</div><div>M</div></div> <div>/</div> <div><div>___</div><div>D</div></div> <div><div>___</div><div>D</div></div> <div>/</div> <div><div>___</div><div>Y</div></div> <div><div>___</div><div>Y</div></div>	<u>#DOB</u>
VERIFY WITH RESPONDENT		
A7. MEASUREMENTS COMPLETED IN:	RESPONDENT'S HOME.....1 CLINIC/OFFICE.....2	<u>#LOCATIO5</u>
A8. TECHNICIAN'S INITIALS		
a. BLOOD PRESSURE	___ ___ ___	<u>#INITSA5</u>
b. HEIGHT/WEIGHT	___ ___ ___	<u>#INITSB5</u>
c. WAIST/HIP	___ ___ ___	<u>#INITSC5</u>

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

Variable Excluded from Public Use Data File

Follow-up Visit 05 Physical Measures

Section B. Measurements

B.1. ARM LENGTH

cm #ARMLNGT5

B.2. ARM CIRCUMFERENCE

cm #ARMCIRC5

B.3. CUFF SIZE USED (Circle one.)
#CUFFSIZ5

1. Pediatric
2. Adult

3. Large Adult
4. Thigh

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

WAIT 2 MINUTES BETWEEN EACH BLOOD PRESSURE READING.

B.4. PULSE

beats/30 sec PULSE5

B.5. BLOOD PRESSURE #1 (SYS./DIA. 5th Phase)
SYSBP15 / DIABP15

 /

mmHg

B.6. BLOOD PRESSURE #2 (SYS./DIA. 5th Phase)
SYSBP25 / DIABP25

 /

mmHg

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

B.7. HEIGHT

HEIGHT5

 .

cm

B.7.1. Measurement Method

HTMETHO5

1. Stadiometer

2. Portable

B.8. WEIGHT

WEIGHT5

 .

kg

B.8.1. Scales

SCALE5

1. Balance Beam
3. Portable

2. Clinic Digital

B.9. WAIST CIRCUMFERENCE

WAIST5

 .

cm

B.9.1. Measurement taken in:

WASTMEAS5

1. Undergarments

2. Light clothing

B.10. HIP CIRCUMFERENCE

HIP5

 .

cm

B.10.1. Measurement taken in:

HIPMEAS5

1. Undergarments

2. Light clothing

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

#DEVIAT15 / #DEVIAT25

ADDITIONAL PHYSICAL MEASURES

One additional measure, BMI5, has been made available:

<i>Variable</i>	<i>Meaning</i>	<i>Values</i>
<u>BMI5</u>	Body Mass Index	numeric

BMI5 is calculated as weight in kilograms divided by the square of height in meters.

FOOD FREQUENCY QUESTIONNAIRE

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

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

- Too few or too many solid foods/day (n=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							
0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

Ethnic group

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

SEX

- ☐ Male
☐ Female

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

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

- ☐ English
☐ Something else
☐ Both equally

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

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

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

IF ONCE PER WEEK OR MORE

What kinds of fat or oil do you usually use to fry or stir-fry, or to simmer or season your food?
(Mark only one or two.)

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

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

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

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

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

How often do you add salt to your food at the table?

- ☐ Seldom ☐ Sometimes ☐ Often

How often do you eat the skin on chicken?

- ☐ Seldom ☐ Sometimes ☐ Often ☐ N/A

How often do you eat the fat on meat?

- ☐ Seldom ☐ Sometimes ☐ Often ☐ N/A

How do you like your meat cooked?

- ☐ Rare ☐ Medium ☐ Well done ☐ N/A

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

- ☐ No, not regularly ☐ Yes, fairly regularly

(IF YES) WHAT DO YOU TAKE FAIRLY REGULARLY?

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

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

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

IF YOU TAKE VITAMIN C OR VITAMIN E:

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

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

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

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

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

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

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

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

TYPE OF FOOD	HOW OFTEN								HOW MUCH EACH TIME					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		
Please tell me how often you eat each of these foods.														
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Apples, applesauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prunes, or prune juice	<input type="checkbox"/>	<input type="checkbox"/> 1/MO.	<input type="checkbox"/>	<input type="checkbox"/> 1/WK.	<input type="checkbox"/>	<input type="checkbox"/> 3-4/WK.	<input type="checkbox"/>	<input type="checkbox"/> EV/DA.	1/2 cup	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	
Peaches, apricots, canned or dried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium or 1/2 cup	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	
Peaches, apricots, fresh, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	
Oranges or grapefruit, in season, not including juice	<input type="checkbox"/>	<input type="checkbox"/> 1/MO.	<input type="checkbox"/>	<input type="checkbox"/> 1/WK.	<input type="checkbox"/>	<input type="checkbox"/> 3-4/WK.	<input type="checkbox"/>	<input type="checkbox"/> EV/DA.	1 medium	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	
Cantaloupe, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/4 medium	<input type="checkbox"/> 1/8	<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/>	
Mangoes or papayas, fresh, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 medium	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	
Watermelon, in season	<input type="checkbox"/>	<input type="checkbox"/> 1/MO.	<input type="checkbox"/>	<input type="checkbox"/> 1/WK.	<input type="checkbox"/>	<input type="checkbox"/> 3-4/WK.	<input type="checkbox"/>	<input type="checkbox"/> EV/DA.	1 slice	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	
Strawberries, other berries, in season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	
	<1/MO.	1/MO.	2-3/MO.	1/WK.	2/WK.	3-4/WK.	5-6/WK.	EV/DA.						
Fiber cereals like raisin bran, granola or shredded wheat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium bowl	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	
Other cold cereals like corn flakes or cheerios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 medium bowl	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	
Cooked cereal like oatmeal, oat bran or grits	<input type="checkbox"/>	<input type="checkbox"/> 1/MO.	<input type="checkbox"/>	<input type="checkbox"/> 1/WK.	<input type="checkbox"/>	<input type="checkbox"/> 3-4/WK.	<input type="checkbox"/>	<input type="checkbox"/> EV/DA.	1 medium bowl	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	
Milk on cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breakfast bars, granola bars, power bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 serving	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	
Instant breakfast milkshakes like Carnation, diet shakes like Sego, or liquid supplements like Ensure	<input type="checkbox"/>	<input type="checkbox"/> 1/MO.	<input type="checkbox"/>	<input type="checkbox"/> 1/WK.	<input type="checkbox"/>	<input type="checkbox"/> 3-4/WK.	<input type="checkbox"/>	<input type="checkbox"/> EV/DA.	1 serving	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	
Pancakes or waffles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 med.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 egg=sml. 2 eggs=med.	<input type="checkbox"/> egg	<input type="checkbox"/> eggs	<input type="checkbox"/> eggs	<input type="checkbox"/>	
Egg substitutes, Egg Beaters	<input type="checkbox"/>	<input type="checkbox"/> 1/MO.	<input type="checkbox"/>	<input type="checkbox"/> 1/WK.	<input type="checkbox"/>	<input type="checkbox"/> 3-4/WK.	<input type="checkbox"/>	<input type="checkbox"/> EV/DA.	2 eggs	<input type="checkbox"/> egg	<input type="checkbox"/> eggs	<input type="checkbox"/> eggs	<input type="checkbox"/>	
Sausage or bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 patties or pieces	<input type="checkbox"/> piece	<input type="checkbox"/> pieces	<input type="checkbox"/> pieces	<input type="checkbox"/>	
Cottage cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 cup	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	
Other cheeses and cheese spreads (regular or lowfat)	<input type="checkbox"/>	<input type="checkbox"/> 1/MO.	<input type="checkbox"/>	<input type="checkbox"/> 1/WK.	<input type="checkbox"/>	<input type="checkbox"/> 3-4/WK.	<input type="checkbox"/>	<input type="checkbox"/> EV/DA.	2 slices or 2 ounces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	
Yogurt, frozen yogurt (regular or lowfat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 oz. container	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/>	

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

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

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

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

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 " <u>soup</u> bowl"; portion size would be asked as "how much of a soup bowl, 1/2, 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, 1/2, 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 <u>soup bowls</u> . Ask "How many <u>soup</u> 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

<i>Variable</i>	<i>Meaning</i>	<i>Units/Codes</i>
<u>LANGFFQ5</u>	FFQ Language	E = English C = Chinese J = Japanese S = Spanish
<u>LANGSPK5</u>	Lang used at home	1 = English 2 = Other 3 = Both
<u>WLOSSDT5</u>	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
<u>GLOBVEG5</u>	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
<u>GLOBFRT5</u>	Global fruit servings, excl juices	Same as above
<u>GLOB CER5</u>	Global cereal servings	Same as above
<u>GLOBMLK5</u>	Global milk servings by glass	Same as above
<u>OJCALC5</u>	How often drink OJ w/Calcium	1 = Usually 2 = Sometimes 3 = Rarely
<u>LEATCHS5</u>	How often eat lowfat cheese	1 = Always low-fat 2 = Sometimes low-fat 3 = Rarely low-fat
<u>LEATICE5</u>	How often eat lowfat ice cream/yogurt	Same as above
<u>LEATSAL5</u>	How often eat lowfat salad dressing	Same as above
<u>LEATCAK5</u>	How often eat lowfat cake/cookies	Same as above
<u>EATSALT5</u>	How often add table salt	1 = Seldom 2 = Sometimes 3 = Often
<u>EATSKIN5</u>	How often eat chicken skin	Same as above
<u>EATFATM5</u>	How often eat meat fat	Same as above
<u>WELLDNE5</u>	How do you like your meat cooked	1 = Rare 2 = Medium 3 = Well done
<u>TAKEVIT5</u>	Take vitamins/minerals regularly	1 = No, not reg 2 = Yes, fairly reg
<u>YRSONEA5</u>	How many yrs taken multiple vitamin	1 = < yr 2 = 1 yr 3 = 2 yrs 4 = 3-4 yrs

		5 = 5-9 yrs 6 = 10+ yrs
<u>YRSAO5</u>	How many yrs taken antioxidant	Same as above
<u>YRSVITA5</u>	How many yrs taken vitamin A	Same as above
<u>YRSBETA5</u>	How many yrs taken beta-carotene	Same as above
<u>YRSVITC5</u>	How many yrs taken vitamin C	Same as above
<u>YRSVITE5</u>	How many yrs taken vitamin E	Same as above
<u>YRSCA5</u>	How many yrs taken calcium/Tums	Same as above
<u>YRSIRON5</u>	How many yrs taken iron	Same as above
<u>YRSZINC5</u>	How many yrs taken zinc	Same as above
<u>YRSSELE5</u>	How many yrs taken selenium	Same as above
SUPPLEMENTS		
<u>SUPVITA5</u>	Supplement Vitamin A, retinol equivalents(RE)	RE
<u>SUPVITC5</u>	Supplement Vitamin C, mg	mg
<u>SUPVITD5</u>	Supplement Vitamin D, international units (IU)	IU
<u>SUPVITE5</u>	Supplement Vitamin E, a-TE	a-TE
<u>SUPCA5</u>	Supplement Calcium, mg	mg
<u>SUPBCAR5</u>	Supplement BetaCarotene, mcg	mcg
<u>SUPB15</u>	Supplement B1, mg	mg
<u>SUPB65</u>	Supplement B6, mg	mg
<u>SUPB125</u>	Supplement B12, mcg	mcg
<u>SUPFOL5</u>	Supplement Folate, mcg	mcg
<u>SUPCU5</u>	Supplement Copper, mg	mg
<u>SUPSELE5</u>	Supplement Selenium, mcg	mcg
<u>SUPFE5</u>	Supplement Iron, mg	mg
<u>SUPZINC5</u>	Supplement Zinc, mg	mg
DAILY DIETARY ESTIMATE (DDE)		
<u>DTTKCAL5</u>	DDE KCAL - total caloric intake	
<u>DTTPROT5</u>	DDE Protein, gms	g
<u>DTTCARB5</u>	DDE Carb, gms	g
<u>DTTFAT5</u>	DDE Fat, gms	g
<u>DTTCALC5</u>	DDE Calcium, mg	mg
<u>DTTPHOS5</u>	DDE Phos, mg	mg
<u>DTTFE5</u>	DDE Iron, mg	mg
<u>DTTNA5</u>	DDE Sodium, mg	mg
<u>DTTPOTA5</u>	DDE Potassium, mg	mg
<u>DTTAIU5</u>	DDE A IU, international units	IU
<u>DTTARE5</u>	DDE retinol equivalents	RE
<u>DTTB15</u>	DDE B1, mg	mg
<u>DTTB65</u>	DDE B6, mg	mg
<u>DTTRIBO5</u>	DDE Riboflavin, mg	mg
<u>DTTNIAC5</u>	DDE Niacin, mg	mg
<u>DTTVITC5</u>	DDE Vitamin C, mg	mg
<u>DTTSFAT5</u>	DDE Saturated Fat, gms	g
<u>DTTOLEC5</u>	DDE Oleic Acid, gms	g
<u>DTTLIN5</u>	DDE Linoleic Acid, gms	g
<u>DTTCHOL5</u>	DDE Cholesterol, mg	mg
<u>DTTDFIB5</u>	DDE Dietary Fiber, gms	g
<u>DTTFOL5</u>	DDE Folate, mcg	mcg
<u>DTTDFE5</u>	DDE Folate DFE, mcg_DFE	mcg_DFE
<u>DTTVITE5</u>	DDE Vitamin E, a-TE	a-TE
<u>DTTZINC5</u>	DDE Zinc, mg	mg
<u>DTTANZN5</u>	DDE Animal Zinc, mg	mg

Variable Excluded from Public Use Data File

Follow-up Visit 05 Food Frequency Questionnaire

DTTMG5	DDE Magnesium, mg	mg
DTTACAR5	DDE Alpha Carotene, mcg	mcg
DTTBCAR5	DDE Beta Carotene, mcg	mcg
DTTRET5	DDE Retinol, mcg	mcg
DTTPROA5	DDE Pro-A Carotenes, mcg	mcg
FIBBEAN5	DDE Fiber from Beans	
FIBVEGF5	DDE Fiber from Veg/Fruit	
FIBGRAI5	DDE Fiber from Grains	
DTTALCH5	DDE KCAL from Alcoholic Bev	kcal
DTTSWET5	DDE KCAL from Sweets	kcal
GMSOLID5	DDE Grams Solid Food	g
DTTCAFF5	Caffeine, mg	mg
DTTVITD5	Vitamin D, IU	IU
DTTB125	Vitamin B12, mcg	mcg
DTTTRAN5	Trans fats, g	g
DTTOMEG5	Omega-3 fatty acids, g	g
DTTCOPP5	Copper, mg	mg
DTTMANG5	Manganese, mg	mg
DTTPANT5	Pantothenic acid, mg	mg
DAILY DIETARY ESTIMATE BEFORE ALCOHOL		
BATKCAL5	DDE KCAL before alcohol total	kcal
BATPROT5	DDE Protein before alcohol, gms	g
BATTFAT5	DDE Total Fat before alcohol, gms	g
BATCARB5	DDE Carb before alcohol total, gms	g
BATPHOS5	DDE Phosphorus before alcohol, mg	mg
BATPOTS5	DDE Potassium before alcohol, mg	mg
BATRIBO5	DDE Riboflavin before alcohol, mg	mg
BATNIAC5	DDE Niacin before alcohol total, mg	mg
PERCENTAGE KCAL		
PCTALCH5	% KCAL from Alcoholic Bevs	%
PCTSWET5	% KCAL from Sweets	%
PCTFAT5	% KCAL from Fat	%
PCTPROT5	% KCAL from Protein	%
PCTCARB5	% KCAL from Carb	%
NUMBER OF SERVINGS AND DAILY FREQUENCY		
FRUTSRV5	# servings fruit or fruit juice	
FVFRQ5	Sum daily freq Fruit + Veg	
VEGSRV5	# servings Veg	
VEGFRQ5	Sum daily freq Veg	
GRANSRV5	# servings Grains	
GRANFRQ5	Sum daily freq Grains	
MEATSRV5	# servings Meat	
MEATFRQ5	Sum daily freq meat	
DARYSRV5	# servings Dairy	
DARYFRQ5	Sum daily freq Dairy	
FVSRV5	# servings Fruit + Veg	
FATSRV5	Servings of fats/sweets/snacks	
ALCHSRV5	# servings of Alcoholic Beverages	
WEEKLY AND MONTHLY VARIABILITY		
FRUTWK5	Wkly variability Fruit	
FRUTMON5	Monthly variability Fruit	
FATWK5	Wkly variability Fat/Sweet	

FATMON5	Monthly variability Fat/Sweet	
ALCHWK5	Wkly variability Alcohol	
ALCHMON5	Monthly variability Alcohol	
VEGWK5	Wkly variability Veg	
VEGMON5	Monthly variability Veg	
GRANWK5	Wkly variability Grains	
GRANMON5	Monthly variability Grains	
MEATWK5	Wkly variability Meat	
MEATMON5	Monthly variability Meat	
DARYWK5	Wkly variability Dairy	
DARYMON5	Monthly variability Dairy	
FVWK5	Wkly variability Fruit+Veg	
FVMON5	Monthly variability Fruit+Veg	
DIET PLUS SUPPLEMENT		
ALLIRON5	Diet + Suppl Iron, mg	mg
ALLZINC5	Diet + Suppl Zinc, mg	mg
ALLFOL5	Diet + Suppl Folic acid, mcg	mcg
ALLVITC5	Diet + Suppl Vitamin C, mg	mg
ALLCALC5	Diet + Suppl Calcium, mg	mg
ALLARE5	Diet + Suppl Vitamin A, RE	RE
ALLBCAR5	Diet + Suppl BetaCarotene, mcg	mcg
ALLB15	Diet + Suppl Vitamin B1, mg	mg
ALLB25	Diet[Ribo] + Suppl[B1 (B1=B2)], mg	mg
ALLB65	Diet + Suppl Vitamin B6, mg	mg
ALLVITE5	Diet + Suppl Vitamin E, a-TE	a-TE
ALLB125	Diet + Suppl Vitamin B12, mcg	Mcg
ALLVITD5	Diet + Suppl Vitamin D, IU	IU
"ETHNIC FOODS PAGES" VARIABLES		
EFP5	EFP Food Page Administered	1 = Yes
EFPKCAL5	EFP DDE KCAL- total caloric intake	
EFPPROT5	EFP DDE Protein, gms	g
EFPFAT5	EFP DDE Fat, gms	g
EFPCARB5	EFP DDE Carb, gms	g
EFPCALC5	EFP DDE Calcium, mg	mg
EFPPHOS5	EFP DDE Phos, mg	mg
EFPFE5	EFP DDE Iron, mg	mg
EFPNA5	EFP DDE Sodium, mg	mg
EFPOTA5	EFP DDE Potassium, mg	mg
EFPVITC5	EFP DDE Vitamin C, mg	mg
EFPARE5	EFP Daily dietary estimate, A_RE	RE
EFPB15	EFP Daily dietary estimate B1, mg	mg
EFPRIBO5	EFP DDE Riboflavin, mg	mg
EFPNIAC5	EFP DDE Niacin, mg	mg
EFPVITC5	EFP DDE Vitamin C, mg	mg
EFPFAT5	EFP DDE Saturated Fat, gms	g
EFPOLC5	EFP DDE Oleic Acid, gms	g
EFPPLIN5	EFP DDE Linoleic Acid, gms	g
EFPCHOL5	EFP DDE Cholesterol, mg	mg
EFPDFIB5	EFP DDE Dietary Fiber, gms	g
EFPFOL5	EFP DDE Folate, mcg	mcg
EFPVITE5	EFP DDE Vitamin E, a-TE	a-TE
EFPZINC5	EFP DDE Zinc, mg	mg

<u>EFPANZN5</u>	EFP DDE Animal Zinc, mg	mg
<u>EFPB65</u>	EFP Daily dietary estimate B6, mg	mg
<u>EFPMG5</u>	EFP DDE Magnesium, mg	mg
<u>EFPACAR5</u>	EFP DDE AlphaCarotene, mcg	mcg
<u>EFPBCAR5</u>	EFP DDE BetaCarotene, mcg	mcg
<u>EFP CRYP5</u>	EFP DDE Cryptoxanthin, mcg	mcg
<u>EFLUT5</u>	EFP DDE Lutein, mcg	mcg
<u>EFLYC5</u>	EFP DDE Lycopene, mcg	mcg
<u>EFPRET5</u>	EFP DDE Retinol, mcg	mcg
<u>EFP PROA5</u>	EFP DDE Pro-A Carotenes, mcg	mcg
<u>EFPGENI5</u>	EFP DDE Genistein, mcg	mcg
<u>EFPDAID5</u>	EFP DDE Daidzein, mcg	mcg
<u>EFP COUM5</u>	EFP DDE Coumestrol, mcg	mcg
<u>EFP CAFF5</u>	EFP DDE Caffeine, mg	mg
<u>EFPVITD5</u>	EFP DDE Vitamin D, IU	IU
<u>EFPB125</u>	EFP Daily dietary estimate B12, mcg	mcg
<u>EFPTRAN5</u>	EFP DDE Trans Fatty Acid, gms	g
<u>EFPISO5</u>	EFP DDE Isoflavones, mg	mg
<u>EFPQUER5</u>	EFP DDE Quercetin, mg	mg
<u>EFPOMEG5</u>	EFP DDE Omega-3 FA, gms	g
<u>EFP COPP5</u>	EFP DDE Copper, mg	mg
<u>EFPMANG5</u>	EFP DDE Manganese, mg	mg
<u>EFP PANT5</u>	EFP DDE Pantothenic Acid, mg	mg
<u>EFPDFE5</u>	EFP DDE Folate DFE, mcg_DFE	mcg
<u>EFPBEAN5</u>	EFP DDE Fiber from Beans	
<u>EFPFIBV5</u>	EFP DDE Fiber from Veg/Fruit	
<u>EFPGRAI5</u>	EFP DDE Fiber from Grains	
<u>EFPFRTS5</u>	EFP N servings fruit or fruit juice	
<u>EFPFATS5</u>	EFP Servings of fats/sweets/snacks	
<u>EFPVEGS5</u>	EFP N servings Veg	
<u>EFPVEGF5</u>	EFP Sum daily freq Veg	
<u>EFPGRNS5</u>	EFP N servings Grains	
<u>EFPGRNF5</u>	EFP Sum daily freq Grains	
<u>EFPMTSV5</u>	EFP N servings Meat	
<u>EFPMTFQ5</u>	EFP Sum daily freq Meat	
<u>EFPDARS5</u>	EFP N servings Dairy	
<u>EFPDARF5</u>	EFP Sum daily freq Dairy	
<u>EFPFVS5</u>	EFP N servings Fruit + Veg	
<u>EFPFVFQ5</u>	EFP Sum daily freq Fruit + Veg	
ADDITIONAL VARIABLES		
<u>EATMEAT5</u>	Eat meat/fish/poultry	2 = Yes
<u>ADD1XWK5</u>	Additional foods eaten 1x wk	1 = No 2 = Yes
<u>NUMADD5</u>	# of Additional Foods	numeric
<u>NSKIP5</u>	# foods missing or double-marked	
<u>EXCLUDE5</u>	Too many/few foods/calories or > 10 skipped	1 = Yes

ADDITIONAL MEASURES COLLECTED

The following measures that were collected at Visit 05 have been included in the codebook:

SERUM HORMONE MEASURES

1. Variables for assays

<i>Variable</i>	<i>Assay</i>	<i>Units</i>
<u>DHAS5</u>	Dehydroepiandrosterone sulfate	ug/dL
<u>E2AVE5*</u>	Estradiol (see important note below)	pg/mL
<u>FSH5</u>	Follicle-stimulating hormone	mIU/mL
<u>SHBG5</u>	Sex hormone-binding globulin	nM
<u>T5</u>	Testosterone	ng/dL

*** IMPORTANT NOTE:** There were originally two estradiol result variables because estradiol was run in duplicate. E2AVE5 is the within-person arithmetic average of the two estradiol variables.

2. Flags and other variables

<i>Variable</i>	<i>Meaning</i>	<i>Codes</i>
<u>CYCDAYS5</u>	Day of cycle	n/a
<u>FLGCV5</u>	Both Estradiol results are > 20 pg/mL and the within-subject coefficient of variation (CV) is > 15%.	0=no, 1=yes
<u>FLGDIF5</u>	<p>One or both Estradiol results ≤ 20 pg/mL and the difference between them is > 10 pg/mL.</p> <p>Note: Differences were found between some of the Estradiol duplicate measurements. The following guidelines were decided upon:</p> <ol style="list-style-type: none"> 1. If both E2 values > 20 pg/ml, CV must be ≤ 15%. 2. If one or both E2 ≤ 20 pg/ml, the two E2 results must agree within 10 pg/ml. <p>DATA WITH THESE FLAGS SHOULD BE OMITTED FROM DATA ANALYSES, OR USED WITH CAUTION IF INCLUDED IN ANALYSES.</p>	

*1=yes means flagged

3. Changes to the data:

- Lower limit of detection (LLD). Hormone results below the LLD were recoded to a value of '.L'.
- LLDs changed over time. The following LLDs were provided by the lab:

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

CARDIOVASCULAR MEASURES

1. Variables for assays

<i>Variable</i>	<i>Assay</i>	<i>Units</i>
CHOLRESS	Total cholesterol	mg/dl
TRIGRESS	Triglycerides	mg/dl
LDLRESU5	Low-density lipoprotein cholesterol (estimated)	mg/dl
HDLRESU5	High density lipoprotein cholesterol	mg/dl
GLUCRESS	Glucose	mg/dl
INSURES5	Insulin	uIU/ml
FACRESU5	Factor VII	%
FIBRESU5	Fibrinogen	mg/dl
PAIRESU5	PAI-1	ng/ml
TPARESU5	tPA	ng/ml
LPARESU5	Lipoprotein Lp(a)	mg/dl
LPAIRES5	Lipoprotein A-1	mg/dl
APOARES5	Apolipoprotein A-1	mg/dl
APOBRES5	Apolipoprotein B	mg/dl
CRPRESU5	C-reactive protein	mg/l

2. Flags and other variables

Variable	Meaning	Codes
<u>FLAGSER5</u>	Flag to indicate that lipids were measured on serum rather than plasma because plasma was not available. Lipids for these subjects were <u>not</u> set to missing.	0=no, 1=yes
<u>FLGCVRV5</u>	Flag to indicate the sample was collected after the cut-off date for Visit 1 (02/15/2003)	0=no, 1=yes

*1=yes means flagged

3. Changes to the data:

- Non-fasting Triglycerides, Insulin, & Glucose - If women were not fasting, triglycerides, insulin and glucose were set to missing in the frozen data set because these assays are not valid for non-fasting samples.
- Estimated vs. Direct LDL. LDL is estimated using the Friedewald equation for all women with triglycerides below 400 mg/dl. If triglycerides exceed 400 mg/dl, LDL is set to missing.
- Serum lipids. A few subjects had their lipids measured from serum rather than plasma. The results were left as is but subjects were flagged (FLAGSER1=1).

BONE MINERAL DENSITY MEASURES

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

Variable	Meaning	Codes
<u>SPSCDAY5</u>	Spine Scan Day	
<u>SPSCTIM5</u>	Spine Scan Time	
<u>SPSCMOD5</u>	Spine Scan Mode	5 = 2000 machine 11=4500 machine
<u>HPSCDAY5</u>	Hip Scan Day	
<u>HPSCTIM5</u>	Hip Scan Time	
<u>HPSCMOD5</u>	Hip Scan Mode	5 = 2000 machine 11=4500 machine
<u>SPBMDT5</u>	Total Spine BMD w/cross-calibration applied	
<u>HPBMDT5</u>	Total Hip BMD w/cross-calibration applied	

MENOPAUSAL STATUS MEASURES

Variable	Meaning	Codes
STATUS5	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

STATUS5 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 - women who had bleeding in the last three months but who said their menstrual periods had become farther apart, closer together, more variable, or more regular

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

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

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

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

LMPDAY5 is the number of days from baseline (Day 0) to the date of the last menstrual period at Visit 05. 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