

Form 145 - OS Follow-Up Questionnaire (Observational Study - Year 5)

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Darken the oval completely next to the answer you choose.
- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.



CORRECT MARK

 $\bigcirc \bullet \bigcirc \bigcirc$

• For questions where you write in a number, write the number in the box provided. Then mark the corresponding oval to the right. $_{100\ 200\ 300\ 400\ 500\ 600\ 700}$

Example: If your weight is 159:

•000000

10 20 30 40 50 60 70 80 90

[1|5|9_]

1 2 3 4 5 6 7 8 9

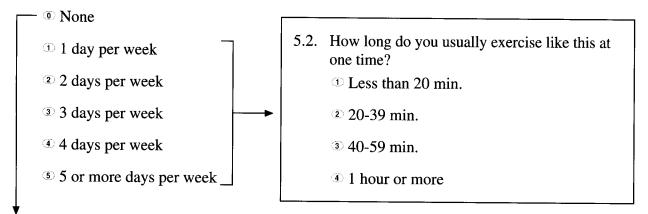
Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Office, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730, ATTN: PRA (0925-0414). Do not return the completed form to this address.

OFFICE USE ONLY	1. Date Received:	
S	Month Day Year	M 1 2 3 4 5 6 7 8 9 10 11 12 D 10 20 30 1 2 3 4 5 6 7 8 9 Y 94 95 96 97 98 99 00 01 02 03 04 05 06 07
BAR CODE HERE	2. Reviewed By:	10 20 30 40 50 60 70 80 90 1 2 3 4 5 6 7 8 9 4. Visit Type: 2 Semi-Annual 1 2 3 4 5 6 7 8 9 3 Annual 1 2 3 4 5 6 7 8 9 4 Non Routine
BAR OF	5. Form Administration: ① Self ② Group ③ Inte	6. Language: erview

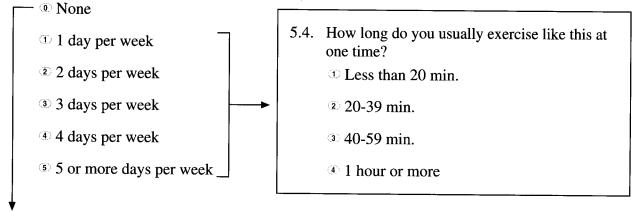
This questionnaire asks you about factors that may affect your health. These include weight changes, physical activity and exercise, smoking habits, your use of computers, recent emotions, religious practices, use of alternative medical treatments, dental health, use of female hormones, and recent medical conditions.

The f	following questions are about your v	weight.		100 200 300 400 500 600 700
1.	What is your current weight?		poun	10 20 30 40 50 60 70 80 9
	 +			1 2 3 4 5 6 7 8
				100 200 300 400 500 600 700
2.	In the past year, what was your high	nest weight?	poun	10 20 30 40 50 60 70 80 9
				1 2 3 4 5 6 7 8
				100 200 300 400 500 600 700
3.	In the past year, what was your lowe	est weight?	poun	10 20 30 40 50 60 70 80 9
		0		1 2 3 4 5 6 7 8
4.	Think about the walking you do out more than 10 minutes without stopp O Rarely or never O 1-3 times each month O 1 time each week O 2-3 times each week O 4-6 times each week O 7 or more times each week			wark outside the home <u>for</u>
	4.1. When you walk outside the many minutes do you usus		ore than 10 minutes	without stopping, for how
		20-39	40-59	1 hour
	20 min. ①	min. ②	min.	or more
	4.2. What is your usual speed?	?		
	 Casual strolling or wall Average or normal (2-3) Fairly fast (3-4 miles at 5) Very fast (more than 4) Don't know 	3 miles an hou n hour)	ur)	

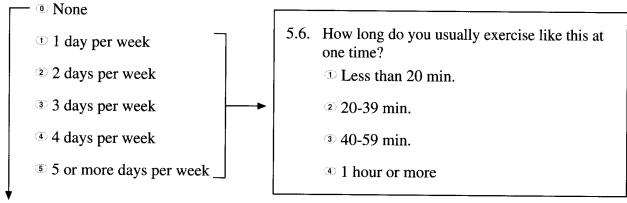
- 5. Not including walking outside the home, <u>how often each week</u> (7 days) do you usually do the exercises below?
 - 5.1. STRENUOUS OR VERY HARD EXERCISE (You work up a sweat and your heart beats fast). For example, aerobics, aerobic dancing, jogging, tennis, swimming laps.



5.3. MODERATE EXERCISE (Not exhausting.) For example, biking outdoors, use of an exercise machine (like a stationary bike or treadmill), calisthenics, easy swimming, popular and folk dancing.



5.5. MILD EXERCISE. For example, slow dancing, bowling, golf.



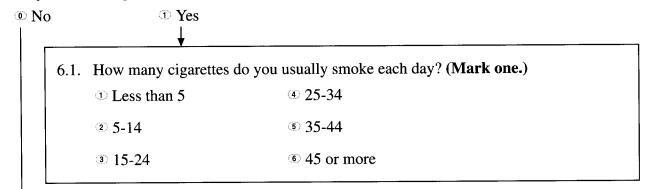
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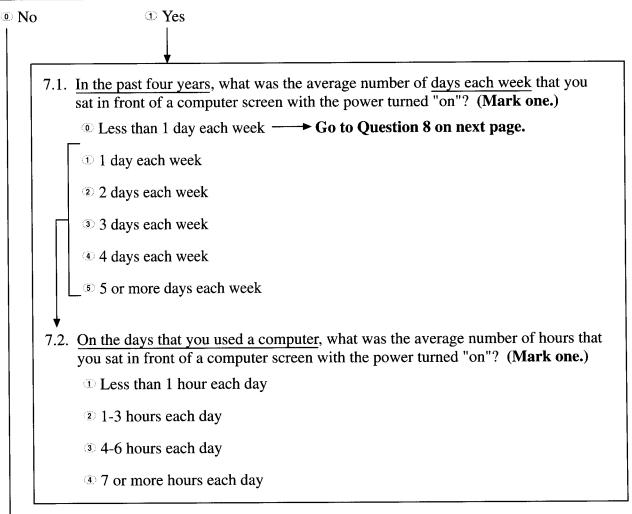
The following questions are about smoking.

6. Do you smoke cigarettes now?



The following questions ask about time spent working at a computer screen.

7. <u>In the past four years</u>, did you <u>ever</u> sit in front of a computer screen within three feet <u>with the power turned "on"</u> (for example, when writing letters)?



The following questions are about emotions you may have been feeling. Please mark one box for each statement.

8. How true have the following been for you in this past week (7 days)?

	Not at all	A little bit	Some-what	Quite a bit	Very much
8.1 I feel peaceful.	(0)	O	(2)	3	•
8.2 I have a reason for living.	(①	(2)	3)	4)
8.3 I feel a sense of purpose in my life.	0	Œ	2	3	④
8.4 I am able to reach down deep into myself for comfor	t.	①	(2)	3	4)
8.5 I feel a sense of harmony within myself.	0	Œ	2	3)	(3)
8.6 I find comfort in my faith.	0	①	(2)	3)	(4)
8.7 I find strength in my faith.	0	o	(2)	3	4

The following questions are about your religious practices.

9.1. In the past year, how often did you attend regular religious services?

More than once a week

② A few times per year

About once a week

1 Never attended but watched/listened on TV or radio

③ A few times per month

Never attended

9.2. <u>In the past year</u>, how often did you spend time in private religious activities such as prayer, meditation, bible reading, or reading religious literature?

Sery day

② A few times per month

A few times per week

① A few times per year

3 About once per week

Never

The following question is about your use of alternative medical treatments.

10. <u>In the past year</u>, have you used a non-traditional or alternative medicine treatment or technique, such as herbal remedies, mental imagery, spiritual healing, acupressure, acupuncture, or homeopathy?

No

① Yes

Don't know



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The following questions are about your dental health.

11.	How would yo	ou describe the co	ndition of your mo	uth and teeth?		
	Excellent 5	Very Good	Good ③	Fair ②	Poor ①	
12.	Does your mo	outh feel dry when	you eat a meal?			
	[®] No	① Yes				
13.	How often have		kinds or amounts	of food you eat be	ecause of problems	with
	Always	Often	Sometimes	Seldom	Never	
	4	3	(2)	1	(D)	
14.	© I have not go check-ups of the check-u	cleanings? (Mark gone to the dentist or cleanings. imes per year. ear.	one.) or dental hygienis		ental hygienist for r	
15.	Has a dentist of No	or dental hygienist	t ever told you that	you had periodor	ntal or gum disease?	1
16	Have you lost	ALL of your pern	nanent teeth both	unner and lower?		

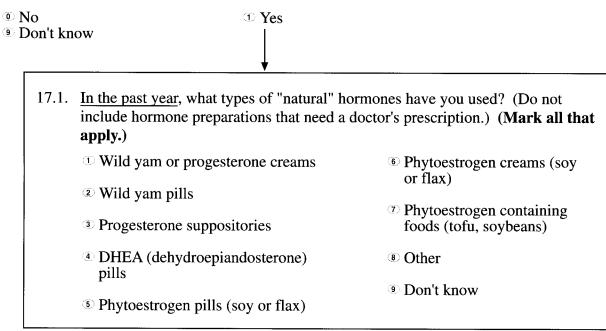
[®] No

① Yes

The next set of questions are about female hormones (estrogen or progesterone) you might have used <u>during the past year</u>. Women's use of hormones has been changing – these questions help us understand your patterns of use.

Question 17 is about natural hormones you get without a doctor's prescription.

17. <u>In the past year</u>, did you use any "natural" hormones that you can get without a doctor's prescription? These are usually made from plants and often obtained from health food stores or by mail order. They may be in the form of a pill, vaginal cream or suppository, or skin cream.



The next questions (18-25) are about female hormones you get with a doctor's prescription.

18. <u>In the past year</u>, did you use female hormones (ESTROGEN or PROGESTERONE) that were prescribed by a doctor? (This may have been in the form of a pill, skin patch, shot, or vaginal cream or suppository.)

19. <u>In the past year</u>, did you use female hormone PILLS prescribed by a doctor which contained <u>both</u> ESTROGEN and progestin (PROGESTERONE) COMBINED in the <u>same</u> pill or package (for example, Prempro, Premphase)? (Do not include use of two separate estrogen and progestin pills used at the same time.)

19.1. In the past year, how many months did you use COMBINED female hormone PILLS which contained both ESTROGEN and PROGESTIN?

1 Less than 1 month
2 1-6 months
4 11-12 months

20. <u>In the past year</u>, did you use female hormone PILLS prescribed by a doctor which contained both ESTROGEN and TESTOSTERONE COMBINED in the same pill (for example, Estratest)?

20.1. <u>In the past year</u>, how many months did you use <u>COMBINED</u> female hormone pills which contained both ESTROGEN and TESTOSTERONE?

① Less than 1 month

① Yes

③ 7-10 months

2 1-6 months

- 4 11-12 months
- 20.2. <u>In the past year</u>, what type of COMBINED ESTROGEN and TESTOSTERONE pill did you use the longest?
 - ① Estratest
 - Estratest HS
 - Other

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No

Don't know

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	① Your transfer of the state of	es
	IT KNOW ▼	
21.1.	In the past year, how many m	onths did you use ESTROGEN PILLS?
	① Less than 1 month ② 1-6 months	3 7-10 months4 11-12 months
21.2.	In the past year, when you we number of days each month you	ere using ESTROGEN pills, what was the average ou used the pills?
	Less than 1 day1-7 days8-14 days	① 15-21 days④ 22-27 days⑤ 28 or more days
21.3.	In the past year, what type of	ESTROGEN pill did you use the longest?
	Premarin or conjugated equine estrogensEstrace	③ Ogen⑤ Other⑨ Don't know
21.4.	What dose did you usually tak than one dose, mark the low	ke each day? (Mark one. If you regularly take rest dose.)
	① 0.3 mg ② 0.625 mg	 2 mg 2.5 mg
	③ 0.9 mg	® Other
	① 1 mg ⑤ 1.25 mg	Don't know

	ibed by a doctor?	am or suppository containing ESTROGEN which
No Doi	① Yes n't know	
23.1.	In the past year, how many months	s did you use the vaginal cream or suppository?
	① Less than 1 month ② 1-6 months	③ 7-10 months ④ 11-12 months
withou No	at PROGESTERONE (for example,	CH containing the hormone ESTROGEN with or Estraderm, Climara, Vivelle)?
	+	
24.1	In the past year, how many months	e did you use the natch?
24.1.	In the past year, how many months 1 Less than 1 month 2 1-6 months	3 7-10 months 11-12 months
24.1.	① Less than 1 month ② 1-6 months	③ 7-10 months ④ 11-12 months
	① Less than 1 month ② 1-6 months	③ 7-10 months ④ 11-12 months In did you use the longest? In Estraderm, Climara, Vivelle)
24.2.	① Less than 1 month ② 1-6 months In the past year, what type of patch ① ESTROGEN only (for example ② ESTROGEN plus PROGESTE	③ 7-10 months ④ 11-12 months In did you use the longest? In, Estraderm, Climara, Vivelle) RONE
24.2.	① Less than 1 month ② 1-6 months In the past year, what type of patch ① ESTROGEN only (for example ② ESTROGEN plus PROGESTE) ③ Other ⑤ Don't know	③ 7-10 months ④ 11-12 months In did you use the longest? In, Estraderm, Climara, Vivelle) RONE
24.2.	① Less than 1 month ② 1-6 months In the past year, what type of patch ① ESTROGEN only (for example ② ESTROGEN plus PROGESTE) ③ Other ⑤ Don't know What dose of ESTROGEN was in ① 0.05 mg ② 0.1 mg	③ 7-10 months ④ 11-12 months In did you use the longest? In, Estraderm, Climara, Vivelle) RONE the skin patch you usually used? ④ Other

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25.

Question 25 is about products that contain the hormone PROGESTERONE (progestin) and <u>not</u> ESTROGEN.

proges	stin (for example, Provera, C) estrogen and progestin.)	male hormone PILL called PROGESTERONE or yerin, Aman, Megace)? (Do not include the combined Go to question 26 on the next page.	
25.1.	In the past year, how many pills?	months did you use PROGESTERONE or progestin	
	① Less than 1 month ② 1-6 months	③ 7-10 months ④ 11-12 months	
25.2.	In the past year, when you was the average number of	were using PROGESTERONE or progestin pills, what days each month you used the pills?	
	① Less than 1 day ② 1-9 days ③ 10-12 days	 13-18 days 19-27 days 28 or more days 	
25.3.	In the past year, what type o longest?	of PROGESTERONE or progestin pill did you use the	
	 Provera, Cycrin or Amen Megace Micronized Progesterone Other Don't know 		
25.4.	What dose did you usually take each day? (Mark one. If you regularly take more than one dose, mark the lowest dose.)		
	① 2.5 mg ② 5 mg ③ 7.5 mg ④ 10 mg ⑤ 20 mg	 40 mg More than 40 mg Other Don't know 	

26. <u>In the past year</u>, has a doctor told you that you have any of the following conditions? (**Please** mark one response for each condition.)

шагк <u>опе</u> г	response for each condition.)	No	Yes
26.1. Ca	taract(s)	0	•
26.2. Ma	acular degeneration of the retina	0	①
26.3. As	sthma 		1
26.4. En	mphysema or chronic bronchitis	0	1
26.5. He	eart failure or congestive heart failure	•	①
26.6. An	ngina (chest pains from the heart)	<u>•</u>	(1)
26.7. At	rial fibrillation	0	(I)
26.8. Ki	dney or bladder stones (renal or urinary calculi)	0	1
26.9. Di	alysis for kidney or renal failure	•	1
26.10. Sto	omach or duodenal ulcer	0	(1)
26.11. Di	verticulitis	0	①
26.12. Pa	increatitis (inflamed pancreas)	(<u>0</u>)	①
26.13. Li	ver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)	•	①
26.14. Ov	veractive thyroid	(0)	1
26.15. Ur	nderactive thyroid	•	0
26.16. Al	zheimer's disease	0	①
26.17. M	ultiple sclerosis	0	①
26.18. Pa	arkinson's disease	0	1
	myotropic Lateral Sclerosis (ALS, motor neuron disease, or ou Gehrig's disease)	•	①

The last question is about your current living situation.

- 27. What is your current marital status? (Mark the one that best describes you.)
 - ① Never married

Presently married

2 Divorced or separated

5 Living in a marriage-like relationship

Widowed

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

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