Form 156 – Supplemental Questionnaire

MARKING INSTRUCTIONS

- Use a Pencil.
- Darken the circle 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

INCORRECT MARKS

This questionnaire asks about you, your home, your phone and computer use, and your health care. Your answers will help us understand the health of women like you.

OFFICE USE ONLY

1. What year was your mother born? 1 ____
2. What year was your father born? 1 ____
3. What is your current weight? ____ lbs.

	0	1-2	3-4	5-6	7-9	10 or more
4. How many close friends do you have?	○0	○1	○2	○3	○4	○5
5. How many close relatives do you have?	○0	○1	○2	○3	○4	○5

6. As people grow older they sometimes need to make changes to their home so that it is a safer and easier place to live. Please read the list below and mark any **changes** or **additions** you have made to your home for yourself or someone else. Be sure to **mark all that apply**.

- ○1 Railings or banisters
- ○2 Grab bars
- ○3 Indoor or outdoor ramps
- ○4 Non-slip surfaces
- ○5 Tacking down carpets/rugs
- ○6 Decreasing clutter
- ○7 Increasing lighting
- ○8 Sink/counter heights
- ○9 Other
- ○10 No changes

7. In the last year, did you fall at home? ○1 Yes ○0 No
8. Do you wear a device around your neck or wrist for contacting emergency help? ○1 Yes ○0 No

AFFIX LABEL BETWEEN LINES
BAR CODE HERE

OFFICE USE ONLY

Date Received: ____ - ____ - ____
Month Day Year

Reviewed By: ____

Language: ●1 E ○2 S

○ RCR

SERIAL #

PLEASE MAKE NO MARKS IN THIS AREA

CENTER PERF

Form 156 – Supplemental Questionnaire

	No	Yes	Don't know/ Not sure
9. During the past 12 months, have you had a seasonal flu shot?	○0	○1	○2
10. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's life and is different from the flu shot. Have you ever had a pneumonia shot?	○0	○1	○2
11. Have you had the shingles vaccine (also known as the zoster vaccine)?	○0	○1	○2

12. As an adult, have you had pneumonia diagnosed by a physician?

○1 Yes → 12.1 How long ago was your last pneumonia diagnosed?
○1 Less than 6 months ○3 1 to 3 years ago
○2 6 to 12 months ago ○4 Greater than 3 years ago

○0 No

○2 Don't know/ Not sure

13. Has a health care provider ever told you that you had a urinary tract infection (bladder infection, cystitis, kidney infection, pyelonephritis)?

○1 Yes → 13.1 How long ago was your last urinary tract infection?
○1 Less than 6 months ○3 1 to 3 years ago
○2 6 to 12 months ago ○4 Greater than 3 years ago

○0 No

○2 Don't know/ Not sure

14. Have you ever had shingles?

○1 Yes → 14.1 How long ago did you have shingles?
○1 Less than 6 months ○3 1 to 3 years ago
○2 6 to 12 months ago ○4 Greater than 3 years ago

○0 No

○2 Don't know/ Not sure

15. When was the last time you saw an eye doctor?

○1 1 year ago
○2 1-2 years ago
○3 More than 2 years ago
○4 I do not see an eye doctor

16. Have you ever been told by an eye doctor that you have glaucoma?

○1 Yes →
16.1 How old were you when diagnosed with glaucoma?
○1 < 45 ○2 45-54 ○3 55-64 ○4 65-74 ○5 75-84 ○6 ≥ 85
16.2 Has your glaucoma been treated with any of the following? **(Mark all that apply.)**
○1 Eye drops ○2 Laser treatment ○3 Other surgery

○0 No

CENTER PERF

17. Have you ever had surgery to remove cataracts?

○1 Yes → 17.1 How old were you when you had your first cataract extraction surgery?
○1 < 45 ○2 45-54 ○3 55-64 ○4 65-74 ○5 75-84 ○6 ≥ 85

○0 No

18. Have you ever been told by an eye doctor that you have diabetic retinopathy?

○1 Yes → 18.1 How old were you when diagnosed with diabetic retinopathy?
○1 < 45 ○2 45-54 ○3 55-64 ○4 65-74 ○5 75-84 ○6 ≥ 85

18.2 Has your retinopathy been treated with any of the following? **(Mark all that apply.)**
○1 Laser treatment ○2 Surgery/vitrectomy ○3 Nutritional supplement

○0 No

19. Have you ever been told by an eye doctor that you have dry eye syndrome?

○1 Yes → 19.1 How old were you when diagnosed with dry eye syndrome?
○1 < 45 ○2 45-54 ○3 55-64 ○4 65-74 ○5 75-84 ○6 ≥ 85

19.2 Has your dry eye been treated with any of the following? **(Mark all that apply.)**
○1 Over-the-counter artificial tears
○2 Medicating drops (e.g., Restasis®)
○3 Fish oil or omega-3 supplements

○0 No

The next set of questions asks about advanced health care planning. This can cover becoming too sick to live on your own, being very sick and you cannot speak for yourself, or being near the end of your life and you cannot speak for yourself.

20. Have you chosen a specific person you trust to make health care decisions for you in case you cannot speak for yourself?

○1 Yes → 20.1 Who did you choose to make health care decisions for you? **(Mark one.)**
○1 My spouse or partner
○2 Another family member
○3 My family as a group
○4 My doctor
○5 A friend or non-family member

20.2 Have you talked to the person you chose about the type of health care you want if you were very sick or near the end of your life? **(Mark one.)**
○1 Yes, we had a very detailed discussion about my wishes
○2 Yes, but we just had a general discussion
○3 No, because I assume my decision maker knows what I want
○4 No, for other reason

○0 No

21. Have you made plans for what should happen if you become too sick to live on your own? **(Mark one.)**
○1 Yes, I have made plans
○2 No, I haven't given it much thought
○3 No, I don't have plans but I have thought about it

CENTER PERF

22. An Advance Directive or Living Will are documents that let a person choose how she wants to be treated if she gets very sick and is near the end of her life. Have you filled out a written Advance Directive or Living Will?

○1 Yes ○0 No ○2 Not sure

23. In the past year, has a health care provider refused to have you as a patient because you are on Medicare?

○1 Yes ○0 No ○2 Don't know / Not sure ○3 Not on Medicare

The next five questions are about your eating habits.	**No**	**Yes**
24. I eat fewer than 2 meals per day.	○0	○1
25. I eat alone most of the time.	○0	○1
26. I have tooth or mouth problems that make it hard for me to eat.	○0	○1
27. I am not always physically able to shop, cook and/or feed myself.	○0	○1
28. I don't always have enough money to buy the food I need.	○0	○1

This last set of questions is about your use of phones and computers.

29. Do you own a cell phone?

○1 Yes → 29.1 Do you send or receive text messages on your phone?
○1 Yes ○0 No

○0 No

30. Do you use a computer (either at home or away from home)?

○1 Yes → 30.1 Do you use it for email?
○0 No ○1 Yes

30.2 Do you use it for the Internet?
○0 No ○1 Yes

○0 No

	No	**Yes**
31. Even if you do not use a computer, do you use a "smart phone," iPad, or other device for email or the Internet?	○0	○1
32. Do you use the Internet to look for health information?	○0	○1
33. Have you looked at the WHI website (www.whi.org)?	○0	○1

Thank you. Please take a moment to review any questions you may have missed.

SERIAL #

PLEASE MAKE NO MARKS IN THIS AREA

CENTER PERF