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## Form 34 - Personal Habits Questionnaire

Μ	ARKING IN	STRUCTIONS	
• Use a No. 2 pencil only.			
• Darken the oval completely	next to the ans	wer you choose.	
• Erase cleanly any marks yo	u wish to chang	ge. <u></u> USE NO. 2 PE	
• Do not make any stray mar	ks on this form		
		INCORRECT MARKS	
• For questions where you wr Then mark the correspondi		; write the number in the box provided. ight.	
		100	
<b>Example:</b> If your age is 59:	<u> </u>		
completing and reviewing the questionnaire. Send gestions for reducing this burden, to: PHS Reports	d comments regarding th Clearance Officer, Rm. 7	nutes, including the time for reviewing instructions, gathering needed is burden estimate or any other aspect of this collection of informati 21-B, Humphrey Building, 200 Independence Ave., SW, Washington, roject (0925-0414), Washington, D.C. 20503. Do not return the comp	ion, including , D.C. 20201,

OFFICE USE ONLY	1. Date Received:
s	M ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫     M ① ② ③ ④ ⑤ ⑥ ⑦ ⑨ ⑪ ⑪ ⑫     M ① ② ③ ④ ⑤ ⑥ ⑦ ⑨ ⑪ ⑪ ⑪ ⑫     M ① ② ③ ④ ⑤ ⑥ ⑦ ⑨ ⑪ ⑪ ⑫     M ① ② ③ ④ ⑤ ⑥ ⑦ ⑨ ⑪     M ① ② ③ ④ ⑤ ⑥ ⑦ ⑨ ⑪     M ① ② ③ ④ ⑤ ⑥ ⑦ ⑨ ⑪     M ① ② ③ ④ ⑤ ⑥ ⑦ ⑨ ⑪     M ① ② ③ ④ ⑤ ⑥ ⑨ ⑨     M ① ② ③ ④ ⑤ ⑥ ⑨ ⑨
	2. Reviewed By: 00 00 00 00 00 00 00 00 00 00 00 00 00
AFFIX LABEL BETWEEN LINES BAR CODE HERE	3. Contact Type:   4. Visit Type:     ① Phone   ① Screening     ② Mail   ② Semi-Annual     ③ Visit   ③ Annual     ③ Other   ④ Non Routine
	D Self @ Group @ Interview @ Assistance

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## Form 34 - Personal Habits Questionnaire

Ver. 2

These questions ask about habits (smoking, caffeine, alcohol use, diet, and exercise) that may affect your health. Please answer each question as accurately as possible. There are no right or wrong answers.

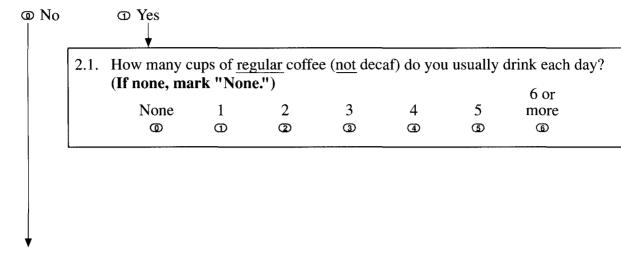
1. During your entire life, have you smoked at least 100 cigarettes?

O No ① Yes 1.1. How old were you when you first started smoking cigarettes regularly? (Give your best guess.) 50 or Less 15-19 30-34 40-44 45-49 than 15 20-24 25-29 35-39 older Ð 2 ത ദ Ð ര ത  $\overline{\mathcal{O}}$ ദ 1.2. Do you smoke cigarettes now? ∞ No --> 1.3. How old were you when you quit smoking regularly? **D** Yes Less than 15 15-19 20 - 2425 - 2930-34 35-39 Ð 2 3 ④ ত্ত 6 60 or 40-44 45-49 50-54 55-59 older Ð ⑧ ൱ ത Ð Did you quit smoking because you had a health problem 1.4. that was caused by or made worse by smoking? @ No **D** Yes Go on to Question 1.5. 1.5. On the average, how many cigarettes do you (did you) usually smoke each day? Less 45 or than 1 1-4 5-14 15-24 25-34 35-44 more Ð 2  ${}^{\textcircled{}}$ 5 ൭ Ø 1.6. How many years have you been (were you) a regular smoker? Do not count the times you stayed off cigarettes. 50 or Less than 5-9 10-19 20-29 30-39 40-49 more 5 years years years years years years years Ð മ 3 ④ ത ൭  $\bigcirc$ 1.7. Have you ever smoked to keep from gaining weight or to lose weight? @ No ① Yes

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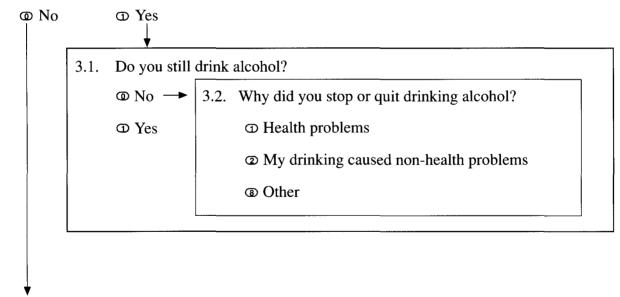
31

2. Do you usually drink coffee each day?



Alcohol may affect a person's health. We would like to know about the alcohol you have drunk over your lifetime. (For the question below, one <u>drink</u> of alcohol is about equal to one can of beer, one glass of wine, or one shot of liquor.)

3. During your entire life, have you had at least 12 drinks of any kind of alcoholic beverage?



Go to the next page.



- 4. Women's weights change during their adult lives. Mark the one answer that best describes you during your adult life. Please don't include times when you were pregnant or sick. (Mark only one.)
  - Weight has stayed about the same (within 10 pounds)
  - Steady gain in weight
  - 3 Lost weight as an adult and kept it off

Ð

• Weight has gone up and down again by more than 10 pounds –

times

2

4.1. About how many times did your weight go up and down again by more than 10 pounds? Please don't include times when you were pregnant or sick. 1-3 4-6 7-10 11-15 More than times 15 times

times

④

5

times

3

The next set of questions are about special diets or types of foods women may choose or may be told to eat by their doctors.

5.	Are you now on any of the following special diets?		
		No	Yes
	5.1. A low calorie diet?	. ©	Ð
	5.2. A low-fat or low cholesterol diet?	. @	Ð
	5.3. A low salt (low sodium) diet?	. @	Ð
	5.4. A <u>high-fiber</u> diet?	. @	Ð
	5.5. A <u>diabetic or ADA</u> diet?	. @	Ð
	5.6. A lactose-free (no milk or dairy foods) diet?	. @	Ð
	5.7. <u>Any other</u> diet?	. @	
	5.8. What kind of other die	t is it? (S	pecify):

## Form 34 - Personal Habits Questionnaire

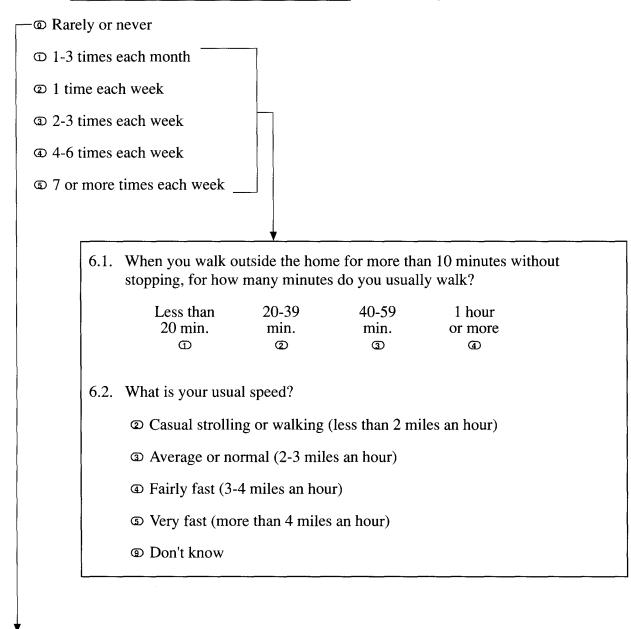
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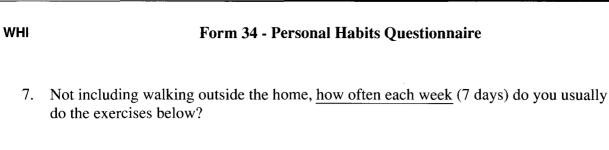
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The following questions are about your usual physical activity and exercise. This includes walking and sports.

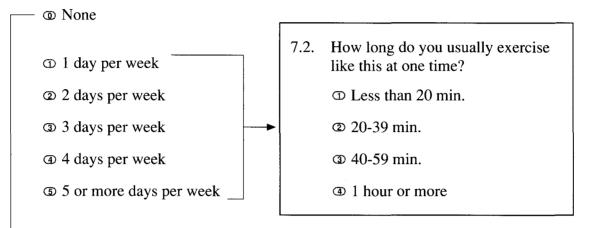
6. Think about the walking you do outside the home. How often do you walk outside the home for more than 10 minutes without stopping? (Mark only one.)



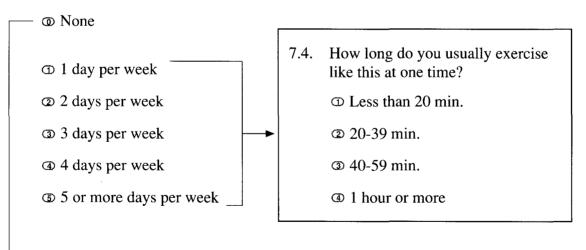
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7.1. STRENUOUS OR VERY HARD EXERCISE (You work up a sweat and your heart beats fast.) For example, aerobics, aerobic dancing, jogging, tennis, swimming laps.



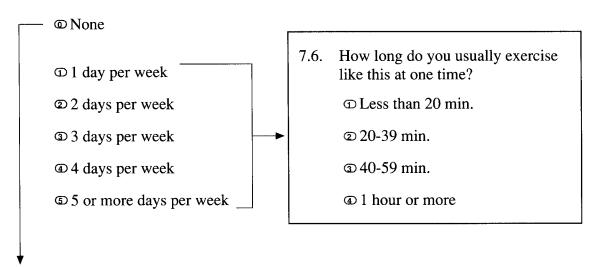
7.3. MODERATE EXERCISE (Not exhausting). For example, biking outdoors, using an exercise machine (like a stationary bike or treadmill), calisthenics, easy swimming, popular or folk dancing.



Go to the next page.

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



8. For each of the ages below, did you usually do strenuous or very hard exercises <u>at least 3 times</u> <u>a week</u>? This would include exercise that was long enough to work up a sweat and make your heart beat fast. (Be sure to mark "No" if you did not do very hard exercises at the ages listed below.)

		No	Yes
8.1.	18 years old	@	Ð
8.2.	35 years old	@	Ð
8.3.	50 years old	©	Ð

9. What is the date you finished this form?

<b></b> -	L	·
Month	Day	Year

M 1 2 3 4 5 6 7 8 9 10 11 12

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Y	94 ()	95 ()	96 〇	97 ()	98 ()	99 Ö			

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Thank you. Please take a moment to review any questions you may have missed. Feel free to write any comments here:					
	and a second				
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