

Form 148 - OS Follow-Up Questionnaire (Observational Study - Year 8)

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

INCORRECT MARKS

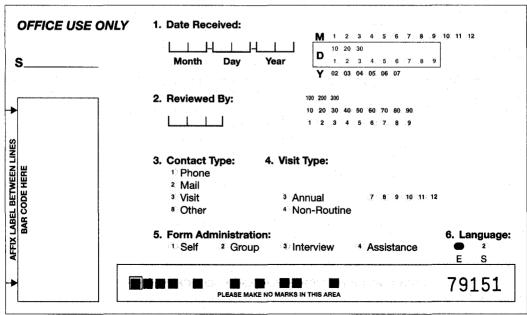
• For questions where you write in a number, write the number in the box provided. Then mark the corresponding oval to the right.

Example: If you weigh 159 pounds:

115191

100 200 300 400 500 600 700 10 20 30 40 50 60 70 80 90

Public reporting 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 Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0414). Do not return the completed form to this address.



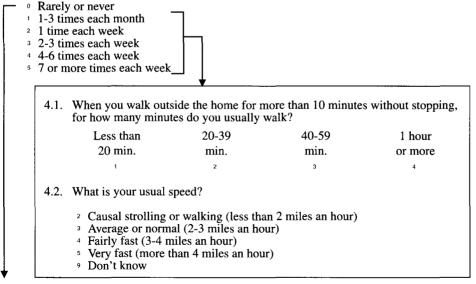
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This questionnaire asks you about factors that may affect your health. These include weight changes, physical activity and exercise, use of coffee, tea, and soft drinks, use of female hormones, and recent medical conditions.

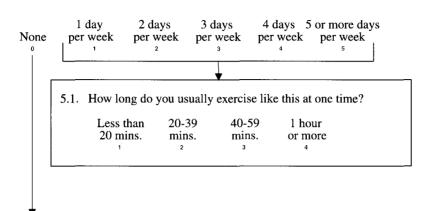
The	e following questions are about your weight. (Give	e your best guess.)	100 2	200 :	300	400	500	600	700		
1.	What is your <u>current</u> weight?	pounds	10	20	30	40	50	60	70	80	90
	What is your <u>ourross</u> weight.	pounds	1	2	3	4	5	6	7	8	9
			100 2	200 :	300	400	500	600	700		
2.	In the past year, what was your highest weight?		10	20	30	40	50	60	70	80	90
			1	2	3	4	5	6	7	8	9
			100 2	200 :	300	400	500	600	700		
3.	In the past year, what was your lowest weight?	pounds	10	20	30	40	50	60	70	80	90
-•		poundo	1	2	3	4	5	6	7	8	9

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

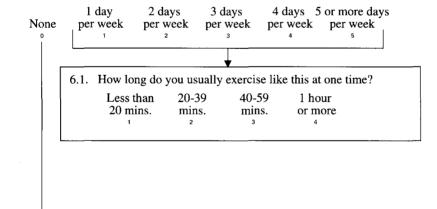
4. Think about the walking you do outside the home. How often do you walk outside the home for more than 10 minutes without stopping? (Mark only one.)



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



6. Not including walking outside the home, how often <u>each week</u> (7 days) do you usually do 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.



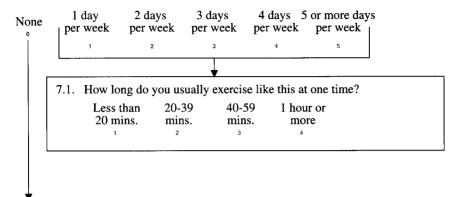
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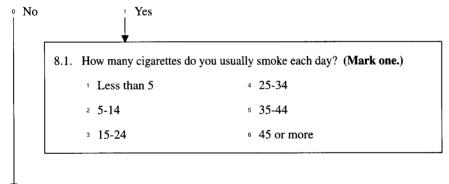
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7. Not including walking outside the home, how often <u>each week</u> (7 days), do you usually do MILD EXERCISE? For example, slow dancing, bowling, golf.



8. Do you smoke cigarettes now?



9. In the past year, have you taken any of the following prescription weight loss medications for at least 2 months? (Mark all that apply.)

9.1.	Meridia (Sibutramine)	• No	1 Yes
9.2.	Xenical (Orlistat)	° No	1 Yes
9.3.	Phentermine (Fastin)	° No	1 Yes
9.4.	Other prescription weight loss medication	º No	¹ Yes
	(Specify:)	

The following questions are about coffee, tea, and soft drinks you may drink.

10. <u>During the past 3 months</u>, how often did you drink these beverages: (Mark one for each beverage.) (For coffee, large or doubles count as 2 cups.)

				•					
	Never or less than 1 per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6 or more per day
10.1. Caffeinated coffee, either instant or paper-filtered drip (cups)	1.	: 2	(3)	.4.	.5	6 ·	Ž.	8	9
10.2. Other caffeinated coffee, such as perked, espresso, or latté (cups)	J	2	:3 :	4.		6	7	.8	9.
10.3. Decaf coffee, either instant or paper-filtered drip (cups)	(1))	2	3	4	5	6	.7,	8	9
10.4. Other decaf coffee, such as perked, espresso, or latté (cups)		2	.3	4	5	6	7	8	9
10.5. Regular tea (not decaf) (cups)	1	2	3	4	5	6	7	8	9
10.6. Decaf tea (cups)	1	2	3	4	5	6	7	. 8	9
10.7. Soft drinks with caffeine (such as Coke®, Diet Pepsi®, Dr. Pepper®, Mountain Dew®) (12 oz. can)	1	2	.3	4	. 5. '	6	7	8	9
10.8. Soft drinks without caffeine (such as Sprite®, 7-Up®, Diet Sprite®) (12 oz. can)		(2)	3		5 ,	i general di salah d Biggi di salah di		8	9

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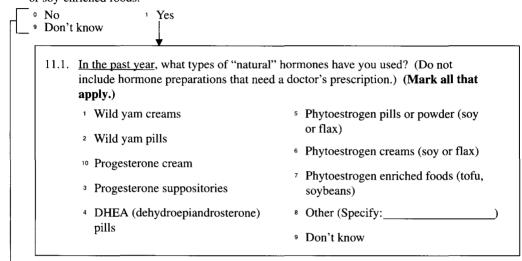


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The next set of questions are about female hormones (estrogen or progesterone) you might have used <u>during the past year</u>. Women's use of hormones has been changing—these questions help us understand patterns of use.

Question 11 is about natural hormones you can get without a doctor's prescription.

11. In the past year, 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, skin cream, or soy-enriched foods.

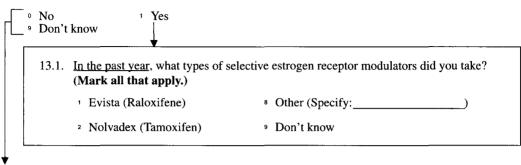


The next questions (12-13) are about medications you get with a doctor's prescription.

12. <u>In the past year</u>, have you used any treatments for **osteoporosis** or other bone conditions that you get <u>with</u> a doctor's prescription? Examples are Fosamax, Miacalcin, and Actonel. (**Do not include use of selective estrogen receptor modulators (SERMs) such as Evista (Raloxifene) which are covered in Question 13.)**

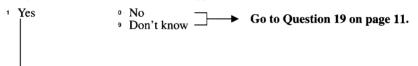
<u> </u>	
12.1. Which one(s)? (Mark all that apply.)	
Alendronate (Fosamax)	⁵ Zolendronate
² Calcitonin (Miacalcin)	⁶ Parathyroid hormone (PTH) (Forteo)
³ Risedronate (Actonel)	8 Other (Specify:
4 Pamidronate (Aredia)	9 Don't know

13. In the past year, did you use any non-estrogen prescription treatments for hormone replacement? These may be prescribed to prevent osteoporosis and breast cancer and are sometimes called "designer estrogens" or selective estrogen receptor modulators (SERMs). Examples are Evista (Raloxifene) and Nolvadex (Tamoxifen).



The next questions (14-18) are about other female hormones you get with a doctor's prescription.

14. In the past year, did you use any female hormones (ESTROGEN or PROGESTERONE [also called PROGESTIN]) that were prescribed by a doctor? (This may have been in the form of a pill, skin patch, shot, or vaginal cream or suppository.)



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

O No O Don't know	1 Yes	
15.1.	- ·	onths did you use <u>COMBINED</u> female hormone ained both ESTROGEN and PROGESTERONE?
	Less than 1 month 1-6 months	3 7-10 months4 11-12 months
15.2.	Which combination did you u	ise the longest?
	Prempro CombiPatch Premphase Activella	FemHRT Ortho-Prefest Other (Specify:)

16. <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)?

_	Yes	O No O Don't know	Go to Question 17 on the next page.
	16.1.	In the past year, how many months did which contained both ESTROGEN and	you use <u>COMBINED</u> female hormone pills TESTOSTERONE?
		Less than 1 month 1-6 months	7-10 months11-12 months
	16.2.	In the past year, what type of COMBIN did you use the longest?	IED ESTROGEN and TESTOSTERONE pills
		1 Estratest 2 Estratest HS	Other (Specify:) Don't know

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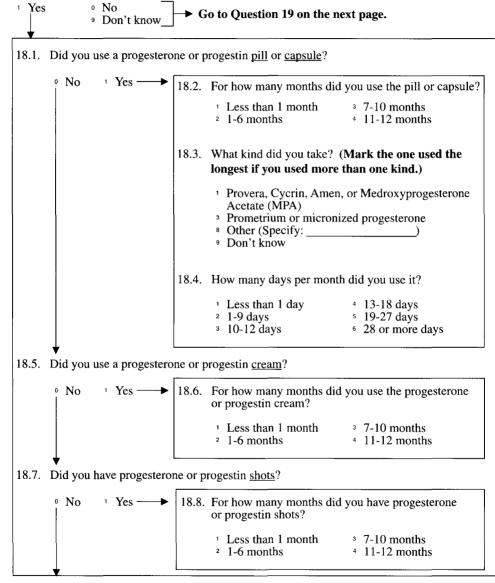


17. <u>In the past year</u>, did you use any ESTROGEN pill, patch, cream, or shots (other than the combinations described in Questions 15 and 16)?

17.1. Did y	ou use an estro	ogen <u>pill</u> ?
º No	¹ Yes —	→ 17.2. For how many months did you use the estrogen pills?
		Less than 1 month 3 7-10 months 1-6 months 4 11-12 months
		17.3. What kind did you take? (Mark the one used the longest if you used more than one kind.)
		Premarin or conjugated equine estrogens Estrace or estradiol Ogen or estropripate Estratab or esterified estrogens Other (Specify: Don't know
↓ 7.4 Did w	ou use an estr	ogan natah?
7.4. Diu y		
∘ No	¹ Yes —	→ 17.5. For how many months did you use the patch?
		Less than 1 month 3 7-10 months 2 1-6 months 4 11-12 months
\downarrow		
7.6. Did y	ou use an estr	ogen <u>cream</u> ?
° No	1 Yes —	→ 17.7. For how many months did you use the cream?
		Less than 1 month 3 7-10 months 4 11-12 months
\downarrow		
7.8. Did y	ou have estrog	gen shots?
º No	Yes —	→ 17.9. For how many months did you have the shots?
Į.		Less than 1 month 3 7-10 months

Question 18 is about products that contain the hormone PROGESTERONE (progestin) alone.

18. <u>In the past year</u>, did you use any PROGESTERONE or PROGESTIN pill, cream, or shots (other than the combinations described in Question 15)?



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19.1.

19.3.

19.4.

19.5.

19.6.

19.7.

19.8.

19.9.

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Cataract(s)

Asthma

Atrial fibrillation

19.10. Stomach or duodenal ulcer

19.12. Pancreatitis (inflamed pancreas)

Lou Gehrig's disease)

19.11. Diverticulitis

19.14. Overactive thyroid 19.15. Underactive thyroid 19.16. Alzheimer's disease 19.17. Multiple sclerosis 19.18. Parkinson's disease

Yes

- 19. <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.)

Macular degeneration of the retina

Emphysema or chronic bronchitis

Angina (chest pains from the heart)

Dialysis for kidney or renal failure

Heart failure or congestive heart failure

Kidney or bladder stones (renal or urinary calculi)

19.13. Liver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)

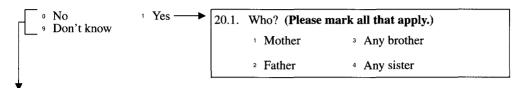
19.19. Amyotropic Lateral Sclerosis (ALS, motor neuron disease, or

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No

o

20. Has any member of your family (mother, father, full-blooded sister or brother) been diagnosed with Alzheimer's disease or senile dementia?



The last question is about your current living situation.

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

4 Presently married

² Divorced or separated

5 Living in a marriage-like relationship

3 Widowed

Thank you. Please take a few minutes to review for any questions you may have missed. Feel free to write any comments here.

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