

# Form 149 - Supplement to OS Follow-Up Questionnaire

## 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

0000

INCORRECT MARKS

ZXSO

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

Example: How old are you?

|7|5|

10 20 30 40 50 60 70 80 90 1 2 3 4 5 6 7 8 9

Public reporting for this collection of information is estimated to average 5 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.

Month Day Year	D 10 20 30 D 12 3 4 5 5 7 8 5
2. Reviewed Bv:	Y 04 05 06 07
	10 20 30 40 50 60 70 30 90 1) 2 3 4 5 6 7 6 9
3. Contact Type: ① Phone ② Mail ③ Visit ③ Other	
4. Form Administration:  ① Self ② Group ③ Int	5. Language: terview
	2. Reviewed By:  3. Contact Type:  1 Phone 2 Mail 3 Visit 3 Other  4. Form Administration:

The first question is about your current caregiving responsibilities.

1. Are you now helping at least one sick, limited, or frail family member or friend on a regular basis?

→ Go to the next page. 1 Yes -In the past 4 weeks, how often have you helped this friend or family member? Less than 1-2 times 3-4 times 5 or more once a week a week a week times a week 1 2. 13 4

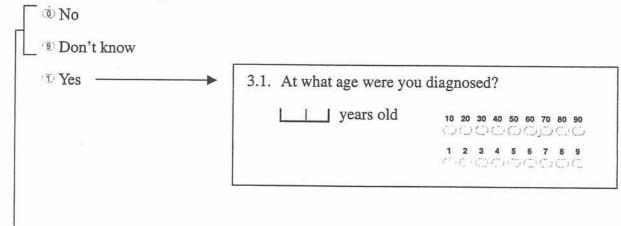
Below is a list of some difficult things that sometimes happen to people. Please try to think back over the <u>past year</u> to remember if any of these things happened. Mark the answer that seems best.

			Yes, and it upset me:			
Over th	e past year:	No	Not too much	Moderately (Medium)	Very much	
2.1.	Did your spouse or partner die?	# ( <b>0</b> )	Φ.,	r:10 (2) - 1 - 1	3	
2.2.	Did your spouse or partner have a serious illness?	0	Œ	(2)	3	
2.3.	Did a close friend or family member die or have a serious illness (other than your spouse or partner)?	0	Φ	②	3	
2.4.	Did you have any major problems with money?	0	(I)	2	(3)	
2.5.	Did you have a divorce or break-up with a spouse or partner?	•	0	(2)	3	
2.6.	Did a family member or close friend have a divorce or break-up?	(1)	(1)	( <u>ž</u> )	(3.	
2.7.	Did you have a major conflict with children or grandchildren?	<b>©</b>	<b>①</b>	(2)	(3)	
2.8.	Did you have any major accidents, disasters, muggings, unwanted sexual experiences, robberies, or similar events?	0	13.2	(2)	[3]	
2.0	Did you or a family member or close friend lose		A STATE	al Lighten and		
2.9.	Did you or a family member or close friend lose their job or retire?	(Ī)	Œ	2	(3)	
2.10.	Were you physically abused by being hit, slapped, pushed, shoved, punched, or threatened with a weapon by a family member or close friend?	(Q	<b>(I)</b>	(2)	(3)	
2.11.	. Were you verbally abused by being made fun			Parameter is	1	
	of, severely criticized, told you were a stupid or worthless person, or threatened with harm to yourself, your possessions, or your pets, by a family member or close friend?	( <u>0</u> )	00	2	3	
				and the	in high Lawren	
2.12.	Did a pet die?	( <b>0</b> )	1	(2)	(3)	



The next questions are about your health history and weight loss medication use.

3. Have you ever been diagnosed with breast cancer?



4. In the past year, have you taken any of the following prescription weight loss medications for at least 2 months?

4.1.	Meridia (Sibutramine)	O No	① Yes
4.2.	Xenical (Orlistat)	. No	1 Yes
4.3.	Phentermine (Fastin)	√9) No	① Yes
4.4.	Other prescription weight loss medication	© No	① Yes
	(Specify:		
			)

The next set of questions asks about where your parents were born. This refers to the parents who raised you, whether or not they were your birth parents. If you do not know the information asked for, please give your best guess.

- 5. Was your mother born in the United States or outside of the United States?
  - ① In the United States

# 5.1. Which region?

#### 1 Northeast

(Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, Washington DC, West Virginia)

#### 2 South

(Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, or Texas)

#### 3 Midwest

(Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin)

#### 1 West

(Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming) 5.2. Which area?

2 Outside the United States

- T Canada
- 2 Europe
- Eastern Europe
- Middle East or North Africa
- 5 Africa (not including North Africa)
- 6 Caribbean or West Indies
- 7 Mexico
- 6 Central or South America
- 9 Cuba
- 10 Puerto Rico
- 11 China
- 12 Japan
- 3 Southeast Asia
- 14 Australia and Oceania
- 88 Other
- 5.3. Was this your biological (birth) mother?
  - O No
  - 1 Yes

- 6. Was your father born in the United States or outside of the United States?
  - 1 In the United States
    - 6.1. Which region?

#### 1 Northeast

(Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, Washington DC, West Virginia)

### 2 South

(Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, or Texas)

#### 3 Midwest

(Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin)

#### 4 West

(Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming)

- ② Outside the United States
  - 6.2. Which area?
  - ① Canada
  - (2) Europe
  - Eastern Europe
  - Middle East or North Africa
  - (5) Africa (not including North Africa)
  - © Caribbean or West Indies
  - (7) Mexico
  - © Central or South America
  - (9) Cuba
  - Duerto Rico
  - Thina
  - 12 Japan
  - 3 Southeast Asia
  - Australia and Oceania
  - 88 Other
- 6.3. Was this your biological (birth) father?
  - O No
  - 1 Yes

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Thank you.

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

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