Form 158	
Supplemental Questionnaire 2017	

Print your email address on the line above.



This questionnaire has questions about your experiences. Please answer each question as honestly as you can. No one will see your answers except for the scientists and staff at WHI. (Use a pencil or blue or black pen only.)

Are you willing to provide your email address as an additional way for us to contact you? 1. \bigcirc ¹ Yes

O• No

These questions are about pregnancies.

2. Have you ever been pregnant?

$\bigcirc \circ$ No \longrightarrow Go to question 3. $\bigcirc \circ$ Yes	•
--	---

2.1	Were any of your ba	abies born 3 weeks ea	arly or sooner?
	O⁰ No	O1 Yes	○ ⁹ Don't know
2.2	pressure during and		have preeclampsia (toxemia, high blood ncy also associated with protein in the urine) es/convulsions)?
	O ⁰ No	O1 Yes	○ ⁹ Don't know
2.3			a have high blood pressure (gestational ension) not related to preeclampsia?
	O⁰ No	O₁ Yes	○ ⁹ Don't know
2.4	During any of your blood sugar, or suga		ou told you had gestational diabetes or high
	O⁰ No	O1 Yes	○ ⁹ Don't know
2.5	Have you ever given (less than 2,500 gran	5	weighed less than 5 pounds, 8 ounces
	O ⁰ No	O1 Yes	○ ⁹ Don't know
2.6	Have you ever given (more than 4,500 gr	2	weighed more than 9 pounds, 14 ounces
	O ⁰ No	O1 Yes	○ ⁹ Don't know

These questions are about dental health.

3.	How would you d		ne condition ery good	of your mo O ³ Good		Fair	O₅ Poor
4.	During the past 3 check-ups or clear		w often hav	e you gone	to the dentist o	r dental hygie	enist for routine
	O₁ Never	O ² Once	e or less per	year O	³ Twice or mo	re per year	O₄ As needed
		PLEA	SE MAKE NO MAR	RKS IN THIS AREA			
	0000	0000	00000	00000	000000	SE	ERIAL #
R:\DC	C\EXT2021\FORMS\F158V1.DC	DC 1/2017	299123-1	Page 1 of	2 GPC	U.S. GOVERNMENT P	RINTING OFFICE:2016-676-910/

- Barcode ID Label -

Page 1 of 2

	Ias a dentist or dental hygienist ever told you that• No• Yes• O• Don'	•	Periodol	ital ol gu	in uisease !			
		t KIIOW						
	Have you lost <u>all</u> of your permanent teeth, both upper and lower? \bigcirc° No \bigcirc^{1} Yes							
	e questions are about memory and changes in n	nontal fi	unctionir	λσ				
	Do you feel like your memory is becoming worse?			ıg.				
	\bigcirc No \bigcirc \bigcirc Yes, but this does not worry me \bigcirc Yes, and this worries me							
	next set of questions asks you to rate any change in the circle for each question that best fits your cur	-		•	-			
	t the one best choice for each item and e do not skip any questions.	No change	Minimal change	Some change	Clearly noticeable change	Muc		
7.1	Recalling information when I really try:	$\bigcirc 1$	<u> </u>	O 3	O 4	0		
7.2	Remembering names and faces of new people I meet:	O 1	<u> </u>	3	4	0		
7.3	Remembering things that have happened recently:	$\bigcirc 1$	<u> </u>	3	O 4	0		
7.4	Recalling conversations a few days later:	$\bigcirc 1$	<u> </u>	3	O 4	0		
7.5	Remembering where things are usually kept:	$\bigcirc 1$	<u> </u>	3	O 4	0		
7.6	Remembering new information told to me:	$\bigcirc 1$	<u> </u>	3	O 4	0		
7.7	Remembering where I placed familiar objects:	$\bigcirc 1$	<u> </u>	3	O 4	0		
7.8	Remembering what I intended to do:	$\bigcirc 1$	<u> </u>	3	O 4	0		
7.9	Remembering names of family members and friends:		O 2	3	O 4	0		
7.10	Remembering without notes and reminders:	$\bigcirc 1$	<u> </u>	3	O 4	0		
7.11	People who know me would find that my memory is:		<u> </u>	3	0 4	0		
	Remembering things compared to my age group:	O 1	Q 2	3	O 4	0		

- childhood, which may impact health. We would like to link your name to publicly available census records. Are you willing to provide your full birth name for this purpose?
- \bigcirc Yes \longrightarrow Print your first, middle and last name as it appears on your birth certificate.

