Form 158
Supplemental Questionnaire 2017

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.)

1. Are you willing to provide your email address as an additional way for us to contact you?
   - Yes
   - No

These questions are about pregnancies.

2. Have you ever been pregnant?
   - No
   - Yes

2.1 Were any of your babies born 3 weeks early or sooner?
   - No
   - Yes
   - Don’t know

2.2 During any of your pregnancies, did you have preeclampsia (toxemia, high blood pressure during and/or right after pregnancy also associated with protein in the urine) or eclampsia (preeclampsia AND seizures/convulsions)?
   - No
   - Yes
   - Don’t know

2.3 During any of your pregnancies, did you have high blood pressure (gestational hypertension, pregnancy-induced hypertension) not related to preeclampsia?
   - No
   - Yes
   - Don’t know

2.4 During any of your pregnancies, were you told you had gestational diabetes or high blood sugar, or sugar in the urine?
   - No
   - Yes
   - Don’t know

2.5 Have you ever given birth to a baby that weighed less than 5 pounds, 8 ounces (less than 2,500 grams)?
   - No
   - Yes
   - Don’t know

2.6 Have you ever given birth to a baby that weighed more than 9 pounds, 14 ounces (more than 4,500 grams)?
   - No
   - Yes
   - Don’t know

These questions are about dental health.

3. How would you describe the condition of your mouth and teeth?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

4. During the past 3 years, how often have you gone to the dentist or dental hygienist for routine check-ups or cleanings?
   - Never
   - Once or less per year
   - Twice or more per year
   - As needed
5. Has a dentist or dental hygienist ever told you that you had periodontal or gum disease?
   ○§ No      ○§ Yes      ○§ Don’t know

6. Have you lost all of your permanent teeth, both upper and lower?
   ○§ No      ○§ Yes

These questions are about memory and changes in mental functioning.

7. Do you feel like your memory is becoming worse?
   ○§ No      ○§ Yes, but this does not worry me      ○§ Yes, and this worries me

This next set of questions asks you to rate any change in your abilities, daily functioning and activities. Fill in the circle for each question that best fits your current ability level compared to 5 years ago.

Select the one best choice for each item and please do not skip any questions.

<table>
<thead>
<tr>
<th>No change</th>
<th>Minimal change</th>
<th>Some change</th>
<th>Clearly noticeable change</th>
<th>Much worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7.1 Recalling information when I really try:
7.2 Remembering names and faces of new people I meet:
7.3 Remembering things that have happened recently:
7.4 Recalling conversations a few days later:
7.5 Remembering where things are usually kept:
7.6 Remembering new information told to me:
7.7 Remembering where I placed familiar objects:
7.8 Remembering what I intended to do:
7.9 Remembering names of family members and friends:
7.10 Remembering without notes and reminders:
7.11 People who know me would find that my memory is:
7.12 Remembering things compared to my age group:

This question is about your birth name.

8. U.S. census records have important historical information about the environment during your 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?
   ○§ Yes → Print your first, middle and last name as it appears on your birth certificate.

   ○§ No

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Print your first, middle and last name as it appears on your birth certificate.

First name  Middle name  Last name at birth (maiden name)

Thank you for taking the time to complete this questionnaire.