Form 159 - Supplemental Questionnaire 2018

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. Over the past year, my physical activity level has:
   - Increased a lot
   - Increased somewhat
   - Not changed; remained about the same
   - Decreased somewhat
   - Decreased a lot

These questions are about your sleep habits. Please mark one of the answers for each of the following questions. Choose the answer that best describes how often you experienced the situation in the past 4 weeks.

2. Did you have trouble falling asleep?
   - Yes, less than once a week
   - Yes, 1 or 2 times a week
   - Yes, 3 or 4 times a week
   - Yes, 5 or more times a week

3. Did you wake up several times at night?
   - Yes, less than once a week
   - Yes, 1 or 2 times a week
   - Yes, 3 or 4 times a week
   - Yes, 5 or more times a week

4. Did you wake up earlier than you planned to?
   - Yes, less than once a week
   - Yes, 1 or 2 times a week
   - Yes, 3 or 4 times a week
   - Yes, 5 or more times a week

5. Did you have trouble getting back to sleep after you woke up too early?
   - Yes, less than once a week
   - Yes, 1 or 2 times a week
   - Yes, 3 or 4 times a week
   - Yes, 5 or more times a week

6. Overall, was your typical night's sleep during the past 4 weeks:
   - Very sound or restful
   - Sound or restful
   - Average quality
   - Restless
   - Very restless

7. Over the past 2 weeks, how many times did you have swelling in your feet, ankles or legs when you woke up in the morning?
   - Every morning
   - 3 or more times a week, but not every day
   - 1-2 times a week
   - Less than once a week
   - Never over the past 2 weeks

8. Over the past 2 weeks, on average, how many times has fatigue limited your ability to do what you want?
   - Several times per day
   - At least once a day
   - 3 or more times a week, but not every day
   - 1-2 times a week
   - Less than once a week
   - Never over the past 2 weeks

9. Over the past 2 weeks, on average, how many times has shortness of breath limited your ability to do what you wanted?
   - All of the time
   - Several times per day
   - At least once a day
   - 3 or more times a week, but not every day
   - 1-2 times a week
   - Less than once a week
   - Never over the past 2 weeks

Please make no marks in this area

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10. Have you ever taken medication for blood pressure?
   - Yes
   - No → Go to Question 12.

11. Are you currently taking medication for blood pressure?
   - Yes → 11.1 In the past 2 years:
     - Has your dose increased? No Yes
     - Has your dose decreased? No Yes
     - Have you started a new medication for blood pressure? No Yes
     - Was your medication for blood pressure stopped? No Yes
   - No

12. Have you ever taken medication for cholesterol?
   - Yes
   - No → Go to Question 14.

13. Are you currently taking medication for cholesterol?
   - Yes → 13.1 In the past 2 years:
     - Has your dose increased? No Yes
     - Has your dose decreased? No Yes
     - Have you started a new medication for cholesterol? No Yes
     - Was your medication for cholesterol stopped? No Yes
   - No

14. What is your current weight? ______________ pounds
   - 14.1 Have you lost more than 10 pounds in the past 2 years?
     - Yes → Were you trying to lose weight? No Yes
   - No
   - 14.2 Have you gained more than 10 pounds in the past 2 years?
     - Yes → Were you trying to gain weight? No Yes
   - No

15. When was the last time you saw an eye doctor?
   Less than 12 months ago 12-24 months ago More than 24 months ago I do not see an eye doctor
   - 1
   - 2
   - 3
   - 4

16. Have you ever been told by an eye doctor that you have age-related macular degeneration?
   - Yes → 16.1 How old were you when you were diagnosed with macular degeneration?
     ______________ Age in years
   - No

17. Please think about your current level of well-being. When you think about well-being, think about your physical health, your emotional health, any challenges you are experiencing, the people in your life, and the opportunities or resources you have available to you. How would you describe your current level of well-being?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor
   - Very poor

Thank you for taking the time to complete this questionnaire.