FORM:	**34 - PERSONAL HABITS QUESTIONNAIRE**
Version:	2 - July 8, 1994
Description:	Self-administered; 8-page booklet; data entered at Clinical Center (CC).
When used:	Given to participants at during screening; to be completed at home and brought back by Screening Visit 3 (SV3) or have completed in CC by SV3. To be collected by SV3.
Purpose:	To collect personal habits, exposure, and risk factor information on the participant before randomization.

GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 34*) and Spanish (*Form 34S*). The English version is in mark-sense format and the Spanish version is in a key-enter format.

    For both forms, follow the instructions on the front of the form for marking the answers.

2. Place the participant's barcode label on the front page of the questionnaire and give to the participant during screening to take home, or have her complete in-person in groups or individually by SV3. The form must be completed and an encounter created in WHILMA before randomization at SV3.

3. In appointment reminder (letter or phone call) remind the participant to bring the completed questionnaire to SV3.

4. Review the form for completeness. If one or more pages are not completed, return to the participant to complete.

5. Forward the form to Data Entry.

6. Data Entry: Review the form for completeness. Initial the first page of the questionnaire after data entry. Scan the English version of the form. Key-enter the Spanish version. Initial the first page of the form after data entry.

    Note: You must create an encounter for this form in the Encounter screen before you can randomize the participant into Dietary Modification (DM) or Hormone Replacement Therapy (HRT).

7. File in the participant's file.

Item Instructions

	Date received	Date the CC receives the completed form. Use a standard 2-digit format: month, day, and year order.
	Reviewed by	Standard 3-digit WHI employee ID.
	Contact type	Mark appropriate oval or box. (See common data items.)
	Visit type	The contact at which the CC received the form. If received between visits, use most recent past visit. Use Screening Visit 0 (SV0) if received before Screening Visit 1 (SV1). Mark appropriate oval or box for visit type and number. (See common data items.)
	Form administration	Method used to administer form to participant:

    1 - Self: Participant completed form by herself.
    2 - Group: Participant completed the form with a group of other participants.
    3 - Interview: CC staff person completed entire form as interview.
    4 - Assistance: Participant needed partial assistance from CC staff or others to complete the form.

1.	Drink coffee	No/Yes. Mark "1 - Yes" if participant drinks decaffeinated or caffeinated coffee.
1.1.	How many cups	The number that best represents cups of coffee per day. Include any type of regular (not decaffeinated) coffee participant drinks each day.
2.	Smoked at least 100 cigarettes in lifetime	No/Yes.
2.1.	Age smoking first started	The range that best represents age when started smoking. Give best estimate.
2.2.	Smoke now	No/Yes. Mark "1 - Yes" if participant is now smoking regularly.
2.3.	Age quit smoking	The range that best represents age when quit smoking. Give best estimate.
2.4.	Quit smoking due to health	No/Yes. Health conditions caused or made worse by smoking might include asthma, bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), heart disease, cancer, etc.
2.5.	How many cigarettes a day	The range that best represents number of cigarettes smoked per day. Give best estimate. She may average the number of cigarettes each week over seven days.
2.6.	How many years a regular smoker	The range that best represents the number of years participant has been or was a regular smoker. Give best estimate for entire lifetime.
2.7.	Smoked to lose weight	No/Yes. Mark "1 - Yes" if participant has continued smoking to keep from gaining weight or to lose weight.
3.	Had at least 12 alcoholic drinks in lifetime	No/Yes. Mark "0 - No" if participant has only had sips of alcohol during religious ceremonies (unless the number of sips = one drink).
3.1.	Currently drink alcohol	No/Yes. Mark "0 - No" if participant only has sips of alcohol during religious ceremonies (unless the number of sips = one drink).

3.2.	Reason quit	Reason for not drinking. Health problems related to drinking might include liver disease, heart disease, diabetes, etc.
4.	Weight changes	Weight changes during the participant's adulthood when not pregnant or sick.
4.1.	Number of times weight changed by > 10 pounds	The number of weight changes during adulthood when not pregnant or sick.
5.1.	Low-calorie diet	No/Yes. Participants who are "counting" or "watching" calories may be following a low-calorie diet if they are intentionally reducing calories taken in or trying to maintain a certain low-calorie level.
5.2.	Low-fat/low-cholesterol diet	No/Yes. Participants who are "watching" their fat/cholesterol intake may be following a low-fat diet if they are intentionally reducing fat/cholesterol intake or trying to maintain a certain low-fat/low-cholesterol level.
5.3.	Low salt diet	No/Yes. Participants who are "watching" their salt intake or not using the salt shaker may be following a low-salt diet if they are intentionally reducing salt intake or not using salt on foods to maintain a low-salt diet.
5.4.	High-fiber diet	No/Yes. Participants who are "eating more fiber" (more fruits, vegetables, and whole grains) may be following a high-fiber diet if they are intentionally increasing fiber intake.
5.5.	Diabetic diet	No/Yes. Participants who are trying to avoid certain foods or maintain a balance of certain food exchanges or food groups (e.g., American Diabetes Association or ADA diet), specifically to treat diabetes may be following a diabetic diet.
5.6.	Lactose-free diet	No/Yes. Participants who don't eat or drink dairy products (or intentionally take in very little) because of a lactose deficiency or "milk allergy" may be following a lactose-free diet.
5.7.	Other diets	No/Yes. Mark "1 - Yes" if participant is intentionally reducing, increasing, or maintaining dietary intake of certain foods or nutrients.
5.8.	Specify	If "1 - Yes," participant to specify which kind of diet and write in response. Evaluate written response to determine if it could be categorized as one of the diets above and mark the appropriate answer. Data Entry: Do not key-enter specify text.
6.	Number of times walked	Frequency range that best represents the number of times participant walks for more than ten minutes without stopping each month or week.
6.1.	Number of blocks walked	The range of minutes that best represents the duration of time that the participant walks each time she walks for more than ten minutes without stopping.
6.2.	Walking speed	The category that best represents participant's speed during walks for more than ten minutes without stopping.
7.1.	Frequency of strenuous exercise	The category that best represents the number of days each week the participant engages in strenuous exercise.

7.2.	Length of each strenuous exercise session	The range of minutes that best represents the length of each strenuous exercise session.
7.3.	Frequency of moderate exercise	The category that best represents the number of days each week the participant engages in moderate exercise.
7.4.	Length of each moderate exercise session	The range of minutes that best represents the length of each moderate exercise session.
7.5.	Frequency of mild exercise	The category that best represents the number of days each week the participant engages in mild exercise.
7.6.	Length of each mild exercise session	The range of minutes that best represents the length of each mild exercise session.
8.	At three ages, strenuous exercise three times each week	No/Yes. Strenuous exercise done at least three times each week for three ages: 18, 35, and 50 years old (Questions 8.1. to 8.3.).
9.	Date finished	Date the participant completed this form.
	Comments	Data Entry: Do not key-enter comments.
	Language	Data Entry: English or Spanish version of the form. (See common data items.)