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<b>FORM:</b>	<b>42 - OS SELF-ADMINISTERED QUESTIONNAIRE</b>
<b>Version:</b>	1.1 - December 1, 1994
<b>Description:</b>	Self-administered, 12-page questionnaire; key-entered at the Clinical Center (CC).
<b>When used:</b>	Given or mailed to Observational Study (OS) participants with other self-administered baseline questionnaires.
<b>Purpose:</b>	To collect information on risk factors in OS participants at the time of enrollment.

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### GENERAL INSTRUCTIONS

1. This questionnaire must be completed by all OS participants at the time of enrollment in the OS.
2. Place the participant's barcode label on the front page of the questionnaire.
3. Give or mail the form to participants when they decide to enroll in the OS. The form may be completed at the CC or at home and may be returned to the CC at the time of the next CC visit (if a visit is scheduled), or mailed to the CC in a return mailer. If the form is to be mailed to the CC, provide a return mailer.
4. Review the form completely and discuss any questions with the participant in person or by phone. Try to have each question answered.
5. File the form in the participant's file before sending the file to Data Entry.
6. Data Entry: Review the form for completeness. Return to interviewer with any problems noted. Key-enter the form and initial the first page of the questionnaire after key-entry.
7. File in the participant's file.

### Item Instructions

Date received	Date you receive form at the CC.
Reviewed by	Standard 3-digit WHI employee ID. (See common data items.)
Contact type	Mark appropriate box. (See common data items.)
Visit type	The visit at which you receive the form at the CC. If you receive the form in between visits, use the most recent past visit. Use SV0 if received before SV1. Write in visit number as appropriate. (See common data items.)
1. Weight at birth	The <u>participant's</u> weight at birth. Give best estimate.
2. Full term or premature birth	Whether or not the <u>participant</u> was born prematurely.
3. Twin or triplet at birth	No/Yes. Mark "Yes" if the participant was born a twin or triplet, even if the other babies were stillborn or did not survive. If a woman was born a quadruplet, quintuplet or any other form of multiple birth, she should also answer "Yes."
4. Breast fed	No/Yes/Don't know.
5. Drink coffee each day	No/Yes. Mark "Yes" if the participant usually drinks at least one cup of coffee (regular or decaf) each day. If "No," go on to Question 6.
5.1. Cups of regular coffee each day	Choose one category. Give best estimate. Count <u>all</u> types of coffee beverages <u>except</u> decaf coffee beverages. Count "tall" or "grande" cups of coffee, or espresso beverages made with double shots of espresso as two cups.
5.2. Cups of decaf coffee each day	Choose one category. Give best estimate. Count <u>all</u> types of coffee beverages made from <u>decaf</u> coffee. Count "tall" or "grande" cups of decaf coffee, or espresso beverages made with double shots of decaf espresso as two cups.
5.3. Usual method of coffee preparation	<p>The one or two categories that best describe the way that the participant's coffee is usually prepared. If more than two methods are used, select the two methods that are used most frequently.</p> <p>Drip - Coffee prepared in a coffee machine with a filter or by letting coffee drip into a cup from a coffee filter.</p> <p>Espresso - This is the method used to prepare espresso and lattes, which are popular in some parts of the U.S.</p> <p>Instant - Coffee prepared by adding boiling water to coffee powder or granules.</p> <p>Boiled - Coffee boiled in a pot or jug on top of a stove or some other heat source.</p> <p>Percolated - Coffee prepared in a coffee percolator.</p> <p>French press - A French press is a tall cylindrical glass jug with a plunger. Coarse ground coffee is steeped in boiling water and then the coffee grounds are pressed to the bottom of the jug using the plunger, and the coffee is poured off the top.</p>

6. Drink tea each day No/Yes. Mark "Yes" if the participant usually drinks at least one cup of regular tea each day. Do not count herbal tea that does not contain regular tea leaves or decaf tea. If "No," go on to Question 7.
- 6.1. Cups of tea each day Select one category. Give best estimate.
7. Had at least 12 alcoholic drinks in lifetime No/Yes. Mark "No" if participant has only had single sips of alcohol during religious ceremonies (e.g., Christian Holy Communion). If "No," go on to Question 8.
- 7.1.- Alcohol consumption at various ages Mark the category indicating the participant's usual alcohol consumption during different age periods in her life. Give best estimate.
- 7.4.
8. Lived with a smoker as a child less than 18 years old No/Yes/Don't know. Mark "No" if the participant never lived with someone who smoked cigarettes inside the home when she was a child under 18 years old. Participant should not count herself. If "No" or "Don't know," go on to Question 9.
- 8.1. Years lived with a smoker as a child less than 18 years old Select one category. Give best estimate. If more than 1 person smoked inside the home at the same time, do not count the time twice.
9. Lived with a smoker since age 18 No/Yes. Mark "No" if the participant has not lived with someone who smoked cigarettes inside the home at any time since she was 18 years old. Participant should not count herself. If "No," go on to Question 10.
- 9.1. Years lived with a smoker since age 18 Select one category. Give best estimate. If more than 1 person smoked inside the home at the same time, do not count the time twice.
- 9.2. Live now with smoker No/Yes. Mark "No" if the participant does not currently live with someone who smokes cigarettes inside the home. Participant should not count herself.
- 9.3. Who smokes in home Mark all that apply.
10. Worked in a space where people smoked No/Yes. Mark "No" if the participant has never worked with anyone who smoked cigarettes within the space where she worked. Participant should not count herself. If "No," go on to Question 11.
- 10.1. Number of years exposed to cigarette smoke at work Select one category. Give best estimate.
- 10.2. Work now with smoker(s) No/Yes. Mark "No" if participant does not currently work with anyone who smokes cigarettes in the space where she works, or if she does not work. Participant should not count herself.
11. Ever done a breast self-examination (BSE) No/Yes. Mark "Yes" only if the participant has performed a breast exam on herself to check for breast lumps and other possible signs of breast cancer. If "No," go on to Question 12.
- 11.1. Number of times BSE done during the last 12 months Select one category. Give best estimate.

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| 12.   | Ever had a physical breast exam by a doctor, nurse or physician assistant | No/Yes. Mark "Yes" <u>only</u> if the participant has had a breast exam where a doctor, nurse, or physician assistant <u>felt</u> for breast lumps. Do not include mammograms. If "No," go on to Question 13. |
| 12.1. | Number of physical breast exams in last five years                        | Select one category. Give best estimate.  |
| 12.2. | Years since last physical breast exam                                     | Select one category. Give best estimate.  |
| 13.   | Benign breast disease or fibrocystic disease                              | No/Yes. This question applies to all types of breast disease other than breast cancer. Only mark "Yes" if the breast disease was diagnosed by a doctor.   |
| 14.   | Mammogram in last five years  | No/Yes. If "No," go on to Question 15.  |
| 14.1. | Number mammograms in last five years                                      | Select one category. Give best estimate.  |
| 15.   | Used powder on genitals   | No/Yes. If "No," go on to Question 16.  |
| 15.1. | Years used powder on genitals   | Total number of years that participant has used powder on her genital area.   |
| 16.   | Ever used a diaphragm   | No/Yes. If "No," go on to Question 17.  |
| 16.1. | Ever used powder on diaphragm   | No/Yes. If "No," go on to Question 17.  |
| 16.2. | Years used powder on diaphragm  | Total number of years that the participant used powder on her diaphragm, even if she no longer uses a diaphragm. (It is unlikely that women in WHI will still be using a diaphragm.)                          |
| 17.   | Ever used powder on sanitary napkin                                       | No/Yes. If "No," go on to Question 18.  |
| 17.1. | Years used powder on sanitary napkin                                      | Total number of years that the participant used powder on her sanitary napkins, even if she no longer uses sanitary napkins.  |
| 18.   | Ever used electric blanket, mattress pad or water bed                     | No/Yes. Mark "Yes" if the participant used an electric blanket, mattress pad, or water bed on at least half of the days of the month for at least a month. If "No," go on to Question 19.                     |
| 18.1. | Total years used electric blanket/pad/bed                                 | Total number of years in which the heating device was used on at least half the days/nights for at least a month.   |
| 18.2. | Months per year electric blanket/pad/bed used                             | The average number of months per year in which the heating device was used on at least half the days/nights, in those years when the heating device was used.   |
| 18.3. | Electric blanket/pad/bed turned on  | Mark "On most of the time" if the heating device was usually turned on for more than one hour after going to bed. Mark "Warm the bed only" if it was usually turned off within one hour after going to bed.   |

- 18.4. Used electric blanket, mattress pad, heating pad, water bed during past year  
No/Yes. Answer "Yes" only if the participant has used one of these heating devices at least 15 times during the previous 12 months.
19. Religion  
Mark the one category that best describes the participant's religious affiliation.
20. Number of hours spent doing heavy household chores  
Select one category. Give best estimate. Heavy household chores include scrubbing floors, sweeping, and vacuuming. Do not include cooking, dusting, or outdoor chores.
21. Number of months doing yard work  
Select one category. Give best estimate. If the participant does not do any yard work or does yard work infrequently, mark "Less than one month" and go on to Question 22.
- 21.1. Number of hours each week doing yard work  
Mark the category that best represents the participant's average time spent doing yard work in the months when she does yard work. Count time spent mowing, gardening, raking, shovelling snow or doing work on the outside of the house (for example, cleaning the outside of the windows). Leave blank if she does yard work less than one month each year.
22. Number of hours spent sitting per day  
Select one category. Give best estimate.
23. Number of hours spent lying or sleeping per day  
Mark the category that best represents the participant's average time spent lying with her feet up or sleeping during each day and night combined (24-hour period).
24. Ever lived or worked on a farm  
No/Yes. If "No," go on to Question 25.
- 24.1. Number of years lived or worked on a farm  
The category that best represents the total number of years that the participant has spent living and/or working on a farm during her entire lifetime. If she lived and worked on a farm at the same time, do not count the time twice.
25. Ever worked for one year or more with hair dyes  
No/Yes. If "No," go on to Question 26.
- 25.1. Number of years worked with hair dyes  
The category that best represents the total number of years that the participant worked with hair dyes.
26. Ever had a paid job  
No/Yes. If "No," go on to Question 17.
- 26.1. Job 1 (most recent of three longest-held jobs)  
Occupation for Job 1 (the most recent of her three longest-held jobs) as reported by the participant. If the participant has never had a job, leave blank. Do not include "housewife."  
  
Data Entry: Key-enter in full as reported by participant.
- What Job 1 company made/did  
Description of what Job 1 company makes/does as reported by participant.  
  
Data Entry: Key-enter in full as reported by participant.
- Age started Job 1  
Record the participant's age when she started Job 1.

- Total years worked Job 1      Record total years worked at Job 1. Round off (up or down) to the nearest year. If total time worked is six months or less, round to "00."
- 26.2. Job 2 (second most recent of three longest-held jobs)      Refer to instructions for Job 1 (Question 26.1.). If the participant has had only one job or has never had a job, leave blank.
- 26.3. Job 3 (third most recent of three longest-held jobs)      Refer to instructions for Job 1 (Question 26.1.). If the participant has had two jobs or less, leave blank.
27. Height at age 18      Participant's height in feet and inches. Give best estimate.
28. Weight at 18      Participant's non-pregnant weight at or near age 18 in pounds. Give best estimate.
29. Weight at 35      Participant's non-pregnant weight at or near age 35 in pounds. Give best estimate.
30. Weight at 50      Participant's non-pregnant weight at or near age 50 in pounds. Give best estimate.
31. Maximum adult weight      Participant's maximum non-pregnant weight in pounds. Give best estimate.
32. Age at maximum weight      Participant's age at her maximum weight. Mark all age categories that apply.
33. Minimum weight since age 18      Participant's minimum weight in pounds since age 18. Give best estimate.
34. Age at minimum weight      Participant's age at her minimum weight. Mark all age categories that apply.
35. Lost 10 pounds or more in last 20 years      No/Yes. Only mark "Yes" if the weight loss was not related to an illness and did not occur as a result of giving birth. If "No," go on to Question 36.
- 35.1. Times lost > 50 pounds in last 20 years      The number of times the participant lost 50 pounds or more during last 20 years, excluding times when the weight loss was due to illness or giving birth. Give best estimate.
- 35.2. Times lost 21-50 pounds in last 20 years      The number of times the participant lost between 20 and 49 pounds during last 20 years, excluding times when the weight loss was due to illness or giving birth. Give best estimate.
- 35.3. Times lost 10-20 pounds in last 20 years      The number of times the participant lost between 10 and 19 pounds during last 20 years, excluding times when the weight loss was due to illness or giving birth. Give best estimate.
36. Length of time within 10 pounds of current weight      Give best estimate of the number of consecutive years that the participant has been within 10 pounds of her current weight, ignoring weight changes due to pregnancy or illness.
- Data Entry: Key-enter as a 2-digit number.

37. Number of years living in state now in      The total number of years the participant has lived in the state where she lives currently. The years need not be consecutive. If the participant has moved away from the state and come back, indicate the total number of years she has lived in her current state during her entire lifetime.

For Questions 38 to 41, participants should either give a U.S. state or a country outside the U.S., but not both.

38. Birth state (if in U.S.)      Participant's U.S. state of birth as reported by participant. Leave blank if the participant was born outside the U.S.

Data Entry: Enter 2-letter U.S. state code (see list below). Either type the 2-letter code and press Enter, or press F9 to see a list of values and F10 to select the appropriate code from the list. If the answer space is blank or a place outside the U.S. is listed, press Tab to move to the next field.

State	Code	State	Code
Alabama .....	AL	Montana .....	MT
Alaska .....	AK	Nebraska .....	NE
Arizona .....	AZ	Nevada .....	NV
Arkansas .....	AR	New Hampshire .....	NH
California .....	CA	New Hampshire .....	NH
Colorado .....	CO	New Jersey .....	JN
Connecticut .....	CT	New Mexico .....	NM
Delaware .....	DE	New York .....	NY
District of Columbia .....	DC	North Carolina .....	NC
Florida .....	FL	North Dakota .....	ND
Georgia .....	GA	Ohio .....	OH
Hawaii .....	HI	Oklahoma .....	OK
Idaho .....	ID	Oregon .....	OR
Illinois .....	IL	Pennsylvania .....	PA
Indiana .....	IN	Rhode Island .....	RI
Iowa .....	IA	South Carolina .....	SC
Kansas .....	KS	South Dakota .....	SD
Kentucky .....	KY	Tennessee .....	TN
Louisiana .....	LA	Texas .....	TX
Maine .....	ME	Utah .....	UT
Maryland .....	MD	Vermont .....	VT
Massachusetts .....	MA	Virginia .....	VA
Michigan .....	MI	Washington .....	WA
Minnesota .....	MN	Washington, DC .....	DC
Mississippi .....	MS	West Virginia .....	WV
Missouri .....	MO	Wisconsin .....	WI
		Wyoming .....	WY

Birth country (if not U.S.)      Participant's country of birth as reported by participant. If born in the U.S., leave blank.

Data Entry: Type the name of the country listed. Leave blank if the country listed is "U.S."

39. State (if in U.S.) lived in at age 15      U.S. state participant resided in at age 15 as reported by participant. If the participant was not living in the U.S. at age 15, leave blank.

Data Entry: Refer to the instructions for Question 38.

	Country (if not U.S.) lived in at age 15	Country participant resided in at age 15 as reported by participant. If the participant was living in the U.S., leave blank. Data Entry: Refer to the instructions for Question 38.
40.	State (if in U.S.) lived in at age 35	U.S. state participant resided in at age 35 as reported by participant. If the participant was not living in the U.S. at age 35, leave blank. Data Entry: Refer to the instructions for Question 38.
	Country (if not U.S.) lived in at age 35	Country participant resided in at age 35 as reported by participant. If the participant was living in the U.S., leave blank. Data Entry: Refer to the instructions for Question 38.
41.	State (if in U.S.) lived in at age 50	U.S. state participant resided in at age 50 as reported by participant. If the participant was not living in the U.S. at age 50, leave blank. Data Entry: Refer to the instructions for Question 38.
	Country (if not U.S.) lived in at age 50	Country participant resided in at age 50 as reported by participant. If the participant was living in the U.S., leave blank. Data Entry: Refer to the instructions for Question 38.
42.	Place where participant has lived the longest	U.S. state, or country outside the U.S. where the participant has lived the longest during her entire lifetime. This should be determined by the total number of years spent living in each place, even if they were not over a continuous period. Participant should report <u>either</u> a U.S. state <u>or</u> a country outside the U.S., <u>not</u> both.
	State (if U.S.) lived in longest	U.S. state participant lived in the longest as reported by participant. Data Entry: Refer to the instructions for Question 38.
	Country (if not U.S.) lived in longest	Country participant lived in the longest as reported by participant. Data Entry: Refer to the instructions for Question 38.
43.	Date completed form	Date the participant completed the form.
	Comments	Data Entry: Do not key-enter comments.
	Form administration	Method used to administer form to participant. 1 - Self: Participant completed the form by herself. 2 - Group: Participant completed the form with a group of other participants. 3 - Interview: CC staff completed <u>entire</u> form as an interview. 4 - Assistance: Participant needed partial assistance from CC staff or others to complete the form.
	Language	Data Entry: English or Spanish version of the form. (See common data items.)