

- FORM:** 48 - OS FOLLOW-UP QUESTIONNAIRE
- Version:** 2 – June 15, 1997
- Description:** Self-administered; 12-page booklet; scanned at the Clinical Center (CC).
- When used:** Mailed by the Clinical Coordinating Center (CCC) to all Observational Study (OS) participants with *Form 33 - Medical History Update* at the Year 1 follow-up contact.
- Purpose:** To provide information on exposures not measured at baseline, and to provide more detailed information on selected exposures measured at baseline.

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### GENERAL INSTRUCTIONS

1. The form is printed in both English (Form 48) and Spanish (Form 48S). Both English and Spanish versions are in mark sense format.
2. The CCC will place the participant barcode label on the front page of the form and mail it with *Form 33 - Medical History Update* to all OS participants two months before the enrollment Year 1 target month. (See *Vol. 2, Section 16.5 - OS Annual Mail Contact and Follow-Up of Non-Responders.*)
3. Participants are asked to mail the completed form back to the participant's CC together with *Form 33- Medical History Update* in the return envelope provided.
4. CC Staff are responsible for ensuring that all OS participants return a completed copy of the questionnaire to the CC as part of the one-year contact, and should trace non-responders by phone or mail. (See *Vol. 2, Section 16.11.3 - CC Data Collection for Non-Respondents to OS Mailings.*)
5. Review the form for completeness, looking for skipped pages. Ask the participant to complete pages she may have skipped. Do not review the questions with the participants.
6. Complete the *Office Use Only* section on the first page. Forward the form to Data Entry.
7. Data Entry: Scan the form and initial the first page of the form after entry.
8. File the form in the participant's file.

**Item Instructions**

Date received	Date received at CC.
Reviewed by	Standard 3-digit WHI employee ID. (See common data items.)
Contact type	Mark appropriate box. (See common data items.)
Visit type	Contact at which the CC received the form. Mark the box ("Annual"). Fill in the visit year number by referring to the participant ID label (e.g., if label reads Y1, record 01 on form).
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.  Most participants are expected to complete the form by themselves ("1-Self").
Language	Indication of English (E) or Spanish (S) version of the form. CC staff skip this question as the response is printed on the form.
1. Current weight	Most recent weight measured in pounds.
2. Highest weight in the past year	Maximum weight in pounds in the past year.
3. Lowest weight in the past year	Minimum weight in pounds in the past year.
4. <u>Intentional</u> weight loss of 5 or more pounds in the past year	No/Yes/Don't know. Answer "Yes" if 5 or more pounds were lost at any time in the past year due to changes in diet, exercise or other lifestyle changes, even if the participant has regained the weight she lost.
4.1. Weight loss methods	Mark all that apply.
5. <u>Unintentional</u> weight loss of 5 or more pounds in the past year	No/Yes/Don't know. Answer "Yes" if 5 or more pounds were lost at any time in the past year due to illness, depression, stress, or important life events, even if the participant has regained the weight she lost.
5.1. Cause of unintentional weight loss	Mark all that apply.
6.1.- 6.7. Frequency of eating and drinking	Mark one box on each line. Select the box that applies best. Count all food and drinks with nutrient (calorie) content, including alcoholic drinks. Food or drink consumed half an hour or more before or after an eating or drinking time should be counted as a separate time. Participants who eat snacks after going to bed may count them either under 6.7. ("After dinner") or 6.1. ("Before breakfast meal"). This question is concerned with <u>how often</u> the participant eats and drinks, <u>not how much</u> she eats and drinks.

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| 7.    | Types of fat used for frying food   | Mark the one or two types of fat used most often. If the participant did not use fat, mark "Did not use fat."   |
| 8.    | Types of fat used <u>when</u> cooking vegetables, potatoes, beans, or rice        | Mark the one or two types of fat used most often. If the participant did not use fat, mark "Did not use fat."   |
| 9.    | Types of fat added <u>after</u> cooking vegetables, potatoes, beans, or rice      | Mark the one or two types of fat used most often. If the participant did not use fat, mark "Did not use fat."   |
| 10.   | Types of fat used on breads, bagels, muffins, tortillas and rolls                 | Mark the one or two types of fat used most often. If the participant did not use fat, mark "Did not use fat."   |
| 11.   | Number of 6 ounce glasses of <u>red</u> wine drunk in the past 3 months           | Mark one. Note that the question asks about 6 ounce glasses, while many wine glasses are 4 ounce glasses.   |
| 12.   | Number of 6 ounce glasses of <u>white</u> or rosé wine drunk in the past 3 months | Mark one. Note that the question asks about 6 ounce glasses, while many wine glasses are 4 ounce glasses.   |
| 13.   | Current cigarette smoking   | No/Yes. Questions 13. – 13.4. refer to smoking habits over the past month.  |
| 13.1. | Cigarettes smoked per day   | The average number of cigarettes smoked per day over the past month.  |
| 13.2. | Use of filter tip cigarettes  | Mark the type that is smoked most often.  |
| 13.3. | Use of regular or low tar and nicotine cigarettes                                 | Mark the type that is smoked most often.  |
| 13.4. | Size of cigarettes  | Mark the size that is smoked most often.  |
| 14.   | Use of combined estrogen and progestin pills                                      | No/Yes/Don't know. Answer "yes" if any type of combined estrogen and progestin pill was used at any time in the past two years, even if the participant is not currently using a combined pill. |
| 14.1. | Months of combined estrogen and progestin usage                                   | Mark one.   |
| 15.   | Use of estrogen in the past year  | No/Yes/Don't know. Answer "yes" if any type of estrogen was used at any time in the past year, even if the participant is not currently using estrogen.   |
| 15.1. | Months of estrogen use in the past year   | Mark one. If estrogen shots were used, count each shot as one month.  |
| 15.2. | Type of estrogen used the longest   | Mark one.   |

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| 15.3. | Use of estrogen pills in the past year    | No/Yes/Don't know.   |
| 15.4. | Days each month that estrogen was used    | Mark one.  |
| 15.5. | Type of estrogen pill used longest        | Mark one. Mark "Other" if the type of estrogen pill used the longest was something other than Premarin, conjugated equine estrogens, Estrace, or Ogen. |
| 15.6. | Usual daily estrogen dose                 | The usual daily dose taken of the type of estrogen pill used the longest in the past year. Mark one.   |
| 15.7. | Use of estrogen skin patches              | No/Yes/Don't know.   |
| 15.8. | Usual dose of skin patch                  | Mark one. Mark "Other" if the participant used cut-up skin patches or used more than one skin patch at a time.   |
| 15.9. | Times/week skin patch changed             | Mark one. The number of times that a skin patch was changed each week is the same as the number of skin patches used each week.                        |
| 16.   | Use of progestin in the past year         | No/Yes/Don't know.   |
| 16.1. | Months of progestin use in the past year. | Mark one. If progestin shots were used, count each shot as one month.  |
| 16.2. | Type of progestin used the longest        | Mark one.  |
| 16.3. | Use progestin pills                       | No/Yes/Don't know.   |
| 16.4. | Days/month used progestin pills           | Mark one.  |
| 16.5. | Use of Provera                            | No/Yes/Don't know.   |
| 16.6. | Usual dose of Provera                     | Mark one. If more than one dose amount is taken regularly, mark the lowest dose.   |
| 16.7. | Use of micronized progesterone            | No/Yes/Don't know.   |
| 17.   | Insecticide exposure                      | Mark one. Do not include insect repellents, weedkillers (herbicides), fungicides, or flea, tick or mite treatments to pets.                            |
| 17.1. | Types of insecticide exposure             | Mark all that apply.   |
| 17.2. | Years mixing or applying insecticides     | Mark one.  |
| 17.3. | Times mixed or applied insecticides       | Mark one.  |

- 17.4. Years of exposure to insecticides applied by another person Mark one.
- 17.5. Times another person applied insecticides home or yard Mark one.
18. Exposure to computer screens Mark one.
- 18.1. Years of computer screen exposure Mark one.
- 18.2. Days exposed to computer screens Mark one.
- 18.3. Hours exposed to computer screens Mark one.
19. Pet(s) in home No/Yes. This question refers to pets with fur or feathers (dogs, cats, birds). Do not include fish or reptiles (e.g. snakes).
- 19.1. Methods used to treat pet(s) for fleas Mark all that apply. If pets have never been treated for fleas, mites or ticks, mark "None".
- 19.2. Total years that pet(s) treated for fleas Mark one. Only include those years in which one or more pets in the home were treated for fleas, mites, or ticks. Do not count years when pets were not treated for fleas, mites, or ticks.
20. Use of hair dryers No/Yes.
- 20.1. Years of hair dryer use Mark one.
- 20.2. Frequency of hair dryer use Mark one.