

- FORM:** 143 - OS FOLLOW-UP QUESTIONNAIRE (Observational Study - Year 3)
- Version:** 3 – February 15, 1998
- Description:** Self-administered; 20-page booklet; scanned at the Clinical Center (CC).
- When used:** Collected at OS Year 3 visit.
- Purpose:** To update information on exposures measured at baseline and Year 1, and to provide more detailed information on selected exposures.
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GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 143*) and Spanish (*Form 143S*). Both English and Spanish versions are in mark-sense format. (Note: Ver. 3 of the form was printed to correct an error in the skunk marks of Ver. 2. All instructions for Ver. 2 apply to Ver. 3.)

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

2. Place the participant barcode label on the front page of the form. Mail it with *Form 33 – Medical History Update* and *Form 38 - Daily Life* to all OS participants two months before the Year 3 target date along with a cover memo asking the participant to bring the completed form with her to her OS Year 3 clinic visit. (See *Vol. 2, Section 16.5 - OS Annual Mail Contact and Follow-Up of Non-Responders.*)
3. When you do an appointment reminder (letter or phone call), remind the participant to bring the completed questionnaire to her OS Year 3 clinic visit.
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 three-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. Initial the first page of the form after entry.
8. File the form in the participant's file.

Item Instructions

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| 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 three. |
| 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 entire 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. Highest weight in the past 2 years | Maximum weight in pounds in the past 2 years. |
| 2. Lowest weight in the past 2 years | Minimum weight in pounds in the past 2 years. |
| 3. Intentional weight loss of 5 or more pounds in the past 2 years | No/Yes/Don't know. Answer "Yes" if 5 or more pounds were lost at any time in the past 2 years due to changes in diet, exercise or other lifestyle changes, even if the participant has regained the weight she lost. |
| 3.1. Weight loss methods | Mark all that apply. Data entry: Other, specify text, not data entered. |
| 4. Unintentional weight loss of 5 or more pounds in the past 2 years | No/Yes/Don't know. Answer "Yes" if 5 or more pounds were lost at any time in the past 2 years due to illness, depression, stress, or important life events, even if the participant has regained the weight she lost. |
| 4.1. Cause of unintentional weight loss | Mark all that apply. Data entry: Other, specify text, not data entered. |
| 5.1. Figure that reflects how you think you look | Mark the category that best reflects how the participant thinks she looks. |
| 5.2. Figure that reflects how you feel | Mark the category that best reflects how the participant feels most of the time. |
| 5.3. Figure that is your ideal figure | Mark the category that best reflects the figure the participant thinks is her ideal figure. |

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| 5.4. | Figure that you think is ideal for women | Mark the category that best reflects the figure the participant thinks is ideal for women. |
| 5.5. | Figure most preferred by men | Mark the category that best reflects the figure the participant thinks is most preferred by men. |
| 5.6. | Figure most preferred by women | Mark the category that best reflects the figure the participant thinks is most preferred by women. |
| 6. | Number of times walked | Frequency range that best represents the number of times the participant walks for more than ten minutes without stopping each month or week. |
| 6.1. | Number of minutes 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. | 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. |
| 9. | 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 10. |
| 9.1. | 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, shoveling 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. |
| 10. | Number of hours spent sitting per day | Mark the category that best represents the participant's average time spent sitting during each day and night combined (24-hour period). |
| 11. | Number of hours spent lying or sleeping per day | Mark the category that best represents the participant's average time spent lying down or sleeping during each day and night combined (24-hour period). |

- 12.1. - Frequency of strenuous physical activity
12.4.
- Mark the category that best represents the number of days each week the participant engaged in at least 20 minutes of strenuous physical activity during the age period specified. Examples of strenuous activities: farm chores, ballet, swimming, basketball, track and field, volleyball, bicycling, tennis, walking briskly. Examples of activities that are **not** considered to be strenuous: bowling, sailing, walking: casual strolling or average pace.
13. Fat or oil used to fry foods
- Mark the one or two used most often. If participant did not use fat, mark "Did not use fat."
14. Fat or oil used to cook vegetables, potatoes, beans or rice
- Mark the one or two used most often. If participant did not use fat, mark "Did not use fat."
15. Fat or oil added after cooking vegetables, potatoes, beans or rice
- Mark the one or two used most often. If participant did not use fat, mark "Did not use fat."
16. Fat or oil used on breads
- Mark the one or two used most often. If participant did not use fat, mark "Did not use fat."
- 17.1. Cups of regular instant coffee
- Mark one category. Give best estimate. Do not count decaf coffee beverages. Count "large", "tall", or "double" cups of coffee as 2 cups. Instant coffee is prepared by adding boiling water to coffee powder or granules.
- 17.2. Cups of regular espresso or latté coffee
- Mark one category. Give best estimate. Do not count decaf coffee beverages. Count "large", "tall", or "double" cups of coffee as 2 cups. This is the method used to prepare espresso and lattés, which are popular in some parts of the U.S.
- 17.3. Cups of other regular coffee
- Mark one category. Give best estimate. Do not count decaf coffee beverages. Count "large", "tall", or "double" cups of coffee as 2 cups. This includes coffee-maker, drip, boiled, or percolated coffee.
- 17.4. Cups of decaf coffee
- Mark one category. Give best estimate. Count **all** types of coffee beverages made from **decaf** coffee. Count "large", "tall", or "double" cups of decaf coffee, or espresso beverages made with double shots of decaf espresso as two cups.
- 17.5. Cups of regular tea
- Mark one category. Give best estimate. Do not count herbal tea that does not contain regular tea leaves or decaf tea.
- 17.6. Cups of herbal tea
- Mark one category. Give best estimate. Count herbal tea that does not contain regular tea leaves. Do not count tea containing regular tea leaves that have been decaffeinated.
- 17.7. Cups of decaf tea
- Mark one category. Give best estimate. Count tea containing regular tea leaves that have been decaffeinated. Do not count herbal tea.
- 17.8. Glasses of tap water
- Mark one category. Give best estimate. Count 8 ounces as one glass.
- 17.9. Glasses of bottled water
- Mark one category. Give best estimate. Count 8 ounces as one glass.
- 17.10. Glasses of diet drinks
- Mark one category. Give best estimate. Count 12 ounces as one can or glass. Count diet drinks including diet soft drinks and diet fruit drinks.

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| 18. | Alcohol consumption during past 3 months | No/Yes. Questions 17. - 17.4 refer to alcohol use over the past three months. |
| 18.1. | Frequency of alcohol consumption | The frequency range that best represents the number of times the participant has had drinks containing alcohol during past three months. |
| 18.2. | Number of drinks per day | Mark the category that best represents the number of drinks the participant consumed per day on the days the participant drank during the past three months. |
| 18.3. | Number of drinks not around a major meal | Mark the category that best represents the number of drinks the participant consumed that were not around a major meal on the days the participant drank during the past three months. Major meals include lunch and dinner. Before and after dinner drinks are considered around a major meal and should not be counted. |
| 18.4. | Drink more alcohol for special occasions | No/Yes. |
| 18.5. | Frequency of drinking more alcohol for special occasions | Mark the category that best represents the number of times the participant drank more than usual during special occasions. |
| 19. | Drinking habits changed | No/Yes. |
| 19.1. | Type of drinking habit change | Mark one category. |
| 19.2. | Reason for change | Mark one category. |
| 20. | Current cigarette smoking | No/Yes. Questions 20. - 20.1. refer to smoking habits over the past month. |
| 20.1. | Cigarettes smoked per day | Mark one category. The average number of cigarettes smoked per day over the past month. |
| 21. | 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. |
| 21.1. | Who smokes in home | Mark all that apply. |
| 22. | 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. |
| 23. | Employment status | Participant's current employment status. Mark the response that best describes the participant's current employment situation. If more than one apply, mark both. If "8 - Other" is marked, specify job status. However, if the participant specifies an "Other" that fits into one of the categories, clarify the response with the participant and mark the appropriate oval or box. Data entry: Other, specify text, not data entered. |
| 24. | Marital status | Participant's current marital status. Mark only one. |

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| 24.1. | Partner's employment status | Current employment status of participant's husband or partner. Mark the response that best describes the participant's current employment situation. If more than one apply, mark both. If "8 - Other" is marked, specify job status. However, if the participant specifies an "Other" that fits into one of the categories, clarify the response with the participant and mark the appropriate oval or box. Data entry: Other, specify text, not data entered. |
| 25. | Total family income last year | Total income of family (from all people in household) in the last year. Give best estimate. This information will not be reported except as grouped data. |
| 26. | Usual medical care provider | No/Yes. Mark "Yes" if participant sees one or more doctors, nurses, physician assistants, or clinics to receive regular medical care. |
| 26.1. | Last visit to usual medical care provider | Mark one category. Give best estimate. |
| 26.2. | Usual medical care provider changed | No/Yes. |
| 27. | Current health insurance | No/Yes. |
| 27.1. | Current health insurance options for doctors and hospitals | Mark one category. |
| 28.1. | Pre-paid private insurance | No/Yes. |
| 28.2. | Payment for pre-paid private insurance | Mark all that apply. |
| 28.3. | Private insurance | No/Yes. |
| 28.4. | Payment for private insurance | Mark all that apply. |
| 28.5. | Medicare coverage | No/Yes. |
| 28.6. | Medicare supplemental coverage | No/Yes. |
| 28.7. | Medicaid, Medi-Cal, DPA coverage | No/Yes. |
| 28.8. | Military or Veterans Administration coverage | No/Yes. |
| 28.9. | Other insurance | No/Yes. |
| 29. | Use of non-prescription natural hormones | No/Yes/Don't know. Answer "yes" if any type of non-prescription natural hormone was used at any time in the past two years, even if the participant is not currently using the hormone. |
| 29.1. | Types of non-prescription natural hormone used | Mark all that apply. |

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| 30. | Use of prescription female hormones | No/Yes/Don't know. Answer "yes" if any type of prescription female hormone (estrogen or progesterone) was used at any time in the past two years, even if the participant is not currently using the hormone. |
| 31. | 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. |
| 31.1. | Months of combined estrogen and progestin usage | Mark one. |
| 32. | Use of combined estrogen and testosterone pills | No/Yes/Don't know. Answer "yes" if any type of combined estrogen and testosterone pill was used at any time in the past two years, even if the participant is not currently using a combined pill. |
| 32.1. | Months of combined estrogen and testosterone pills | Mark one. |
| 32.2. | Type of combined estrogen and testosterone pills used longest | Mark one. |
| 33. | Use of estrogen pills | No/Yes/Don't know. Do not include the combined pill of estrogen and progestin or the combined pill of estrogen and testosterone. |
| 33.1. | Months of estrogen pills | Mark one. |
| 33.2. | Days/month estrogen pill used | Mark one. |
| 33.3. | 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. |
| 33.4. | Usual daily estrogen pill dose | The usual daily dose taken of the type of estrogen pill used the longest in the past two years. Mark one. If more than one dose amount is taken regularly, mark the lowest dose. |
| 34. | Use of estrogen shots | No/Yes/Don't know. |
| 34.1. | Months of estrogen shots | Mark one. Count each shot as one month. |
| 35. | Use of estrogen vaginal cream or suppository | No/Yes/Don't know. |
| 35.1. | Months of estrogen vaginal cream or suppository | Mark one. |
| 36. | Use of a skin patch | No/Yes/Don't know. |
| 36.1. | Months of skin patch use | Mark one. |

- 36.2. Type of skin patch used longest Mark one.
- 36.3. Usual dose of estrogen in skin patch Mark one. Mark "Other" if the participant used cut-up skin patches or used more than one skin patch at a time.
- 36.4. 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.
37. Use progestin pills No/Yes/Don't know. Do not include the combined pill of estrogen and progestin.
- 37.1. Months of progesterone pill use Mark one.
- 37.2. Days/month progestin pills used Mark one.
- 37.3. Type of progesterone pill used longest Mark one.
- 37.4. Usual daily dose of progesterone The usual daily dose taken of the type of progesterone pill used the longest in the past two years. Mark one. If more than one dose amount is taken regularly, mark the lowest dose.
38. Previous health conditions or procedures Mark one for each condition. Participant should mark all health conditions or procedures that have occurred since enrollment in the study. If "Yes", specify when. See below for descriptions of **each** condition or procedure.
- 38.1. Cataract(s): An opacity of the lens of the eye (usually treated by surgery).
- 38.2. Macular degeneration of the retina: A breakdown of the area of the retina that can lead to severe loss of vision.
- 38.3. Asthma: Chronic respiratory condition associated with reversible airway obstruction, sudden wheezing, coughing and shortness of breath, often in response to environmental, physical, or emotional stressors.
- 38.4. Emphysema or chronic bronchitis: Chronic lung disease, also known as chronic obstructive pulmonary disease or COPD.
- 38.5. Heart failure or congestive heart failure: Usually associated with coronary heart disease or cardiomyopathy and characterized by such symptoms as ankle swelling and shortness of breath.
- 38.6. Angina (chest pains from the heart): Angina or angina pectoris. Chest discomfort occurring at rest or with exercise and relieved by nitrates and/or rest. This is not the same thing as a heart attack.
- 38.7. Atrial fibrillation: Pulse is irregularly irregular. Usually a chronic condition, different from life-threatening ventricular arrhythmias. Participants may be taking chronic medication (e.g., digoxin) to control this condition and/or prevent blood clots.
- 38.8. Kidney or bladder stones: Also called urinary or renal calculi, usually associated with severe back or suprapubic (above the pubic bone) pain and passage of blood in urine. Calculi may be passed in urine or extracted or removed surgically.
- 38.9. Dialysis for kidney or renal failure: Dialysis, hemodialysis or peritoneal dialysis. A procedure for filtering the blood through a machine in those with kidney or renal failure.

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| 38.10. | Stomach or duodenal ulcer: | Includes all mild to severe upper gastrointestinal ulcers. Participant may be taking chronic medications to control this condition or she may have had surgery. |
| 38.11. | Diverticulitis: | Inflammation of colonic diverticula (mucosal herniations), characterized by lower abdominal cramping and bowel irregularity (i.e., constipation and diarrhea). |
| 38.12. | Pancreatitis: | Inflammation of the pancreas. An acute condition, usually associated with severe upper abdominal pain, nausea, vomiting, fever, and sometimes jaundice. Restriction of oral intake is usually necessary. Chronic pancreatitis is associated with episodes of severe abdominal pain and may be treated by pancreatectomy (removal of pancreas). |
| 38.13. | Liver disease: | Chronic active hepatitis, cirrhosis, or "yellow" jaundice. |
| 38.14. | Overactive thyroid: | Hyperthyroidism. Participant may have had this condition in the past and then undergone irradiation or surgical removal (thyroidectomy). |
| 38.15. | Underactive thyroid: | Hypothyroidism. Participant may have this condition as a result of treatment for hyperthyroidism (see above). Participants often take thyroid supplement medication for this condition. |
| 38.16. | Alzheimer's disease: | Senile dementia (brain disorder with progressive cognitive, personality, and motor dysfunction). |
| 38.17. | Multiple sclerosis: | Progressive demyelination within the central nervous system. Symptoms may include weakness, speech disturbances, and vision problems. |
| 38.18. | Parkinson's disease: | Progressive neurologic disorder characterized by muscle stiffness, rigidity, pill-rolling movements of hands, and lack of coordinated movements. |
| 38.19. | Amyotrophic Lateral Sclerosis: | ALS or Lou Gehrig disease. Neuromuscular disease associated with motor neuron degeneration and characterized by progressive paralysis. |