

- FORM:** 145 - OS FOLLOW-UP QUESTIONNAIRE (Observational Study - Year 5)
- Version:** 1 – July 01, 1999
- Description:** Self-administered; 12-page booklet; data entered 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 five-year follow-up contact. This form applies to OS participants only.
- Purpose:** To update and provide more detailed information on selected exposures measured at baseline, year 1, year 3 and year 4, and to provide information on exposures not previously measured.
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GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 145*) and Spanish (*Form 145S*) and both are in mark-sense format.

For both forms, follow the instructions on the front of the form for marking the answers.
2. The CCC places the participant barcode label on the front page of the form and mails it with *Form 33 – Medical History Update* to all OS participants two months before the enrollment anniversary 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. Review the form for completeness, looking for skipped pages. Follow-up missing responses by phone.
5. Complete the [*Official Use Only*] section on the first page. Forward the form to Data Entry.
6. Data Entry: Scan the form. Initial the first page of the form after entry.
7. 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 five. |
| Form Administration | <p>Method used to administer form to participant:</p> <p>1 - Self: Participant completed the form by herself</p> <p>2 - Group: Participant completed the form with a group of other participants.</p> <p>3 - Interview: CC staff completed entire form as an interview.</p> <p>4 - Assistance: Participant needed partial assistance from CC staff or others to complete the form.</p> <p>Most participants are expected to complete the form by themselves ("1 - Self").</p> |
| 1. Current weight | Current weight 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. 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. |
| 4.1. 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. |
| 4.2. Walking speed | The category that best represents participant's speed during walks for more than ten minutes without stopping. |
| 5.1. Frequency of strenuous exercise | The category that best represents the number of days each week the participant engages in strenuous exercise. |
| 5.2. Length of each strenuous exercise session | The range of minutes that best represents the length of each strenuous exercise session. |
| 5.3. Frequency of moderate exercise | The category that best represents the number of days each week the participant engages in moderate exercise. |
| 5.4. Length of each moderate exercise session | The range of minutes that best represents the length of each moderate exercise session. |
| 5.5. Frequency of mild exercise | The category that best represents the number of days each week the participant engages in mild exercise. |
| 5.6. Length of each mild exercise session | The range of minutes that best represents the length of each mild exercise session. |
| 6. Current cigarette smoking | No/Yes. |

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| 6.1. | Cigarettes smoked per day | The average number of cigarettes smoked per day over the past month. |
| 7. | Exposure to computer screens | No/Yes. |
| 7.1. | Days per week exposed to computer screens | Mark one. |
| 7.2. | Hours per day exposed to computer screens | Mark one. |
| 8. | Emotions in past week | The participant's level of agreement with the listed statement based on emotions occurring over the past week. Mark one category. 8.1.-8.7. |
| 9.1. | Religious services in past year | The number of times participant has attended a religious service or church in the last year. Mark one. |
| 9.2. | Private religious activities in past year | The number of times participant has participated in private religious activities or religious readings in the last year. Mark one. |
| 10. | Use of alternative medicine treatment in past year | No/Yes/Don't know. |
| 11. | Condition of mouth and teeth | The category that represents the condition of the participant's mouth and teeth. Mark only one. |
| 12. | Mouth dry when eating | No/Yes. |
| 13. | Frequency of limiting food intake due to problems with teeth or dentures | Mark one. |
| 14. | Frequency of routine checkups or cleanings | Mark one. |
| 15. | Periodontal or gum disease | No/Yes. |
| 16. | Loss of ALL permanent teeth | No/Yes. |
| 17. | 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 year, even if the participant is not currently using the hormone. |
| 17.1. | Type of non-prescription natural hormone used | Mark all that apply. |
| 18. | 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 year, even if the participant is not currently using the hormone. |

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| 19. | 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 year, even if the participant is not currently using a combined pill. |
| 19.1. | Months of combined estrogen and progestin usage | Mark one. |
| 20. | 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 year, even if the participant is not currently using a combined pill. |
| 20.1. | Months of combined estrogen and testosterone pills | Mark one. |
| 20.2. | Type of combined estrogen and testosterone pills used longest | Mark one. |
| 21. | 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. |
| 21.1. | Months of estrogen pills | Mark one. |
| 21.2. | Days/month estrogen pill used | Mark one. |
| 21.3. | Type of estrogen pill used longest | Mark one. Mark "Other" if the type of estrogen pill used longest was something other than Premarin, conjugated equine estrogens, Estrace, or Ogen. |
| 21.4. | Usual daily estrogen pill dose | The usual daily dose taken of the type of estrogen pill used the longest in the past year. Mark one. If more than one dose amount is taken regularly, mark the lowest dose. |
| 22. | Use of estrogen shots | No/Yes/Don't know. |
| 22.1. | Months of estrogen shots | Mark one. |
| 23. | Use of estrogen vaginal cream or suppository | No/Yes/Don't know. |
| 23.1. | Months of estrogen vaginal cream or suppository | Mark one. |
| 24. | Use of a skin patch | No/Yes/Don't know. |
| 24.1. | Months of skin patch use | Mark one. |
| 24.2. | Type of skin patch used longest | Mark one. |
| 24.3. | 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. |

- 24.4. 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.
25. Use progesterone pills No/Yes/Don't know. Do not include the combined pill of estrogen and progestin.
- 25.1. Months of progesterone pill use Mark one.
- 25.2. Days/month progesterone pills used Mark one.
- 25.3. Type of progesterone pill used longest Mark one.
- 25.4. Usual daily dose of progesterone The usual daily dose taken of the type of progesterone pill used the longest in the past year. Mark one. If more than one dose amount is taken regularly, mark the lowest dose.
26. Previous health conditions or procedures No/Yes. Participant should mark all health conditions or procedures taking place in the past year. See below for descriptions of each condition or procedure.
- 26.1. Cataract(s): An opacity of the lens of the eye (usually treated by surgery).
- 26.2. Macular degeneration of the retina: A breakdown of the area of the retina that can lead to severe loss of vision.
- 26.3. 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.
- 26.4. Emphysema or chronic bronchitis: Chronic lung disease, also known as chronic obstructive pulmonary disease or COPD.
- 26.5. 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.
- 26.6. 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.
- 26.7. 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.
- 26.8. 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.
- 26.9. 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.
- 26.10. 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.

- 26.11. Diverticulitis: Inflammation of colonic diverticula (mucosal herniations), characterized by lower abdominal cramping and bowel irregularity (i.e., constipation and diarrhea).
- 26.12. 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).
- 26.13. Liver disease: Chronic active hepatitis, cirrhosis, or "yellow" jaundice.
- 26.14. Overactive thyroid: Hyperthyroidism. Participant may have had this condition in the past and then undergone irradiation or surgical removal (thyroidectomy).
- 26.15. 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.
- 26.16. Alzheimer's disease: Senile dementia (brain disorder with progressive cognitive, personality, and motor dysfunction).
- 26.17. Multiple sclerosis: Progressive demyelination within the central nervous system. Symptoms may include weakness, speech disturbances, and vision problems.
- 26.18. Parkinson's disease: Progressive neurologic disorder characterized by muscle stiffness, rigidity, pill-rolling movements of hands, and lack of coordinated movements.
- 26.19. Amyotrophic Lateral Sclerosis: ALS or Lou Gehrig disease. Neuromuscular disease associated with motor neuron degeneration and characterized by progressive paralysis.
27. Marital status Participant's current marital status. Mark only one.