

- FORM:** 146 - OS FOLLOW-UP QUESTIONNAIRE (Observational Study - Year 6)
- Version:** 1 – July 15, 2000
- Description:** Self-administered; 20-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 six-year follow-up. 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, Year 4, and Year 5 and to provide information on exposures not previously measured.

GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 146*) and Spanish (*Form 146S*). Both English and Spanish versions 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

	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.)
	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").
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.	Intentional weight loss of 5 or more pounds in the past 3 years	No/Yes/Don't know. Answer "Yes" if 5 or more pounds were lost at any time in the past 3 years 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. Data entry: For "8 – Other," specify text; not data entered. Mark "9 – Prescription diet pill" if <u>any</u> prescription diet pill was used (not just listed examples).
5.	Unintentional weight loss of 5 or more pounds in the past 3 years	No/Yes/Don't know. Answer "Yes" if 5 or more pounds were lost at any time in the past 3 years 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. Data entry: Other, specify text, not data entered.
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.	Frequency of strenuous exercise	The category that best represents the number of days each week the participant engages in strenuous exercise. Mark "None = 0" if less than one day per week.

7.1.	Length of each strenuous exercise session	The range of minutes that best represents the length of each strenuous exercise session.
8.	Frequency of moderate exercise	The category that best represents the number of days each week the participant engages in moderate exercise. Mark "None" if less than one day per week.
8.1.	Length of each moderate exercise session	The range of minutes that best represents the length of each moderate exercise session.
9.	Frequency of mild exercise	The category that best represents the number of days each week the participant engages in mild exercise. Mark "None" if less than one day per week.
9.1.	Length of each mild exercise session	The range of minutes that best represents the length of each mild exercise session.
10.	Number of hours spent doing heavy household chores	Select one category. Give best estimate. Heavy indoor household chores include scrubbing floors, sweeping, and vacuuming. Do not include cooking, dusting, or outdoor chores.
11.	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 12.
11.1.	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.
12.	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).
13.	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).
14.	Beverages in past 3 months	Mark one for each beverage. Give best estimate of number of each beverage participant drank in the past 3 months.
14.1	Instant or drip caffeinated coffee	Refers to instant or paper-filter drip caffeinated coffee only. One cup = one serving.
14.2	Other caffeinated coffee	Refers to any type of caffeinated coffee that is not instant or paper-filter drip. One cup = one serving.
14.3	Instant or drip decaf coffee	Refers to instant or paper-filter drip decaf coffee only. One cup = one serving.
14.4	Other decaf coffee	Refers to any type of decaf coffee that is not instant or paper-filter drip. One cup = one serving.
14.5	Regular tea	Refers to any type of tea, including herbal, that contains caffeine. One cup = one serving.
14.6	Decaf tea	Refers to any type of tea, including herbal, that does not contain caffeine. One cup = one serving.
14.7	Caffeinated soft drinks	Refers to any type of soft drink that contains caffeine. One 12 oz. can = one serving.

14.8	Soft drinks without caffeine	Refers to any type of soft drink that does not contain caffeine. One 12 oz. can = one serving.
15.	Alcohol consumption during past 3 months	No/Yes. Questions 14. - 14.5 refer to alcohol use over the past three months.
15.1.	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.
15.2.	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.
15.3.	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.
15.4.	Drink more alcohol for special occasions	No/Yes.
15.5.	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.
16.	Drinking habits changed	No/Yes.
16.1.	Type of drinking habit change	Mark one category.
16.2.	Reason for change	Mark one category.
17.	Current cigarette smoking	No/Yes. Questions 16. - 16.1. refer to smoking habits over the past month.
17.1.	Cigarettes smoked per day	Mark one category. The average number of cigarettes smoked per day over the past month.
18.	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.
18.1.	Who smokes in home	Mark all that apply.
19.	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.
20.	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.
20.1.	Last visit to usual medical care provider	Mark one category. Give best estimate.
20.2.	Usual medical care provider changed in the past 3 years	No/Yes.

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| 21. | Current health insurance | No/Yes. |
| 21.1. | Current health insurance options for doctors and hospitals | Mark one category. |
| 22. | Pre-paid private insurance | No/Yes. |
| 22.1 | Payment for pre-paid private insurance | Mark all that apply. |
| 22.2. | Private insurance | No/Yes. |
| 22.3. | Payment for private insurance | Mark all that apply. |
| 22.4. | Medicare coverage | No/Yes. |
| 22.5. | Medicare supplemental coverage | No/Yes. |
| 22.6. | Medicaid, Medi-Cal coverage | No/Yes. |
| 22.7. | Military or Veterans Administration coverage | No/Yes. |
| 22.8. | Other insurance | No/Yes. |
| 23. | 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. |
| 23.1. | Types of non-prescription natural hormone used | Mark all that apply. |
| 24. | Use of Fosamax (alendronate) or Calcitonin | No/Yes/Don't know. Answer "yes" if Fosamax (alendronate) or Calcitonin was used at any time in the past year, even if the participant is not currently using the treatment. |
| 24.1 | Which treatment | Mark all that apply. |
| 25. | Use of non-estrogen prescription hormones | No/Yes/Don't know. Answer "yes" if any type of prescription non-estrogen treatment for hormone replacement was used at any time in the past year, even if the participant is not currently using the treatment. |
| 25.1. | Types of non-estrogen treatments for hormone replacement used | Mark all that apply. |
| 26. | 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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| 27. | Use of combined estrogen and progestin pills or patches | No/Yes/Don't know. Answer "yes" if any type of combined estrogen and progestin pill or patch was used at any time in the past year, even if the participant is not currently using a combined pill or patch. |
| 27.1. | Months of combined estrogen and progestin usage | Mark one. |
| 27.2. | Combination pill or patch used the longest | Mark one. |
| 28. | 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. |
| 28.1. | Months of combined estrogen and testosterone pills | Mark one. |
| 28.2. | Type of combined estrogen and testosterone pills used longest | Mark one. |
| 29. | Use of estrogen pills, patches, creams, or shots | No/Yes/Don't know. Do not include the combined pill/patch of estrogen and progestin or the combined pill of estrogen and testosterone. |
| 29.1. | Use of an estrogen pill | No/Yes. Answer yes" if any type of estrogen only pill was used at any time in the past year, even if the participant is not currently using an estrogen pill. |
| 29.2. | Months of estrogen pills | Mark one. |
| 29.3. | 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, Ogen, or Estratab. |
| 29.4. | Use of an estrogen patch | No/Yes. |
| 29.5. | Months of estrogen patch | Mark one. |
| 29.6. | Use of an estrogen cream | No/Yes. |
| 29.7. | Months of estrogen cream | Mark one. |
| 29.8. | Use of estrogen shots | No/Yes. |
| 29.9. | Months of estrogen shots | Mark one. Count each shot as one month. |
| 30. | Use progestin pills, creams, or shots | No/Yes/Don't know. Do not include the combined pill of estrogen and progestin. |
| 30.1. | Use of progesterone pill or capsule | No/Yes. |

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| 30.2. | Months of progesterone pill or capsule use | Mark one. |
| 30.3. | Type of progesterone pill used longest | Mark one. Mark "Other" if the type of progesterone pill used the longest was something other than Provera, Cycrin, Amen, Medoxyprogesterone Acetate, Prometrium or micronized progesterone. |
| 30.4. | Days/month progestin pills used | Mark one. |
| 30.5. | Use of progesterone cream | No/Yes. |
| 30.6. | Months of progesterone cream | Mark one. |
| 30.7. | Use of progesterone shots | No/Yes. |
| 30.8. | Months of progesterone shots | Mark one. |
| 31. | Previous health conditions or procedures | Mark one for each condition. Participant should mark all health conditions or procedures that have occurred in the past year. See below for descriptions of each condition or procedure. |
| 31.1. | Cataract(s): | An opacity of the lens of the eye (sometimes treated by surgery). |
| 31.2. | Macular degeneration of the retina | A breakdown of the area of the retina that can lead to severe loss of vision. |
| 31.3. | 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. |
| 31.4. | Emphysema or chronic bronchitis | Chronic lung disease, also known as chronic obstructive pulmonary disease or COPD. |
| 31.5. | 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. |
| 31.6. | 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. |
| 31.7. | 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. |
| 31.8. | 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. |
| 31.9. | 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. |

31.10.	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.
31.11.	Diverticulitis	Inflammation of colonic diverticula (mucosal herniations), characterized by lower abdominal cramping and bowel irregularity (i.e., constipation and diarrhea).
31.12.	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).
31.13.	Liver disease	Chronic active hepatitis, cirrhosis, or "yellow" jaundice.
31.14.	Overactive thyroid	Hyperthyroidism. Participant may have had this condition in the past and then undergone irradiation or surgical removal (thyroidectomy).
31.15.	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.
31.16.	Alzheimer's disease	Senile dementia (brain disorder with progressive cognitive, personality, and motor dysfunction).
31.17.	Multiple sclerosis	Progressive demyelination within the central nervous system. Symptoms may include weakness, speech disturbances, and vision problems.
31.18.	Parkinson's disease	Progressive neurologic disorder characterized by muscle stiffness, rigidity, pill-rolling movements of hands, and lack of coordinated movements.
31.19.	Amyotrophic Lateral Sclerosis	ALS or Lou Gehrig disease. Neuromuscular disease associated with motor neuron degeneration and characterized by progressive paralysis.
32.	Alzheimer's Disease	Senile dementia (brain disorder with progressive cognitive, personality, and motor dysfunction).
33.	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. Data entry: Other, specify text, not data entered.
34.	Marital status	Participant's current marital status. Mark only one.
34.1.	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. Data entry: Other, specify text, not data entered.
35.	Number of people living in household as part of participant's family	Total number in household, including self.
35.1.	Number of people under 18 years of age living in household	Total number in household 18 and under.

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| 35.2. | Number of people between the ages of 18 and 64 living in household | Total number in household between 18 and 64 (including self). |
| 35.3. | Number of people 65 years or older living in household | Total number in household 65 and over (including self). |
| 36. | Total family income last year | Total income of family (from all sources and all people in household) in the last year. Give best estimate. This information will not be reported except as grouped data. |
| 36.1. | Loss of sources of household income | Mark one. Give best estimate of length of time participant could live at current address and standard of living. |
| 37. | Total family assets | Current total family savings, assets, retirement and pension plans, and property from all sources within household, including home and cars, minus amounts owed. |
| 38. | Total family debt | Current total family debt. Do not include mortgage or car loans. |
| 39. | Hard time making ends meet | Mark one for each time period. |
| 40. | Finances compared to other years | Mark one for each time period. |
| 41. | Food eaten in last year | Mark one. |
| 42. | Programs used by household in last year | Mark all that apply. |