

- FORM:** 147 - OS FOLLOW-UP QUESTIONNAIRE (Observational Study - Year 7)
- Version:** 1 – May, 01, 2001
- 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 seven-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, year 4, year 5, and year 6 and to provide information on exposures not previously measured.
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### GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 147*) and Spanish (*Form 147S*) 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**

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 seven.
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 <b>entire</b> 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. Frequency of strenuous exercise	The category that best represents the number of days each week the participant engages in strenuous exercise. Mark “none” if less than one day per week.
5.1. Length of each strenuous exercise session	The range of minutes that best represents the length of each strenuous exercise session.
6. 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.
6.1. Length of each moderate exercise session	The range of minutes that best represents the length of each moderate exercise session.
7. 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.
7.1. Length of each mild exercise session	The range of minutes that best represents the length of each mild exercise session.
8. Current cigarette smoking	No/Yes.

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| 8.1.  | Cigarettes smoked per day                            | The average number of cigarettes smoked per day over the past month.   |
| 9.1.  | Use of Meridia in past year                          | No/Yes. Answer “yes” if prescription weight loss medication Meridia was used for at least 2 months (does not have to be consecutive) in the past year.   |
| 9.2.  | Use of Xenical in past year                          | No/Yes. Answer “yes” if prescription weight loss medication Xenical was used for at least 2 months (does not have to be consecutive) in the past year.   |
| 9.3.  | Use of Phentremine in past year                      | No/Yes. Answer “yes” if prescription weight loss medication Phentremine (Sastin) was used for at least 2 months (does not have to be consecutive) in the past year.  |
| 9.4.  | Use of other prescription weight loss medication     | No/Yes. Answer “yes” if other prescription weight loss medication was used for at least 2 months (does not have to be consecutive) in the past year.   |
| 10.   | 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.                           |
| 10.1. | Type of non-prescription natural hormone used        | Mark all that apply.   |
| 11.   | Use of prescription non-estrogen hormones            | No/Yes/Don’t know. Answer “yes” if any type of prescription non-estrogen treatments for hormone replace was used at any time in the past year, even if the participant is not currently using the treatment. |
| 11.1. | Types of prescription non-estrogen hormone used      | Mark all that apply.   |
| 12.   | 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.     |
| 13.   | Use of combined estrogen and progestin pill or patch | 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.                   |
| 13.1. | Months of combined estrogen and progestin usage      | Mark one.  |
| 13.2. | Combination pill or patch used longest               | Mark one.  |
| 14.   | 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.                |
| 14.1. | Months of combined estrogen and testosterone pills   | Mark one.  |

- 14.2. Type of combined estrogen and testosterone pills used longest Mark one.
15. Use of estrogen pill, patch, cream or shots No/Yes/Don't know. Do not include the combined pill of estrogen and progestin or the combined pill of estrogen and testosterone.
- 15.1. Use of estrogen pill No/Yes.
- 15.2. Months of estrogen pills Mark one.
- 15.3. 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, Ogen, or Estratab.
- 15.4. Use of estrogen patch No/Yes.
- 15.5. Months of estrogen patch Mark one.
- 15.6. Use of estrogen vaginal cream No/Yes.
- 15.7. Months of estrogen vaginal cream Mark one.
- 15.8. Use of estrogen shots No/Yes.
- 15.9. Months of estrogen shots Mark one. Count each shot as one month.
16. Use of progesterone pill, cream, or shots No/Yes/Don't know. Do not include the combined pill of estrogen and progestin.
- 16.1. Use of progesterone pill or capsule No/Yes.
- 16.2. Months of progesterone pill or capsule Mark one.
- 16.3. Type of progesterone pill or capsule used longest Mark one.
- 16.4. Days per months of progesterone pill or capsule use Mark one. Give best estimate of number of days per month over the past year progesterone pills or capsules were used.
- 16.5. Use of progesterone cream No/Yes.
- 16.6. Months of progesterone cream. Mark one.
- 16.7. Use of progesterone shots No/Yes.
- 16.8. Months of progesterone shots Mark one. Count each shot as one month.

17.	Previous health conditions or procedures	No/Yes. Participant should mark all health conditions or procedures that have occurred in the past year. See below for descriptions of <u>each</u> condition or procedure.
17.1.	Cataract(s)	An opacity of the lens of the eye (sometimes treated by surgery).
17.2.	Macular degeneration of the retina	A breakdown of the area of the retina that can lead to severe loss of vision.
17.3.	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.
17.4.	Emphysema or chronic bronchitis	Chronic lung disease, also known as chronic obstructive pulmonary disease or COPD.
17.5.	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.
17.6.	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.
17.7.	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.
17.8.	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.
17.9.	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.
17.10.	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.
17.11.	Diverticulitis	Inflammation of colonic diverticula (mucosal herniations), characterized by lower abdominal cramping and bowel irregularity (i.e., constipation and diarrhea).
17.12.	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).
17.13.	Liver disease	Chronic active hepatitis, cirrhosis, or "yellow" jaundice.
17.14.	Overactive thyroid	Hyperthyroidism. Participant may have had this condition in the past and then undergone irradiation or surgical removal (thyroidectomy).
17.15.	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.
17.16.	Alzheimer's disease	Senile dementia (brain disorder with progressive cognitive, personality, and motor dysfunction).

17.17.	Multiple sclerosis	Progressive demyelination within the central nervous system. Symptoms may include weakness, speech disturbances, and vision problems.
17.18.	Parkinson's disease	Progressive neurologic disorder characterized by muscle stiffness, rigidity, pill-rolling movements of hands, and lack of coordinated movements.
17.19.	Amyotrophic Lateral Sclerosis	ALS or Lou Gehrig disease. Neuromuscular disease associated with motor neuron degeneration and characterized by progressive paralysis.
18.	Diagnosed with breast cancer	No/Yes/Don't know.
18.1.	Age at diagnosis	Give best estimate of age at time of diagnosis with breast cancer.
19.1-19.12.	Difficult things that happen to people	No/Yes and extent to which difficult things upset participant.
20.	Helping with sick family or friend	No/Yes.
20.1.	How often	How often participant provides help to sick, limited, or frail family members or friends.
21.	Birthplace of mother	Mark one. Give best guess. This refers to the mother that raised the participant.
21.1.	Region in the United States	Mark one.
21.2.	Area outside the United States	Mark one.
21.3.	Birth mother	No/Yes. Mark "yes" if mother referred to in Question 21 is the participant's biological mother.
22.	Birthplace of father	Mark one. Give best guess. This refers to the father that raised the participant.
22.1.	Region in the United States	Mark one.
22.2.	Area outside the United States	Mark one.
22.3.	Birth father	No/Yes. Mark "yes" if father referred to in Question 22 is the participant's biological father.
23.	Marital status	Participant's current marital status. Mark only one.