

FORM: 155 – LIFESTYLE QUESTIONNAIRE

Version: 2010

Description: Self-administered; 16-page booklet; scanned at Clinical Coordinator Center (CCC).

When used: Mailed in Year 2 annual mailing to Extension Study participants with *Form 33/D – Medical History Update*.

Purpose: To collect psychosocial variables on the participant.

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GENERAL INSTRUCTIONS

All the questions on Form 151 are included in this form. The form is printed in both English (*Form 155*) and Spanish (*Form 155s*) and both are in mark-sense format. For both forms, follow the instructions on the front of the form for marking the answers.

The CCC places the participant barcode label on the front page of the form and mails it with the annual *Form 33/D – Medical History Update* to all Extension Study participants two months before the Year 2 annual anniversary month.

Participants are asked to mail the completed form back to the CCC together with the *Form 33/D – Medical History Update* in the return envelope provided.

Data entry at the CCC. Review the form for comments and mark the FCA box in the Office Use Only box as needed. Scan the form.

Item Instructions

Date received	Date the CCC receives the completed form.
Reviewed by	5-digit WHI Extension Study employee ID.
Contact type	Mark appropriate box.
Language	Data Entry: English or Spanish version of the form. (See common data items.)
Center Alert (FCA) bubble	Used by CCC to alert the RC that a form has participant comments and the image should be reviewed.
OU1 bubble	Reserved for future use.
OU2 bubble	Reserved for future use.
1. General health	Participant's rating of her health, in general.
2. Compared to one year ago, rate health today	Participant's ratings of her general health today compared with that of one year ago.
3. Rate quality of life	Scale representing participant's rating of her quality of life on a continuum, 0 to 10.
4. Describe overall health conditions	Participant's rating of her overall health conditions.
5. Loss of weight	Participant's loss of 10 pounds or more in the past year.
6. Cigarette smoking	Yes/No. Participants' frequency of cigarette smoking.
6.1 Amount of cigarettes smoked in 1 day	Mark appropriate box. To identify the number of cigarettes the participant smokes in one day.
7. Calcium supplement	Yes/No. To identify if participant is taking a calcium supplement.
8. Prescribed female hormones	To identify if participant used any female hormones (i.e., estrogen, progesterone, or testosterone) prescribed by a doctor in the past year.
9. Alcoholic drinks	Mark appropriate box. To identify how often participant had drinks containing alcohol in the past 3 months.
10-10.6 Living situation	Mark one box for each question. To identify who participant lives with.
11-11.1 Special services	Yes/No. To identify if the participant has special services available to her and if she's currently using the services.
12. Nursing home	Yes/No. To determine if the participant has stayed in a nursing home in the past year.
13-22 Limitations of daily activities	Participant's view on whether or not her health limits her ability to partake in the listed activities. Ask the woman if her <u>health</u> limits her from doing the activity, even if she does not do it. If her health does not keep her from doing the activity, mark "No, not limited at all."

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| 23 | Walking aids | Mark appropriate box. To identify what aids, if any, the participant uses to walk on a level surface. |
| 24-29 | Help needed to do routine activities | Mark one box for each question. To identify how much help is needed for participant to do routine activities by herself. |
| 30. | Frequency of walking | Mark appropriate box. To identify how much walking is done outside the home for more than 10 minutes without stopping. |
| 30.1 | Minutes of walking | Mark appropriate box. To identify how many minutes of walking participant can usually do. |
| 30.2 | Speed of walking | Mark appropriate box. To identify what the participant's usual speed of walking is. |
| 31-
31.1 | Frequency of moderate or strenuous exercise | Mark appropriate box. To identify how often participant usually does moderate or strenuous exercise. |
| 31.2 | Length of exercise at one time | Mark appropriate box. To identify how long a participant usually exercises at one time. |
| 31.3 | Frequency of mild or strenuous exercise | Mark appropriate box. To identify how often participant usually does mild or strenuous exercise. |
| 31.4 | Length of exercise at one time | Mark appropriate box. To identify how long a participant usually exercises at one time. |
| 32.-
37 | Social activities | Mark appropriate boxes. To identify how often participant participates in social activities. |
| 38. | Everyday care in the past 4 weeks. | Mark appropriate box. To identify how often participant felt that people she relies on for everyday care have neglected her needs. |
| 39.-
40. | Feelings during the past week | Mark appropriate boxes. To identify participant's view of her feelings during the past week. |
| 44. | Two <u>weeks</u> feeling of sadness and depression | Yes/No. |
| 45. | Two <u>years</u> feeling of sadness and depression | Yes/No. |
| 45.1 | Feeling of sadness or depression in the past year | Yes/No |
| 46. | Bodily pain | Mark appropriate box. To identify how much bodily pain participant has felt during the past four weeks. |
| 47. | How often pain interferes with normal work | Mark appropriate box. To identify how often pain interferes with participant's normal work during the past four weeks. |
| 48-56 | Feelings in the past 4 weeks | Mark appropriate boxes. To identify frequency with which participant has had the listed feelings during the past four weeks. |

- 57-64 Bothered by problems during the past 4 weeks Mark appropriate boxes. To identify how often the participant has been bothered by problems.
- Questions 90.1. – 90.8. form a depression scale. You can use this to assess the woman's depression. WHILMA does not use these data items to determine the woman's eligibility based on depression.
- 65-79 Emotions felt in the past week Mark appropriate boxes. To identify participant's degree of emotion with the listed statements in the past week.
- 80-91 Emotions in difficult situations Mark appropriate boxes. To identify participant's degree of emotion with the listed statements over the past year.
- 91.1-91.2 Feelings about death of spouse or partner Mark appropriate boxes.
- 92-100 Sleep habits and experiences Mark appropriate boxes. To identify participant's sleep habits and experiences in the past 4 weeks.
99. Hours of sleep Mark appropriate box. To identify participant's typical number hours of sleep in the past 4 weeks.
100. Typical night's sleep Mark appropriate box. To identify participant's typical night's sleep in the past 4 weeks.
- 101-104 Feelings in the past 4 weeks Mark appropriate boxes. Frequency with which participant has had the listed feelings during the past four weeks.
- 105-107 General feelings Mark appropriate boxes. To identify participants level of agreement with the listed statements
- 108-112 Intensity of suffering Mark appropriate boxes. Frequency with which participant has had the listed feelings during the past four weeks.
- 113-129 Symptoms after menopause Mark appropriate boxes. To identify how bothersome the symptoms after menopause were for the participants.
- 130-138 Help, friendship and other support Mark appropriate boxes. To identify how often the participant gets the support she needs.
- 139-149 True feelings Mark appropriate boxes. To identify participant's true feelings regarding self and life.
- 150-154 Emotions Mark appropriate boxes. To identify participant's degree of emotion with the listed statements.