DO NOT WRITE IN THIS AREA



0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 89

IOWA WOMEN'S HEALTH STUDY UNIVERSITY OF MINNESOTA AND UNIVERSITY OF IOWA

NG DIRECTIONS

STUDY
 Use a pencil only (Do NOT use pen). Darken completely the circle of the answer you choose.
ADDRESS LABEL
Determine which one of the following three statements applies and mark the appropriate circle. The individual literature of the following three statements applies and mark the appropriate circle.
The individual listed on the address label is alive.
Date of death: State Where Month Year Death Occurred:
I do not know whether the individual on address label is alive or dead. 2. Please correct any incorrect information on the label.
CORRECT NAME
CORRECT STREET ADDRESS
CORRECT CITY, STATE, ZIP
Connect of It State, 21
THE REST OF THIS QUESTIONNAIRE IS TO BE COM- PLETED ONLY BY THE INDIVIDUAL ON THE ADDRESS LABEL. (If you are not the individual on the label, please STOP here and return the questionnaire in the postage- paid envelope.)
3. In general, would you say your current health is: EXCELLENT GOOD FAIR POOR
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01 9 086 9 0123466789 087 088

 Which of these statements fits you best I cannot work (or keep house) at all no of my health. 	Co. Charles and Co.			
 I have to limit some of the work or oth that I do. 	er things			
I am not limited in any of my activities	ři.			
5. Which of these things are you still health to do without help?	ny enough			
A. Heavy work around the house like shor washing walls, windows, and floor NO YES				
B. Walk a half mile?				
O NO O YES				
C. Go out to a movie, to church or a meeting, or to visit friends?				
O NO O YES				
D. Walk up and down a flight of stairs?				
O NO O YES				
We are interested in medical conditions you	have developed			

6. Have you suffered a fracture (broken bone) since February 1, 1986, which required treatment by a

 YES → If yes, which of the following fractures? (Mark NO or YES for each type)

UPPER ARM

FOREARM

VERTEBRA (Part of the Spine)

WRIST

OTHER

RIBS

HIP

O NO → (Go to Question 7)

() YES

O YES

O YES

O YES

O YES

O YES

O YES

doctor?

O NO

· Erase cleanly any answer you wish to change.

· Written responses must stay within spaces provided.

· Make no stray marks of any kind.

7.			986, were you diagnosed for the or as having:	11. Drinking water may be related to your health.
	O NO	O YES	SUGAR DIABETES	A. What is your main source of drinking water at home?
	O NO	O YES	HEART DISEASE OR ANGINA	Municipal (City) Water System Rural Water System (includes Country Water System)
	O NO	O YES	HEART ATTACK	 Private Well Bottled Water purchased from a store or dealer Other
	O NO	O YES	STROKE	On't know
	O NO	O YES	HIGH BLOOD PRESSURE (HYPERTENSION)	B. How long have you been drinking the type of water that you indicated above?
	○ NO	○ YES	BENIGN (Non-Cancerous) LUMP OR CYSTS IN THE BREAST	O 6-10 years
	○ NO	○ YES	BREAST CANCER	○ 11-20 years○ More than 20 years○ Don't know
	O NO	O YES	CANCER OTHER THAN BREAST	The state of the s
		1	CANCER	12. Since February 1, 1986, did you:
	If yes, please specify the type of cancer:		lease specify the type of cancer:	A. Receive a blood transfusion (that is, receive whole blood donated from someone else after you had surgery, an accident, or lost blood for any other reason)?
				O NO
			TYPE	YES
				O DON'T KNOW
8. Have you ever had a mammogram (radiographic examination of your breast) in a screening examination to detect breast cancer? ○ NO → (Go to Question 9) ○ YES → If YES, how many mammograms have			breast) in a screening examination or a screenin	B. Receive any other blood products such as blood plasma or gamma globulin, given into your vein or injected?
				O DON'T KNOW
		you ever	(5)	
		O 1		C. Receive any other fluid intravenously (given into your veins)?
		O 2		O NO
		0 4		O YES
		0 5 or m	nore	O DON'T KNOW
When was your <u>last</u> mammogram? In the past 12 months				THANK YOU FOR YOUR TIME AND COOPERATION. If you have any additional comments, you may include them in the space provided below. Please place the completed questionnaire
			ears ago	in the postage-paid envelope provided, seal it, and mail it to us.
		○ 3-5 ye	ears ago	
			years ago	
		O More	than 10 years ago	
9. Are your currently using pills which contain ESTROGENS OR OTHER FEMALE HORMONES? (For example, for the change of life [menopause], after surgery, or for any other reason)			OTHER FEMALE HORMONES? ne change of life [menopause],	COMMITTE
	○ NO	O YES		COMMENTS
				FOR OFFICE USE ONLY
10.		our curren arest poun	t weight? (Without clothes and d)	7. 0 1 2 3 4 6 6 7 8 9 0 1 2 3 4 6 6 7 8 9 0 1 2 3 4 6 6 7 8 9 0 1 2 3 4 6 6 7 8 9 0 1 2 3 4 6 6 7 8 9
			Pounds	