IOWA WOMEN'S HEALTH STUDY

4th Follow-Up (1997)

UNIVERSITY OF MINNESOTA AND UNIVERSITY OF IOWA

MARKING DIRECTIONS

- Use a pencil only (Do NOT use pen).
- Darken completely the bubble of the answer you choose.

Correct ● ○ ○ Incorrect ⊗ ✓ ◕

- Erase cleanly any answer you wish to change.
- Make no stray marks of any kind.
- Written responses must stay within spaces provided.

ADDRESS LABEL

1. Determine which one of the following three statements applies and mark the appropriate bubble.

○ The individual listed on the address label is alive.

○ Individual on address label is deceased. (If so, please fill in date and location of death and return questionnaire.)

Date of Death: Month | 19 Year | State Where 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

We request that the rest of this questionnaire be completed by the individual on the label. If someone else completes the questionnaire for the named individual, please darken this bubble.→ ○

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0 1

0 1 2 3 4 5 6 7 8 9

86 87 88 89 90 91 92 95 96

0 1 2 3 4 5

0 1 2 3 4 5 6 7 8 9

The remaining questions inquire about the individual on the label. If you are not that individual, answer the questions as if you were.

3. In general, would you say your current health is:

○ EXCELLENT

○ GOOD

○ FAIR

○ POOR

4. Which of these things are you healthy enough to do without help?

A. Heavy work around the house like shoveling snow or washing walls, windows, and floors?

○ NO ○ YES

B. Walk a half mile?

○ NO ○ YES

C. Go out to a movie, to church or a meeting, or to visit friends?

○ NO ○ YES

D. Walk up and down a flight of stairs?

○ NO ○ YES

E. Prepare most of your own meals?

○ NO ○ YES

We are interested in medical conditions you have developed since July, 1992 (about 5 years ago). IT IS VERY IMPORTANT THAT YOU MARK AN ANSWER FOR EACH QUESTION, EVEN IF YOU HAVE NEVER HAD THAT CONDITION.

5. Since July 1992, have you suffered a fracture (broken bone), which required treatment by a doctor?

○ NO → **GO TO ITEM 6**

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

○ NO	○ YES	UPPER ARM
○ NO	○ YES	FOREARM
○ NO	○ YES	WRIST
○ NO	○ YES	RIBS
○ NO	○ YES	HIP
○ NO	○ YES	VERTEBRA (Part of the Spine)
○ NO	○ YES	OTHER

6. PLEASE CONTINUE TO ANSWER NO OR YES FOR EACH ROW. Since July 1992, were you diagnosed for the first time by a doctor as having:

○ NO	○ YES	SUGAR DIABETES
○ NO	○ YES	HEART DISEASE OR ANGINA
○ NO	○ YES	HEART ATTACK
○ NO	○ YES	STROKE
○ NO	○ YES	HIGH BLOOD PRESSURE (HYPERTENSION)
○ NO	○ YES	RHEUMATOID ARTHRITIS
○ NO	○ YES	OTHER ARTHRITIS
○ NO	○ YES	PARKINSON'S DISEASE
○ NO	○ YES	GLAUCOMA (EYE)
○ NO	○ YES	BREAST CANCER
○ NO	○ YES	CANCER OTHER THAN BREAST CANCER

If yes, please specify the type of cancer:

TYPE

7. Since July 1992, have you had either of the following procedures?

○ NO	○ YES	CORONARY BYPASS SURGERY
○ NO	○ YES	BALLOON ANGIOPLASTY (DILATION) OF THE CORONARY ARTERIES

We are also interested in any medical conditions you have ever had. PLEASE ANSWER NO, YES, or NOT SURE FOR EVERY ROW.

8. Have you ever been told by a doctor that you have:

No	Yes	Not Sure	
○	○	○	AGE-RELATED MACULAR (EYE) DEGENERATION
○	○	○	MALIGNANT MELANOMA
○	○	○	ASTHMA
○	○	○	HAY FEVER
○	○	○	ECZEMA OR ALLERGY OF THE SKIN
○	○	○	OTHER ALLERGIC CONDITIONS

9. Has your mother, father, brother(s), sister(s), son(s), or daughter(s) ever been diagnosed with any of the following diseases? (Include blood relatives only. Do not include your spouse.)

No	Yes	Not Sure	
○	○	○	RHEUMATOID ARTHRITIS
○	○	○	GLAUCOMA (EYE)
○	○	○	AGE-RELATED MACULAR (EYE) DEGENERATION
○	○	○	LEUKEMIA
○	○	○	MULTIPLE MYELOMA
○	○	○	LYMPHOMA

0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9 FOR OFFICE USE ONLY

10. How would you describe your lifetime consumption of unpasteurized milk? FILL IN ONE BUBBLE ONLY.

- ○ Never drank unpasteurized milk
- ○ Drank it only as a child
- ○ Drank it only as an adult
- ○ Drank it as a child and as an adult

11. During the past 12 months, how often on average did you drink tea (caffeinated or decaffeinated), including ice tea? Do not include herbal tea.

- ○ Never or less than once per month
- ○ 1-3 cups per month
- ○ 1-3 cups per week
- ○ 4-6 cups per week
- ○ 1 cup per day
- ○ 2-3 cups per day
- ○ 4 or more cups per day

12. How many years have you drunk tea? Again, do not include herbal tea.

- ○ Never drank tea
- ○ 0-4 years
- ○ 5-9 years
- ○ 10-14 years
- ○ 15-19 years
- ○ 20 or more years

13. Think back about your diet over the past 12 months. Fill in the bubble that indicates how often on average you ate each food. Please remember to include all fresh, frozen, canned, or packaged foods that you ate, as well as foods eaten at restaurants. PLEASE FILL IN ONE BUBBLE IN EACH ROW.

In the past year, how often did you eat each of the following foods?	AVERAGE USE DURING PAST YEAR								
	Never	Less than once per month	Once per month	2-3 times per month	Once per week	2 times per week	3-4 times per week	5-6 times per week	1+ times per day
a. Kidney, pinto, lima, or great northern beans	○	○	○	○	○	○	○	○	○
b. Garbanzo beans (chick peas)	○	○	○	○	○	○	○	○	○
c. Yellow, split or black-eyed peas	○	○	○	○	○	○	○	○	○
d. Asparagus	○	○	○	○	○	○	○	○	○
e. Chives	○	○	○	○	○	○	○	○	○
f. Garlic cloves	○	○	○	○	○	○	○	○	○
g. Garlic powder	○	○	○	○	○	○	○	○	○
h. Green (spring) onions or scallions	○	○	○	○	○	○	○	○	○
i. Onions	○	○	○	○	○	○	○	○	○
j. Pork chops	○	○	○	○	○	○	○	○	○
k. Bacon	○	○	○	○	○	○	○	○	○
l. Fish	○	○	○	○	○	○	○	○	○

Please fill in the bubble to indicate how often on average over the past 12 months you ate each of the following foods by each of the two preparation methods.

	AVERAGE USE DURING PAST YEAR								
	Never	Less than once per month	Once per month	2-3 times per month	Once per week	2 times per week	3-4 times per week	5-6 times per week	1+ times per day
14. Hamburgers and cheeseburgers									
Grilled or barbecued	○	○	○	○	○	○	○	○	○
Fried	○	○	○	○	○	○	○	○	○
15. Beef steak									
Grilled or barbecued	○	○	○	○	○	○	○	○	○
Fried	○	○	○	○	○	○	○	○	○
16. Chicken and turkey									
Grilled or barbecued	○	○	○	○	○	○	○	○	○
Fried	○	○	○	○	○	○	○	○	○

VITAMIN SUPPLEMENTS

17. Do you currently take multiple vitamins? (Please report individual vitamins under question 18.)

○ No
○ Yes → How many do you take per week?
○ 2 or less ○ 3-5 ○ 6-9 ○ 10 or more

What specific brand do you usually use?

Specify exact brand and type

How many years have you taken multiple vitamins? ○ 0-1 ○ 2-4 ○ 5-10 ○ 11+ ○ Don't Know

18. Do you take any of the following preparations? Fill in No or Yes for each preparation, and if you take it, fill in "HOW MANY YEARS" and "WHAT DOSE PER DAY." Do not include multivitamins you listed above. For example, if you never use Vitamin A, fill in the No bubble and go on to Vitamin C. If you use Vitamin A, fill in a YES bubble, one "How Many Years" bubble, and one "Dose Per Day" bubble before going to Vitamin C.

PREPARATION	HOW MANY YEARS?					WHAT DOSE PER DAY?	
	0-1 Year	2-4 Years	5-10 Years	11+ Years	Don't Know		
a. Vitamin A?							
○ No ○ Yes, seasonal only ○ Yes, most months →	○	○	○	○	○	○ Less than 8,000 IU ○ 8,000 to 12,000 IU ○ 13,000 to 22,000 IU	○ 23,000 IU or more ○ Don't know
b. Vitamin C?							
○ No ○ Yes, seasonal only ○ Yes, most months →	○	○	○	○	○	○ Less than 400 mg. ○ 400 to 700 mg. ○ 750 to 1250 mg.	○ 1300 mg. or more ○ Don't know
c. Vitamin B_6?							
○ No ○ Yes → If yes,	○	○	○	○	○	○ Less than 10 mg. ○ 10 to 39 mg. ○ 40 to 79 mg.	○ 80 mg. or more ○ Don't know

PREPARATION	HOW MANY YEARS?					WHAT DOSE PER DAY?	
d. Vitamin D? ○ No ○ Yes → If yes,	0-1 Year ○	2-4 Years ○	5-10 Years ○	11+ Years ○	Don't Know ○	○ Less than 200 IU ○ 200 to 400 mg. ○ 500 to 1000 mg.	○ More than 1000 IU ○ Don't know
e. Vitamin E? ○ No ○ Yes → If yes,	0-1 Year ○	2-4 Years ○	5-10 Years ○	11+ Years ○	Don't Know ○	○ Less than 100 IU ○ 100 to 250 IU ○ 300 to 500 IU	○ 600 IU or more ○ Don't know
f. Selenium? ○ No ○ Yes → If yes,	0-1 Year ○	2-4 Years ○	5-10 Years ○	11+ Years ○	Don't Know ○	○ Less than 80 mcg. ○ 80 to 130 mcg. ○ 140 to 250 mcg.	○ 260 mcg. or more ○ Don't know
g. Iron? ○ No ○ Yes → If yes,	0-1 Year ○	2-4 Years ○	5-10 Years ○	11+ Years ○	Don't Know ○	○ Less than 51 mg. ○ 51 to 200 mg. ○ 201 to 400 mg.	○ 401 mg. or more ○ Don't know
h. Zinc? ○ No ○ Yes → If yes,	0-1 Year ○	2-4 Years ○	5-10 Years ○	11+ Years ○	Don't Know ○	○ Less than 25 mg. ○ 25 to 74 mg. ○ 75 to 100 mg.	○ 101 mg. or more ○ Don't know
i. Calcium? (Include Calcium in Dolomite or Tums.) ○ No ○ Yes → If yes,	0-1 Year ○	2-4 Years ○	5-10 Years ○	11+ Years ○	Don't Know ○	○ Less than 400 mg. ○ 400 to 900 mg. ○ 901 to 1300 mg.	○ 1301 mg. or more ○ Don't know

j. Are there other supplements that you take on a regular basis? Please mark if yes:

○ Folic Acid ○ Omega-3 Fatty-acids ○ Brewer's Yeast
○ B-Complex Vitamins ○ Iodine ○ Beta-Carotene
○ Cod Liver Oil ○ Copper ○ Magnesium

19. Are you 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.)

○ NO ○ YES

20. Did a doctor ever prescribe a fertility drug, such as Clomid, to help you become pregnant?

○ NO ○ YES ○ DON'T KNOW

Go to 21

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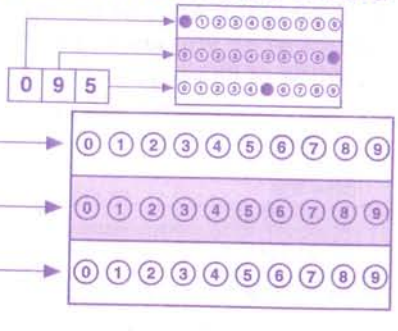
21. Did a doctor ever prescribe a drug, such as DES, to help you maintain a pregnancy to full term?

○ NO ○ YES ○ DON'T KNOW

22. What is your current weight (without clothes, to the nearest pound)? PLEASE WRITE YOUR WEIGHT IN THE BOXES, THEN DARKEN THE CORRESPONDING BUBBLES. Example:



Questions 23 & 24 ask about weight loss on purpose, and questions 25 & 26 ask about unintentional weight loss. We are interested in weight loss episodes of more than 5 pounds. You will need to fill in one bubble in each row. As an example, this person had one 25 pound weight loss episode and four 5 pound weight loss episodes:

EXAMPLE

Lost	0 Times	1-2 Times	3+ Times
50+ lbs.	●	○	○
20 to 49 lbs.	○	●	○
10 to 19 lbs.	●	○	○
5 to 9 lbs.	○	○	●

23. Since July 1992, about how many different times did you LOSE each of the following amounts of weight on purpose (excluding illness)? PLEASE FILL IN ONE BUBBLE IN EACH OF THE FOUR ROWS:

Lost	0 Times	1-2 Times	3+ Times
50+ lbs.	○	○	○
20 to 49 lbs.	○	○	○
10 to 19 lbs.	○	○	○
5 to 9 lbs.	○	○	○

IF YOU DID NOT LOSE TEN OR MORE POUNDS ON PURPOSE AT LEAST ONCE SINCE JULY 1992, SKIP TO QUESTION 25.

24. If you lost 10 or more pounds of weight on purpose, at least once since July 1992, how did you lose it? FILL IN A BUBBLE IN EACH ROW. YOU MAY ANSWER YES TO MORE THAN ONE METHOD.

No	Yes	Method
○	○	Ate less food
○	○	Changed type of food eaten (e.g., more fruits and vegetables)
○	○	Increased physical activity
○	○	Fasted
○	○	Used diet pills
○	○	Vomited on purpose after eating
○	○	Other

25. Since July 1992, about how many different times did you LOSE each of the following amounts of weight when you weren't trying to (for example, because of illness)?

Lost	0 Times	1-2 Times	3+ Times
50+ lbs.	○	○	○
20 to 49 lbs.	○	○	○
10 to 19 lbs.	○	○	○
5 to 9 lbs.	○	○	○

IF YOU DID NOT LOSE TEN OR MORE POUNDS WHEN YOU WEREN'T TRYING TO AT LEAST ONCE SINCE JULY 1992, SKIP TO QUESTION 27.

26. If you lost 10 or more pounds of weight when you weren't trying to, at least once since July 1992, why did you lose? FILL IN A BUBBLE IN EACH ROW. YOU MAY ANSWER YES TO MORE THAN ONE REASON.

No	Yes	Reason
○	○	Illness/physical problem/surgery
○	○	Side-effect of medications
○	○	Difficulty eating (chewing, swallowing, stomach upset)
○	○	Depression
○	○	Stress
○	○	Lack of appetite
○	○	Unable to prepare food
○	○	Food doesn't taste good, lack of taste
○	○	Change in living situation (e.g., death of partner/spouse, move to residential care)
○	○	Increased physical activity
○	○	Don't know why I lost weight

27. Do you smoke cigarettes now?

○ NO

○ YES

Health habits and risk for certain diseases often "run in families". We are considering expanding the Iowa Women's Health Study to include daughters and sons. At this time, we request only that you indicate how many of your daughters and sons live in Iowa or Minnesota. (FILL IN ONE BUBBLE FOR a-d.)

28. a. How many living daughters do you have?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮

b. How many daughters live in Iowa or Minnesota?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮

c. How many living sons do you have?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮

d. How many sons live in Iowa or Minnesota?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮

29. For some research, it would be helpful to have a blood sample. Would you be willing to be contacted regarding donation of a few small tubes of blood?

○ NO

○ YES

30. May we have your permission to contact your physician(s), clinic, or hospital to obtain medical and health care information about you? Any medical information released to the Iowa Women's Health Study (IWHS) will be used only for research purposes by the IWHS staff and will not be released elsewhere.

○ NO, you may not access my medical records → Go to Question 31.

○ YES, you may access my medical records

If "Yes", please sign below:

Medical Record Release

Authorization is hereby granted to release any requested medical records, including hospital or office records and x-rays, during the period of my study participation in the IWHS from January 1, 1986, until April 30, 2000, for inspection, review and photocopying. A copy of this form has the same force and effect as the original.

_____ _____

Study Participant Signature Date

Please list the name, address and phone number of your usual doctor/clinic and up to one other doctor/clinic from whom you've received treatment. Also list your usual hospital.

First Doctor/clinic: _____

Address: _____

City: _____ State: _____

Zip: _____ Telephone: (□□□) □□□ - □□□□

Second Doctor/clinic: _____

Address: _____

City: _____ State: _____

Zip: _____ Telephone: (□□□) □□□ - □□□□

Usual Hospital: _____

Address: _____

City: _____ State: _____

Zip: _____ Telephone: (□□□) □□□ - □□□□

31. If we need additional information or for clarification of your answers, we may need to contact you by telephone. What is your telephone number?

Telephone: (☐☐☐) ☐☐☐ - ☐☐☐☐

32. Please provide the name, address, and telephone number of a son or daughter (or if none, another relative or friend), who will always know your whereabouts:

Name: _____

Street: _____

City: _____ State: _____

Zip: _____ Telephone: (☐☐☐) ☐☐☐ - ☐☐☐☐

Their relationship: _____

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 in the postage-paid envelope provided, seal it, and mail it to us.

Data Recognition Corp.-1667-54321