Iowa Women's Health Study
University of Minnesota and University of Iowa

5th Follow-Up (2004)

Dear Friend:

In 1986 you completed a questionnaire for the Iowa Women's Health Study, a joint project of the University of Iowa and the University of Minnesota. Since then, you had the opportunity to complete several more questionnaires. We greatly appreciate your willingness to help us with research to improve health of all women.

Thanks to your participation, the Iowa Women's Health Study contributed over 180 articles to medical journals. Some results also were widely reported by news media such as the *New York Times*, *Des Moines Register*, *Cedar Rapids Gazette*, *Omaha World-Herald*, and *Time Magazine*. Examples of findings are:

- Women who maintained a healthy body weight had reduced risk of cancer of the breast, uterus, kidneys, and colon.
- Greater whole grain intake reduced the risk of diabetes, heart disease, and certain cancers.
- Cigarette smoking is an important risk factor for bladder cancer; women who quit smoking had a reduction of risk.
- Women with diabetes had an increased risk of hip fracture.

These results improved understanding of the health issues facing women. They also helped agencies such as the American Cancer Society and the American Heart Association develop health guidelines.

We once again request your assistance by completing the enclosed questionnaire. Your input is important to us regardless if you have moved from Iowa or your health has changed. Please return the completed questionnaire in the enclosed postage-paid envelope within the next 10 days. We expect it to take only 1 to 1.5 hours to complete.

Although we appreciate your help, your participation is entirely voluntary. Your identity and all information you provide will be kept strictly confidential.

Again, thank you for your continued participation in the Iowa Women's Health Study.

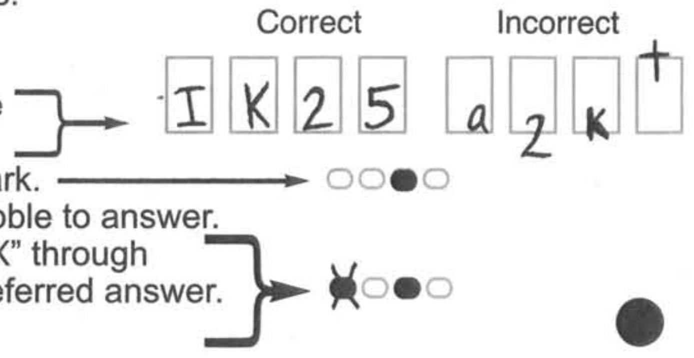
Sincerely,

Aaron R. Folsom

INSTRUCTIONS:

This form is designed to be read by optical scanning equipment, so it is important that you follow these directions:

- Print legibly using a blue or black ink pen.
- Do not use pencil or felt tip markers.
- When entering letters or numbers, enter one per box and stay within the box.
- Fill in the bubbles completely with a dark mark.
- Most questions require filling in only one bubble to answer.
- If you wish to change an answer, place an "X" through the first mark, and mark the oval for your preferred answer. Do not use "White Out".



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

○ The individual listed on the address label (on page 1) is alive.

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

Date of Death: Month ☐☐ Year ☐☐

State Where Death Occurred: ☐☐

○ I do not know whether the individual on address label is alive or dead. (If so, return the questionnaire uncompleted.)

2. Please correct any incorrect information on the label on page 1.

CORRECT NAME

CORRECT STREET ADDRESS

CORRECT CITY, STATE, ZIP

If this address is not in Iowa, please indicate the month and year the individual moved.

Month ☐☐ Year ☐☐

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

The remaining questions inquire about the individual on the label. If you are not that individual, answer the questions for her.

GENERAL INFORMATION

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

○ Excellent

○ Very Good

○ Good

○ Fair

○ Poor

4. Compared to one year ago, how would you rate your health in general now?

○ Much better now than one year ago

○ Somewhat better now than one year ago

○ About the same as one year ago

○ Somewhat worse now than one year ago

○ Much worse now than one year ago

5. Below is a list of activities you might do during a typical day. For each item, indicate if your health now limits you in these activities: a lot, a little, or not at all.

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a) **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports	○	○	○
b) **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	○	○	○
c) Lifting or carrying groceries	○	○	○
d) Climbing **several** flights of stairs	○	○	○
e) Climbing **one** flight of stairs	○	○	○
f) Bending, kneeling, or stooping	○	○	○
g) Walking **more than a mile**	○	○	○
h) Walking **several blocks**	○	○	○
i) Walking **one block**	○	○	○
j) Bathing or dressing yourself	○	○	○

6. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

a) Cut down the **amount of time** you spent on work or other activities	○ NO	○ YES
b) **Accomplished less** than you would like	○ NO	○ YES
c) Were limited in the **kind** of work or other activities	○ NO	○ YES
d) Had **difficulty** performing the work or other activities (for example, it took extra effort)	○ NO	○ YES

7. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

a) Cut down the **amount of time** you spent on work or other activities	○ NO	○ YES
b) **Accomplished less** than you would like	○ NO	○ YES
c) Didn't do work or other activities as **carefully** as usual	○ NO	○ YES

8. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

- ○ Not at all
- ○ Slightly
- ○ Moderately
- ○ Quite a bit
- ○ Extremely

9. How much bodily pain have you had during the past 4 weeks?

- ○ Not at all
- ○ Very Mild
- ○ Mild
- ○ Moderate
- ○ Severe
- ○ Very Severe

10. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- ○ Not at all
- ○ A little bit
- ○ Moderately
- ○ Quite a bit
- ○ Extremely

11. These next few questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks ...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a) Did you feel full of pep?	○	○	○	○	○	○
b) Have you been a very nervous person?	○	○	○	○	○	○
c) Have you felt so down in the dumps that nothing could cheer you up?	○	○	○	○	○	○
d) Have you felt calm and peaceful?	○	○	○	○	○	○
e) Did you have a lot of energy?	○	○	○	○	○	○
f) Have you felt downhearted and blue?	○	○	○	○	○	○
g) Did you feel worn out?	○	○	○	○	○	○
h) Have you been a happy person?	○	○	○	○	○	○
i) Did you feel tired?	○	○	○	○	○	○

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time	Most of the time	Some of time	A little of the time	None of the time
○	○	○	○	○

13. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) I seem to get sick a little easier than other people	○	○	○	○	○
b) I am as healthy as anybody I know	○	○	○	○	○
c) I expect my health to get worse	○	○	○	○	○
d) My health is excellent	○	○	○	○	○

14. Compared to other people your own age, would you say your memory is:

- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor

15. What is your current marital status?

- ○ Married
- ○ Widowed
- ○ Separated
- ○ Divorced
- ○ Never married

16. What is your current living arrangement?

- ○ Alone in my home
- ○ With husband or other family in our home
- ○ Assisted living
- ○ Nursing home
- ○ Other

17. What is your current weight? (without clothes and to the nearest pound)

☐☐☐ pounds

18. 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

19. Do you smoke cigarettes now?

○ NO ○ YES

PHYSICAL ACTIVITY

The next part of your health picture concerns the physical activities that you do in your free time. Please fill in the bubble of the answer which best describes you.

20. Aside from any work you do at home or at a job, do you do anything regularly -- that is, on a daily basis -- that helps you keep physically fit?

○ NO ○ YES

21. How often, in your free time, do you take part in moderate physical activity (such as bowling, golf, light sports or physical exercise, gardening, taking long walks)?

○ More than 4 times a week

○ 2-4 times a week

○ A few times a month

○ About once a month

○ A few times a year

○ Rarely or never

22. How often, in your free time, do you take part in vigorous physical activity (such as jogging, racket sports, swimming, aerobics, strenuous sports)?

○ More than 4 times a week

○ 2-4 times a week

○ A few times a month

○ About once a month

○ A few times a year

○ Rarely or never

MEDICATIONS

23. 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

24. Are you currently taking Evista (raloxifene)?

○ NO ○ YES

25. Are you currently taking any medication for depression?

○ NO ○ YES

26. Are you currently taking medications for sugar diabetes (or to lower blood sugar)?

○ NO

○ YES, Insulin only

○ YES, Pills only

○ YES, Insulin and Pills

27. Are you currently receiving treatment for cancer?

○ NO ○ YES

28. On average, how often do you take aspirin? Examples of aspirin include: Bufferin, Anacin, enteric-coated aspirin, Ecotrin, and Excedrin. (Do not include acetaminophen, Tylenol, ibuprofen, Advil.)

- ○ Never → GO TO ITEM 32
- ○ Less than 1 time per week
- ○ 1 time per week
- ○ 2-5 times per week
- ○ 6-7 times per week
- ○ 8-14 times per week
- ○ 15 or more times per week

29. How many years have you taken aspirin at this level?

- ○ Less than 1 year
- ○ 1-4 years
- ○ 5-9 years
- ○ 10-19 years
- ○ 20-39 years
- ○ 40 years or more

30. On average, what size aspirin tablets do you usually take?

- ○ Low dose/Children's/Baby (81 mg)
- ○ Regular (325 mg)
- ○ Extra Strength (650 mg)

31. Mark all the reasons that you take aspirin.

- ○ Headaches
- ○ Body aches and pains or arthritis
- ○ Prevention of heart problems
- ○ Other

→ GO TO ITEM 33

32. Do you purposely avoid using any aspirin?

- ○ NO → GO TO ITEM 33
- ○ YES

→ **If YES, why do you avoid using aspirin? (mark all that apply)**

- ○ Because of unpleasant side effects
- ○ Because of other drugs I take
- ○ For medical reasons such as ulcer or kidney problems, etc.
- ○ For religious or personal beliefs
- ○ Other

33. On average, how often do you take other nonsteroidal anti-inflammatory drugs or arthritis medicines? Examples include: ibuprofen, Advil, Aleve, Nuprin, Motrin, Naprosyn, Feldene, Vioxx, Celebrex, Relafen, etc. (Do not include aspirin, acetaminophen, Tylenol, prednisone, cortisone.)

- ○ Never → GO TO ITEM 37
- ○ Less than 1 time per week
- ○ 1 time per week
- ○ 2-5 times per week
- ○ 6-7 times per week
- ○ 8-14 times per week
- ○ 15 or more times per week

34. How many years have you taken anti-inflammatory drugs or arthritis medicines at this level?

- ○ Less than 1 year
- ○ 1-4 years
- ○ 5-9 years
- ○ 10-19 years
- ○ 20-29 years
- ○ 30 years or more

35. On average, what size of anti-inflammatory or arthritis pills do you take?

- ○ Regular
- ○ Extra Strength

36. Mark all the reasons that you take anti-inflammatory medicines.

- ○ Headaches
- ○ Body aches and pains or arthritis
- ○ Prevention of heart problems
- ○ Other

→ GO TO ITEM 38

37. Do you purposely avoid using any anti-inflammatory drugs or arthritis medicines?

- ○ NO → GO TO ITEM 38
- ○ YES

If YES, why do you avoid using anti-inflammatory drugs or arthritis medicines? (mark all that apply)

- ○ Because of unpleasant side effects
- ○ Because of other drugs I take
- ○ For medical reasons such as ulcer or kidney problems, etc.
- ○ For religious or personal beliefs
- ○ Other

HEALTH HISTORY

38. What would happen to your skin if it were exposed to bright sunlight for the first time in summer, for one hour in the middle of the day, without any sunscreen?

- ○ Get a severe sunburn with blistering
- ○ Get a painful sunburn for a few days followed by peeling
- ○ Get mildly burnt followed by some or no tanning
- ○ Turn brown without any sunburn

39. What would happen to your skin if it was <u>repeatedly exposed</u> to bright sunlight in summer without any sunscreen?

- ○ Turn very brown and deeply tanned
- ○ Get moderately tanned
- ○ Get mildly or occasionally tanned
- ○ Get no suntan at all or only get freckled

40. In your lifetime, how many times have you been sunburned where the pain lasted two or more days?

- ○ Never
- ○ Once
- ○ 2-5 times
- ○ 6-10 times
- ○ More than 10 times

41. When you go outside on a very sunny day, for more than one hour, how often do you use sunscreen?

- ○ Always
- ○ Most of the time
- ○ Sometimes
- ○ Rarely or never
- ○ Do not go out in the sun

42. Have you ever had a mammogram (an x-ray examination of your breast) in a screening examination to detect breast cancer?

- ○ NO → GO TO ITEM 43
- ○ YES

If YES, how many mammograms have you ever had?

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more

When was your last mammogram?

- ○ In the past 12 months
- ○ 1-2 years ago
- ○ 3-5 years ago
- ○ 6-10 years ago
- ○ More than 10 years ago

43. Have you ever used a home blood stool test kit to determine whether your stool contained blood?

- ○ NO → GO TO ITEM 45
- ○ YES

44. When did you have your last blood stool test using a home kit?

- ○ Within past year
- ○ Within past 1-2 years
- ○ Within past 3-5 years
- ○ 5 or more years ago

45. Have you ever had a sigmoidoscopy or colonoscopy exam?

- ○ NO → GO TO ITEM 47
- ○ YES

46. When did you have your last sigmoidoscopy or colonoscopy exam?

- ○ Within past year
- ○ Within past 1-2 years
- ○ Within past 3-5 years
- ○ 5 or more years ago

47. Has your uterus (womb) been surgically removed?

- ○ NO
- ○ YES
- ○ DON'T KNOW

48. Have your ovaries been surgically removed?

- ○ NO
- ○ YES, one ovary
- ○ YES, both ovaries
- ○ DON'T KNOW

In the next two questions we are interested in medical conditions you have developed since July 1997 (over the past 6 years). IT IS IMPORTANT THAT YOU MARK AN ANSWER FOR EACH QUESTION EVEN IF YOU HAVE NEVER HAD THAT CONDITION.

49. Since July 1997, have you suffered a fracture (broken bone), which required treatment by a doctor?

○ NO → GO TO ITEM 50

○ YES

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

UPPERARM
○ NO ○ YES

FOREARM
○ NO ○ YES

WRIST
○ NO ○ YES

RIBS
○ NO ○ YES

HIP
○ NO ○ YES

VERTEBRA (part of the spine)
○ NO ○ YES

OTHER
○ NO ○ YES

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0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

50. Since July 1997, were you diagnosed for the first time by a doctor as having: (Mark NO or YES for each disease.)

○ 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 **PARKINSON'S DISEASE**

○ NO ○ YES **BREAST CANCER**

○ NO ○ YES **CANCER OTHER THAN BREAST CANCER**

→ If yes, please specify type(s) of cancer:

○ Colon
○ Rectum
○ Body of uterus
○ Cervix of uterus
○ Ovary
○ Lung
○ Kidney
○ Bladder
○ Melanoma
○ Skin cancer, not melanoma
○ Other specify type

Please double check that you marked NO or YES for each disease in item 50.

51. Since 1977, have you had either of the following procedures?

CORONARY BYPASS SURGERY

○ NO ○ YES

BALLOON ANGIOPLASTY (DILATION) OR STENT OF THE CORONARY ATERIES

○ NO ○ YES

52. How many times have you had a flu shot (to prevent influenza)?

○ Never
○ 1-2 times
○ 3-5 times
○ 6-10 times
○ More than 10 times

VITAMIN ASSESMENT

53. Do you currently take multiple vitamins? (Please report individual vitamins under question 54.)

○ NO ○ YES → If YES,

a) How many do you take per week? → ○ 2 or less ○ 3-5 ○ 6-9 ○ 10 or more

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b) What specific brand and type do you usually use?

Specify exact brand and type

54. Not counting multiple vitamins, do you take any of the following preparations:

a) Vitamin A?

○ NO ○ YES, seasonal only ○ YES, most months → If yes,

How many years?	○ 0-1 yr.	○ 2-4 yrs.	○ 5-9 yrs.	○ 10+ yrs.	○ Don't know
What dose per day?	○ 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 → If yes,

How many years?	○ 0-1 yr.	○ 2-4 yrs.	○ 5-9 yrs.	○ 10+ yrs.	○ Don't know
What dose per day?	○ Less than 400 mg	○ 400 to 700 mg	○ 750 to 1250 mg	○ 1300 mg or more	○ Don't know

c) Vitamin B6?

○ NO ○ YES → If yes,

How many years?	○ 0-1 yr.	○ 2-4 yrs.	○ 5-9 yrs.	○ 10+ yrs.	○ Don't know
What dose per day?	○ Less than 10 mg	○ 10 to 39 mg	○ 40 to 79 mg	○ 80 mg or more	○ Don't know

d) Vitamin E?

○ NO ○ YES → If yes,

How many years?	○ 0-1 yr.	○ 2-4 yrs.	○ 5-9 yrs.	○ 10+ yrs.	○ Don't know
What dose per day?	○ Less than 100 IU	○ 100 to 250 IU	○ 300 to 500 IU	○ 600 IU or more	○ Don't know

e) Selenium?

○ NO ○ YES → If yes,

How many years?	○ 0-1 yr.	○ 2-4 yrs.	○ 5-9 yrs.	○ 10+ yrs.	○ Don't know
What dose per day?	○ Less than 80 mcg	○ 80 to 130 mcg	○ 140 to 250 mg	○ 260 mcg or more	○ Don't know

f) Iron?

○ NO ○ YES → If yes,

How many years?	○ 0-1 yr.	○ 2-4 yrs.	○ 5-9 yrs.	○ 10+ yrs.	○ Don't know
What dose per day?	○ Less than 51 mg	○ 51 to 200 mg	○ 201 to 400 mg	○ 401 mg or more	○ Don't know

g) Zinc?

○ NO ○ YES → If yes,

How many years?	○ 0-1 yr.	○ 2-4 yrs.	○ 5-9 yrs.	○ 10+ yrs.	○ Don't know
What dose per day?	○ Less than 25 mg	○ 25 to 74 mg	○ 75 to 100 mg	○ 101 mg or more	○ Don't know

h) Calcium? (Include Calcium in Dolomite)

○ NO ○ YES → If yes,

How many years?	○ 0-1 yr.	○ 2-4 yrs.	○ 5-9 yrs.	○ 10+ yrs.	○ Don't know
What dose per day?	○ Less than 400mg	○ 400 to 900 mg	○ 901 to 1300 mg	○ 1301 mg or more	○ Don't know

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

- ○ Folic acid
- ○ Vitamin D
- ○ B-complex vitamins
- ○ Cod liver oil
- ○ Omega-3 fatty acids
- ○ Iodine
- ○ Copper
- ○ Brewer's yeast
- ○ Beta-carotene
- ○ Magnesium
- ○ Other (please specify)

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0	1	2	3	4	5	6	7	8	9

DIET ASSESMENT

55. For each food listed, fill in the bubble indicating how often <u>on average</u> you have used the amount specified <u>during the past year</u>. Please fill in one bubble per row.

DAIRY FOODS	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Skim or low fat milk (8 oz. glass)									
Whole milk (8 oz. glass)									
Cream, e.g., coffee, whipped (1 Tbs)									
Sour cream (1 Tbs)									
Non-dairy coffee whitener (1 tsp)									
Sherbet or ice milk (1/2 cup)									
Ice cream (1/2 cup)									
Yogurt (1 cup)									
Cottage or ricotta cheese (1/2 cup)									
Cream cheese (1 oz.)									
Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)									
Margarine (pat), added to food or bread; exclude use in cooking									
Butter (pat), added to food or bread; exclude use in cooking									

Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during the approximate 3 months that it is in season, then the average use would be once per week.

FRUITS	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Raisins (1 oz. or small pack) or grapes									
Prunes (1/2 cup)									
Bananas (1)									
Cantaloupe (1/4 melon)									
Watermelon (1 slice)									
Fresh apples or pears (1)									
Apple juice or cider (small glass)									
Oranges (1)									

55. (Continued) For each food listed, fill in the bubble indicating how often on average you have used the amount specified during the past year.

FRUITS (CONTINUED)	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Orange juice (small glass)	○	○	○	○	○	○	○	○	○
Grapefruit (1/2)	○	○	○	○	○	○	○	○	○
Grapefruit juice (small glass)	○	○	○	○	○	○	○	○	○
Other fruit juices (small glass)	○	○	○	○	○	○	○	○	○
Strawberries, fresh, frozen or canned (1/2 cup)	○	○	○	○	○	○	○	○	○
Blueberries, fresh, frozen or canned (1/2 cup)	○	○	○	○	○	○	○	○	○
Peaches, apricots or plums (1 fresh or 1/2 cup canned)	○	○	○	○	○	○	○	○	○

VEGETABLES	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Tomatoes (1)	○	○	○	○	○	○	○	○	○
Tomato juice (small glass)	○	○	○	○	○	○	○	○	○
Tomato sauce e.g., spaghetti sauce (1/2 cup)	○	○	○	○	○	○	○	○	○
Red chili sauce (1 Tbs)	○	○	○	○	○	○	○	○	○
Tofu or soybeans (3-4 oz.)	○	○	○	○	○	○	○	○	○
String beans (1/2 cup)	○	○	○	○	○	○	○	○	○
Broccoli (1/2 cup)	○	○	○	○	○	○	○	○	○
Cabbage or cole slaw (1/2 cup)	○	○	○	○	○	○	○	○	○
Cauliflower (1/2 cup)	○	○	○	○	○	○	○	○	○
Brussels sprouts (1/2 cup)	○	○	○	○	○	○	○	○	○
Carrots, raw (1/2 carrot or 2-4 sticks)	○	○	○	○	○	○	○	○	○
Carrots, cooked (1/2 cup)	○	○	○	○	○	○	○	○	○
Corn (1 ear or 1/2 cup frozen or canned)	○	○	○	○	○	○	○	○	○
Peas, or lima beans (1/2 cup fresh, frozen, canned)	○	○	○	○	○	○	○	○	○

55. (Continued) For each food listed, fill in the bubble indicating how often <u>on average</u> you have used the amount specified <u>during the past year</u>.

VEGETABLES (CONTINUED)	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Mixed vegetables (1/2 cup)									
Beans or lentils, baked or dried (1/2 cup)									
Yellow (winter) squash (1/2 cup)									
Eggplant, zucchini, or other summer squash (1/2 cup)									
Yams or sweet potatoes (1/2 cup)									
Spinach, cooked (1/2 cup)									
Spinach, raw as in salad									
Kale, mustard or chard greens (1/2 cup)									
Iceberg or head lettuce (serving)									
Romaine or leaf lettuce (serving)									
Celery (4" stick)									
Beets (1/2 cup)									
Alfalfa sprouts (1/2 cup)									
Garlic, fresh or powdered (1 clove or shake)									

EGGS, MEAT, ETC.	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Eggs (1)									
Chicken or turkey, with skin (4-6 oz.)									
Chicken or turkey, without skin (4-6 oz.)									
Bacon (2 slices)									
Hot dogs (1)									
Processed meats, e.g., sausage, salami, bologna, etc. (piece or slice)									
Liver (3-4 oz.)									
Hamburger (1 patty)									

55. (Continued) For each food listed, fill in the bubble indicating how often on average you have used the amount specified during the past year.

EGGS, MEAT, ETC. (CONTINUED)	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagne, etc.	○	○	○	○	○	○	○	○	○
Beef, pork, or lamb as a main dish, e.g., steak, roast, ham, etc. (4-6 oz.)	○	○	○	○	○	○	○	○	○
Canned tuna fish (3-4 oz.)	○	○	○	○	○	○	○	○	○
Dark meat, fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)	○	○	○	○	○	○	○	○	○
Other fish (3-5 oz.)	○	○	○	○	○	○	○	○	○
Shrimp, lobster, scallops as a main dish	○	○	○	○	○	○	○	○	○

BREADS, CEREALS, STARCHES	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Cold breakfast cereal (1 cup)	○	○	○	○	○	○	○	○	○
Cooked oatmeal (1 cup)	○	○	○	○	○	○	○	○	○
Other cooked breakfast cereal (1 cup)	○	○	○	○	○	○	○	○	○
White bread (slice), including pita bread	○	○	○	○	○	○	○	○	○
Dark bread (slice)	○	○	○	○	○	○	○	○	○
English muffins, bagels, or rolls (1)	○	○	○	○	○	○	○	○	○
Muffins or biscuits (1)	○	○	○	○	○	○	○	○	○
Brown rice (1 cup)	○	○	○	○	○	○	○	○	○
White rice (1 cup)	○	○	○	○	○	○	○	○	○
Pasta, e.g., spaghetti, noodles, etc. (1 cup)	○	○	○	○	○	○	○	○	○
Other grains, e.g. bulgar, kasha, couscous, etc. (1 cup)	○	○	○	○	○	○	○	○	○
Pancakes or waffles (serving)	○	○	○	○	○	○	○	○	○
French fried potatoes (4 oz.)	○	○	○	○	○	○	○	○	○
Potatoes, baked, boiled (1) or mashed (1 cup)	○	○	○	○	○	○	○	○	○
Potato chips or corn chips (small bag or 1 oz.)	○	○	○	○	○	○	○	○	○
Crackers, Triskets, Wheat Thins (1)	○	○	○	○	○	○	○	○	○
Pizza (2 slices)	○	○	○	○	○	○	○	○	○

55. (Continued) For each food listed, fill in the bubble indicating how often on average you have used the amount specified during the past year.

BEVERAGES	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
CARBONATED BEVERAGES Consider the serving size as 1 glass, bottle or can for these carbonated beverages.									
LOW CALORIE (SUGAR-FREE) TYPES									
Low calorie cola, e.g. Tab with caffeine	○	○	○	○	○	○	○	○	○
Low calorie caffeine-free cola, e.g., Pepsi Free	○	○	○	○	○	○	○	○	○
Other low calorie carbonated beverage, e.g., Fresca, Diet 7-Up, diet ginger ale	○	○	○	○	○	○	○	○	○
REGULAR TYPES (NOT SUGAR-FREE)									
Coke, Pepsi, or other cola with sugar	○	○	○	○	○	○	○	○	○
Caffeine Free Coke, Pepsi or other cola with sugar	○	○	○	○	○	○	○	○	○
Other carbonated beverage with sugar, e.g., 7-Up, ginger ale	○	○	○	○	○	○	○	○	○
OTHER BEVERAGES									
Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can)	○	○	○	○	○	○	○	○	○
Decaffeinated coffee (1 cup)	○	○	○	○	○	○	○	○	○
Coffee (1 cup)	○	○	○	○	○	○	○	○	○
Tea (1 cup), not herbal teas	○	○	○	○	○	○	○	○	○
Beer (1 glass, bottle, can)	○	○	○	○	○	○	○	○	○
Red wine (4 oz. glass)	○	○	○	○	○	○	○	○	○
White wine (4 oz. glass)	○	○	○	○	○	○	○	○	○
Liquor, e.g., whiskey, gin, etc. (1 drink or shot)	○	○	○	○	○	○	○	○	○

55. (Continued) For each food listed, fill in the bubble indicating how often on average you have used the amount specified during the past year.

SWEETS, BAKED GOODS, MISCELLANEOUS	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Chocolate (bars or pieces) e.g., Hershey's, M&M's	○	○	○	○	○	○	○	○	○
Candy bars, e.g., Snickers, Milky Way, Reeses	○	○	○	○	○	○	○	○	○
Candy without chocolate (1 oz.)	○	○	○	○	○	○	○	○	○
Cookies, home baked (1)	○	○	○	○	○	○	○	○	○
Cookies, ready made (1)	○	○	○	○	○	○	○	○	○
Brownies (1)	○	○	○	○	○	○	○	○	○
Doughnuts (1)	○	○	○	○	○	○	○	○	○
Cake, home baked (slice)	○	○	○	○	○	○	○	○	○
Cake, ready made (slice)	○	○	○	○	○	○	○	○	○
Sweet roll, coffee cake or other pastry, home baked (serving)	○	○	○	○	○	○	○	○	○
Sweet roll, coffee cake or other pastry, ready made (serving)	○	○	○	○	○	○	○	○	○
Pie, homemade (slice)	○	○	○	○	○	○	○	○	○
Pie, ready made (slice)	○	○	○	○	○	○	○	○	○
Jams, jellies, preserves, syrup, or honey (1 Tbs)	○	○	○	○	○	○	○	○	○
Peanut butter (Tbs)	○	○	○	○	○	○	○	○	○
Popcorn (1 cup)	○	○	○	○	○	○	○	○	○
Nuts (small packet or 1 oz.)	○	○	○	○	○	○	○	○	○
Bran, added to food (1 Tbs)	○	○	○	○	○	○	○	○	○
Wheat germ (1 Tbs)	○	○	○	○	○	○	○	○	○
Chowder or cream soup (1 cup)	○	○	○	○	○	○	○	○	○
Oil and vinegar dressing, e.g., Italian (1 Tbs)	○	○	○	○	○	○	○	○	○
Mayonnaise or other creamy salad dressing (1 Tbs)	○	○	○	○	○	○	○	○	○

55. (Continued) For each food listed, fill in the bubble indicating how often <u>on average</u> you have used the amount specified <u>during the past year</u>.

SWEETS, BAKED GOODS, MISCELLANEOUS (CONTINUED)	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Mustard, dry or prepared (1 tsp)	○	○	○	○	○	○	○	○	○
Pepper (1 shake)	○	○	○	○	○	○	○	○	○
Salt (1 shake)	○	○	○	○	○	○	○	○	○

56. How much of the visible fat on your meats do you remove before eating?

- ○ Remove all visible fat
- ○ Remove majority
- ○ Remove small part of fat
- ○ Remove none
- ○ Don't eat meat

57. What kind of fat do you <u>usually</u> use for frying and sautéing? (Choose only one. Exclude "Pam"-type spray.)

- ○ Real butter
- ○ Margarine
- ○ Vegetable oil
- ○ Vegetable shortening
- ○ Lard

58. What kind of fat do you <u>usually</u> use for baking? (Choose only one.)

- ○ Real butter
- ○ Margarine
- ○ Vegetable oil
- ○ Vegetable shortening
- ○ Lard

59. What form of margarine do you <u>usually</u> use? (Choose only one.)

- ○ None
- ○ Stick
- ○ Tub
- ○ Spread
- ○ Low-calorie stick
- ○ Low-calorie tub

60. How often do you eat food that is fried at home? (Exclude the use of "Pam"-type spray.)

- ○ Daily
- ○ 4-6 times per week
- ○ 1-3 times per week
- ○ Less than once a week

61. How often do you eat fried food away from home? (e.g., French fries, fried chicken, fried fish)

- ○ Daily
- ○ 4-6 times per week
- ○ 1-3 times per week
- ○ Less than once a week

62. When you eat red meat, such as beefsteak, how "well done" is it usually prepared?

- ○ Rare
- ○ Medium rare
- ○ Medium
- ○ Medium well done
- ○ Well done
- ○ Never eat red meat

63. How many teaspoons of sugar do you add to your beverages or food each day? (Enter 0, if none.)

☐☐ tsp.

64. What type of cooking oil do you usually use?

Specify type and brand.

For Office Use Only

0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

65. What kind of cold breakfast cereal do you usually use?

Specify type and brand.

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0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

66. Are there any other important foods that you usually eat at least once per week? Include for example: paté, tortillas, yeast, cream sauce, custard, horseradish, parsnips, rhubarb, radishes, fava beans, carrot juice, coconut, avocado, mango, papaya, dried apricots, dates, figs.

(Do not include dry spices and do not list something that has been listed in the previous sections.)

	Other foods that you usually use at least once per week	Usual serving size	Servings per week
(a)			
(b)			
(c)			
(d)			

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Breast Cancer Questionnaire

67. Were you ever diagnosed by a doctor as having breast cancer?

- ○ NO → GO TO ITEM 73 on page 24
- ○ YES, I have had breast cancer diagnosed → GO TO ITEM 68

68. What type of treatment for breast cancer did you receive?
Mark all that apply.

- ○ Surgery
- ○ Radiation to the breast
- ○ Radiation to the armpit
- ○ Chemotherapy
- ○ Tamoxifen
- ○ Other

69. Since your first diagnosis of breast cancer, have you had an infection that required antibiotics in the arm on the side where you had breast cancer?

○ NO ○ YES

70. Here are some ways that people notice that their hands or arms are different from each other. For each statement, please answer if this was something you experienced/had <u>in the past 3 months</u>:

	NO	YES
a) Your rings got too tight on one side.	○	○
b) Your watch or bracelets got too tight.	○	○
c) Your clothing was too tight on one side.	○	○
d) One side was puffy compared to the other.	○	○
e) You couldn't see the knuckles and/or the veins of the hand on one side.	○	○
f) Your skin felt different on one side; for example firmer or "leathery" or some other way.	○	○
g) Your hand felt tired, thick or heavy on one side.	○	○
h) You had pain in your hand or arm on one side.	○	○
i) You noticed indentations in the skin of your hand or arm on one side when you leaned against something.	○	○
j) After exercise, your hand or arm swelled on one side.	○	○
k) You had difficulty writing.	○	○
l) Your right and left hands and/or arms seemed to you to be different sizes from each other.	○	○

If YES, which side seemed larger?

○ Right

○ Left

	NO	YES
m) You experienced limited range of motion since treatment for breast cancer.	○	○

71. Did you ever talk to a doctor, nurse, physical therapist, or other health professional about your HANDS and/or ARMS being different sizes from each other?

- ○ NO → GO TO ITEM 72
- ○ YES ↓

a) How many years after treatment for breast cancer did you first talk with a health professional about your HANDS and/or ARMS being different from each other?

- ○ Less than 1 year
- ○ 1-2 years
- ○ 3-4 years
- ○ 5-9 years
- ○ 10-19 years
- ○ 20 years or more

b) Did you ever receive treatment from a health professional because your HANDS and/or ARMS were different from each other?

- ○ NO → GO TO ITEM 72
- ○ YES ↓

c) How many months after treatment for breast cancer did you first begin treatment because your HANDS and/or ARMS were different from each other?

- ○ Less than 1 year
- ○ 1-2 years
- ○ 3-4 years
- ○ 5-9 years
- ○ 10-19 years
- ○ 20 years or more

d) Are you still under treatment for this condition?

○ NO ○ YES

72. a) Have you ever heard of a condition called lymphedema?

○ NO ○ YES

b) Has a doctor or other health professional ever told you that you had lymphedema?

○ NO ○ YES

73. If you were asked in the future to provide a saliva sample, would you be willing to do so? It would involve swishing your mouth with mouthwash, spitting it into a cup, and mailing it back (post-paid).

- ○ YES, I would be willing.
- ○ NO, I would not be willing.

74. 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: ( ) -

75. 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.

Please check to make sure you have not accidentally missed any pages.

Lastly, if you have any additional comments, you may include them in the space provided below. Please place completed questionnaire in the postage-paid envelope provided, seal it, and mail it to us.

W/D ○