

Form 01, Version 01

**ORGANOCHLORINE EXPOSURE AND
AGE AT NATURAL MENOPAUSE
CATI QUESTIONNAIRE**

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A. Pregnancy and Breastfeeding History

The first questions are about your pregnancies. When thinking about these questions, please recall all of your pregnancies, including your [pregnancy with CHILD 1 FIRST NAME/pregnancies with CHILD 1 FIRST NAME and CHILD 2 FIRST NAME] and also those not carried to term.

<UPLOAD CHILD(REN) NAME(S) FROM TRACKING>

<ASK A1 ONLY IF WOMAN IS LESS THAN 49 YEARS OLD; ELSE GO TO A2.>

A1. Are you currently pregnant? YES1
NO2

A2. How many times have you been pregnant [not including your current pregnancy]? Please include any pregnancies ending in a loss or abortion. |_|_|
PREGS

I'd like to ask you about [this pregnancy/each of these pregnancies starting with your very first pregnancy]. We realize that you may have already provided some of this information in the original study.

<BEGIN REPEATING RECORD.>

A3. How did [that/the first/the second/etc.] pregnancy end? single live birth.....[A6].....01
 [IF R REPORTS THAT THE DELIVERED TWINS BUT ONE WAS STILLBORN: triple or more)[A6].....02
 SELECT 1 - SINGLE LIVE BIRTH] miscarriage[A4].....03
 [IF R REPORTS THAT SHE DELIVERED abortion[A4].....04
 TRIPLETS BUT ONE WAS STILLBORN: stillbirth[A6].....05
 SELECT 2 - MULTIPLE LIVE BIRTH] SOMETHING ELSE... [NEXT PREG/A22]....06
 SPECIFY: _____

<ASK A4 IF A3=03 OR 04.>

A4. How many months and/or weeks did this pregnancy last? [PROBE:] Beginning with the last normal menstrual period before this pregnancy, how far along were you when this pregnancy ended? |_|_| |_|_|
MONTHS WEEKS

A5. How old were you when that pregnancy ended? |_|_|
AGE

<GO TO NEXT PREGNANCY OR A22>

A6. What was the month and year that your [first/second/etc.] pregnancy ended? |_|_| |_|_|_|_|
MONTH YEAR

<ASK A7 ONLY IF MONTH = DK AND YEAR IS ANSWERED, ELSE GO TO A8.>

A7. In what season did your [first/second/etc.] pregnancy end? WINTER01
 SPRING04
 SUMMER07
 FALL.....10

<ASK A8 IF A3=01, 02, 05.>

A8. [Was this baby delivered/Did you deliver] early, late,
or within 1 week of your due date? EARLY.....1
LATE.....2
WITHIN 1 WEEK OF
DUE DATE [A11]3

<ASK A9 IF A8=1 OR 2.>

A9. How many weeks and/or days [early/late] were you? WEEKS DAYS
[IF R REPORTS FOR EXAMPLE 1 ½ WEEKS EARLY
OR LATE: DO NOT ROUND - PROBE FOR # OF WEEKS
AND SPECIFIC # OF DAYS]

<ASK A10 IF A9=DK.>

A10. About how many months and/or weeks / MONTHS WEEKS
along were you?
[IF R REPORTS FOR EXAMPLE 2 ½ MONTHS EARLY
OR LATE: DO NOT ROUND - PROBE FOR # OF MONTHS
AND SPECIFIC # OF WEEKS]

<IF A3=01 OR 02, ASK A11; A3=05, GO TO A19.>

A11. Did you breastfeed or pump your breastmilk YES1
to feed [this baby/any of these babies]? NO[A14].....2
[IF R REPORTS THAT SHE TRIED BUT WAS UNABLE
TO BREASTFEED - SELECT 2, NO]

A12. About how many years, months, and/or weeks / / YEARS MONTHS WEEKS
did you give breastmilk at least twice in a 24-hour
period?
[IF R REPORTS FOR EXAMPLE 2 ½
YEARS/MONTHS/WEEKS: DO NOT ROUND - PROBE
FOR # YEARS, WEEKS AND SPECIFIC # OF DAYS]
[IF R. IS STILL BREASTFEEDING, ENTER "96".]
[IF LESS THAN 1 WEEK, ENTER "00" FOR YEARS,
MONTHS AND WEEKS.]

<ASK A13 IF A12=DK.>

A13. Was it... less than 3 months1
3-6 months2
more than 6 months but less
than 1 year3
1 year or more.....4

<ASK ONLY IF A11=NO:>

Why didn't you breastfeed [<i>this baby/these babies</i>]? Was it because...	
A14. your doctor advised against it due to <u>your baby's</u> medical condition	YES[A19] 1 NO 2
A15. your doctor advised against it due to <u>your</u> medical condition	YES[A19] 1 NO 2
A16. you tried but were not able to	YES[A19] 1 NO 2
A17. you did not want to or it was too difficult because of work or other demands	YES[A19] 1 NO 2
A18. some other reason SPECIFY: _____ [TO VERIFY OTHER RESPONSE IS NOT A PREVIOUSLY LISTED CONDITION: CHECK THE HELP SCREEN] [IF THE OTHER RESPONSE IS ONE OF THE CONDITIONS PREVIOUSLY LISTED: GO BACK TO APPROPRIATE QUESTION AND CHANGE TO 1 - YES]	YES[A19] 1 NO 2

A19. How many years, months, and/or weeks was it from the time your pregnancy ended until you got your next menstrual period?
[IF NEVER CAME BACK, ENTER "96" FOR YEARS.]

			/				/			
YEARS				MONTHS				WEEKS		

<ASK A20 ONLY IF A19=96, NEVER CAME BACK.>

A20. What was the reason your period did not come back?
Was it because you...

- began menopause..... 1
- had a hysterectomy 2
- became pregnant again 3
- were taking birth control 4
- or some other reason..... 5
- SPECIFY: _____

<ASK A21 ONLY IF A19=DK.>

A21. Was it...

- less than 3 months 1
- 3-6 months 2
- more than 6 months but less than 1 year 3
- 1 year or more..... 4

<END REPEATING RECORD.>

A22. I have recorded a total of [*# OF PREGNANCIES*] [*pregnancy/pregnancies*]. Have you had any other pregnancies that I have not recorded?

- YES 1
- NO 2

<IF A22 = YES, AMEND A2 AND COMPLETE APPROPRIATE QUESTIONS A3-A21.>

B. Menopause/BC/HRT/Surgery

Now I would like to ask you questions about your use of hormones, such as birth control pills and hormones that replace estrogen. I am also going to ask you about your menstrual periods and about surgeries on your uterus and ovaries. Some questions may be asked more than once because we want to be sure we get complete information.

B1. How old were you when you had your first period?

□□

AGE

<ASK ONLY IF B1 = DK>

B2. What grade were you in when you had your first menstrual period?

□□

GRADE IN SCHOOL

[IF AFTER PROBING R STILL DOES NOT KNOW GRADE - USE THESE CODES, MAKE COMMENT IN REMARK:

[IF AFTER PROBING R STILL DOES NOT KNOW GRADE – USE THESE CODES – MAKE A COMMENT IN REMARK:

- ELEMENTARY SCHOOL, DON'T KNOW = 5
- JUNIOR HIGH SCHOOL, DON'T KNOW = 7
- MIDDLE SCHOOL, DON'T KNOW = 7
- HIGH SCHOOL, DON'T KNOW = 10]

B3. We would like to know about your menstrual cycle when you were in your 20s. Was there any time during your 20s when you were not pregnant, not breastfeeding, and not using birth control pills or other female hormones?

- YES 1
- NO [B6].....2
- DON'T KNOW [B6].....8

B3a. Were there any periods of time that lasted 12 months or longer (during your 20's when you were not pregnant, not breastfeeding, and not using birth control pills or other female hormones)?

- YES 1
- NO [B6].....2
- DON'T KNOW [B6].....8

B4. During any of those times (in your 20s when you were not pregnant, not breastfeeding and not using birth control pills or other female hormones), would you say your menstrual cycles were fairly regular or not so regular?

- FAIRLY REGULAR..... 1
- NOT SO REGULAR...[B6]2
- DON'T KNOW [B6]8

<ASK ONLY IF B4 = FAIRLY REGULAR>

B5. Would you say there were...

- less than 25 days between the start of one period and the start of the next period..... 1
- 25 to 34 days (between the start of one period and the start of the next period)2
- 35 or more days (between the start of one period and the start of the next period)3

B6. Have you had a menstrual period in the past 12 months? YES 1
 When answering this question, please do not consider NO [B8] 2
 spotting as a menstrual period.
 [IF R REPORTS THAT SHE WAS PREGNANT, BREASTFEEDING, OR USING BCP OR TAKING OTHER FEMALE HORMONES FOR ALL OR PART OF PAST 12 MONTHS - PROBE: "That's ok, for this particular question just don't consider spotting a menstrual period."]
 [IF R ASKS WHAT THE DIFFERENCE IN MENSTRUAL FLOW AND SPOTTING, PROBE: "Consider menstrual flow as any flow requiring the use of a pad or tampon."]

B7. What month and year did you last have your menstrual period?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH		YEAR			

<IF B7_MONTH = DK, ASK>

[IF R REPORTS HAVING PERIOD CURRENTLY, RECORD AS "LESS THAN 2 WEEKS.]

B7a. How many weeks or months has it been since your last menstrual period began? Would you say it began...

less than 2 weeks ago 1
 2 to 6 weeks ago 2
 more than 6 weeks but less than
 3 months ago 3
 3 to 6 months ago 4
 more than 6 but less than
 12 months ago 5

CATI WILL CALCULATE #OF MONTHS
IF B7a = 1, #OF MONTHS = 0
IF B7a = 2, #OF MONTHS = 1
IF B7a = 3, #OF MONTHS = 2
IF B7a = 4, #OF MONTHS = 4
IF B7a = 5, #OF MONTHS = 9

#OF MONTHS SINCE LAST LMP

<GO TO B13>

<ASK ONLY IF B6 = NO>

B8. What month and year did you have your last menstrual period?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH		YEAR			

<IF B8_MONTH = DK, ASK>

B8a. What was the season (you had your last menstrual period)?

WINTER 1
 SPRING 4
 SUMMER 7
 FALL 10

<IF B8_YEAR = DK OR B8a = DK, ASK>

B8b. How old were you when you had your last menstrual period?

<input type="text"/>	<input type="text"/>
AGE	

- B9. Did your periods stop because of... natural menopause [B10] ..01
 surgery such as a hysterectomy or
 removal of your ovaries... [B11] ..02
 chemotherapy or
 radiation therapy [B11] ..03
 use of Depo-Provera, tamoxifen
 or other hormones [B11] ..04
 pregnancy or breastfeeding... [B13] ..05
 some other reason [B13] ..06
 SPECIFY: _____
 DON'T KNOW [B13] ..98

<IF B9 = 01, NATURAL MENOPAUSE>

B10. How old were you when you think you started going through menopause?
 AGE

<IF B9 = 02, 03, 04 SUR/CHEMO/RAD/DEPO>

B11. Do you think you had started going through menopause before this? YES.....1
 NO..... [B15].....2

B12. How old were you when you think you started going through menopause?
 AGE

<IF B9 = 05, 06 PREG/BREASTFEEDING/OTHER OR B6 = YES>

B13. Do you think you have started going through menopause? YES.....1
 NO..... [B15].....2

B14. How old were you when you think you started going through menopause?
 AGE

Birth Control Hormones.

<BEGIN REPEATING RECORD>

The next set of questions is about your use of birth control hormones.

- B15. **<FIRST OCCURRENCE:>** Have you ever used birth control pills for any reason including contraception, cycle control, or any other medical reasons? YES 1
<ALL OTHER OCCURRENCES:> Were there any other periods of time that you took birth control pills? NO [B21] 2

- B16. How old were you when you [*first/next*] started taking birth control pills? | |
AGE

<IF AGE = CURRENT OR CURRENT - 1, SKIP TO B19.>

- B17. [*Have you ever/Was there another time you*] stopped taking birth control pills for 12 months or longer, since you were [AGE IN B16]? YES 1
NO [B19] 2

- B18. How old were you when you stopped taking birth control pills for 12 months or longer [*the first/this*] time? | |
AGE

<IF B18 IS NOT EQUAL TO LMP AGE OR LMP AGE - 1, SKIP TO B15.>

<IF B17 = NO OR B16 = CURRENT AGE OR CURRENT AGE - 1, ASK:>

- B19. Have you taken birth control pills in the past 3 months? YES 1
NO 2

<ASK B20a IF (B16 AGE < LMP AGE AND B18 IS ANSWERED AND EQUALS LMP AGE OR LMP AGE - 1) OR (B17 = NO AND LMP AGE = CURRENT AGE OR LMP AGE = CURRENT AGE - 1) OR (B19 IS ANSWERED AND B16 IS LESS THAN LMP AGE) OR (B16 = LMP AGE - 1); ELSE GO TO B20c OR TO B15.>

- B20a. In what month and year did you last take birth control pills (when you were [*B18 OR CURRENT AGE*])? | | | | | |
MONTH YEAR

<IF B20a MONTH = DK, ASK:>

- B20b. What was the season (you last took birth control pills) (when you were [*B18 OR CURRENT AGE*])? WINTER 1
SPRING 4
SUMMER 7
FALL 10

<ASK B20c ONLY IF B16 = LMP AGE:>

- B20c. When you were age [B16], did you start taking birth control pills before or after you had your last menstrual period? BEFORE 1
AFTER 2

<GO TO B15>

<END REPEATING RECORD>

<BEGIN REPEATING RECORD>

B21. **<FIRST OCCURRENCE:>** Have you ever used Norplant? YES 1
 This is a hormone contraceptive inserted into your arm? NO..... [B26] 2
<ALL OTHER OCCURRENCES:> Were there any other periods of time that you used Norplant?

B22. How old were you when you [*first/next*] started using Norplant? |_|
AGE

<IF AGE = CURRENT OR CURRENT - 1, SKIP TO B25>

B23. [*Have you ever/Was there another time you*] stopped using Norplant for 12 months or longer, since you were [*AGE IN B22*]? YES 1
 NO [B25]..... 2

B24. How old were you when you stopped using Norplant for 12 months or longer [*the first/this*] time? |_|
AGE

< IF B24 IS NOT EQUAL TO LMP AGE OR LMP AGE - 1, SKIP TO B21.>

<IF B23 = NO OR B22 = CURRENT AGE OR CURRENT AGE - 1, ASK>

B25. Do you currently have a Norplant implant inserted into your arm? YES 1
 NO 2

<ASK B25a IF (B22 AGE < LMP AGE AND B24 IS ANSWERED AND EQUALS LMP AGE OR LMP AGE - 1) OR (B23 = NO AND LMP AGE = CURRENT AGE OR LMP AGE = CURRENT AGE -1) OR (B25 IS ANSWERED AND B22 IS LESS THAN LMP AGE) OR (B22 = LMP AGE -1); ELSE GO TO B25c OR TO B21.>

B25a. In what month and year did you last use Norplant (when you were [*B24 OR CURRENT AGE*])? |_| |_|_|_|_|
MONTH YEAR

<IF B25a MONTH = DK, ASK>

B25b. What was the season (you last used Norplant) (when you were [*B24 OR CURRENT AGE*])? WINTER 1
 SPRING..... 4
 SUMMER..... 7
 FALL 10

<ASK B25c ONLY IF B22 = LMP AGE:>

B25c. When you were age [B22], did you start using Norplant before or after you had your last menstrual period? BEFORE..... 1
 AFTER 2

<GO TO B21>

<END REPEATING RECORD>

<BEGIN REPEATING RECORD>

B26. <FIRST OCCURRENCE:> Have you ever had Depo-Provera injections for any reason including contraception, cycle control, or any other medical reasons? YES1 NO.....[*].....2

<ALL OTHER OCCURRENCES:> Were there any other periods of time that you had Depo-Provera injections?

B27. How old were you when you [first/next] started getting Depo-Provera injections? AGE

<IF AGE = CURRENT OR CURRENT - 1, SKIP TO B30>

B28. [Have you ever/Was there another time you] stopped getting Depo-Provera injections for 12 months or longer, since you were [AGE IN B27]? YES1 NO [B30].....2

B29. How old were you when you stopped getting Depo-Provera injections [the first/this] time? AGE

< IF B29 IS NOT EQUAL TO LMP AGE OR LMP AGE - 1, SKIP TO B26.>

<IF B28 = NO OR B27 = CURRENT AGE OR CURRENT AGE - 1, ASK>

B30. Have you had your last Depo-Provera injection in the past 3 months? YES1 NO2

<ASK B30a IF (B27 AGE < LMP AGE AND B29 IS ANSWERED AND EQUALS LMP AGE OR LMP AGE - 1) OR (B28 = NO AND LMP AGE = CURRENT AGE OR LMP AGE = CURRENT AGE -1) OR (B30 IS ANSWERED AND B27 IS LESS THAN LMP AGE) OR (B27 = LMP AGE -1); ELSE GO TO B30c OR TO B26.>

B30a. In what month and year did you last use Depo-Provera (when you were [B29 OR CURRENT AGE])? MONTH YEAR

<IF B30a MONTH = DK, ASK>

B30b. What was the season (you last used Depo-Provera) (when you were [B29 OR CURRENT AGE])? WINTER1 SPRING.....4 SUMMER.....7 FALL.....10

<ASK B30c ONLY IF B27 = LMP AGE:>

B30c. When you were age [B27], did you start taking birth control pills before or after you had your last menstrual period? BEFORE.....1 AFTER2

<GO TO B26>

<END REPEATING RECORD>

<* IF R REPORTED ANY BIRTH CONTROL HORMONE USE FOR TEEN YEARS, ASK B31. IF R REPORTED ANY BC HORMONE USE FOR AGES 35 AND UP, ASK B32. IF R REPORTED BC HORMONE USE FOR BOTH TEEN YEARS AND 35 AND UP, ASK BOTH B31 AND B32. IF R ONLY TOOK BC HORMONE FOR AGES 20-34, SKIP TO B33>

<ASK ONLY IF R REPORTED ANY HORMONE USE DURING TEEN YEARS>

<p>B31. You told me that you used [<i>bcp/norplant/depo</i>] while you were in your teens. Did you use [<i>bcp/norplant/depo</i>] at that time for any of these reasons involving your menstrual cycles? Did you use it to... [IF R DID NOT TAKE THE HORMONE(S) FOR THESE REASONS BUT DID HAVE THESE RESULTS, CODE AS NO.]</p>	<p>a. regulate cycle length.....1 2 b. reduce bleeding1 2 c. reduce menstrual symptoms (cramps).....1 2</p>	<p><u>Y</u> <u>N</u></p>
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<ASK ONLY IF R REPORTED ANY HORMONE USE AT AGE 35 OR OLDER>

<p>B32. You told me that you used [<i>bcp/norplant/depo</i>] when you were 35 or older. Did you use [<i>bcp/norplant/depo</i>] at that time for any of these reasons involving your menstrual cycles? Did you use it to... [IF R DID NOT TAKE THE HORMONE(S) FOR THESE REASONS BUT DID HAVE THESE RESULTS, CODE AS NO.]</p>	<p>a. regulate cycle length.....1 2 b. reduce bleeding1 2 c. reduce menstrual symptoms (cramps).....1 2 d. reduce menopausal symptoms.....1 2</p>	<p><u>Y</u> <u>N</u></p>
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Surgeries/Radiation/Chemotherapy.

The next set of questions is about surgeries you may have had and chemotherapy and radiation treatment you may have received.

<IF A1 = YES, R IS CURRENTLY PREGNANT, GO TO B38>

B33. Have you had a hysterectomy, that is an operation to remove your uterus or womb? YES1
NO [B38]2

B34. What month and year did you have your hysterectomy?
MONTH YEAR

<IF B34 MONTH = DK, ASK>

B34a. What was the season (you had your hysterectomy)? WINTER1
SPRING.....4
SUMMER.....7
FALL10

<IF B34a = DK, ASK>

B34b. How old were you (when you had your hysterectomy)?
AGE

B35. What were the reasons you had this surgery? Please respond yes or no to each of these following reasons. Was it because of...

	<u>Y</u>	<u>N</u>
a. painful menstrual periods	1	2
b. abnormal bleeding	1	2
c. fibroids.....	1	2
d. endometriosis.....	1	2
e. prolapse of the uterus	1	2
f. polycystic ovaries, polycystic ovarian syndrome or Stein-Levanthal syndrome	1	2
g. cervical cancer	1	2
h. uterine or endometrial cancer	1	2
i. ovarian cancer.....	1	2
j. other cancer	1	2
k. any other reason.....	1	2

SPECIFY: _____

B36. At the time of your hysterectomy, did you have part or all of either of your ovaries removed? Partial ovary removal would include wedge resections.
 [THIS INCLUDES HAVING A CYST REMOVED FROM HER OVARY(IES)]

YES 1
 NO [B38] 2

B37. Did you have... Y N

a. both ovaries totally removed..... [B42] 1 2
 b. one ovary totally removed..... 1 2
 c. part of one or part of both ovaries removed 1 2

<IF ALL B37a, b, c = NO, ASK B37d>

B37d. Did you have something else? YES 1
 NO [*] 2

B37sp. What was removed? _____

* <SOFT EDIT: IF B37d = NO, REFER TO B36.>

<IF R HAD BOTH OVARIES REMOVED, SKIP TO B42. IF R DID NOT HAVE HYSTERECTOMY OR HAD HYSTERECTOMY AND LESS THAN 2 OVARIES REMOVED, ASK B38>

<BEGIN REPEATING RECORD>

B38. Have you [ever] had any [other] surgery in which all or part of an ovary was removed?
 [THIS INCLUDES HAVING A CYST REMOVED FROM HER OVARY(IES)]

YES 1
 NO [B42] 2

B39. What month and year did you have your [first/next] ovarian surgery?

--	--

--	--	--	--

MONTH YEAR

<IF B39 MONTH = DK, ASK>

B39a. What was the season (you had your [first/next] ovarian surgery)?

WINTER 1
 SPRING..... 4
 SUMMER..... 7
 FALL 10

<IF B39a = DK, ASK>

B39b. How old were you (when you had your [first/next] ovarian surgery)?

--	--

AGE

<IF B37b = YES, SKIP B40a>

B40. Did you have...

Y N

- a. both ovaries totally removed..... [B42]1 2
- b. [one/your other] ovary totally removed.....1 2

<IF BOTH B37b AND B40b = YES, GO TO B42>

- c. part of [one or both ovaries/your other ovary] removed, this includes wedge resections1 2

<IF ALL B40a, b, c = NO, ASK B40d>

B40d. Did you have something else?

- YES1
- NO [*].....2

B40sp. What was removed? _____

* <SOFT EDIT: IF B40d = NO, REFER TO B38.>

<IF B40a = YES, GO TO B42>

B41. After this surgery, did you still have at least part of an ovary remaining?

- YES [B38]1
- NO2
- DK [B38]8

<END REPEATING RECORD >

<BEGIN REPEATING RECORD>

B42. Have you [ever had/had any other] chemotherapy?

- YES1
- NO [B44]2

B43. At what age did you have your [first/next] chemotherapy?

AGE

<END REPEATING RECORD >

<BEGIN REPEATING RECORD>

B44. Have you [ever had/had any other] radiation therapy? This would not include (ultraviolet) treatment for skin problems such as acne.

- YES1
- NO [B46]2

B45. At what age did you have your [first/next] radiation therapy?

AGE

<END REPEATING RECORD >

Hormone Replacement Therapy.

Some women take female hormones such as estrogen or progesterone for symptoms of menopause such as hot flashes or vaginal dryness, as well as for other reasons. This is sometimes referred to as hormone replacement therapy, HRT, or menopause hormone therapy and may be in the form of pills or patches.

<BEGIN REPEATING RECORD>

B46. **<FIRST OCCURRENCE:>** Have you ever taken female hormones, other than birth control pills? Please do not include creams, suppositories, herbal preparations, or soy treatments.
<ALL OTHER OCCURRENCES:> Were there any other periods of time that you took female hormones?

YES 1
 NO.....[*]..... 2

B47. How old were you when you [*first/next*] started taking female hormones? |_|
AGE

<IF AGE = CURRENT, GO TO B50>

B48. Have you stopped taking female hormones for 6 months or longer, since you were [*AGE IN B47*]?

YES 1
 NO..... [B50]..... 2

B49. How old were you when you stopped taking female hormones for 6 months or longer [*the first/this*] time? |_|
AGE

< IF B49 IS NOT EQUAL TO LMP AGE OR LMP - 1, SKIP TO B46.>

<IF B48 = NO OR B47 = CURRENT AGE, ASK>

B50. Have you taken female hormones in the past 3 months? YES 1
 NO 2

<ASK B50a IF (B47 AGE < LMP AGE AND B49 IS ANSWERED AND EQUALS LMP AGE OR LMP AGE - 1) OR (B48 = NO AND LMP AGE = CURRENT AGE OR LMP AGE = CURRENT AGE -1) OR (B50 IS ANSWERED AND B47 IS LESS THAN LMP AGE) OR (B47 = LMP AGE -1); ELSE GO TO B50c OR TO B46.>

B50a. In what month and year did you last take female hormones (when you were [*B49 OR CURRENT AGE*]?) |_| |_|_|_|
MONTH YEAR

<IF B50a MONTH = DK, ASK>

B50b. What was the season (you last took female hormones) (when you were [*B49 OR CURRENT AGE*]?)

WINTER 1
 SPRING..... 4
 SUMMER..... 7
 FALL 10

<ASK B50c ONLY IF B47 = LMP AGE:>

B50c. When you were age [B47], did you start taking female hormones before or after you had your last menstrual period? BEFORE..... 1
 AFTER 2

<GO TO B46>

<END REPEATING RECORD >

<IF ANY EPISODE OF HRT USE STARTED AT OR AFTER AGE 35 AND NOT AFTER LMP AGE ASK B51; ELSE GO TO B53.>

B51. During the 12 months before you started taking female hormones at age [*FIRST START AGE* ≥ 35 IN B47], did you have a menstrual period? YES1
NO [B53]2
[IF R REPORTS THAT SHE WAS PREGNANT, BREASTFEEDING, OR USING BCP OR OTHER FEMALE HORMONES FOR ALL OR PART OF PAST 12 MONTHS - PROBE:
“That’s ok, for this particular question just don’t consider spotting a menstrual period.”]

B52. Would you say that your menstrual period at that time was fairly regular? YES1
NO2

<* IF R REPORTED CHEMO/RAD, B9 = 03, SKIP TO NEXT SECTION. ALL OTHERS GO TO B53. ALL OTHERS ARE DIVIDED IN THREE CATEGORIES: WOMEN THAT HAD PERIODS STOPPED DUE TO MEDICAL PROCEDURES, WOMEN THAT HAD PERIODS STOPPED DUE TO NATURAL MENOPAUSE AND WOMEN THAT HAD PERIODS IN THE PAST 12 MONTHS. EACH RESPONDENT IS ASSIGNED MENOPAUSAL STATUS BASED ON ANSWERS TO B6-B52>

Hot Flashes /Symptoms/ Menstrual Cycle

B53. Thinking about the [past] 2 years [before your last menstrual period, that is from LMP DATE – 2 up until now], did you ever experience hot flashes once a day or more not due to fever or illness? YES 1
NO..... [B55]..... 2

B54. How old were you when you first experienced hot flashes? [R MAY REPORT ANY AGE - IT DOES NOT HAVE TO BE IN THE TIME PERIOD LISTED IN THE PREVIOUS QUESTION]
AGE

B55. Thinking about the [past] 2 years [before your last menstrual period (that is from LMP DATE – 2) up until now], did you ever experience night sweats not due to fever or illness? YES 1
NO..... [B57]..... 2

B56. How old were you when you first experienced night sweats? [R MAY REPORT ANY AGE - IT DOES NOT HAVE TO BE IN THE TIME PERIOD LISTED IN THE PREVIOUS QUESTION]
AGE

B57. Thinking about the [past] 2 years [before your last menstrual period (that is from LMP DATE – 2) up until now], did you ever experience vaginal dryness not due to fever or illness? YES 1
NO..... [*]..... 2

B58. How old were you when you first experienced vaginal dryness? [R MAY REPORT ANY AGE - IT DOES NOT HAVE TO BE IN THE TIME PERIOD LISTED IN THE PREVIOUS QUESTION]
AGE

<IF R DON'T KNOW OR REFUSED HRT USE / BC USE / PREG AGES, THEN ASSUME NO HRT USE / BC USE / PREG IN LAST 12 MONTHS OR LAST 5 YEARS>
<ONLY INCLUDE LONG TERM OUTCOMES FOR PREG CALCULATIONS>

<*IF R INDICATED HRT USE / BC USE / PREG [IN THE 12 MONTHS BEFORE LMP / IN THE PAST 12 MONTHS] AND HRT USE / BC USE / PREG IN 3 YEARS OR MORE [DURING 5 YEARS BEFORE HYST / DURING 5 YEARS BEFORE LMP / DURING THE LAST 5 YEARS], GO TO NEXT SECTION>

<*IF R INDICATED HRT USE / BC USE / PREG [IN THE 12 MONTHS BEFORE HYST / IN THE 12 MONTHS BEFORE LMP / IN THE PAST 12 MONTHS] AND HRT USE / BC USE / PREG IN LESS THAN 3 YEARS [DURING 5 YEARS BEFORE HYST / DURING 5 YEARS BEFORE LMP / DURING THE LAST 5 YEARS], ASK B59-B63>

<*IF R INDICATED NO HRT USE / BC USE / PREG [IN THE 12 MONTHS BEFORE LMP / IN THE PAST 12 MONTHS] AND HRT USE / BC USE / PREG IN 3 YEARS OR MORE [DURING 5 YEARS BEFORE LMP / DURING THE LAST 5 YEARS] AND

IF R INDICATED THAT LMP WAS DUE TO SURGERY, THEN ALL SURGERIES WITH NO HRT USE / BC USE / PREG IN THE 12 MONTHS BEFORE HYST REGARDLESS OF HRT USE / BC USE / PREG [DURING 5 YEARS BEFORE HYST / DURING 5 YEARS BEFORE LMP / DURING THE LAST 5 YEARS], ASK B64-B70>

<*IF R INDICATED NO HRT USE / BC USE / PREG [IN THE 12 MONTHS BEFORE LMP / IN THE PAST 12 MONTHS] AND HRT / BC USE IN LESS THAN 3YEARS [DURING 5 YEARS BEFORE LMP / DURING THE LAST 5 YEARS], ASK B71-B79>

<*IF R INDICATED HRT USE / BC USE / PREG [IN THE 12 MONTHS BEFORE HYST / IN THE 12 MONTHS BEFORE LMP / IN THE PAST 12 MONTHS] AND HRT USE / BC USE / PREG IN LESS THAN 3 YEARS [DURING 5 YEARS BEFORE HYST / DURING 5 YEARS BEFORE LMP / DURING THE LAST 5 YEARS], ASK B59-B63>

The next few questions will be about your menstrual cycle focusing on the [past] five years [before you had your last menstrual period. You reported that your last menstrual period was in LMP DATE]. When answering these questions about this time period, please think about the times when you were not pregnant, not breastfeeding and not using birth control hormones or other female hormones.

B59. During the [past] 5 years [before your last menstrual period] (when you were not pregnant, not breastfeeding, and not using birth control pills or other female hormones), would you say your menstrual cycles were fairly regular or not so regular?
 [IF R REPORTS “SOMETIMES REGULAR” AND “SOMETIMES IRREGULAR,” CODE AS “NOT SO REGULAR”]

	FAIRLY REGULAR.....1
	NOT SO REGULAR...[B61]2
	DON'T KNOW[B61]8

<ASK ONLY IF B59 = FAIRLY REGULAR>

B60. Would you say there were...

less than 25 days between the start of one period and the start of the next period.....1	
25 to 34 days (between the start of one period and the start of the next period)2	
35 or more days (between the start of one period and the start of the next period)3	

B61. During these 5 years, on average, about how many days did your periods usually last? Please do not include days of spotting. Was it...
 [IF R ASKS WHAT THE DIFFERENCE IN MENSTRUAL FLOW AND SPOTTING, PROBE: “Consider menstrual flow as any flow requiring the use of a pad or tampon.”]

less than 3 days1	
3 to 4 days.....2	
5-6 days.....3	
7 or more days4	
TOO DIFFICULT TO CATEGORIZE5	

- B62. How would you describe the amount of flow or bleeding with your period? Again, please do not include days of spotting. Was it...
[IF R ASKS WHAT THE DIFFERENCE IN MENSTRUAL FLOW AND SPOTTING, PROBE: "Consider menstrual flow as any flow requiring the use of a pad or tampon."]
- light.....1
moderate.....2
heavy.....3
TOO DIFFICULT TO CATEGORIZE4
- B63. During the [past] 5 years [before your last menstrual period] did you ever go for two or more months without a period (not counting times when you were pregnant, breastfeeding and taking birth control pills or other female hormones)?
- YES.....1
NO.....2

<GO TO NEXT SECTION>

<*IF R INDICATED NO HRT USE / BC USE / PREG [IN THE 12 MONTHS BEFORE LMP / IN THE PAST 12 MONTHS] AND HRT USE / BC USE / PREG IN 3 YEARS OR MORE [DURING 5 YEARS BEFORE LMP / DURING THE LAST 5 YEARS] AND

ALL SURGERIES WITH NO HRT USE / BC USE / PREG IN THE 12 MONTHS BEFORE HYST REGARDLESS OF HRT USE / BC USE / PREG [DURING 5 YEARS BEFORE HYST / DURING 5 YEARS BEFORE LMP / DURING THE LAST 5 YEARS], ASK B64-B70>

The next few questions will be about your menstrual cycle focusing on the [past]12 months [before you had your last menstrual period. You reported that your last menstrual period was in LMP DATE].

<DO NOT ASK B64 IF B6 = YES, GO TO B65:>

B64. Did you have any menstrual periods in the 12 months before your last menstrual period? YES.....1
NO..... [NEXT SECTION].....2

B65. During the [past]12 months [before your last menstrual period], would you say your menstrual cycles were fairly regular or not so regular? FAIRLY REGULAR1
NOT SO REGULAR .[B67]2
[IF R REPORTS “SOMETIMES REGULAR” AND “SOMETIMES IRREGULAR,” CODE AS “NOT SO REGULAR”] DON’T KNOW.....[B67]8

<ASK ONLY IF B65 = FAIRLY REGULAR>

B66. Would you say there were... less than 25 days between the start of one period and the start of the next period.....1
25 to 34 days (between the start of one period and the start of the next period)2
35 or more days (between the start of one period and the start of the next period)3

B67. About how many days did your periods usually last? less than 3 days1
Please do not include days of spotting. Was it... 3 to 4 days.....2
[IF R ASKS WHAT THE DIFFERENCE IN MENSTRUAL FLOW AND SPOTTING, PROBE: “Consider menstrual flow as any flow requiring the use of a pad or tampon.”] 5-6 days.....3
7 or more days4
TOO DIFFICULT TO CATEGORIZE5

B68. Did you experience any heavy, gushing type of menstrual bleeding during [that year/the past 12 months] that is too much bleeding for your pads or tampons even when changed frequently? YES.....1
NO.....2

B69. How would you describe the amount of flow or bleeding with your period? Again, please do not include days of spotting. light.....1
Was it... moderate.....2
heavy.....3
[IF R ASKS WHAT THE DIFFERENCE IN MENSTRUAL FLOW AND SPOTTING, PROBE: “Consider menstrual flow as any flow requiring the use of a pad or tampon.”] TOO DIFFICULT TO CATEGORIZE4

B70. During the [*past*]12 months [*before your last menstrual period*], did you ever go for two or more months between start of one period and start of the next period?

YES.....1
NO.....2

<GO TO NEXT SECTION>

<*IF R INDICATED NO HRT USE / BC USE / PREG [IN THE 12 MONTHS BEFORE LMP / IN THE PAST 12 MONTHS] AND HRT / BC USE IN LESS THAN 3YEARS [DURING 5 YEARS BEFORE LMP / DURING THE LAST 5 YEARS], ASK B71-B79>

The next few questions will be about your menstrual cycle focusing on the [past] 12 months [before your last menstrual period that was on LMP DATE], as compared to the [past] five years [before your last menstrual period]. When answering these questions about this time period, please think about the times when you were not pregnant, not breastfeeding, and not using birth control hormones or other female hormones.

<p>B71. During the [past] 12 months [before your last menstrual period] would you say your menstrual cycles were fairly regular or not so regular? [IF R REPORTS "SOMETIMES REGULAR" AND "SOMETIMES IRREGULAR," CODE AS "NOT SO REGULAR"]</p>	<p>FAIRLY REGULAR.....1 NOT SO REGULAR. [B73].....2 N/A [B73].....6 DON'T KNOW [B73].....8</p>
---	--

<ASK ONLY IF B71 = FAIRLY REGULAR>

<p>B72. Would you say there were...</p>	<p>less than 25 days between the start of one period and the start of the next period.....1 25 to 34 days (between the start of one period and the start of the next period)2 35 or more days (between the start of one period and the start of the next period)3</p>
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<p>B73. For the most of the [past] 5 years [before your last menstrual period] would you say your periods were more regular, less regular or about the same as they were in the [past] 12 months [before your last menstrual period]? (Please do <u>not</u> count times when you were pregnant, breastfeeding, and taking birth control pills or other female hormones.) [ONLY SELECT 6 - NOT APPLICABLE IF R REPORTS THAT SHE DID NOT HAVE TIMES WHEN SHE WAS NOT PREGNANT, BREASTFEEDING, OR USING BCP OR OTHER FEMALE HORMONES DURING THAT TIME]</p>	<p>MORE REGULAR.....1 LESS REGULAR2 ABOUT THE SAME.....3 TOO DIFFICULT TO CATEGORIZE.....4 N/A6</p>
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- B74. Please think back to the [past]12 months [before your last menstrual period], about how many days did your periods usually last? Please do not include days of spotting. Was it...
 [IF R ASKS WHAT THE DIFFERENCE IN MENSTRUAL FLOW AND SPOTTING, PROBE: "Consider menstrual flow as any flow requiring the use of a pad or tampon."]
 [ONLY SELECT 6 - NOT APPLICABLE IF R REPORTS THAT SHE DID NOT HAVE TIMES WHEN SHE WAS NOT PREGNANT, BREASTFEEDING, OR USING BCP OR OTHER FEMALE HORMONES DURING THAT TIME]
- less than 3 days 1
 3 to 4 days.....2
 5-6 days.....3
 7 or more days4
 TOO DIFFICULT TO CATEGORIZE5
 N/A6
- B75. For the most of the [past] 5 years [before your last menstrual period], would you say your periods were longer, shorter or about the same as they were in the [past] 12 months [before your last menstrual period]? (Please do not count times when you were pregnant, breastfeeding, and taking birth control pills or other female hormones.)
 [ONLY SELECT 6 - NOT APPLICABLE IF R REPORTS THAT SHE DID NOT HAVE TIMES WHEN SHE WAS NOT PREGNANT, BREASTFEEDING, OR USING BCP OR OTHER FEMALE HORMONES DURING THAT TIME]
- LONGER 1
 SHORTER2
 ABOUT THE SAME.....3
 TOO DIFFICULT TO CATEGORIZE4
 N/A6
- B76. Please think back to the [past]12 months [before your last menstrual period]. How would you describe the amount of flow or bleeding with your period? Again, please do not include days of spotting. Was it...
 [IF R ASKS WHAT THE DIFFERENCE IN MENSTRUAL FLOW AND SPOTTING, PROBE: "Consider menstrual flow as any flow requiring the use of a pad or tampon."]
 [ONLY SELECT 6 - NOT APPLICABLE IF R REPORTS THAT SHE DID NOT HAVE TIMES WHEN SHE WAS NOT PREGNANT, BREASTFEEDING, OR USING BCP OR OTHER FEMALE HORMONES DURING THAT TIME]
- light..... 1
 moderate.....2
 heavy.....3
 TOO DIFFICULT TO CATEGORIZE4
 N/A6
- B77. For the most of the [past]5 years [before your last menstrual period], would you say the amount of bleeding you had with your periods was more, less or about the same as it was in the [past]12 months [before your last menstrual period]? (Please do not count times when you were pregnant, breastfeeding, and taking birth control pills or other female hormones.)
 [ONLY SELECT 6 - NOT APPLICABLE IF R REPORTS THAT SHE DID NOT HAVE TIMES WHEN SHE WAS NOT PREGNANT, BREASTFEEDING, OR USING BCP OR OTHER FEMALE HORMONES DURING THAT TIME]
- MORE..... 1
 LESS2
 ABOUT THE SAME.....3
 TOO DIFFICULT TO CATEGORIZE4
 N/A6
- B78. During the [past]12 months [before your last menstrual period], did you ever go for two or more months between start of one period and start of the next period?
- YES..... 1
 NO.....2
 N/A6

B79. During the [<i>past</i>] 12 months [<i>before your last menstrual period</i>], did you experience any heavy, gushing type of menstrual bleeding that is too much bleeding for your pads or tampons even when changed frequently?	YES.....	1
	NO.....	2
	N/A	6

<GO TO NEXT SECTION>

C. Smoking and Alcohol

Now I am going to ask you questions about smoking.

- C1. Have you ever smoked cigarettes regularly, that is, at least 1 cigarette per day for 3 months or more? YES 1
NO [C8] 2
- C2. On average, have you smoked at least 1 cigarette per day during the past 3 months? YES 1
NO 2

I am going to ask you at what ages you have smoked cigarettes over your lifetime. If you have stopped and started, please try your best to remember each time you stopped for at least one year, and then started again.

<BEGIN REPEATING RECORD.>

- C3. How old were you when you [*first/next*] started smoking cigarettes regularly, that is, at least 1 cigarette per day for 3 months or longer? □ □
AGE

- C4. [*Have you ever/Was there another time you*] stopped smoking for a year or longer? YES 1
NO [C7] 2

- C5. How old were you when you [*first/next*] stopped smoking for a year or longer? □ □
AGE

<IF C4 = 2, DO NOT ASK C6, GO TO C7.>

- C6. Were there any other times that you started smoking regularly again (that is, at least 1 cigarette per day for 3 months or longer)? YES [C3] 1
NO 2

<END REPEATING RECORD. >

<ASK C7 ONLY IF R. REPORTED SMOKING BETWEEN AGES OF 30-49; IF SMOKING SEGMENT IS LONGER THAN 10 YEARS, BREAK INTO DECADES; REPEAT C7 FOR EVERY SEGMENT R. REPORTED BETWEEN AGES 30-49.>

Now I am going to ask you about your cigarette smoking when you were in your thirties and forties.

- C7. During the times you smoked regularly between the ages of [*START AGE*] and [*STOP AGE*], how many cigarettes did you smoke per day on average? □ □ □ □
CIGARETTES

- C8. [*I just have one more question about smoking.*] YES 1
To the best of your knowledge, did your mother smoke cigarettes while pregnant with you? NO 2

Now I am going to ask you about your use of alcoholic beverages such as beer, wine, or liquor. One drink is defined as a 12-ounce glass of beer, 4 ounces of wine, one shot of liquor or one mixed drink. We want you to think about your drinking habits when you were in your forties.

- C9. [Did you have/Have you had] any drinks of any type of alcoholic beverage [when you were] in your forties? YES1
NO [C12]2

<IF R < 49, FILL IN CURRENT AGE.>

- C10. Between the ages of 40 and [49/current age] how many years did you drink 10 or more drinks per year? [ENTER "0" IF R. DID NOT DRINK 10 OR MORE DRINKS PER YEAR IN ANY GIVEN YEAR DURING HER FORTIES.] [ENTER "10" IF R. REPORTS DRINKING ALL THE YEARS BETWEEN AGES 40 AND 49 AND R IS AT LEAST 49 YEARS OLD.] [ADD EACH AGE/YEAR THE RESPONDENT DRANK. DO NOT SUBTRACT START AGE FROM END AGE]

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YEARS

<IF C10 = 0, GO TO NEXT SECTION.>

- C11. During the time you drank in your 40s, about how many drinks did you usually have? Would you say...
less than 1 drink per week0
1-2 drinks per week1
3-6 drinks per week3
7 or more drinks per week7

<GO TO NEXT SECTION.>

<ASK C12 ONLY IF C9=NO.>

- C12. What are the reasons you [did not drink during your 40s/ have not had a drink since the age of 40]? [DO NOT READ CHOICES. CHECK ALL THAT APPLY.]
- RECOVERING ALCOHOLIC1
 - COST, WASTE OF MONEY1
 - DON'T LIKE EFFECTS OR FEELINGS1
 - FAMILY MEMBER WITH ALCOHOL PROBLEM1
 - DOCTOR ADVISED AGAINST BECAUSE OF MEDICAL CONDITIONS OR USE OF MEDICATIONS.....1
 - NEVER DRANK.....1
 - PREGNANCY.....1
 - RELIGIOUS/MORAL1
 - DON'T LIKE TASTE1
 - OTHER.....1
- SPECIFY: _____

D. Physical Activity

This next section is about physical activity. We want to focus on your activity level or activities when you were (around) 40 years old.

- D1. At age 40, were you working either for pay or as a volunteer for at least 10 or more hours per week? [DO NOT INCLUDE HOMEMAKER] YES1
NO [D3].....2
- D2. During a typical day when you were working, did you mostly... sit1
[IF R. ANSWERS TWO OR MORE OF THE CHOICES LISTED, PROBE: Which would you say you do most on a typical work day?] stand.....2
sit and stand equally3
walk4
do heavier physical activity (lifting, digging, carrying, etc.)5
OTHER.....6
SPECIFY: _____

The next set of questions is about exercise, sports, and physical activities that you may have done when you were (around) 40 years old. This could include hobbies, sports as well as household chores. Please think about how often you may have done these things when you were (around) 40.

[ENTER THE NUMBER OF TIMES, IF NEVER, ENTER "00".]

- D3. How often did you do vigorous activities for at least 10 minutes that caused heavy sweating or large increase in breathing or heart rate? # TIMES
[IF NEVER, ENTER "00."]
IF R. REPORTS SEASONAL ACTIVITIES, PER DAY1
PROBE FOR NUMBER OF TIMES IN TOTAL] PER WEEK2
[IF R REPORTS 'OFTEN, SOMETIMES, PER MONTH3
RARELY, ETC" OR "EVERY DAY/WEEK/MONTH" IN TOTAL.....4
PROBE: "How many times per day, week, month, or in total would that be?"]
<IF D3 = 00, GO TO D5.>
<IF D3 < 12 IN TOTAL, GO TO D5.>

- D4. About how long did you do these vigorous activities each time? :
HRS MINS

[ENTER THE NUMBER OF TIMES, IF NEVER, ENTER "00".]

- D5. About how often did you do light or moderate activities for at least 10 minutes that caused only light sweating or a slight to moderate increase in breathing or heart rate? # TIMES
[IF NEVER, ENTER "00."]
[IF R. REPORTS SEASONAL ACTIVITIES, PER DAY1
PROBE FOR NUMBER OF TIMES IN TOTAL] PER WEEK2
[IF R REPORTS 'OFTEN, SOMETIMES, PER MONTH3
RARELY, ETC" OR "EVERY DAY/WEEK/MONTH" IN TOTAL.....4
PROBE: "How many times per day, week, month, or in total would that be?"]
<IF D5 = 00, GO TO D7.>
<IF D5 < 12 IN TOTAL, GO TO D7.>

D6. About how long did you do these light or moderate activities each time?

		:		
HRS			MINS	

- D7. When you were (around age) 40, did you walk for a mile or more at one time for exercise?
 YES1
 NO [D10].....2
 REF..... [D10].....7
 DK [D10].....8
- D8. Did you do this at least once a week for at least 3 months of the year?
 YES1
 NO [D10].....2
 REF..... [D10].....7
 DK [D10].....8
- D9. Did you do this at least 3 times per week for at least 3 months of the year?
 YES1
 NO2
 REF.....7
 DK8
- D10. When you were (around age) 40, did you jog or run for exercise?
 YES1
 NO [D13].....2
 REF..... [D13].....7
 DK [D13].....8
- D11. Did you do this at least once a week for at least 3 months of the year?
 YES1
 NO [D13].....2
 REF..... [D13].....7
 DK [D13].....8
- D12. Did you do this at least 3 times per week for at least 3 months of the year?
 YES1
 NO2
 REF.....7
 DK8
- D13. (When you were (around age) 40), did you ride a bicycle or use an exercise bicycle?
 YES1
 NO [D16].....2
 REF..... [D16].....7
 DK [D16].....8
- D14. Did you do this at least once a week for at least 3 months of the year?
 YES1
 NO [D16].....2
 REF..... [D16].....7
 DK [D16].....8
- D15. Did you do this at least 3 times per week for at least 3 months of the year?
 YES1
 NO2
 REF.....7
 DK8

D16. (When you were (around age) 40), did you swim or do water aerobics?	YES 1 NO [D19]..... 2 REF..... [D19]..... 7 DK [D19]..... 8
D17. Did you do this at least <u>once a week</u> for at least 3 months of the year?	YES 1 NO [D19]..... 2 REF..... [D19]..... 7 DK [D19]..... 8
D18. Did you do this at least <u>3 times per week</u> for at least 3 months of the year?	YES 1 NO 2 REF..... 7 DK 8
D19. (When you were (around age) 40), did you do aerobics or aerobic dancing? [DO NOT INCLUDE RECREATIONAL DANCING SUCH AS SWING DANCING, BALLET, TAP OR JAZZ DANCING - THIS GETS ENTERED AT QUESTION D22]	YES 1 NO [D22]..... 2 REF..... [D22]..... 7 DK [D22]..... 8
D20. Did you do this at least <u>once a week</u> for at least 3 months of the year?	YES 1 NO [D22]..... 2 REF..... [D22]..... 7 DK [D22]..... 8
D21. Did you do this at least <u>3 times per week</u> for at least 3 months of the year?	YES 1 NO 2 REF..... 7 DK 8
D22. (When you were (around age) 40), did you do any other dancing? [INCLUDE RECREATIONAL DANCING SUCH AS SWING DANCING, BALLET, TAP OR JAZZ]	YES 1 NO [D25]..... 2 REF..... [D25]..... 7 DK [D25]..... 8
D23. Did you do this at least <u>once a week</u> for at least 3 months of the year?	YES 1 NO [D25]..... 2 REF..... [D25]..... 7 DK [D25]..... 8
D24. Did you do this at least <u>3 times per week</u> for at least 3 months of the year?	YES 1 NO 2 REF..... 7 DK 8

D25. (When you were (around age) 40), did you do calisthenics or exercises?	YES1
	NO [D28].....2
	REF..... [D28].....7
	DK [D28].....8
D26. Did you do this at least <u>once a week</u> for at least 3 months of the year?	YES1
	NO [D28].....2
	REF..... [D28].....7
	DK [D28].....8
D27. Did you do this at least <u>3 times per week</u> for at least 3 months of the year?	YES1
	NO2
	REF.....7
	DK8
D28. (When you were (around age) 40), did you garden or do yard work?	YES1
	NO [D31].....2
	REF..... [D31].....7
	DK [D31].....8
D29. Did you do this at least <u>once a week</u> for at least 3 months of the year?	YES1
	NO [D31].....2
	REF..... [D31].....7
	DK [D31].....8
D30. Did you do this at least <u>3 times per week</u> for at least 3 months of the year?	YES1
	NO2
	REF.....7
	DK8
D31. (When you were (around age) 40), did you lift weights?	YES1
	NO [D34].....2
	REF..... [D34].....7
	DK [D34].....8
D32. Did you do this at least <u>once a week</u> for at least 3 months of the year?	YES1
	NO [D34].....2
	REF..... [D34].....7
	DK [D34].....8
D33. Did you do this at least <u>3 times per week</u> for at least 3 months of the year?	YES1
	NO2
	REF.....7
	DK8

<BEGIN REPEATING RECORD OF UP TO 4 ACTIVITIES.>

D34. (When you were (around age) 40), did you do any other exercises, sports, or physically active hobbies not mentioned at least once a week for at least 3 months of the year?

YES1
NO [D37].....2
REF..... [D37].....7
DK [D37].....8

D35. What was that activity?
[IF R. REPORTS MORE THAN ONE,
RECORD ONE AT THE TIME]

D36. Did you do this at least 3 times per week for at least 3 months of the year?

YES1
NO2
REF.....7
DK8

<GO TO D34.>

<END REPEATING RECORD.>

<ASK D37 ONLY IF R IS \geq 46 YEARS OLD.>

D37. During the past 12 months were you more active, less active, or about as active as you were at age 40?

MORE ACTIVE.....1
LESS ACTIVE.....2
ABOUT AS ACTIVE
AS AT AGE 403

E. Height and Weight

Now I will be asking you questions about your height and weight now and during the past [*CURRENT YEAR – YEAR CHILD BORN*] years, that is around the time you enrolled into the NC Infant Feeding Study.

E1. How tall are you now?
 [IF R. ANSWERS IN CM, PROBE: Please tell me what would that be in feet and inches?]
 [IF R. ANSWERS \geq ½ INCHES, ROUND UP.]

AND
 FEET INCHES

E2. About how much do you weigh now?
 [IF REPORTS A WEIGHT RANGE - PROBE TWO TIMES FOR ONE NUMBER - IF R STILL CANNOT GIVE YOU ONE NUMBER THEN AS A LAST RESORT, GO TO HELP SCREEN FOR INSTRUCTION]
 [IF R. ANSWERS IN KG, PROBE: Please tell me what would that be in pounds?]

LBS

<ASK E3 ONLY IF E2 = DK OR REF>

E3. Would you say your weight is...

less than 100 pounds	1
between 100 and 124 pounds	2
between 125 and 149 (pounds)	3
(between) 150 and 174 (pounds).....	4
(between) 175 and 199 (pounds).....	5
200 or more pounds.....	6

For the next questions, please think back to right before you were pregnant with [*CHILD NAME*] that is around [*YEAR CHILD BORN - 1*].

E4. Compared to your weight [*CURRENT YEAR – YEAR CHILD BORN*] years ago, would you say your current weight is 10 or more pounds higher, 10 or more pounds lower or within 10 pounds of what you weighed then?

10 OR MORE HIGHER.....1
 10 OR MORE LOWER2
 WITHIN 10 POUNDS3

<GO TO E7 IF E4 = 3.>

<ASK E5 ONLY IF E4 = 1.>

E5. Compared to your weight then, is your current weight...

10 to 19 pounds more.....1
 20 to 29 (pounds) more2
 30 to 39 (pounds more)3
 40 or more pounds more4

<GO TO E7.>

<ASK E6 ONLY IF E4 = 2.>

E6. Compared to your weight then, is your current weight...

10 to 19 pounds less.....1
 20 to 29 (pounds) less2
 30 to 39 (pounds less)3
 40 or more pounds less.....4

<GO TO E7.>

E7.	Have there been times over the past [<i>CURRENT YEAR - YEAR CHILD BORN</i>] years, other than pregnancy related changes, when your weight has gone up <u>and</u> down by 10 or more pounds?	YES 1 NO [NEXT SECTION] 2
E8.	How many times has your weight gone up <u>and</u> down by 10 or more pounds? Was it... [IF WEIGHT GOES UP AND THEN DOWN, CODE AS "ONE TIME"]	one time 1 two times 2 three or more times 3 REF [NEXT SECTION] 7 DK [NEXT SECTION] 8
E9.	On average, about how many pounds did you tend to gain when your weight went "up"?	10 to 19 pounds 1 20 to 29 (pounds) 2 30 to 39 (pounds) 3 40 or more pounds 4
E10.	On average, about how many pounds did you tend to lose when your weight went "down"?	10 to 19 pounds 1 20 to 29 (pounds) 2 30 to 39 (pounds) 3 40 or more pounds 4

F: Medical History

I would like to ask you about your medical history.

- | | | | | | |
|------|--|--|--|--|--|
| F1. | Has a doctor or other health care provider ever told you that you had diabetes that was not related to pregnancy? | YES1
NO [F5]2
BORDERLINE.....3 | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px; margin-left: auto;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table> | | |
| | | | | | |
| F2. | How old were you when this condition was first diagnosed? | | AGE | | |
| F3. | Do you currently use insulin at least once a day?
[INSULIN IS BY INJECTION ONLY] | YES1
NO [F5]2 | | | |
| F4. | At what age did you start using insulin? | | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px; margin-left: auto;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>
AGE | | |
| | | | | | |
| F5. | Did a doctor or other health care provider ever tell you that you had high blood pressure or hypertension that was not related to pregnancy?
[IF R REPORTS THAT SHE HAS HAD HIGH BLOOD PRESSURE READINGS AT THE DOCTOR'S OFFICE BUT NOT YET TREATED WITH MEDICATION, SELECT 3 - BORDERLINE] | YES1
NO [F8].....2
BORDERLINE.....3 | | | |
| F6. | How old were you when this condition was first diagnosed? | | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px; margin-left: auto;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>
AGE | | |
| | | | | | |
| F7. | Do you currently take medication prescribed by a doctor or other health care provider for this condition? | YES1
NO2 | | | |
| F8. | (Did a doctor or other health care provider ever tell you that you had) Addison's Disease or adrenal failure? | YES1
NO [F11].....2 | | | |
| F9. | How old were you when this condition was first diagnosed? | | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px; margin-left: auto;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>
AGE | | |
| | | | | | |
| F10. | Do you currently take medication prescribed by a doctor or other health care provider for this condition? | YES1
NO2 | | | |
| F11. | (Did a doctor or other health care provider ever tell you that you had) an over-active thyroid or Grave's Disease? | YES1
NO [F15].....2
BORDERLINE.....3 | | | |

F12. How old were you when this condition was first diagnosed?

AGE

F13. Did you ever have treatment with radioactive iodine for this condition?

YES1
NO2

F14. Do you currently take medication prescribed by a doctor or other health care provider for this condition?

YES1
NO2

F15. (Did a doctor or other health care provider ever tell you that you had) under-active thyroid, thyroiditis or Hashimoto's Disease?

YES1
NO [F18].....2
BORDERLINE.....3

F16. How old were you when this condition was first diagnosed?

AGE

F17. Do you currently take medication prescribed by a doctor or other health care provider for this condition?

YES1
NO2

F18. (Did a doctor or other health care provider ever tell you that you had) lupus?
[IF R REPORTS THAT SHE HAS HAD SOME TESTS THAT INDICATE SHE MIGHT HAVE LUPUS, SELECT 3 - BORDERLINE]

YES1
NO [F20].....2
POSSIBLE/NOT SURE3

F19. How old were you when this condition was first diagnosed?

AGE

F20. (Did a doctor or other health care provider ever tell you that you had) a heart attack or myocardial infarction?
[IF R REPORTS THAT SHE HAS HAD AN ECG/EKG THAT WAS SUGGESTIVE OF A PREVIOUS HEART ATTACK, SELECT 1 - YES AND WRITE COMMENT IN REMARK]

YES1
NO [F22].....2

F21. How old were you when this condition was first diagnosed?
[IF R REPORTS THAT SHE HAS HAD AN ECG/EKG THAT WAS SUGGESTIVE OF A PREVIOUS HEART ATTACK, ENTER THE AGE AT ECG/EKG AND WRITE COMMENT IN REMARK]

AGE

F22. Did you ever have angina, that is heart-related chest pain, requiring hospitalization? YES1
 [IF R REPORTS A TRIP TO THE EMERGENCY ROOM NO [F24].....2
 FOR ANGINA, SELECT 1 - YES]

F23. How old were you when this condition was first diagnosed? AGE

F24. Did a doctor or other health care provider ever tell you that you had any other heart condition? YES1
 NO [F27].....2

F25. What other heart condition were you diagnosed with? _____
 [RECORD ALL OTHER HEART CONDITIONS]

F26. How old were you when you were first diagnosed with (this heart condition/any of these other heart conditions)? AGE
 [IF R. REPORTS MORE THAN ONE HEART CONDITION, ASK THE EARLIEST AGE OF DIAGNOSIS FOR THE MULTIPLE DIAGNOSES.]

<BEGIN REPEATING RECORD.>

F27. <FIRST OCCURRENCE:> Have you ever been diagnosed with cancer? YES1
 <ALL OTHER OCCURRENCES:> NO [NEXT SECTION]2
 Were there any other times you were diagnosed REF..... [NEXT SECTION]7
 with cancer? DK [NEXT SECTION]8

F28. What type or types of cancer did you have at the time of your [first/next] diagnosis?
 [CHECK ALL THAT APPLY]
 [IF R. ANSWERS "SKIN CANCER," PROBE:
 Was this malignant melanoma?]

- BLOOD 1
- BONE..... 1
- BRAIN 1
- BREAST 1
- CERVIX, CERVICAL..... 1
- COLON, COLORECTAL
 (BOWEL, INTESTINE)..... 1
- ENDOMETRIAL 1
- HODGKIN'S DISEASE..... 1
- LEUKEMIA 1
- LUNG 1
- LYMPH NODES 1
- LYMPHOMA, NON-HODGKIN'S
 LYMPHOMA 1
- MULTIPLE MYELOMA 1
- OVARY, OVARIAN..... 1
- SKIN CANCER/ MALIGNANT
 MELANOMA 1
- SKIN CANCER/ NON-MELANOMA
 (BASAL OR SQUAMOUS CELL
 CARCINOMA)..... 1
- THYROID..... 1
- UTERUS, UTERINE..... 1
- OTHER SPECIFY1: _____
- OTHER SPECIFY2: _____
- OTHER SPECIFY3: _____

<DO NOT ASK F29-F31 IF R. REPORTED BEING DIAGNOSED WITH SKIN CANCER/NON-MELANOMA OR LYMPH NODES.>

F29. How old were you when you were first diagnosed with [this cancer/these cancers]?

--	--	--

AGE

F30. Did you lose more than 10 pounds in the year before this diagnosis?

- YES 1
- NO 2

<IF AGE = CURRENT AGE, GO TO F27.>

F31. Did you lose more than 10 pounds in the year after this diagnosis?

- YES 1
- NO 2

<GO TO F27.>

<END REPEATING RECORD.>

G. Family History

The last questions concern what you may know about the menopausal status of your mother and any sisters you may have. I am only interested in blood relatives. I realize you may not know this information. Please try to give me your best recollection.

G1. To the best of your knowledge, did your mother go through natural menopause at or before age 46? Please do not include menopause due to a hysterectomy, chemotherapy, or other medical treatment.

YES1
NO2

[IF R WAS ADOPTED BUT VOLUNTEERS INFORMATION ABOUT HER BIOLOGICAL MOTHER, ENTER THAT INFORMATION. IF R DOES NOT VOLUNTEER THAT INFORMATION, DO NOT PROBE. ENTER DK AND MAKE REMARK. IF R GIVES INFORMATION ABOUT HER ADPOTIVE MOTHER, DO NOT INCLUDE. ENTER DK AND MAKE A REMARK.]

G2. Do you have any sisters, either living or deceased? Please do not include step-sisters or sisters through adoption.

YES1
NO [NEXT SECT]2

[HALF SIBLINGS CAN BE INCLUDED.]

G3. How many sisters? □ □

#SISTERS

<BEGIN REPEATING RECORD.>

G4. Is your [*oldest/next/next...*] sister living or deceased?

LIVING1
DECEASED2

G5. How old [*is she now/was she when she died*]? □ □

AGE

<IF AGE IN G5 IS < 35, GO TO NEXT SISTER OR NEXT SECTION.>

<IF AGE IN G5 IS BETWEEN 35-46, ASK G6.>

G6. [*Has/Had*] she gone through natural menopause?

YES1
NO2

<NEXT SISTER OR NEXT SECTION>

<IF AGE IN G5 > 46, ASK G7.>

G7. Did she go through natural menopause before age 46? Please do not include menopause due to a hysterectomy, chemotherapy, or other medical treatment.

YES1
NO2

<NEXT SISTER OR NEXT SECTION>

<END REPEATING RECORD.>

H. Closing

H1. Considering the kinds of questions we've asked in this interview, is there anything else you think we need to know? YES 1
 NO [SCRIPT] 2

H2. [ENTER IN SPECIFY FIELD.]

These are all the questions I have for you. Thank you very much for your patience and cooperation. Someone from our staff may need to call you back to clarify information you have provided in the interview. You may be contacted in the future for additional follow up studies.

NEW CONTACT

Sometimes people move to new locations. It would help us if you would provide us with the name, address and phone number of a friend or relative who doesn't live with you and could give us your address and phone number if you move.

H3. Will you provide us with a contact? YES 1
 NO [BLOOD SCRIPT] 2

CONTACT SCREEN

First Name: _____ Last Name: _____ Relationship: _____

Phone Number: _____

Street Number: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

BLOOD DRAW SCRIPT

As you may recall, approximately half of the women who complete this questionnaire will be asked to provide a blood sample. Some of the women are randomly selected while other women are selected based on the information they provide in the interview concerning their menopausal status. If you are selected we will be back in touch with you within the next month to provide you with additional information. Again, thank you for your time today. Goodbye.

I. Interviewer Remarks

I-1. Respondent's cooperation was...

Very good	1
Good	2
Fair.....	3
Poor	4
Other.....	5

SPECIFY:

--	--	--

I-2. The overall quality of responses was...

High quality.....[I-6]	1
Generally reliable	2
Questionable	3
Unsatisfactory.....	4
Other.....	5

SPECIFY:

--	--	--

I-3. The respondent had trouble with the following sections:

	<u>Y</u>	<u>N</u>
A. Pregnancy and Breastfeeding History	1	2
B. Menopause/HRT/OC	1	2
C. Smoking and Alcohol	1	2
D. Physical Activity.....	1	2
E. Height and Weight.....	1	2
F. Medical History	1	2
G. Family History	1	2

I-4. Does this interview have problems that will require a supervisor to review the interview or is it complete?

Interview with problems.....	1
Interview complete	2

I-5. In which sections were there problems that need to be reviewed by a supervisor?

A. Pregnancy and Breastfeeding History	1	2
B. Menopause/HRT/OC	1	2
C. Smoking and Alcohol	1	2
D. Physical Activity.....	1	2
E. Height and Weight.....	1	2
F. Medical History	1	2
G. Family History	1	2

I-6. Use this space for any other comments you have which may affect the interpretation of this respondent's answers.
