Black Women's Health Study 2003

PLEASE USE BLUE OR BLACK BALLPOINT PEN

1. How old are you? → [ ][ ] **Age**

2. Please write in your date of birth.
(This information is helpful for identification)

[ ][ ] MONTH (example: June = 06)   [ ][ ] DAY   1 9 [ ][ ] YEAR

3. How many years of school have you finished?

- ○ less than 12
- ○ 12 (high school or GED)
- ○ 13
- ○ 14
- ○ 15
- ○ 16 (college)
- ○ 17 or more (graduate or professional school)

4. Are you treated respectfully when obtaining health care?

○ Usually ○ Sometimes ○ Rarely

5. Does your health care provider offer you the full range of treatment options?

○ Usually ○ Sometimes ○ Rarely ○ Don't know

6. Do you think you receive health care that is different from what others receive because of:

your type of insurance?	○ Yes	○ No
your race?	○ Yes	○ No

7. Between March 2001 and March 2003 did you use:

	Yes	How many months?
Birth control pills?	○	[ ][ ]
Depo-Provera (injections)?	○	[ ][ ]
Norplant?	○	[ ][ ]

8. How many cigarettes do you currently smoke each day?

- ○ None
- ○ Less than 5
- ○ 5-14
- ○ 15-24
- ○ 25-34
- ○ 35 or more

Do you smoke menthol cigarettes?

○ Yes ○ No

9. On average, how many alcoholic beverages do you currently drink each week?

- ○ None
- ○ Less than 1
- ○ 1 - 3
- ○ 4 - 6
- ○ 7 - 13
- ○ 14 - 20
- ○ 21 - 27
- ○ 28 or more

10. Women whose periods have stopped permanently (at least 12 months) are considered to have gone through menopause, even if they have not experienced any symptoms (hot flashes, etc.) Which of the following statements best describes your current situation?

- ○ I still have my usual menstural periods
- ○ I am currently going through menopause
- ○ My menstrual periods have stopped permanently
- ○ My periods stopped but I have periods now due to use of female hormones.
- ○ I don't know if my periods have stopped because I began taking female hormones when I still had periods.
- ○ Uncertain (please describe) [ ]

→ Age periods stopped [ ][ ]

→ Reason periods stopped

- ○ Natural menopause
- ○ Chemotherapy/radiation
- ○ Surgery
- ○ Other [ ]

11. Since March 2001, have you had surgery to remove your ovaries or uterus? (Mark all that apply)

- ○ No
- ○ One ovary only removed
- ○ Both ovaries removed
- ○ Uterus removed

12. Between March 2001 and March 2003, have you taken female hormones (like estrogen) for menopause?

○ Yes **How many months?** [ ][ ]

What type of hormone supplement did you use most recently?

- ○ Premarin or other estrogen pills alone
- ○ Progesterone (Provera etc.) pills alone
- ○ Estrogen and progesterone pills
- ○ Patch estrogen
- ○ Patch estrogen with progesterone
- ○ Estrogen vaginal cream
- ○ Birth control pill (for menopause)

Name of medication → [ ]

13. Between March 2001 and March 2003, did you have a:
(Mark all that apply)

- **Mammogram** ○
- **Pap smear** ○
- **Colonoscopy** ○
- **Sigmoidoscopy** ○

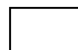
14. Since March 2001, if you were diagnosed for the first time with any of the following conditions, please fill in the circle for yes and write in the year it was first diagnosed.
(e.g. 2001= 0 1)

Condition	Yes	Year
1. Heart Attack	○	
2. Stroke	○	
3. Diabetes (sugar, sugar diabetes)	○	
4. Breast cancer	○	
5. Lung Cancer	○	
6. Colon Cancer	○	
7. Rectal Cancer	○	
8. Uterine Cancer	○	
9. Other type cancer (specify)	○	
10. Coronary bypass surgery or angioplasty	○	
11. Angina (chest pain)	○	
12. Blood clot (lungs or legs)	○	
13. Hypertension (high blood pressure)	○	
14. High cholesterol	○	
15. Fibroids in womb	○	
15a. confirmed by ultrasound?	○	
15b. confirmed by surgery? (e.g. hysterectomy)	○	
16. Infertility	○	
17. Hydatidiform mole (molar pregnancy)	○	
18. Cyst in breast	○	
18a. confirmed by biopsy?	○	
19. Lupus (systemic lupus erythematosus)	○	
20. Discoid Lupus	○	
21. Osteoarthritis	○	
22. Rheumatoid arthritis	○	
23. Asthma	○	
24. Sarcoidosis	○	
25. Ulcer (gastric or duodenal)	○	
26. Gallstones	○	
27. Kidney Stones	○	
28. Colon or rectal polyp (benign)	○	
29. Pancreatitis	○	
30. Depression (treated with medication)	○	
31. Glaucoma	○	
31a. treated with laser surgery?	○	
31b. treated with other surgery?	○	
32. Other serious illness	○	

15. Do you take any of the following medications or vitamins at least 3 days a week?
FIll in the circle for YES, leave blank for NO.

- ○ Aspirin (Anacin, Bufferin, Bayer, Excedrin, etc.)
- ○ Acetaminophen (Tylenol, Anacin-3, Panadol, etc.)
- ○ Injections for diabetes
- ○ Pills for diabetes **Name** →
- ○ Diuretics (water pills) for high blood pressure or other reasons (Hydrodiuril/HCTZ, Lasix, etc.) **Name** →
- ○ Other blood pressure medication (Vasotec, Calan, Tenormin/Atenolol, etc.) **Name** →
- ○ Antidepressants (Prozac, Zoloft, Paxil, etc.) **Name** →
- ○ Inhalers or pills for asthma **Name** →
- ○ Pills to lower cholesterol **Name** →
- ○ Eye drops for glaucoma **Name** →
- ○ Multi-Vitamins
- ○ Folic acid by itself

Please list all other medications or supplements that you currently take at least 3 days a week:



16. **How many days is it from the beginning of one menstrual period to the beginning of the next, usually? (e.g., 28 days) If you no longer have periods, what was the usual number of days between periods?** [ ][ ] days

17. **Please write in your current weight.** [ ][ ][ ] pounds

18. **How many city blocks or their equivalent do you walk each day?** (12 blocks = 1 mile) [ ][ ] blocks

19. **What is your usual pace of walking?**
- ○ Casual or strolling (less than 2 mph)
- ○ Fairly brisk (3 to 4 mph)
- ○ Average or normal (2 to 3 mph)
- ○ Brisk or striding (4 mph or faster)

20. **How many flights of stairs do you climb up each day?** (1 flight = 10 steps) [ ][ ] flights

21. **List any sports or recreation you have actively participated in during the past year. Please remember seasonal sports or events.**

	Sport, Recreation, or Other Physical Activity	Number of Times per Year	Average Time per Episode Hours	Average Time per Episode Minutes	Number of Years Participated
a.					
b.					
c.					
d.					
e.					
f.					

22. **Last year, what was your total annual household income before taxes from all household members? Please include income from all sources such as social security, stocks, alimony and child support in the past year.**
- ○ less than $15,000
- ○ $25,001 to $35,000
- ○ $50,001 to $100,000
- ○ $15,001 to $25,000
- ○ $35,001 to $50,000
- ○ more than $100,000

23. **Last year, how many people, including yourself, were supported by this household income?** [ ][ ] persons

24. **Are you currently pregnant?** ○ Yes ○ No

Due Date: [ ][ ] MONTH [ ][ ] DAY [ ][ ] YEAR

25. **Between March 2001 and March 2003, have you been pregnant?**

○ Yes ○ No → Go to page 5.

26. **Mark the number of times between March 2001 and March 2003 that you had any of the following:**

Birth of single child	①	②	③
Birth of twins or triplets	①	②	③
Miscarriage	①	②	③
Abortion	①	②	③
Other → [ ]	①	②	③

Since March 2001, if you gave birth to a single child, either liveborn or stillborn, please answer the following questions. If you had no births since March 2001, please go to page 5.

27. What was your due date?
(If you had more than 1 birth during this period please answer only about the most recent)

MONTH DAY YEAR

28. What was the child's birth date?

MONTH DAY YEAR

29. How much weight did you gain during this pregnancy?

- ○ less than 10 lbs
- ○ 10 - 14 lbs
- ○ 15 - 19 lbs
- ○ 20 - 24 lbs
- ○ 25 - 29 lbs
- ○ 30 - 34 lbs
- ○ 35 - 39 lbs
- ○ more than 39 lbs

30. Did you breast feed the baby?

○ Yes ○ No

How many months?

31. If you took multi-vitamins during or right before this pregnancy, please mark when you took them?
(Mark all that apply)

- ○ Before the pregnancy
- ○ During 1st trimester
- ○ During 2nd trimester
- ○ During 3rd trimester

32. Did you use vaginal douching during this pregnancy or in the 6 months before it?
(Mark all that apply)

- ○ No
- ○ Yes, in the 6 months before this pregnancy
- ○ Yes, during this pregnancy less than 5 times
- ○ Yes, during this pregnancy 5 or more times

33. Did you smoke during this pregnancy or just before it?

○ Yes ○ No

When did you smoke? (Mark all that apply)

- ○ Before the pregnancy
- ○ During 1st trimester
- ○ During 2nd trimester
- ○ During 3rd trimester

How many cigarettes did you smoke on average during or just before this pregnancy?

- ○ Less than 5 per day
- ○ 5 -14 per day
- ○ 15 - 24 per day
- ○ 25 or more per day

34. When did you first see a doctor or nurse for prenatal care?

- ○ During 1st trimester
- ○ During 2nd trimester
- ○ During 3rd trimester
- ○ Never

35. How much did this baby weigh at birth?
Please write in the child's weight in pounds and ounces. If not certain, give approximate weight.

POUNDS OUNCES

36. Did the doctor say this child was born at least 3 weeks early (premature/preterm)?

○ Yes ○ No

How early?

- ○ 3 weeks
- ○ 4 weeks
- ○ 5 weeks
- ○ 6 weeks
- ○ 7 weeks
- ○ 8 weeks
- ○ 9 weeks
- ○ 10 weeks or more
- ○ Don't know

Were you told that the birth was early for any of the following reasons?

- ○ labor began early for unknown reason
- ○ membranes ruptured (water broke) early and baby was delivered to prevent infection
- ○ labor was induced or had c-section because (mark all that apply):
  - ○ blood pressure was too high (preeclampsia, toxemia)
  - ○ baby was too big
  - ○ placenta detached or in wrong position (bleeding)
  - ○ breech birth
  - ○ baby too small or not growing properly (or had defect)
  - ○ membrane ruptured
  - ○ some other reason