## **Black Women's Health Study 2001**



Age at removal

## PLEASE USE BLUE OR BLACK BALLPOINT PEN 8. Women whose periods have stopped permanently (at least 12 months) are considered to have gone through menopause, even if they have not experienced any 1. How old are you? Age symptoms (hot flashes, etc.) Which of the following statements best describes your current situation? 2. Please write in your date of birth. (This information is helpful for identification) I still have my usual menstrual periods YEAR MONTH DAY I am currently going through menopause 0 1 9 -0 My menstrual periods have stopped permanently (example: January = 01)My periods stopped but I have periods now due to use of -0 female hormones. 3. Please write in your WEIGHT (Pounds) I don't know if my periods have stopped because I began $\bigcirc$ current weight. taking female hormones when I still had periods. 0 Uncertain (please describe) Age periods stopped 4. Between March 1999 and March 2001, did you use birth control pills? Reason periods stopped O Yes – $\bigcirc$ No $\rightarrow$ Go to Question 5 O Naturalmenopause O Chemotherapy/radiation 4a. How many months did you use them O Surgery O Other between March 1999 and March 2001? O less than 6 months 9. Have you had surgery to remove your ovaries or uterus? (Mark all that apply) O 6-11 months O No O 12-17 months O Both ovaries removed O 18 or more months O One ovary only removed 4b. Please give the name of the last birth O Uterus removed control pill that you used since March 1999. 10. Between March 1999 and March 2001, have you taken female hormones (like estrogen) for menopause? 5. Between March 1999 and March 2001 did you O Yes $\bigcirc$ No $\rightarrow$ Go to question 11 use any of these forms of birth control? (Mark all that apply) 10a. Between March 1999 and March 2001, O Norplant how long did you take female hormones? O Depo-Provera(injections) O less than 6 months O 12 - 17 months O tubes tied (tubal ligation) O 6 - 11 months O 18 or more months O hysterectomy 10b. Type of hormone supplement used most O vasectomy recently? 6. How many cigarettes do you currently O Premarin or other estrogen pills alone smoke each day? O Progesterone (Provera etc.) pills alone O None 05-14 O 25 - 34 O Estrogen and progesterone pills O Less than 5 O 15 - 24 O 35 or more O Patch estrogen with or without progesterone O Estrogen vaginal cream 7. On average, in the last year how many alcoholic O Birth control pill (for menopause) beverages did you drink each week? Name of medication → O None O 1 - 3 O7-13 O 21 - 27 11. Have you had a mammogram between March O Less than 1 04-6 O 14 - 20 $\bigcirc$ 28 or more 1999 and March 2001?

O Yes O No



12. Between March 1999 and 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. 1999 = 993; 2000 = 000)

	(e.g. 1999= 99; 2000=00)						, ,	Yes	Year
		Yes		Year		27.	Gallstones	0	
	Heart attack	0			ļ	28.	Kidney Stones	0	
	Stroke	0			ļ	29.	Colon or rectal polyp(benign)	0	$\square$
3.	Diabetes	0	Г			30.	Depression (treated with medication)	0	
4	Dragat concer	Yes	l	Yea	r		Glaucoma	0	H
	Breast cancer	0				51.	31a. treated with laser surgery?	_	
	Lung Cancer Colon Cancer	0					31b. treated with other surgery?	° O	
_		0				32.	Other serious illness 7	0	
	Rectal Cancer Uterine Cancer	0			╡				
_	Other type cancer (specify)	0			<b> </b> 1	vit	o you take any of the following medic amins at least 3 days a week? Il in the circle for YES, leave blank for		or
		Yes	[	Yea	r		pirin (Anacin, Bufferin, Bayer, Excedrin, etc.)		
10.	Coronary bypass surgery or angioplasty	, 0					etaminophen (Tylenol, Anacin-3, Panadol, et		
11.	Angina (chest pain)	0						0.)	
12.	Blood clot (lungs or legs)	0				O inje	ections for diabetes		
13.	Hypertension (high blood pressure)	0				O Pill	s for diabetes Name		
14.	High cholesterol	0			יך		rretics (water pills) for high blood pressure o	r	
		Yes	•	Year	r	oth	er reasons (Diuril, Hydrodiuril, etc.) Name		
15.	Fibroids in womb 15a. confirmed by pelvic exam? 15b. confirmed by ultrasound or laparoscopy?	0 0 0					her blood pressure medication (Vasotec, Mir lan, etc.) <b>Name</b>	iipres,	
16.	Polycystic ovarian syndrome	0			יך	O Ant	tidepressants (Prozac, Zoloft, Elavil, etc.)		
17.	Endometriosis 17a. confirmed by laparoscopy	0 0				O Inh	Name		
18.	Hydatidiform mole (molar pregnancy)	0					ls to lower cholesterol		
19.	Cyst in breast 19a. confirmed by biopsy?	0 0							
	[	Yes		Yea	r	O Me	dication for weight reduction		
20.	Lupus (systemic lupus erythematosus)	0				o -			
21.	Discoid Lupus	0				O Eye	e drops for glaucoma Name		
22.	Rheumatoid arthritis	0				O Mu	Iti-Vitamins		
23.	Osteoarthritis	0			٦		lic acid by itself		
24.	Asthma	0				Plea	se list all other medications or supplemen ently take at least 3 days a week:	ts that y	ou
25.	Sarcoidosis	0				Curr	שוויז ומתב מו ובמשו ש עמצש מ שבבת.		
26.	Ulcer (gastric or duodenal)	0							



## 14. On average, during the past year, how many hours each day did you spend:

			lone les	ss than T	hr 1-	2 hours	3 -4 hoi	urs 5	or more hrs
Watching TV, videos, home com	nputer			0		0	0		0
Sitting at work or at home during t	he day			0		0	0		0
Walking as part of your job	🔿 No job			0		0	0		0
15. On average, during the pas	st year, how	, mai	ny hours (	each we	ek did v	ou spen	d:	1	
	-	one	less thar 1hr		3-4 hrs	5-6 hrs	7-9 hrs	10 or m hou	
Walking to and from church, sto school, work	re, (	C	0	0	0	0	0	0	
Walking for exercise	(	D C	0	0	0	0	0	0	
Moderate activity (such as house childcare, gardening, bowling)	C	C	0	0	0	0	0	0	
Vigorous activity (such as baske swimming, running, aerobics)	etball, C	с	0	0	0	0	0	0	
16. In your opinion, what are th	ne five most	t imp	ortant thi	ings you	do for	your hea	alth?		
1.				4.					
2.				5.					
3.									
17. Have you ever been told by		nat yo	ou had sle	eep apne	ea (a co	<b>ndition</b>	in which k	preathing	g
stops briefly during sleep)	? O Yes		O No	0	Don't kno	w			
18. How often do you snore?									
O never O less than 1 night per v	week () 1-2 n	nights	per week	○ 3-5 ni	ghts per v	veek O	always/alr	nost alwa	iys O don't k
C	o no chance		O slig	ght chance	e	O mod	eratechand	ce (	) high chance
20. What is the chance that you while stopped in traffic for a	would doze a few minute		or fall as	leep whi	le talkin	g to son	neone, or	in a car	
20. What is the chance that you while stopped in traffic for a O	would doze a few minute no chance	es?	or fall asl	l <b>eep whi</b> htchance	le talkin	g to son		in a car	•
20. What is the chance that you while stopped in traffic for a ○ 21. Between March 1999 and Ma ○ Yes → ○ № →	would doze a few minute no chance arch 2001, h Go to page	es? have e 5	or fall asl O slig you been	htchance	le talkin 9 nt?	<b>g to son</b> O mode	neone, or eratechanc	<b>in a car</b> æ (	) high chance
20. What is the chance that you while stopped in traffic for a ○ 21. Between March 1999 and Ma ○ Yes → ○ № →	would doze a few minute no chance arch 2001, h Go to page	es? have e 5	or fall asl O slig you been	htchance	le talkin 9 nt?	<b>g to son</b> O mode	neone, or eratechanc	<b>in a car</b> æ (	) high chance
20. What is the chance that you while stopped in traffic for a ○ 21. Between March 1999 and Ma ○ Yes → ○ № →	would doze a few minute no chance arch 2001, h Go to page	es? have e 5	or fall asl O slig you been	leep whi htchance h pregna larch 20	le talkin 9 nt?	<b>g to son</b> O mode	neone, or eratechanc	<b>in a car</b> æ (	) high chance
20. What is the chance that you while stopped in traffic for a ○ 21. Between March 1999 and Ma ○ Yes → ○ No → 22. Mark the number of times be	would doze a few minute no chance arch 2001, H Go to page	es? have e 5	or fall asl O slig you been 999 and N	htchance pregna a pregna	le talkin 9 nt?	g to son O mode	neone, or eratechanc	<b>in a car</b> æ (	) high chance
20. What is the chance that you while stopped in traffic for a ○ 21. Between March 1999 and Ma ○ Yes → ○ No → 22. Mark the number of times be Birth of single child Birth of twins or triplets Miscarriage	would doze a few minute no chance arch 2001, h Go to page etween Mare	es? have e 5	or fall asl O slig you been 999 and N	leep whi htchance h pregna larch 20	le talkin 9 nt?	g to son O mode you had	neone, or eratechanc	<b>in a car</b> æ (	) high chance
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<ul> <li>20. What is the chance that you while stopped in traffic for a</li> <li>21. Between March 1999 and Ma</li> <li>○ Yes → ○ No →</li> <li>22. Mark the number of times be Birth of single child Birth of twins or triplets Miscarriage</li> </ul>	would doze a few minute no chance arch 2001, h Go to page etween Marce	es? have e 5	or fall asl O slig you been 999 and N 20 20	leep whi htchance h pregna larch 20	le talkin nt?	g to son O mode you had ③ ③ ③	neone, or eratechanc	<b>in a car</b> æ (	) high chance
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20. What is the chance that you while stopped in traffic for a ○ 21. Between March 1999 and Ma ○ Yes	would doze a few minute no chance arch 2001, h Go to page etween Mare 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es? have e 5 ch 19	or fall asi Sig you been 999 and N 20 20 20 20 20 20 20 20 20 20	ht chance pregna a pregna larch 20	le talkin nt? 01 that <u>y</u>	g to son O modu you had ③ ③ ③ ④ either li	neone, or eratechanc any of the veborn or	in a car e ( e followi	) high chance
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<ul> <li>20. What is the chance that you while stopped in traffic for a or a or a or a or a or a or a or</li></ul>	would doze a few minute no chance arch 2001, h Go to page etween Marce 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es? have e 5 ch 19	or fall asi or fa	ht chance ht chance pregna larch 20 o a <u>sing</u> skip thi	le talkin nt? 01 that <u>y</u> le child, s sectio was the	g to son () modu you had (3) (3) (3) (3) either li n and go	neone, or erate chance any of the veborn or o to page pirth date	in a car e () e followi	) high chance
<ul> <li>20. What is the chance that you while stopped in traffic for a or a or a or a or a or a or a or</li></ul>	would doze a few minute no chance arch 2001, h Go to page etween Marce 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es? have e 5 ch 19	or fall asi or fall asi you been 999 and N 20 20 20 20 20 20 20 20 20 20	leep whi ht chance h pregna larch 20 larch 20 skip thi 4. What	le talkin nt? 01 that <u>y</u> le child, s sectio was the	g to son modu you had 3 3 either li n and go child's l	neone, or erate chance any of the veborn or o to page oirth date	in a car e ( e followi stillbor 5. ?	) high chance

O GIFT (gamete intrafallo)	pian transfer)	O None of the	nese		
26. How much weight did	· · ·				
O less than 10 lbs	O 15 -		O 25 - 29	lbs	○ 35 - 39 lbs
O 10 - 14 lbs	O 20 -		O 30 - 34		O more than 39 lbs
27. Since the birth, how m	uch of the pregnan	cy weight o	ain have you los	t?	
O Almost all	O About half	, ,	O About a quarter		O Almost none
28. Did you breast feed th	e baby?				
		9			
28a. How long did you					
O less than 3 month	s O 3 - 5 months	○ 6 mor	ths or more		
29. Did you take multi-vita	mins during this pre	egnancy?			
<b>•</b>	➡ Go to question 30				
29a. When did you take		Il that apply)			
O Before the pregna			O During 2nd trim		uring 3rd trimester
30. Did you use vaginal do	ouching during this				(Mark all that apply)
O No			during this pregnan	-	
O Yes, in the 6 months bef 31. Did you smoke during			during this pregnan	icy 5 or more time	es
<ul> <li>○ Yes → ○ No</li> <li>31a. When did you sm</li> <li>○ Before the pregna</li> <li>31b. How many cigare</li> </ul>	oke? (Mark all that ancy O During of ttes did you smoke	t apply) 1st trimester e <b>on averag</b> e		efore this pre	
<ul> <li>31a. When did you sm</li> <li>Before the pregna</li> <li>31b. How many cigare</li> <li>C Less then 5 per d</li> <li>32. When did you first see</li> </ul>	oke?       (Mark all that         ancy       O During 2         ottes did you smoke         ay       O 5 - 14 pe         a doctor or nurse for	t apply) 1st trimester e <b>on averag</b> er day or prenatal	e during or just b O 15 - 24 per care?	efore this preg day	gnancy? O 25 or more per day
<ul> <li>31a. When did you sm</li> <li>Before the pregna</li> <li>31b. How many cigare</li> <li>C Less then 5 per d</li> <li>32. When did you first see</li> <li>O During 1st trimes</li> </ul>	oke?       (Mark all that ancy         ancy       O During 2         ottes did you smoke ay       O 5 - 14 pr         a doctor or nurse for ter       O During 2	t apply) 1st trimester e <b>on averag</b> er day	e during or just b O 15 - 24 per	efore this preg day	gnancy?
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<ul> <li>31a. When did you sm</li> <li>Before the pregna</li> <li>31b. How many cigare</li> <li>Less then 5 per d</li> <li>32. When did you first see</li> <li>During 1st trimes</li> <li>33. How much did this bate</li> <li>Please write in the child's</li> </ul>	oke?       (Mark all that ancy         ancy       O During 2         ottes did you smoke ay       O 5 - 14 pc         a doctor or nurse for ter       O During 2         oy weigh at birth?         weight in pounds and compared to the pounds and compared to	t apply) 1st trimester e <b>on averag</b> er day <b>or prenatal</b> and trimester	e during or just b O 15 - 24 per care? O During 3	efore this pres	gnancy? O 25 or more per day
<ul> <li>31a. When did you sm</li> <li>Before the pregna</li> <li>31b. How many cigare</li> <li>Less then 5 per d</li> <li>32. When did you first see</li> <li>During 1st trimes</li> <li>33. How much did this bate</li> <li>Please write in the child's</li> </ul>	oke?       (Mark all that         ancy       O During         ettes did you smoke         ay       O 5 - 14 pr         a doctor or nurse for         ter       O During 2         by weigh at birth?	t apply) 1st trimester e <b>on averag</b> er day <b>or prenatal</b> and trimester	e during or just b O 15 - 24 per care? O During 3	efore this pres	gnancy? O 25 or more per day
<ul> <li>31a. When did you sm</li> <li>Before the pregna</li> <li>31b. How many cigare</li> <li>Less then 5 per d</li> <li>32. When did you first see</li> <li>During 1st trimes</li> <li>33. How much did this bate</li> <li>Please write in the child's</li> </ul>	oke?       (Mark all that ancy         ancy       O During 2         ottes did you smoke ay       O 5 - 14 per at a doctor or nurse for ter         a doctor or nurse for ter       O During 2         oy weigh at birth?         weight in pounds and or the pounds and	t apply) 1st trimester e on averag er day or prenatal and trimester bunces. If no east 3 weel	e during or just b O 15 - 24 per care? O During 3 t certain, give appro	efore this preserved ay	gnancy? O 25 or more per day O Never
<ul> <li>31a. When did you sm O Before the pregnation</li> <li>31b. How many cigare O Less then 5 per description</li> <li>32. When did you first see O During 1st trimes</li> <li>33. How much did this bate Please write in the child's POUNDS 0</li> <li>34. Did the doctor say this O Yes 0 No</li></ul>	oke?       (Mark all that ancy         ancy       O During 2         ottes did you smoke ay       O 5 - 14 pr         a doctor or nurse for ter       O During 2         oy weigh at birth?         weight in pounds and counces         ounces	t apply) 1st trimester e on averager er day or prenatal and trimester bunces. If no east 3 weel	e during or just b O 15 - 24 per care? O During 3 t certain, give appro	efore this preserved ay	gnancy? O 25 or more per day O Never
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<ul> <li>31a. When did you sm</li></ul>	oke?       (Mark all that ancy         ancy       O During 2         ottes did you smoke ay       O 5 - 14 pereested ay         a doctor or nurse for ter       O During 2         oy weigh at birth?         weight in pounds and counces         oUNCES         of child was born at left         of conduction 35         weeks       0 5         weeks       0 5         weeks       0 6         the birth was early	apply) 1st trimester on average er day or prenatal and trimester bunces. If no east 3 weel s weeks	e during or just b O 15 - 24 per care? O During 3 t certain, give appro cs early (prematur O 7 weeks O 8 weeks	efore this presented ay	gnancy? O 25 or more per day O Never
<ul> <li>31a. When did you sm <ul> <li>Before the pregna</li> <li>31b. How many cigare</li> <li>Less then 5 per d</li> </ul> </li> <li>32. When did you first see <ul> <li>During 1st trimes</li> </ul> </li> <li>33. How much did this bate</li> <li>Please write in the child's</li> <li>POUNDS 0</li> </ul> <li>34. Did the doctor say this</li> <li>Yes 0 No 0</li> <li>34a. How early? 3</li> <li>4</li> <li>34b. Were you told that</li> <li>Clabor began early</li>	oke?       (Mark all that ancy         ancy       O During 2         ottes did you smoke ay       0 5 - 14 pc         a doctor or nurse for ter       O During 2         oy weigh at birth?         weight in pounds and control         OUNCES         of child was born at left         Go to question 35         weeks       0 5         weeks       0 6         the birth was early         for no known reason	apply) 1st trimester on average er day or prenatal and trimester bunces. If no east 3 weel weeks weeks for any of	e during or just b 0 15 - 24 per care? 0 During 3 t certain, give appro- cs early (prematur 0 7 weeks 0 8 weeks the following rea	efore this present of a y and trimester of trimester oximate weight.	gnancy? O 25 or more per day O Never
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<ul> <li>31a. When did you sm <ul> <li>Before the pregna</li> <li>31b. How many cigare</li> <li>Less then 5 per d</li> </ul> </li> <li>31b. How many cigare</li> <li>Less then 5 per d</li> <li>22. When did you first see <ul> <li>During 1st trimes</li> </ul> </li> <li>33. How much did this bak</li> <li>Please write in the child's <ul> <li>POUNDS</li> <li>O</li> </ul> </li> <li>34. Did the doctor say this <ul> <li>Yes</li> <li>No</li> <li>34a. How early?</li> <li>3</li> <li>4</li> </ul> </li> <li>34b. Were you told tha <ul> <li>Iabor began early</li> <li>membranes ruptu</li> <li>Iabor was induced</li> </ul> </li> </ul>	oke?       (Mark all that ancy       O During 2         ottes did you smoke ay       0 5 - 14 pr         a doctor or nurse feater       O During 2         oy weigh at birth?         weight in pounds and of UNCES         othild was born at lease         o child was born at lease         o child was born at lease         o child was born at lease         o the birth was early         for no known reason         red (water broke) early         or had c-section becau	apply) 1st trimester on average er day or prenatal end trimester bunces. If no east 3 weeks weeks weeks for any of and baby wa use (mark all	e during or just b 0 15 - 24 per care? 0 During 3 t certain, give appro- cs early (prematur 0 7 weeks 0 8 weeks the following real s delivered to preverthat apply):	efore this present of a y and trimester of trimester oximate weight.	gnancy? O 25 or more per day O Never
<ul> <li>31a. When did you sm ○ Before the pregna</li> <li>31b. How many cigare ○ Less then 5 per d</li> <li>32. When did you first see ○ During 1st trimes</li> <li>33. How much did this bab Please write in the child's POUNDS 0</li> <li>34. Did the doctor say this ○ Yes 0 No 0</li> <li>34a. How early? 3</li> <li>34a. How early? 3</li> <li>4</li> <li>34b. Were you told tha ○ labor began early</li> <li>○ membranes ruptu</li> <li>○ labor was induced</li> <li>○ blood pressu</li> </ul>	oke?       (Mark all that ancy       O During 2         ottes did you smoke ay       0 5 - 14 pr         a doctor or nurse fease         ter       O During 2         oy weigh at birth?         weight in pounds and counces         oUNCES         othild was born at left         of child was born at left         of the birth was early         for no known reason         red (water broke) early         or had c-section becau         or was too high (preeclassing to the compared to	apply) 1st trimester on average er day or prenatal end trimester bunces. If no east 3 weeks weeks weeks for any of and baby wa use (mark all	e during or just b 0 15 - 24 per care? 0 During 3 t certain, give appro- cs early (prematur 0 7 weeks 0 8 weeks the following real s delivered to preverthat apply):	efore this present of a y and trimester of trimester oximate weight.	gnancy? O 25 or more per day O Never
<ul> <li>31a. When did you sm ○ Before the pregnain 31b. How many cigare ○ Less then 5 per dist 31b. How many cigare ○ Less then 5 per dist 32. When did you first see ○ During 1st trimes 33. How much did this bats POUNDS 0</li> <li>34. How much did this bats ○ Yes 0 00 34a. How early? 03 ○ 4 34b. Were you told that ○ labor began early ○ membranes ruptu ○ labor was induced ○ blood pressu ○ baby was tod</li> </ul>	oke?       (Mark all that ancy       O During 2         ottes did you smoke ay       0 5 - 14 pr         a doctor or nurse fease         ter       O During 2         oy weigh at birth?         weight in pounds and counces         oUNCES         othild was born at left         of child was born at left         of the birth was early         for no known reason         red (water broke) early         or had c-section becau         or was too high (preeclassing to the compared to	apply) 1st trimester on averager er day or prenatal and trimester bunces. If no east 3 weels weeks weeks for any of and baby wa use (mark all ampsia, toxel	e during or just b 0 15 - 24 per care? 0 During 3 t certain, give appro- cs early (prematur) 0 7 weeks 0 8 weeks the following real s delivered to preverthat apply): mia)	efore this present of a y and trimester of trimester oximate weight.	gnancy? O 25 or more per day O Never
<ul> <li>31a. When did you sm ○ Before the pregna 31b. How many cigare ○ Less then 5 per d</li> <li>32. When did you first see ○ During 1st trimes</li> <li>33. How much did this bab Please write in the child's POUNDS 0</li> <li>34. Did the doctor say this ○ Yes 0 No 0</li> <li>34a. How early? 3 0 4</li> <li>34b. Were you told that ○ labor began early ○ membranes ruptu ○ labor was induced ○ blood pressu ○ baby was tod</li> </ul>	oke?       (Mark all that ancy         ancy       O During 2         ottes did you smoke ay       O 5 - 14 pereested ay         a doctor or nurse for ter       O During 2         a doctor or nurse for ter       O During 2         by weigh at birth?         weight in pounds and comparison         ounces         child was born at left         Go to question 35         weeks       O 5         weeks       O 5         of the birth was early         for no known reason         red (water broke) early         or had c-section becau         or big	apply) 1st trimester on averager er day or prenatal and trimester bunces. If no east 3 weels weeks weeks for any of and baby wa use (mark all ampsia, toxel	e during or just b 0 15 - 24 per care? 0 During 3 t certain, give appro- cs early (prematur) 0 7 weeks 0 8 weeks the following real s delivered to preverthat apply): mia)	efore this present of a y and trimester of trimester oximate weight.	gnancy? O 25 or more per day O Never
<ul> <li>31a. When did you sm ○ Before the pregna 31b. How many cigare ○ Less then 5 per d</li> <li>32. When did you first see ○ During 1st trimes</li> <li>33. How much did this bab Please write in the child's POUNDS 0</li> <li>34. Did the doctor say this ○ Yes 0 No 0</li> <li>34a. How early? 3</li> <li>34a. How early? 3</li> <li>4</li> <li>34b. Were you told tha ○ labor began early ○ membranes ruptu ○ labor was induced ○ blood pressu ○ baby was too ○ placenta deta ○ breech birth ○ baby too small</li> </ul>	oke?       (Mark all that ancy       O During 2         ottes did you smoke ay       0 5 - 14 pr         a doctor or nurse fease         ter       O During 2         oy weigh at birth?         weight in pounds and compare         ounces	apply) 1st trimester on average er day or prenatal rod trimester bunces. If no east 3 weels weeks weeks for any of and baby wa use (mark all ampsia, toxer on (bleeding)	e during or just b 0 15 - 24 per care? 0 During 3 t certain, give appro- cs early (prematur) 0 7 weeks 0 8 weeks the following real s delivered to preverthat apply): mia)	efore this present of a y and trimester of trimester oximate weight.	gnancy? O 25 or more per day O Never
<ul> <li>31a. When did you sm</li></ul>	oke?       (Mark all that ancy       O During 2         ottes did you smoke ay       0 5 - 14 pr         a doctor or nurse fease         ter       O During 2         oy weigh at birth?         weight in pounds and compare         ounces	apply) 1st trimester on average er day or prenatal rod trimester bunces. If no east 3 weels weeks weeks for any of and baby wa use (mark all ampsia, toxer on (bleeding)	e during or just b 0 15 - 24 per care? 0 During 3 t certain, give appro- cs early (prematur) 0 7 weeks 0 8 weeks the following real s delivered to preverthat apply): mia)	efore this present of a y and trimester of trimester oximate weight.	gnancy? O 25 or more per day O Never

O Yes, less than 1 day O Yes

- O Yes, 1 4 days
- O Yes, 5 9 days O Yes, 10 or more days

O No



The next questions are about your usual diet during the past year. Mark the column to show how often, on average, you ate each food during the past year. Mark whether your usual serving size is small, medium, large, or super. Please DO NOT OMIT serving size unless you never ate the food or ate it less than once a month.

- a small serving size is about half the medium serving size or less.
- a large serving size is about one and a half times the medium size.
- a super serving size is more than 2 times the size of a medium size.
- Please do not skip any foods. If you never eat a food, mark "never or <1 per month"

Example: During the past year, you ate a super serving of rice (2 cups) about twice a month, 2 medium apples and 1 medium pear each week (3 per week), and sausage less than once a month (<1 per month).

EXAMPLE			I	ном	OFTE	N					HOW MUCH				
EAAIVIPLE	Never or <1	1 per	2 - 3 per	1 per	2 per	3 - 4 per	5 - 6 per	1 per	2 or more	Medium	`	Your serv	ing size	;	
TYPE OF FOOD	per month	month	month	week	week	week	week	day	per day	serving	small	medium	large	super	
Apples, pears						•				1 medium					
Rice			•							3/4 cup				•	
Regular bacon or regular sausage	٠									2 pieces					
				ноw	OFTE	EN					ном	мисн			
TYPE OF FOOD	Never	1	2 - 3	1	2	3 - 4	5 - 6	1	2 or			Your serv	ing siz	е	
	or <1 per month	per month	per month	per week	per week	per week	per week	per day	more per day	Medium serving	small	medium	large	super	
36. FRUIT AND JUICES		1	1		1	1	1	1	1	1		1	1	1	
Apples, pears	0	0	0	0	0	0	0	0	0	1 medium	0	0	0	0	
Bananas	0	0	0	0	0	0	0	0	0	1 medium	0	0	0	0	
Cantaloupe	0	0	0	0	0	0	0	0	0	1/4 medium	0	0	0	0	
Canned fruit, fruit cocktail, applesauce	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0	
Oranges, tangerines, grapefruit	0	0	0	0	0	0	0	0	0	1 medium	0	0	0	0	
Other fruit (strawberries,grapes,etc)	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0	
Orange or grapefruit juice	0	0	0	0	0	0	0	0	0	6 ounce glass	0	0	0	0	
Other fruit juices, fortified fruit drinks, kool-ade	0	0	0	0	0	0	0	0	0	6 ounce glass	0	0	0	0	
37. BREAKFAST FOODS															
High fiber,bran or granola cereals, shredded wheat	0	0	0	0	0	0	0	0	0	1 medium bowl	0	0	0	0	
Highly fortified cereals, such as Product 19 or Total	0	0	0	0	0	0	0	0	0	1 medium bowl	0	0	0	0	
Other cereals, such Corn Flakes, Rice Krispies	0	0	0	0	0	0	0	0	0	1 medium bowl	0	0	0	0	
Other cooked cereals, or grits	0	0	0	0	0	0	0	0	0	1 medium bowl	0	0	0	0	
Eggs, including egg sandwich	0	0	0	0	0	0	0	0	0	2 eggs	0	0	0	0	
Regular bacon or regular sausage	0	0	0	0	0	0	0	0	0	2 pieces	0	0	0	0	
Turkey bacon or turkey sausage	0	0	0	0	0	0	0	0	0	2 pieces	0	0	0	0	



				HOV	V OFT	ſEN				]	HOW	MUCH	I	
I	Never or <1	1	2 - 3	1	2	3 - 4	5 - 6	1	2 or more	Medium	Yo	our serv	ing size	I
TYPE OF FOOD	per month	per month	per month	per week	per week	per week	per week	per day	per day	serving	small	med	large	super
38. VEGETABLES									1			1	1	
Beans such as baked, pintos, kidney, lentil, black eyed peas	0	0	0	0	0	0	0	0	0	3/4 cup	0	0	0	0
Chili with beans	0	0	0	0	0	0	0	0	0	3/4 cup	0	0	0	0
Tomatoes or tomato juice	0	0	0	0	0	0	0	0	0	1 medium or 6 oz glass	0	0	0	0
Red chili sauce, taco sauce, salsa picante	0	0	0	0	0	0	0	0	0	2 tablespoons	0	0	0	0
Broccoli	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0
Spinach	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0
Collard greens, mustard greens, turnip greens	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0
Cole slaw, cabbage, sauerkraut	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0
Carrots or mixed vegetables containing carrots	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0
Corn canned or on the cob	0	0	0	0	0	0	0	0	0	1/2 cup or 1 cob	0	0	0	0
Green beans or string beans	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0
Green peas	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0
Green salad	0	0	0	0	0	0	0	0	0	1 medium bowl	0	0	0	0
Regular salad dressing or mayonnaise (including on sandwiches, in potato salad etc)	0	0	0	0	0	0	0	0	0	2 tablespoons	0	0	0	0
Lowfat salad dressing or mayonnaise	0	0	0	0	0	0	0	0	0	2 tablespoons	0	0	0	0
French fries, fried potatoes	0	0	0	0	0	0	0	0	0	3/4 cup	0	0	0	0
Sweet potatoes, yams	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0
Other potatoes including boiled, mashed, and potato salad	0	0	0	0	0	0	0	0	0	1 medium or 1/2 cup	0	0	0	0
Rice or dishes made with rice	0	0	0	0	0	0	0	0	0	3/4 cup	0	0	0	0
Any other vegetables including in stir fry	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0
Tofu	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0
Butter,margarine or other fat on vegetables, potatoes,etc. <b>39. MEAT, FISH, POULTRY, LUNCH</b>		0	0	0	0	0	0	0	0	2 pats	0	0	0	0
Hamburger,cheeseburger meatloaf, beef burritos, or tacos	0	0	0	0	0	0	0	0	0	1 medium or	0	0	0	0
Soyburgers or garden burgers	0	0	0	0	0	0	0	0	0	4ozs 1 medium or 4ozs	0	0	0	0
Beef (steaks, roasts, etc including in sandwiches)	0	0	0	0	0	0	0	0	0	402S 4 ozs.	0	0	0	0
Beef stew or pot pie with carrots or other vegetables	0	0	0	0	0	0	0	0	0	1 cup	0	0	0	0
Liver, including chicken livers	0	0	0	0	0	0	0	0	0	4 ozs	0	0	0	0
Pork, including chops, roasts, dinner ham	0	0	0	0	0	0	0	0	0	2 chops or 4 ozs	0	0	0	0
Fried chicken, chicken nuggets	0	0	0	0	0	0	0	0	0	2 small or 1 large piece	0	0	0	0
Mixed dishes with chicken or turkey including tacos, burritos potpie and stir fry	0	0	0	0	0	0	0	0	0	3/4 cup	0	0	0	0
Other chicken or turkey (roasted, stewed, or broiled, including in sandwiches).	0	0	0	0	0	0	0	0	0	2 small or 1 large piece	0	0	0	0



			F	IOW	oftei	N					HOW	MUCH	ĺ	
I TYPE OF FOOD	Never	1 per	2 - 3 per	1 per	2	3 - 4	5 - 6	1 nor	2 or	Medium	Yo	our serv	ing size	I
	or <1 per month	month	month	week	per week	per week	per week	per day	more per day	serving	small	med	large	super
Dark meat fish, including sardines, mackerel, salmon, bluefish	0	0	0	0	0	0	0	0	0	4 ounces	0	0	0	0
Fried fish or fish sandwich	0	0	0	0	0	0	0	0	0	4 ozs or 1 sandwich	0	0	0	0
Other fish (broiled or baked)	0	0	0	0	0	0	0	0	0	4 ounces	0	0	0	0
Shellfish(shrimp, crab, lobster,etc)	0	0	0	0	0	0	0	0	0	4 ounces	0	0	0	0
Tuna fish (in sandwiches salad or casserole)	0	0	0	0	0	0	0	0	0	1/2 cup	0	0	0	0
Spaghetti, lasagna, other pasta with tomato sauce	0	0	0	0	0	0	0	0	0	1 cup	0	0	0	0
Cheese dishes without tomato sauce, like macaroni & cheese	0	0	0	0	0	0	0	0	0	1 cup	0	0	0	0
Pizza, including takeout	0	0	0	0	0	0	0	0	0	2 slices	0	0	0	0
Hot dogs, polish sausage	0	0	0	0	0	0	0	0	0	2 pieces	0	0	0	0
Ham, bologna, salami & other lunch meats	0	0	0	0	0	0	0	0	0	2 slices or 2 ounces	0	0	0	0
Vegetable/tomato soup, minestrone, vegetable beef soup	0	0	0	0	0	0	0	0	0	1 medium bowl	0	0	0	0
40. SWEETS														
Regular ice cream	0	0	0	0	0	0	0	0	0	1 scoop or 1/2 cup	0	0	0	0
Lowfat ice cream	0	0	0	0	0	0	0	0	0	1 scoop or 1/2 cup	0	0	0	0
Doughnuts, cake, cookies, pastry	0	0	0	0	0	0	0	0	0	1 piece or 3 cookies	0	0	0	0
Pies	0	0	0	0	0	0	0	0	0	1 medium slice	0	0	0	0
Chocolate candy	0	0	0	0	0	0	0	0	0	1 small bar or 1 oz.	0	0	0	0
41. BREADS, SNACK, SPREADS					'								1	
Biscuits, muffins (including fast food)	0	0	0	0	0	0	0	0	0	1 medium	0	0	0	0
White bread (including sandwiches, bagels, burger rolls, French or Italian bread)	0	0	0	0	0	0	0	0	0	2 slices	0	0	0	0
Dark breads, such as wheat, rye, pumpernickel (including sandwiches)	0	0	0	0	0	0	0	0	0	2 slices	0	0	0	0
Corn bread, corn muffins, corn tortillas	0	0	0	0	0	0	0	0	0	1 medium piece	0	0	0	0
Snacks such as potato chips, com chips, buttered popcorn	0	0	0	0	0	0	0	0	0	2 handfuls or 1 cup	0	0	0	0
Peanuts, peanut butter	0	0	0	0	0	0	0	0	0	2 tablespoons	0	0	0	0
Cheese and cheese spreads (not cottage cheese)	0	0	0	0	0	0	0	0	0	2 slices or 2 ounces	0	0	0	0
Yogurt	0	0	0	0	0	0	0	0	0	8 ounces	0	0	0	0
Frozen yogurt	0	0	0	0	0	0	0	0	0	1 scoop	0	0	0	0
Butter on bread or rolls	0	0	0	0	0	0	0	0	0	2 pats	0	0	0	0
Margarine on bread or roll	0	0	0	0	0	0	0	0	0	2 pats	0	0	0	0
What form or type of margarine C do you usually use?	) None	1		м? С Е? С			Tub ₋ight	O S O E	pray Extra Li	O Squeeze (liq ght O Nonfa		1	I	



					HOW	OFT	EN				HOW MUCH					
I TVI	PE OF FOOD	Never	1-3	1 per	2-4 per	5-6	1 per	2-3 per	4-5 per	6 or	Med	ium	] Y	our serv	ving size	•
		or <1 per month	per month	week	week	per week	day	day	day	more per day	serv		small	med	large	super
42. BEVERAGE	ES (please note that	the cate	gories	for the	se colu	mns ar	e diffe	rent from	n previc	ous pag	ge)					
Milk and	Whole milk	0	0	0	0	0	0	0	0	0	8 oz	glass	0	0	0	0
beverages	2% milk	0	0	0	0	0	0	0	0	0	8 oz	glass	0	0	0	0
including on	1% or skim/nonfat	0	0	0	0	0	0	0	0	0	8 oz	-	0	0	0	0
cereal)	Soy milk	0	0	0	0	0	0	0	0	0	8 oz	glass	0	0	0	0
Regular soft of	Irinks	0	0	0	0	0	0	0	0	0	12 oz bot	can or tle	0	0	0	0
Diet soft drink	S	0	0	0	0	0	0	0	0	0	12 oz	can or	0	0	0	0
Decaffeinated	l coffee	0	0	0	0	0	0	0	0	0		ium cup	0	0	0	0
Coffee with ca	affeine	0	0	0	0	0	0	0	0	0	1 med	um cup	0	0	0	0
Tea, hot or ice	ed (not herbal)	0	0	0	0	0	0	0	0	0	1 medi	um cup	0	0	0	0
Milk or cream	in coffee or tea	0	0	0	0	0	0	0	0	0	1 table	espoon	0	0	0	0
Sugar in coffe	e or tea	0	0	0	0	0	0	0	0	0	2 teas	poons	0	0	0	0
Water		0	0	0	0	0	0	0	0	0	8 oz	glass	0	0	0	0
	st any foods that at were not asked	-			eek o	ſ	Food:			•		Number o				
							Food:					Number o	rserving	js per we	ек:	
44. What kir	nds of fat do you	usually	/ add	to yo	ur veg	etable	es, po	tatoes	, etc.?	(Mar	k only '	l or 2).				
O don't a	dd fat O margar	ine	O oil	O la	rd, drip	pings,	bacon	fat	O bu	itter	O criso	o o	pam or	no fat		
45. What kir	nds of fat do you	usually	/ use	in coo	oking (	(to fry	, stir-	fry or s	saute?	<b>')(Ma</b> r	k only '	1 or 2).				
O margar	ine O oil O la	ard, drip	pings,	bacon	fat	Ob	utter	O cri	SCO	O par	n or no f	at C	) don't a	idd fat		
<b>46. If you us</b> O don't us	e oil in cooking, v se O corn oil		ind do			<b>ly use</b> sesam		r <b>k only</b> ⊖ soyb			afflower	oil O	blend o	foils	O pear	nut oil
O coconu	_			ower o		canola		O don't			other				O pour	
47. SL	JMMARY QUESTI	ONS							Less	5 1-2	3 - 4	5 - 6	1	2 3	3 4 0	r
									than		per		per l	per p		
									per	week	k week	week	day (	lay da		
A. How many	times did you use f	at or oil	in coc	king e	ach da	ay or w	eek?		week		0	0	0	o c	day C C	
B. Not countir	ng salad or potatoes	s, how r	nany s	erving	s of ve	getabl	es did	you eat		0	0	0				
each day c	or week? ng juices, how many	/ servin	as of f	ruit die		at eac	h dav	or week		0	0					
	servings of cold ce		-		•		•			0	0	0				
			, : : : : :						1			1 1	I	1	1	
							4	9. In th	ne pas	t year	, how o	often die	d you	eat the		

48. How often did you:	Seldom		Often
	or Never	Sometimes	or Always
A. eat the skin on chicken	0	0	0
B. eat the fat on meat?	0	0	0
C. add salt to your food?	0	0	0

## 49. In the past year, how often did you eat the following types of food from a fast food, takeout or other restaurant?

AVERAGE	Never	1 - 4	5 - 11	1-3	Once	2 - 4	About
USE	in past	times	times	times	а	times	every
LAST YEAR	year	past	past	а	week	а	day
LASI ILAN		year	year	month		week	
Fried chicken	0	0	0	0	0	0	0
Burgers	0	0	0	0	0	0	0
Pizza	0	0	0	0	0	0	0
Chinese food	0	0	0	0	0	0	0
Mexican food	0	0	0	0	0	0	0
Fried fish	0	0	0	0	0	0	0
Other foods	0	0	0	0	0	0	0

