Black Women's Health Study 2009

PLEASE LISE A BLUE OR BLACK BALLPOINT PEN

<u> </u>	LASE USE A BEUE ON BEACK BALLFOINT FEN								
1.	Please write in your age and date of birth.	7. As far as you know, did your mother smoke cigarettes when she was pregnant with you?							
			igarettes v ΣNo ⊖Ye				iant w	ith you?	
	Age Month Day Year		-110						
	(example: June = 06)	 8. H	low many	alcoh	olic be	verages	ob a		
2.	Since March 2007, have you had a:		ou drink e			, ro. a.g.	, 40		
	(Fill in all circles that apply.)	9. H	low many	cigare	ettes d	o you			
	O Physical exam O Pelvic ultrasound	С	urrently s	moke	each d	lay?			
	○ Blood sugar test ○ Sigmoidoscopy	a. Do you smoke menthol							
	○ Eye exam ○ Colonoscopy		cigarette	s?		○ No	O Ye	S	
	O Pap smear O Dental cleaning								
	○ Mammogram	10. Please write in your current weight.							
3	How many breast biopsies have	\ \ \	unent we	igiit.		I P	ounds	_	
ა.	you ever had?					_			
	you ever nau:	11. During the past summer, how many hours per day did you usually spend outdoors in							
		_	_	d you	usuali	y spend	outdo	oors in	
4.	How many hours of sleep do you		daylight?						
	normally get?	a. on weekdays?Cless than 1 hour per day				b. on weekends?			
						O Less than 1 hour per da			
5.	As far as you know, were you breast fed as		○ 1-2 hours per day			O 1-2 hours per day			
	an infant?	○ 3-4 hours per day			O 3-4 hours per day				
	○ No	○ 5 or more hours per day ○ 5 or more hours per					ours per day		
	O Yes. If yes , number of months breast fed?								
	O Don't know	12. During the rest of the last year (fall, winter,							
	Martha	spring), how many hours per day did you usually spend outdoors in daylight?							
	Months								
6	As far as you know, were you fed	a. on weekdays? b. on weekends?					ds?		
Ů.	soy formula as an infant?	○ Less than 1 hour per day○ 1-2 hours per day○ 3-4 hours per day○ 5 or more hours per day				Less than 1 hour per da1-2 hours per day3-4 hours per day			
	○ No ○ Yes ○ Don't know								
	o no o roo o bont mow								
	Please continue with Question 7					O 5 or more hours per day			
13.	During the past year, how many hours		less	1-2	3-4	5-6	7-9	10 or	
	each week did you spend (on average):	None	than 1 hr	hrs	hrs	hrs	hrs	more hrs	
	Walking for exercis	e O	0	0	0	0	0	0	
	Vigorous exercise (e.g., jogging, aerobics	s) O	0	0	0	0	0	0	
	Walking to and from church, school, wor	k O	0	0	0	0	0	0	
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	14. Since March 2007, if you were diagnosed with any of the following conditions, please fill in the circle for yes and write in the year it was first diagnosed. (e.g. 2007 = 07)									
1	Diabetes (sugar, sugar diabetes)	res O	Year	30	Osteoarthritis Yes Year					
	Breast cancer		\mathbb{H}							
	Lung cancer	0	Ш	51.	Other serious illness					
		0	Щ	1.5						
	Colon cancer	0	H	15. 	Did you ever develop diabetes during a pregnancy (gestational diabetes)?					
	Rectal cancer	0	Щ		O No					
	Uterine cancer (not including cervical cancer)	0	Ш		O Yes. If yes , how old were you?					
7.	Other type of cancer (Write in the type)	0	Ш		O Don't know					
				16.	Did you ever develop O No pre-eclampsia or toxemia O Yes					
	Heart attack	0	Щ		during a pregnancy? O Don't know					
	Stroke	0	Щ	17	Did you have asthma as a child?					
	Coronary bypass surgery	0	Щ	'''	O No					
	Angioplasty or stent for artery repair	0	Щ		O Yes. If yes , how old were you?					
	Congestive heart failure (CHF)	0	Щ							
13.	Atrial fibrillation	0	Щ	18. 	Has your mother or any of your sisters ever been diagnosed					
14.	End stage renal disease	0	Ш		with uterine fibroids (fibroids in the warm!) O O Yes O Don't know					
15.	Angina (chest pain)	0	Ш		in the womb)?					
16.	Blood clot (lungs or legs)	0		19.	Do you take any of the following medications					
17.	Hypertension (high blood pressure)	0			or vitamins at least 3 days a week?					
18.	High cholesterol	0			(Fill in the circle for YES, leave blank for NO.) Aspirin					
19.	Endometriosis (confirmed by laparoscopy)	0			Ibuprofen, Naproxen, Aleve, or Motrin					
20.	Fibroids in womb	0			Pills to lower cholesterol Name:					
	20a. Confirmed by ultrasound	0		0	Injections for diabetes					
	20b. Confirmed by surgery (e.g. hysterectomy)	0		0	Pills for diabetes Name:					
21.	Lupus (not discoid)	0		0	Diuretics (water pills) for high blood pressure or					
22.	Multiple sclerosis (MS)	0		l _	other reasons Name:					
23.	Asthma	0		0	Other blood pressure pills Name:					
24.	Colon or rectal polyp (benign)	0	$\overline{\square}$	0	Inhalers or pills for asthma Name:					
25.	Depression treated with medication	0		0	Multi-Vitamins					
26.	Glaucoma	0			Folic acid by itself O Calcium by itself					
27.	Cataracts	0			Calcium with Vitamin D O Vitamin D by itself					
28.	Sarcoidosis	0			Please list all other medications or supplements that you currently take at least 3 days a week:					
29.	Rheumatoid arthritis	0								
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					BWHS 2009v2					
			Pag	ge 2	BWHS_2009v2					

20.	What was the highest level of education completed by:		Less than 12th grade		High School Degree or GED	Some College or Vocational School	College Graduate or higher		Don't know/ Not applicable		
a.	Your Mother?		0		0	0	0		0		
b.	Your Father?	our Father?)	0	0		0	0		
C.	Other primary caretaker (such as foster parent or grandparent) during childhood?		0		0	0	0		0		
d.	our partner or spouse?)	0 0		0		0		
21.	Please list the type of home where you lived at				s a teenager (age 12-18)	As an adult (age 19 to present)		In the last year			
	each of the following stages of your life.	O Rent	ted		Rented	O Rented		O Rented			
		O Own	Owned		Owned	O Owned		O Owned			
		O Don'	Don't know		O Don't know O Don't k		now O Do		on't know		
	pension, interest and dividends), how lor would you be able to maintain your standard of living and stay in your home (Fill in one circle only.) O Less than 2 months O 2 to 5 months O 6 months to a year O More than a year O Don't know				people at restaurants or stores. O Never O Once a week A few times a year Once a month b. People act as if they think you are not intellige Never O Once a week A few times a year Almost every day Once a month						
23.	3. Have you ever been treated unfairly due your race in any of the following circumstances? Yes			o No	 c. People act as if they are afraid of you Never Once a w A few times a year Almost e Once a month 				week		
a.	Job (hiring, promotion, firing)	(0	0			hink v	ou aro (dishanast		
b.	Housing (renting, buying,		0	0	O Never	act as if they think y		Once a week			
C.	Police (stopped, searched, threa	atened)	0	0	O A few	times a year	0/	Almost e	very day		
d.	In the courts	(0	0	O Once						
e.	At school		0	0	e. People act as if they are better than your Once a we				-		
f.	Getting medical care	(0	0		times a year		Once a v	veek very day		
Please continue with			ion 24–		O Once	. 5. 7 day					
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Page 3

BWHS_2009v2

	If you feel you have been treated unfairly due to your race, do you: (Please select the best response.) O Usually accept it as a fact of life O Usually try to do something about it If you have been treated unfairly due to your race, do you: (Please select the best response.) O Usually talk to other people about it	29. Since March 2007, have you taken female hormones (like estrogen) for menopause? O No O Yes. If yes, how many months? Name of medication(s):					
	O Usually keep it to yourself						
27.	Do you consider yourself to be: O Right-handed O Left-handed O Both right- and left-handed	30. Since March 2007, have you had surgery to remove your ovaries or uterus? (Fill in all circles that apply.) ○ No					
28.	Are either of your parents left-handed? O No O Yes O Don't know Please continue with Question 29	○ Both ovaries removed○ One ovary only removed○ Uterus removed					
31.	Have you or your hairdresser ever used any of leave-in conditioners in your hair? (Fill in all of the local conditioners in your hair? (Fill in all of the leave-in conditioner. If yes, for how many years? O Hask Placenta hot oil treatment. If yes, for how many years? Organic Root Stimulator - Olive Oil. If yes, for how many years? Other						
32.	Which hair oils, hair lotions, or leave-in conditeenage years? (Fill in all circles that apply.) O Infusium 23 leave-in conditioner. O Hask Placenta hot oil treatment. O Other	tioners did you use most often in your					
	Pag	ge 4 BWHS_2009v2					