## Black Women's Health Study 2011

PLEASE USE A BLUE OR BLACK BALLPOINT PEN	7. Women whose periods have stopped							
. Please write in your age and date of birth.	permanently (for at least 12 months) are considered to have gone through menopause,							
Age Month Day Year (example: June = 06)	even if they have not had any symptoms (hot flashes, etc.). Which of the following best describes your current situation?							
Since March 2009, have you had a:  (Fill in all that apply.)  O Physical exam O Blood sugar test O Pelvic ultrasound O Eye exam O Sigmoidoscopy O Pap smear O Colonoscopy O Mammogram O Dental cleaning  S. How many breast biopsies have you ever had? a. Your age at 1st biopsy b. Your age at 2nd biopsy  years old	<ul> <li>○ I still have my usual menstrual periods</li> <li>○ I am currently going through menopause</li> <li>○ My menstrual periods have stopped permanently</li> <li>○ My periods stopped but I have periods now due to use of female hormones</li> <li>○ I don't know if my periods have stopped because I began taking female hormones when I still had periods</li> <li>○ Uncertain (Please describe):</li> <li>→ Age periods stopped:</li> <li>○ Natural menopause</li> <li>○ Other:</li> <li>○ Surgery</li> </ul>							
a. Birth control pills  No Yes. If yes, how many months?  b. Depo Provera or medroxyprogesterone (MPA) injection  No Yes. If yes, how many months?  Months	8. Since March 2009, have you taken female hormones (like estrogen) for menopause?  O No O Yes. If yes, how many months?  Name of medication(s):  Months							
a. Are you currently pregnant?  O No O Yes	<ul> <li>9. Since March 2009, have you had surgery to remove your ovaries or uterus? (Fill in all that apply.)</li> <li>One ovary only removed</li> <li>Both ovaries removed</li> <li>Uterus removed</li> </ul>							
you breastfed your children?  (total for all)	10. Do you have health insurance (for example throug an employer, spouse, Medicaid, or Medicare)?  ○ No ○ Yes ○ Don't know							
a. What is the longest you breastfed any child?  Please continue to Question 7	11. Please write in your current weight.							
12. During the past year, how many hours each week did you spend (on average):  Walking for exercise Vigorous exercise (e.g., jogging, aerobics Walking to and from church, school, wor								
	Next page, please.							

	13. Since March 2009, if you were the circle for yes and write in		_				•		_		ase fill	in	
		Yes	-	ear	wa				. •	7	Yes	Year	r
1.	Breast cancer	0				30.	O. Oth	er seriou	ıs illness			$\coprod$	
2.	Lung cancer	0											
3.	Colon cancer	0		$\perp$		14.	4. Do	vou hav	e chronic kid	nev disease	?		
4.	Rectal cancer	0					01	•	∕es. If <b>yes</b> , ar	•			
5.	Other type of cancer. (Please write in the t	ype	)						0	No O Yes			
		0			Ш	15.	5. Do	you take	e any of the fo	ollowing med	dication	s or	
6.	Diabetes (sugar, sugar diabetes)	0							least 3 days		or NO.)		
7.	Heart attack	0					O As <sub>l</sub>		,				
8.	Stroke	0					O Ibu	profen, N	Naproxen, Alev	ve, or Motrin			
9.	Coronary bypass surgery	0					O Pill	s to lowe	er cholesterol	Name:			
10.	Angioplasty or stent for artery repair	0		Τ			O Inje	ections fo	or diabetes				
11.	Congestive heart failure (CHF)	0							petes Name:				
12.	Atrial fibrillation	0		T				•	/ater pills) for h ns Name: ☐	nigh blood pre	ssure o	r ———	
13.	End stage renal disease	0		T									
14.	Blood clot (lungs or legs)	0		T	$\overline{\Box}$				l pressure pills				
15.	Hypertension (high blood pressure)	0		Ī				•	pills for asthm				
16.	High cholesterol	0	Ī	Ī				Iti-Vitami	ins		olic acid	•	elf
17.	Endometriosis (confirmed by laparoscopy)	0		Ť	$\overline{\Box}$	'	O Ca		II other medic		/itamin [ ppleme		at
18a	. Fibroids in womb confirmed by ultrasound	0		İ	$\overline{\Box}$				y take at leas				
18b	. Fibroids in womb confirmed by surgery (e.g. hysterectomy)	0		İ									
19.	Lupus (not discoid)	0											
20.	Multiple sclerosis (MS)	0				16.	6. Ove	rall. how	v would you r	ate the healt	h of vo	ur	
21.	Asthma	0				'	teet	h and ցւ	ums?		•		
22.	Colon or rectal polyp (benign)	0					ΟE	xcellent	O Very goo	d O Good	○ Faiı	01	Poor
23.	Depression treated with medication	0		Ī		17.			our years,			$\neg$	
24.	Glaucoma	0		Ī			how	many te	eeth have you	u lost?	Teeth lo	 st	
25.	Cataracts	0		Ī		18	R Hae	a dentis	st ever told yo	ou that you h			
26.	Sarcoidosis	0				'`			e with bone lo		avc		
27.	Rheumatoid arthritis	0					O N	o O Y	es				
28.	Hip Fracture	0				19.	9. Wha	at is you	r current wor	k status: (Fi	ill in all ti	hat apı	ply.)
29.	Osteoarthritis	0		T			ΟF	ull time	O Part time	O Homema	aker (	⊃ Stud	lent
							O R	etired	O Disabled	O Unemplo	•		
							] _			Next pag	e, plea	ıse. —	$\rightarrow$
					Pa	ge 2		BWH	HS_2011v1				

20.	During the <u>past year</u> , how often have you leake  O Never O Less than once/month O Once/month			-			eek OAlr	most every day
	When you lose your urine, how much usually le ○ A few drops ○ Enough to wet your underwear ○		to wet yo	our outer	clothi	ng O E	Enough to w	et the floor
	When you lose urine, what is the <u>usual</u> cause?  a) ○ Coughing, sneezing, laughing or doing physical act b) ○ A sudden urgent need to go to the bathroom	ctivity		Both a) a		equally stances		
	How many hours <u>each week</u> do you participate church-connected group, self-help group, char  O None O 1-2 hours O 3-5 hours O 6-10 hours	ity, pub	lic serv	ice or	comn	nunity g	roup?	ıp,
22.	Apart from your children, how many relatives d	o No	one	1-2		3-5	6-9	10 or more
	you have with whom you feel close?		)	0		0	0	0
23.	How many close friends do you have?	(	)	0		0	0	0
	Can you count on anyone to provide you with emake a difficult decision)?  O None of the time O A little of the time O Some of			ort (tal		-	oblems or	helping you
	How many people can you count on to provide  None 1 2 3 or more  With whom do you live? (Fill in all that apply.)	you wit	th emot	ional s	uppo	rt?		
	O Alone O With spouse/partner		l or more					
27.	Outside of your employment, how many hours any of the following?							
		Zero hours	1-8 hou		9-20 hours	21- hou	-35 36- urs hou	
	a. Your disabled child or grandchild	0	0		0	C		
	b. Your other children or grandchildren	0	0		0	C	) C	) 0
	c. Disabled or ill spouse/partner	0	0		0	C	) C	) 0
	d. Disabled or ill parent or other person	0	0		0	C	) C	) 0
			ot icable	Not at all		Just a little bit	Moderately	v Extremely
	How <u>stressful</u> would you say your caretaking responsibilities are?	(	)	0		0	0	0
	How <u>rewarding</u> would you say your caretaking responsibilities are?	(	)	0		0	0	0
						Ne.	xt page, p	lease>

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			Excellent	Very Goo	d Go	ood	Fair	Poor
30.	In general, would you say your health is	s:	0	0	(	<b>O</b>	0	0
31.	In general, would you say your quality	of life is:	0	0	(	)	0	0
32.	In general, how would you rate your physical health?		0	0	(	<b>O</b>	0	0
33.	In general, how would you rate your me including your mood and your ability to		, 0	0	(	Э	0	0
34.	In general, how would you rate your sawith your social activities and relations		0	0	(	0	0	0
35.	In general, please rate how well you can usual social activities and roles.  (At home, at work, your community, and reas a parent, child, spouse, employee, frier	esponsibiliti		0	(	)	0	0
36.	To what extent are you able to carry ou everyday physical activities such as wa climbing stairs, carrying groceries, or ra chair?	alking,	Complete	y Mostly		erately	A little	Not at all
37.	In the <u>past 7 days</u> , how often have you bothered by emotional problems such a anxious, depressed or irritable?		Never	Rarely O		etimes	Often	Always
38. In the past 7 days, how would you rate your		None	Mild	Mod	erate	Severe	Very severe	
<b>30.</b>		your	140110					•
36.	fatigue on average?	your	0	0		0	0	0
39.			0	0			0	Worst imaginable pain
39.	fatigue on average?  In the past 7 days, how would you rate No	your pain o	on average	o e?			O 9	Worst imaginable
39.	fatigue on average?  In the past 7 days, how would you rate  No pain  0 0 0 0 0 1 2 3   Please answer the following questions	your pain o	on average	•?	0	0	0	Worst imaginable pain
39.	In the past 7 days, how would you rate  No pain  O O O O O O O O O O O O O O O O O O O	your pain o	on average	•?	0	0	0	Worst imaginable pain O 10
39.	fatigue on average?  In the past 7 days, how would you rate  No pain  0 0 0 0 0 1 2 3   Please answer the following questions	your pain o	on average	e?  Definitely	O 7 Mostly	O 8 Mostly	O 9 Definite	Worst imaginable pain O 10
39.	In the past 7 days, how would you rate  No pain  O O O D O D O D O D O D O D O D O D O	your pain o	on average	e?  Definitely true	O 7 Mostly true	O 8 Mostly false	O 9 Definite false	Worst imaginable pain O 10
39.	In the past 7 days, how would you rate  No pain  O 0 1 2 3  Please answer the following questions eating habits over the past year:  a. When I feel anxious, blue or lonely, I find myself eating.  b. Sometimes when I start eating,	your pain o	on average	Definitely true	O 7  Mostly true	O 8  Mostly false	O 9 Definite false	Worst imaginable pain O 10
39.	In the past 7 days, how would you rate  No pain  O O O D O D O D O D O D O D O D O D O	your pain o	on average	Definitely true	O 7  Mostly true O O	O 8  Mostly false O	O 9  Definite false O O	Worst imaginable pain O 10

