Black Women's Health Study 2013

PLEASE USE A BLUE ON BLACK BALLFUINT FEN						
Please write in your age and date of birth.	7. Do you have noticeable hair loss:					
	a. On the TOP of your scalp?					
Age Month Day Year	○ No ○ Yes					
(example: June = 06)	b. On the SIDES of your scalp?					
2. Since March 2011, have you had a: (Fill in all that apply.)	○ No ○ Yes					
○ Physical exam ○ Pelvic exam	8. Are you lactose intolerant?					
Blood sugar test Pelvic ultrasound	O No					
O Eye exam O Sigmoidoscopy	○ Yes, I was diagnosed by a doctor or					
O Pap smear O Colonoscopy	other health professional					
	O Yes, I diagnosed myself					
O Mammogram O Dental cleaning	○ Don't know					
O Breast biopsy O Bone mineral density test						
3. Since March 2011, have you used birth control pills? O No O Yes If yes, how many months? Months	9. Please write in your current weight. Pounds					
1. Since March 2011, have you taken female hormones (like estrogen) for menopause? O No O Yes If yes, how many months? Name of medication(s): Months	10. How many alcoholic beverages do you drink each week?					
5. <u>Since March 2011,</u> have you had surgery to remove	11. How often do you go to religious services?					
your ovaries or uterus?	ONCOCI					
(Fill in all that apply.)	O Less than once a month					
O No	O About once a month					
O Both ovaries removed	O 2-3 times/month					
○ One ovary only removed	Once a week					
O Uterus removed	○ Several times/week					
6. Have you ever smoked <u>menthol</u> cigarettes for at least a year? O No O Yes—	12. To what extent do you consider yourself: Not at all Slightly Moderately Very					
a If yes, what are did you start	A religious person O O O					
smoking menthol cigarettes?	A spiritual person O O O					
b. How many menthol cigarettes did you usually smoke each day?	A spiritual person					
c. If you stopped smoking menthol cigarettes, at what age?						
	Next page, please>					

13. Since March 2011, 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. 2011) Yes Year Yes Year Breast cancer 27. Hip fracture (broken hip) 0 0 Lung cancer 0 Other serious illness 0 Colon cancer 0 \bigcirc 4. Rectal cancer 14. If you have diabetes, have you had any of the Uterine cancer 0 following complications? (not including cervical cancer) Other type of cancer. (Please write in the type) O Failing sight or blindness 0 Amputation Other: 7. Diabetes (sugar, sugar diabetes) 8. Heart attack 15. Do you take any of the following medications or vitamins at least 3 days a week? 9. Stroke (Fill in the circle for YES, leave blank for NO.) 10. Coronary bypass surgery Aspirin 11. Angioplasty or stent for artery repair Tylenol (Acetaminophen) 12. Congestive heart failure (CHF) 0 O Ibuprofen, Naproxen, Aleve, or Motrin O Pills to lower cholesterol 13. Atrial fibrillation 0 Name: 14. End stage renal disease 0 O Injections for diabetes 15. Chronic kidney disease 0 Metformin for diabetes 16. Hypertension (high blood pressure) Other pills for diabetes Name: 17. High cholesterol O Diuretics (water pills) for high blood pressure or 18. Endometriosis (cells normally in the other reasons Name: uterus are found outside of the uterus, causing pelvic pain) Other blood pressure pills 19a. Fibroids in womb Name: confirmed by ultrasound O Multi-Vitamins 19b. Fibroids in womb confirmed by surgery O Vitamin D 20. Lupus O Folic acid (Systemic lupus erythematosus) O Calcium 21. Multiple sclerosis Please list all other medications or supplements that you currently take at least 3 days a week: 22. Asthma 23. Colon or rectal polyp (benign) 24. Depression treated with medication 16. How many cigarettes do you 25. Sarcoidosis currently smoke each day? Are they menthol cigarettes? 26. Rheumatoid arthritis 0 O No O Yes Next page, please. – Page 2 BWHS 2013v1

fc	ave you EVER been diagnosed wiellowing conditions?	Yes Year	perm cons	nanently (fo	periods hav or at least 12 nave gone th	months) rough me	are enopause,
	Hay fever			-	ve not had ar c.). Which of		
	Sjogren's syndrome		desc	ribes your	current situa	ation?	•
	Scleroderma			•	usual menstr	•	
4. (Crohn's disease (confirmed by biops	sy) O		•	going through	•	
5. \$	Sickle cell disease				periods have	• • • •	•
6. \$	Sickle cell trait, not the disease	0	to	use of fema	opped but I ha ale hormones my periods h		
18. H	ave you had any of the following t	reatments?	I b		female horm		
		Yes Year			ase describe):	
1. I	Kidney transplant			,		<u>, </u>	
2. I	Kidney dialysis						
3. I	Bariatric surgery (weight loss surger	y) O		e periods st			
4. I	Hip replacement surgery		→ Re	ason period ∩ .	ds stopped: Natural meno	nausa	
					Surgery	pause	
	Please continue with G	Question 19			Other:		
			Excellent	Very Good	Good	Fair	Poor
20.	In general, would you say your he	ealth is:	Excellent O	Very Good	Good O	Fair O	Poor O
	In general, would you say your he			•			
21.		uality of life is:	0	0	0	0	0
21. 22.	In general, would you say your que in general, how would you rate you	uality of life is: our our mental health	0 0	0	0	0	0
21. 22. 23.	In general, would you say your quelin general, how would you rate you physical health? In general, how would you rate you	uality of life is: our our mental health oility to think? our satisfaction	0 0	0 0	0 0	0 0	0 0
21.22.23.24.	In general, would you say your quality general, how would you rate you physical health? In general, how would you rate you including your mood and your about the general, how would you rate you	uality of life is: our our mental health bility to think? our satisfaction ationships? you carry out you		0 0 0	0 0 0	0 0 0	0 0 0
21.22.23.24.25.	In general, would you say your queling general, how would you rate you including your mood and your able to carry with your social activities and relativities and roles. (At home, at work, your community, as a parent, child, spouse, employed to what extent are you able to carry physical property of the property of the property of the physical property of the physica	uality of life is: our our mental health bility to think? our satisfaction ationships? you carry out you , and responsibilitie ee, friend, etc.)		0 0 0	0 0 0	0 0 0	0 0 0
21.22.23.24.25.	In general, would you say your queling general, how would you rate you physical health? In general, how would you rate you including your mood and your about the your social activities and relativities and relativities and roles. (At home, at work, your community as a parent, child, spouse, employed.)	uality of life is: our our mental health bility to think? our satisfaction ationships? you carry out you and responsibilitie e, friend, etc.) arry out your as walking,	0 0 0 , 0	0 0 0	0 0 0	0 0 0 0	0 0 0 0

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27.	27. In the <u>past 7 days</u> , how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?			na	ever O	Rarely O	Sometin	nes	Often	Always O
28.	In the past 7 days, how would yo	u rate	your	N	one	Mild	Modera	ate S	Severe	Very severe
	fatigue on average?				0	0	0		0	0
	In the past 7 days, how would yo No pain 1 2 3	u rate	your pa	in on av	rerage?	7		8	9	Worst imaginable pain
	0 0 0 0		0	0	0	0		0	0	0
	As a child (up to age 11)				As a teenager (age 12-18)			As an ad (age 19 to pr		
30.	At different periods in your life, _ was there at least one time when your household:	No	Yes	Don't Know	No	Yes	Don't Know	No	Yes	Don't Know
	did not have enough money for food or housing?	0	0	0	0	0	0	0	0	0
	received public assistance or welfare?	0	0	0	0	0	0	0	0	0
31.	When you were growing up,		Never Tru	ue Rare	ly True	Sometime	sTrue C	Often Tr	ue Very	Often True
	did people in your family show conf in you and encourage you to achiev		9 0		0	0		0		0
	did you feel that there was someon to take care of you and protect you		0		0	0		0		0
32.	These questions are about your thoughts during the past month.		gs and		Never	Almost Never			Fairly Often	Very Often
	How often have you felt that you we control the important things in your		able to		0	0	0		0	0
	How often have you felt confident a to handle your personal problems?		our abilit	у	0	0	0		0	0
	How often have you felt that things	were (going you	ır way?	0	0	0		0	0
	How often have you felt difficulties as high that you could not overcome				0	0	C)	0	0
33.	During the past year, how often o	lid vo	u eat	Never o		1-3 r month pe	1-3	4-6	Once k per da	
	a. bacon, sausage, hot dogs, or lur (including ham, bologna, salami)	ich me		C		O O	O .	O O	O O	O Per day
	b. beef (including hamburgers, steator pork (including chops, roasts, Do not include bacon, sausage,	dinne	r ham)?	Ć)	0	0	0	0	0
	If you are willing to complet	e a ful	II dietary	questic	nnaire,	please g	o to the	BWHS	S websit	e

ou are willing to complete a full dietary questionnaire, please go to the BWHS website http://www.bu.edu/bwhs and click on the link to the BWHS 2013 Diet Questionnaire.

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