Black Women's Health Study 2021

1. Please write in your age and date of birth.

Age   Month / Day / 1 9   Year
(example: June = 06)

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2. <u>Since March 2019</u>, have you had a:
(Please mark all that apply.)

- ○ Physical exam
- ○ Blood sugar test
- ○ Pap smear
- ○ Mammogram
- ○ Breast biopsy
- ○ Colonoscopy
- ○ Dental cleaning
- ○ Bone mineral density test

3. Please write in your current weight. ☐☐☐ Pounds

4. a. How many cigarettes do you currently smoke <u>each day</u>? ☐☐

   b. Do you use e-cigarettes, vapes or Juuls? ○ No   ○ Yes

5. How many alcoholic beverages do you drink <u>each week</u>? ☐☐

6. How would you rate your mental health including your mood and your ability to think?

○ Excellent   ○ Very good   ○ Good   ○ Fair   ○ Poor

7. Were you ever tested for COVID-19? ○ No   ○ Yes

If **yes**:

	No	Yes	Uncertain
What type of test did you have?			
Nasal swab	○	○	○
Blood test	○	○	○
Other test. Please specify:	○	○	○
Did you ever have a positive COVID-19 test?	○	○	○
If you know or believe that you had COVID-19:			
Were you diagnosed by a doctor or nurse?	○	○	○
Not diagnosed by a doctor or nurse, but had COVID-19	○	○	○
Have you ever had an overnight stay in a hospital for suspected or diagnosed COVID-19?	○	○	○
Did you receive any of the following treatments?			
Oxygen by face mask or nasal cannula (in your nose)	○	○	○
"Intensive care unit" or ICU monitoring	○	○	○
A breathing tube or ventilator	○	○	○
Other treatment. Please specify:	○	○	○

8. Have you received at least one shot of a COVID-19 vaccine? ○ No   ○ Yes

a. If <u>yes</u>: Vaccine type (e.g., Pfizer, Moderna): _____

b. If <u>no</u>: Do you intend to get a vaccine: ○ No   ○ Yes

c. If you <u>do not intend</u> to get a vaccine, what is the reason? (*Please mark all that apply*)

- ○ Concern about safety
- ○ Lack of access
- ○ Have immune disorder
- ○ Concerns about expense
- ○ Other: _____

9. <u>Since March 2019</u>, have you used female hormone pills or used patches or injections (e.g., estrogen) for menopause?

○ No   ○ Yes ⟶ How many months? ☐☐

   ⟶ Type:
- ○ Premarin or other estrogen pills
- ○ Estrogen with progestin pills
- ○ Estrogen injection
- ○ Patch estrogen
- ○ Patch estrogen with progestin
- ○ Other: _____

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10. If you were EVER diagnosed with any of the following conditions, please fill in the circle for yes and write in the year it was <u>first diagnosed</u> (for example, 2021).

	Yes	Year
1. Breast cancer	○	
2. Lung cancer	○	
3. Colon cancer	○	
4. Pancreatic cancer	○	
5. Multiple myeloma	○	
6. Ovarian cancer	○	
7. Other cancer Type:	○	
8. Cancer recurrence or metastasis What was original cancer?	○	
9. Colon or rectal polyp (benign)	○	*First occurrence* / *Most recent polyp*
10. Diabetes (sugar, sugar diabetes)	○	
11. Stroke	○	*First occurrence* / *Most recent stroke*
12. TIA (Transient ischemic attack)	○	
13. MI (Heart attack)	○	*First occurrence* / *Most recent MI*
14. Coronary bypass surgery	○	
15. Angioplasty or stent for artery repair	○	
16. CHF (Congestive heart failure)	○	
17. Atrial fibrillation	○	
18. Blood clot in lung or leg	○	
19. End stage renal disease	○	
20. Chronic kidney disease	○	
21. Hypertension (high blood pressure)	○	
22. High cholesterol	○	
23. Alzheimer's disease or dementia	○	
24. Lupus	○	
25. Depression treated with medication	○	
26. Sarcoidosis	○	
27. Fibroids, confirmed by ultrasound	○	
28. Fibroids, confirmed by surgery (e.g. hysterectomy, myomectomy)	○	
29. Hip fracture (broken hip)	○	

	Yes	Year
30. Parkinson's disease Medication for it:	○	
31. Multiple sclerosis	○	
32. COPD (chronic obstructive pulmonary disease)	○	
33. IBD (Crohn's disease, ulcerative colitis, or inflammatory bowel disease)	○	
34. IBS (Irritable bowel syndrome)	○	
35. Pancreatitis	○	
36. Barrett's esophagus	○	
37. GERD (Gastroesophageal reflux disease)	○	
38. Peripheral neuropathy	○	
39. Other serious illness:	○	
	○	

11. Do you take any of the following medications or vitamins at least 3 days a week, or as weekly injections? *(Fill in the circle for YES, leave blank for NO.)*

○ Aspirin # tablets per day ☐ # days per week ☐

○ Tylenol (Acetaminophen)

○ Ibuprofen, Naproxen, Aleve, or Motrin

○ Pills to lower cholesterol *Name:*

○ Insulin injections for diabetes

○ Other injection for diabetes *Name:*

○ Metformin for diabetes

○ Other pills for diabetes *Name:*

○ Diuretics (water pills) for high blood pressure or other reasons *Name:*

○ Other blood pressure pills *Name:*

○ Inhalers or pills for asthma *Name:*

○ Multi-Vitamins   ○ Vitamin D

○ Folic acid   ○ Calcium

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

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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 based on the description of a medium serving size.

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

TYPE OF FOOD	HOW OFTEN									HOW MUCH				
	Never or <1 per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2 or more per day	Medium serving	Your serving size			
											small	medium	large	super
Apples, pears						●				1 medium		●		
Rice			●							3/4 cup				●
Regular bacon or regular sausage	●									2 pieces				

TYPE OF FOOD	HOW OFTEN									HOW MUCH				
	Never or <1 per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2 or more per day	Medium serving	Your serving size			
											small	medium	large	super
12. FRUIT AND JUICES														
Apples, pears	○	○	○	○	○	○	○	○	○	1 medium	○	○	○	○
Bananas	○	○	○	○	○	○	○	○	○	1 medium	○	○	○	○
Cantaloupe	○	○	○	○	○	○	○	○	○	1/4 medium	○	○	○	○
Canned fruit, fruit cocktail, applesauce	○	○	○	○	○	○	○	○	○	1/2 cup	○	○	○	○
Oranges, tangerines, grapefruit	○	○	○	○	○	○	○	○	○	1 medium	○	○	○	○
Other fruit (strawberries, grapes, etc)	○	○	○	○	○	○	○	○	○	1/2 cup	○	○	○	○
Orange or grapefruit juice	○	○	○	○	○	○	○	○	○	6 oz glass	○	○	○	○
Other fruit juices, fortified fruit drinks, Kool-Aid	○	○	○	○	○	○	○	○	○	6 oz glass	○	○	○	○
13. BREAKFAST FOODS														
High fiber, bran or granola cereals, shredded wheat	○	○	○	○	○	○	○	○	○	1 medium bowl	○	○	○	○
Highly fortified cereals, such as Total	○	○	○	○	○	○	○	○	○	1 medium bowl	○	○	○	○
Other cereals, such as Corn Flakes, Rice Krispies	○	○	○	○	○	○	○	○	○	1 medium bowl	○	○	○	○
Cooked cereal like oatmeal, grits	○	○	○	○	○	○	○	○	○	1 medium bowl	○	○	○	○
Eggs, including egg sandwich	○	○	○	○	○	○	○	○	○	2 eggs	○	○	○	○
Regular bacon or regular sausage	○	○	○	○	○	○	○	○	○	2 pieces	○	○	○	○
Turkey bacon or turkey sausage	○	○	○	○	○	○	○	○	○	2 pieces	○	○	○	○
14. VEGETABLES														
Beans such as baked, pintos, kidney, lentil, black-eyed peas	○	○	○	○	○	○	○	○	○	3/4 cup	○	○	○	○
Chili with beans	○	○	○	○	○	○	○	○	○	3/4 cup	○	○	○	○
Tomatoes or tomato juice	○	○	○	○	○	○	○	○	○	1 medium or 6 oz glass	○	○	○	○
Red chili sauce, taco sauce, salsa picante	○	○	○	○	○	○	○	○	○	2 tablespoons	○	○	○	○
Broccoli	○	○	○	○	○	○	○	○	○	1/2 cup	○	○	○	○
Spinach	○	○	○	○	○	○	○	○	○	1/2 cup	○	○	○	○
Collard greens, mustard greens, turnip greens	○	○	○	○	○	○	○	○	○	1/2 cup	○	○	○	○

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TYPE OF FOOD	HOW OFTEN									HOW MUCH				
	Never or <1 per month	1 per month	2 - 3 per month	1 per week	2 per week	3 - 4 per week	5 - 6 per week	1 per day	2 or more per day	Medium serving	Your serving size			
											small	medium	large	super
Cole slaw, cabbage, sauerkraut	O	O	O	O	O	O	O	O	O	1/2 cup	O	O	O	O
Carrots or mixed vegetables containing carrots	O	O	O	O	O	O	O	O	O	1/2 cup	O	O	O	O
Corn canned or on the cob	O	O	O	O	O	O	O	O	O	1/2 cup or 1 cob	O	O	O	O
Green beans or string beans	O	O	O	O	O	O	O	O	O	1/2 cup	O	O	O	O
Green peas	O	O	O	O	O	O	O	O	O	1/2 cup	O	O	O	O
Green salad	O	O	O	O	O	O	O	O	O	1 medium bowl	O	O	O	O
Regular salad dressing or mayonnaise (including on sandwiches, in potato salad etc)	O	O	O	O	O	O	O	O	O	2 tablespoons	O	O	O	O
Lowfat salad dressing or mayonnaise	O	O	O	O	O	O	O	O	O	2 tablespoons	O	O	O	O
French fries, fried potatoes	O	O	O	O	O	O	O	O	O	3/4 cup	O	O	O	O
Sweet potatoes, yams	O	O	O	O	O	O	O	O	O	1/2 cup	O	O	O	O
Other potatoes including boiled, mashed, and potato salad	O	O	O	O	O	O	O	O	O	1 medium or 1/2 cup	O	O	O	O
Rice or dishes made with rice	O	O	O	O	O	O	O	O	O	3/4 cup	O	O	O	O
Any other vegetables	O	O	O	O	O	O	O	O	O	1/2 cup	O	O	O	O
Tofu	O	O	O	O	O	O	O	O	O	1/2 cup	O	O	O	O
Butter, margarine or other fat on vegetables, potatoes, etc.	O	O	O	O	O	O	O	O	O	2 pats	O	O	O	O

15. MEAT, FISH, POULTRY, LUNCH ITEMS

TYPE OF FOOD	Never or <1 per month	1 per month	2 - 3 per month	1 per week	2 per week	3 - 4 per week	5 - 6 per week	1 per day	2 or more per day	Medium serving	small	medium	large	super
Hamburger, cheeseburger meatloaf, beef burritos, or tacos	O	O	O	O	O	O	O	O	O	1 medium or 4 ozs	O	O	O	O
Soyburgers or garden burgers	O	O	O	O	O	O	O	O	O	1 medium or 4 ozs	O	O	O	O
Beef (steaks, roasts, etc including in sandwiches)	O	O	O	O	O	O	O	O	O	4 ozs	O	O	O	O
Beef stew or pot pie with carrots or other vegetables	O	O	O	O	O	O	O	O	O	1 cup	O	O	O	O
Liver, including chicken livers	O	O	O	O	O	O	O	O	O	4 ozs	O	O	O	O
Pork, including chops, roasts, dinner ham	O	O	O	O	O	O	O	O	O	2 chops or 4 ozs	O	O	O	O
Fried chicken, chicken nuggets	O	O	O	O	O	O	O	O	O	2 small or 1 large piece	O	O	O	O
Mixed dishes with chicken or turkey including tacos, burritos pot pie and stir fry	O	O	O	O	O	O	O	O	O	3/4 cup	O	O	O	O
Other chicken or turkey (roasted, stewed, or broiled, including in sandwiches).	O	O	O	O	O	O	O	O	O	2 small or 1 large piece	O	O	O	O
Dark meat fish, including sardines, mackerel, salmon, bluefish	O	O	O	O	O	O	O	O	O	4 ozs	O	O	O	O
Fried fish or fish sandwich	O	O	O	O	O	O	O	O	O	4 ozs or 1 sandwich	O	O	O	O
Other fish (broiled or baked)	O	O	O	O	O	O	O	O	O	4 ozs	O	O	O	O
Shellfish (shrimp, crab, lobster, etc)	O	O	O	O	O	O	O	O	O	4 ozs	O	O	O	O
Tuna fish (in sandwiches, salad or casserole)	O	O	O	O	O	O	O	O	O	2/3 cup	O	O	O	O
Spaghetti, lasagna, other pasta with tomato sauce	O	O	O	O	O	O	O	O	O	1 cup	O	O	O	O
Cheese dishes without sauce, like macaroni & cheese	O	O	O	O	O	O	O	O	O	1 cup	O	O	O	O
Pizza, including takeout	O	O	O	O	O	O	O	O	O	2 slices	O	O	O	O
Hot dogs, polish sausage	O	O	O	O	O	O	O	O	O	2 pieces	O	O	O	O

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TYPE OF FOOD	HOW OFTEN									HOW MUCH				
	Never or <1 per month	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2 or more per day	Medium serving	Your serving size — small	medium	large	super
Ham, bologna, salami & other lunch meats	O	O	O	O	O	O	O	O	O	2 slices or 2 ozs	O	O	O	O
Vegetable/tomato soup, minestrone, vegetable beef soup	O	O	O	O	O	O	O	O	O	1 medium bowl	O	O	O	O

16. SWEETS

TYPE OF FOOD	HOW OFTEN									HOW MUCH				
Regular ice cream	O	O	O	O	O	O	O	O	O	1 scoop or 1/2 cup	O	O	O	O
Lowfat ice cream	O	O	O	O	O	O	O	O	O	1 scoop or 1/2 cup	O	O	O	O
Doughnuts, cake, cookies, pastry	O	O	O	O	O	O	O	O	O	1 piece or 3 cookies	O	O	O	O
Pies	O	O	O	O	O	O	O	O	O	1 medium slice	O	O	O	O
Chocolate candy	O	O	O	O	O	O	O	O	O	1 small bar or 1 oz	O	O	O	O

17. BREADS, SNACK, SPREADS

TYPE OF FOOD	HOW OFTEN									HOW MUCH				
Biscuits, muffins (including fast food)	O	O	O	O	O	O	O	O	O	1 medium	O	O	O	O
White bread (including sandwiches, bagels, burger rolls, French or Italian bread)	O	O	O	O	O	O	O	O	O	2 slices	O	O	O	O
Dark breads, such as wheat, rye, pumpernickel (including sandwiches)	O	O	O	O	O	O	O	O	O	2 slices	O	O	O	O
Corn bread, corn muffins, corn tortillas	O	O	O	O	O	O	O	O	O	1 medium piece	O	O	O	O
Snacks such as potato chips, corn chips, buttered popcorn	O	O	O	O	O	O	O	O	O	2 handfuls or 1 cup	O	O	O	O
Peanuts, peanut butter	O	O	O	O	O	O	O	O	O	2 tablespoons	O	O	O	O
Cheese and cheese spreads (not cottage cheese)	O	O	O	O	O	O	O	O	O	2 slices or 2 ozs	O	O	O	O
Yogurt	O	O	O	O	O	O	O	O	O	8 ozs	O	O	O	O
Frozen yogurt	O	O	O	O	O	O	O	O	O	1 scoop	O	O	O	O
Butter on bread or rolls	O	O	O	O	O	O	O	O	O	2 pats	O	O	O	O
Margarine on bread or roll	O	O	O	O	O	O	O	O	O	2 pats	O	O	O	O

What form or type of margarine do you usually use?	O None		FORM? O Stick O Tub O Spray O Squeeze (liquid)
			TYPE? O Reg O Light O Extra Light O Nonfat

18. BEVERAGES (please note that the categories for these columns are different from previous questions)

	Never or <1 per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6 or more per day	Medium serving	Your serving size — small	medium	large	super
MILK AND BEVERAGES WITH MILK (NOT INCLUDING ON CEREAL)														
Whole milk	O	O	O	O	O	O	O	O	O	8 oz glass	O	O	O	O
2% milk	O	O	O	O	O	O	O	O	O	8 oz glass	O	O	O	O
1% or skim/nonfat milk	O	O	O	O	O	O	O	O	O	8 oz glass	O	O	O	O
Soy milk	O	O	O	O	O	O	O	O	O	8 oz glass	O	O	O	O
OTHER BEVERAGES														
Regular soft drinks	O	O	O	O	O	O	O	O	O	12 oz can or bottle	O	O	O	O
Diet soft drinks	O	O	O	O	O	O	O	O	O	12 oz can or bottle	O	O	O	O
Decaffeinated coffee	O	O	O	O	O	O	O	O	O	1 medium cup	O	O	O	O
Coffee with caffeine	O	O	O	O	O	O	O	O	O	1 medium cup	O	O	O	O
Tea, hot or iced (not herbal)	O	O	O	O	O	O	O	O	O	1 medium cup	O	O	O	O
Milk or cream in coffee or tea	O	O	O	O	O	O	O	O	O	1 tablespoon	O	O	O	O
Sugar in coffee or tea	O	O	O	O	O	O	O	O	O	2 teaspoons	O	O	O	O
Water	O	O	O	O	O	O	O	O	O	8 oz glass	O	O	O	O

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19. Please list any foods that you ate once a week or more, that were not asked about above.

1. Food: [_____]   **Number of servings per week:** [__][__]

2. Food: [_____]   **Number of servings per week:** [__][__]

20. What kinds of fat do you usually add to your vegetables, potatoes, etc.? (*Mark only 1 or 2*).

○ margarine   ○ oil   ○ lard, drippings, bacon fat   ○ butter   ○ Crisco   ○ Pam or no fat   ○ don't add fat

21. What kinds of fat do you usually use in cooking (to fry, stir-fry or saute?) (*Mark only 1 or 2*).

○ margarine   ○ oil   ○ lard, drippings, bacon fat   ○ butter   ○ Crisco   ○ Pam or no fat   ○ don't add fat

22. If you use oil in cooking, what kind do you usually use? (*Mark only 1 or 2*).

○ don't use   ○ corn oil   ○ olive oil   ○ sesame oil   ○ soybean oil   ○ safflower oil   ○ blend of oils   ○ peanut oil
○ coconut oil   ○ vegetable oil   ○ sunflower oil   ○ canola oil   ○ don't know   ○ other: [_____]

23. SUMMARY QUESTIONS

	<1 per week	1 - 2 per week	3 - 4 per week	5 - 6 per week	1 per day	2 per day	3 per day	4 or more per day
1. How many times did you use fat or oil in cooking?	○	○	○	○	○	○	○	○
2. Not counting salad or potatoes, how many servings of vegetables did you eat?	○	○	○	○	○	○	○	○
3. Not counting juices, how many servings of fruit did you eat ?	○	○	○	○	○	○	○	○
4. How many servings of cold cereal did you eat?	○	○	○	○	○	○	○	○

24. How often did you:

	Seldom or Never	Sometimes	Often or Always
1. Eat the skin on chicken?	○	○	○
2. Eat the fat on meat?	○	○	○
3. Add salt to your food?	○	○	○

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

AVERAGE USE LAST YEAR	Never in past year	1 - 4 times past year	5 - 11 times past year	1 - 3 times a month	Once a week	2 - 4 times a week	About every day
1. Fried chicken	○	○	○	○	○	○	○
2. Burgers	○	○	○	○	○	○	○
3. Pizza	○	○	○	○	○	○	○
4. Chinese food	○	○	○	○	○	○	○
5. Mexican food	○	○	○	○	○	○	○
6. Fried fish	○	○	○	○	○	○	○
7. Other foods	○	○	○	○	○	○	○

26. Are you following any of these diets?

(Fill in all that apply.)

○ Low carb (Atkins, Paleo, etc.)   ○ Intermittent fasting   ○ Gluten free
○ Keto   ○ Mediterranean   ○ Low sodium
○ Low fat   ○ Vegetarian   ○ Diabetic
○ Low calorie   ○ Vegan   ○ DASH
○ Other: [_____]
○ None

27. Has your diet changed since the COVID-19 pandemic?

○ No   ○ Yes, a little   ○ Yes, a lot   ○ Uncertain

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