Follow-up Health Questionnaire
for Women
(Version C: Applicator;
Spouse before 04/01/00)

May 8, 2001
File name: FCAP1203.wpd

This questionnaire is intended to be administered utilizing a CATI system. The following specific information will be available electronically prior to the start of the interview:

Subject Name
Gender
FFHQ = not completed
Birth Date
Enrollment Year
Current Date
Current Time

In this document and when using the CATI system:

LARGE CASE PRINT **= instructions to the interviewer; do not read these to the respondent**

Shaded Areas **instructions to the programmer (will not appear on CATI screen); do not read to the respondent**

Underline = **portions of the question to be verbally stressed by interviewer; will appear as bold text on CATI**

Bold = **= questions and introductory statements to be read to the respondent; will appear on CATI as regular text**

(Parenthesis) **= clauses that the interviewer can choose to read or not to read, depending on the flow of the interview and the respondent's grasp of the question**

< > **Interviewer will be reminded that the response is out of normal range and asked to verify.**

<< >> **= response edit check. Responses outside this designated range will not be accepted.**

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WHEN CONDUCTING AN INTERVIEW WITHOUT USING THE CATI SYSTEM, FILL IN:

Respondent ID #_____Name of Interviewer_____

(Date of Interview____/___/___   Time Interview Started:_____ Time Interview Ended_____

Call Result (on CATI):   1. Consent   **2**. Refuse   **3**. Applicator is deceased   **4**. Applicator chronically ill
5. Applicator is unable to participate because of language difficulties   Applicator is unable to participate for other reasons   Maxed
                                                                                                    6.   **7.**

INTERVIEWER: CTRL F7 TO EXIT AND DO NOT SAVE.

MM DD YY

Follow-up health questionnaire for women in the AHS - Version C
alternate questionnaire for women who did not complete a FFHQ

[TO BE COMPLETED BY SPOUSES WHO ENROLLED BY TELEPHONE AND THEREFORE DID NOT PROVIDE DATA FROM THE FFHQ. THE FEW WHO DID SEND IN A FFHQ AFTER INTERVIEW SHOULD GET VERSION A OR VERSION B, AS APPROPRIATE. WOMEN WHO ENROLLED BY COMPLETING A MAILED SPOUSE QUESTIONNAIRE (Q1B) BUT DID NOT COMPLETE A FFHQ SHOULD ALSO GET VERSION C.]

Now I'm going to ask you some general questions about your health and lifestyle.

1.   How tall are you?
A2_HGTFT   ENTER # OF FEET   _____   ___DK ___REF
                                                                      <5> <<1-7>>
A2_HGTIN   ENTER # OF INCHES _____   ___DK ___REF
                                                                      <<0-11>>

2.   How much do you weigh now?
A2_WEIGHT
                        _____ (# of pounds)   ___DK ___REF
          <90-300> <<1-997>>

3.   How would you describe your use of cigarettes?
A2_SMOKE_STATUS   READ ALL RESPONSES
                      1. Never a smoker   ___DK
                      2. Currently a smoker   ___REF
                      3. Former smoker

4a.   During the last year, about how many drinks of beer, wine or liquor did you have on a typical <u>weekend</u>?
         (One beer, one glass of wine, or one shot of liquor counts as one drink.)
A2_DRINK_WKEND
                        _____ (Fill in)   ___DK ___REF
                        <0-12> <<0-97>>

4b.   About how many drinks altogether did you have <u>during the rest of the week</u>?
A2_DRINK_DURWK
                        _____ (Fill in) **[If Q4a and Q4b=00, Go to Q5a]**   ___DK ___REF
                        <0-15> <<0-97>>

4c. **During the last year, about how many times did you have 5 or more drinks on one occasion?**
A2_DRINK_FVONE

_____ times   ___DK ___REF
<0-26> <<0-365>>

These next questions are about medical conditions you may have:

5a. **Has a doctor or other health professional ever told you that you had a <u>heart attack</u> (or myocardial infarction)?**
A2_MI   1. yes   ___REF**[go to Q5b]**
                                    2. no   **[go to Q5b]**   ___DK **[go to Q5b]**

    5a1. **How old were you when the doctor first told you that you had (this /a heart attack)?**
    A2_MI_AGE

        _____   ___DK ___REF
    <30-97 & LT or E current age> <<0-97>>

5b. **(Has a doctor or other health professional ever told you that you had) an <u>irregular heart beat</u> (or arrhythmia)?**
A2_ARRYTH   1. yes   ___REF**[go to Q5c]**
                                    2. no   **[go to Q5c]**   ___DK **[go to Q5c]**

    5b1. **How old were you when the doctor first told you that you had (this /an irregular heart beat)?**
    A2_ARRYTH_AGE

      _____   ___DK ___REF
    <18-current age>   <<0-97>>

    5b2. **Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**
    A2_ARRYTH_MED   1. yes   ___REF
                                        2. no   ___DK

5c. **(Has a doctor or other health professional ever told you that you had) <u>high blood pressure or hypertension</u>?**
A2_HBP   1. yes   ___REF**[go to Q5d]**
                                    2. no   **[go to Q5d]**   ___DK **[go to Q5d]**

    5c1. **How old were you when the doctor first told you that you had (this /high blood pressure or hypertension)?**
    A2_HBP_AGE

      _____   ___DK ___REF
    <18-current age> <<0-97>>

5c2. **Do you take any medicines for this condition, or did you receive any treatment at the time it was diagnosed?**
A2_HBP_MED   1. yes   ___REF
                         2. no   ___DK

5d. **(Has a doctor or other health professional ever told you that you had)** <u>**diabetes or high blood sugar**</u>**, other than when pregnant?**
A2_DIABETES   1. yes   ___REF**[go to Q5e]**
                      2. no   **[go to Q5e]**   ___DK **[go to Q5e]**

5d1. **How old were you when the doctor first told you that you had (this/ diabetes or high blood sugar)?**
A2_DIABETES_AGE

               _____   ___DK ___REF
         <0-current age> <<0-97>>

5d2. **Do you take any medicines for this condition, or did you receive any treatment at the time it was diagnosed?**
A2_DIABETES_MED 1. yes   ___REF**[go to Q5e]**
                    2. no   **[go to Q5e]**   ___DK **[go to Q5e]**

         5d2a. **Do you take insulin shots?**
         A2_INSULIN   1. yes   ___REF
                           2. no   ___DK

5e. **(Has a doctor or other health professional ever told you that you had)** <u>**thyroid disease or thyroid problems**</u>**?**
A2_THYROID   1. yes   ___REF**[go to Q5f]**
                    2. no   **[go to Q5f]**   ___DK **[Go to Signal Screen, then if DK go to Q5f]**

****

SIGNAL SCREEN:

PLEASE PROBE FOR BETTER ANSWER:

Was it an <u>overactive thyroid</u> or hyperthyroidism problem like Grave's Disease, or thyrotoxicosis?
                              <u>IF NO:</u>
Was it an <u>underactive thyroid</u> or hypothyroidism problem like Hashimoto's Disease, or some other autoimmune disease?
                              <u>IF NO:</u>
Was it an enlarged thyroid, thyroid nodules or Goiter?

<u>PRESS ENTER IF YES TO ANY OF THE ABOVE AND THEN SELECT YES FOR QUESTION</u>
<u>PRESS 'S' IF DK OR NO TO ALL OF ABOVE</u>

****

5e1. Were you ever told you had an <u>overactive thyroid</u> (also called hyperthyroidism)?
A2_HYPERTHY   1. yes   ___REF**[go to Q5e2]**
                     2. no   **[go to Q5e2]**   ___DK **[go to Q5e2]**

5e1a. Was it due to <u>Graves disease</u>?
A2_GRAVES   1. yes   ___REF**[go to Q5e1b]**
                      2. no   **[go to Q5e1b]**   ___DK **[go to Q5e1b]**

5e1a1. How old were you when the doctor first told you that you had (this /Graves disease)?
A2_GRAVES_AGE

                     _____   ___DK ___REF
               <0-current age> <<0-97>>

5e1a2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?
A2_GRAVES_MED   1. yes   ___REF
                2. no   ___DK
[all responses Go to Q5e2]

5e1b. Was it due to <u>thyrotoxicosis</u>?
A2_THYROTOX   1. yes   ___REF**[go to Q5e1c]**
                 2. no   **[go to Q5e1c]** ___DK **[go to Q5e1c]**

5e1bl. How old were you when the doctor first told you that you had (this /thyrotoxicosis)?
A2_THYROTOX_AGE

_____   ___DK ___REF
<0-current age> <<0-97>>

5e1b2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?
A2_THYROTOX_MED   1. yes   ___REF
                          2. no   ___DK
[all responses Go to Q5e2]

5e1c.   Was there <u>some other cause</u> that was identified?
A2_HYPERTHY_OTH   1. yes   __REF **[go to Q5e2]**
                          2. no   **[go to Q5e2]**   __DK **[go to Q5e2]**

5e1c1. What was this cause? _____   ___DK ___REF
A2_HYPERTHY_OTH_SPC

5e1c2. How old were you when the doctor first told you that you had this condition?
A2_HYPERTHY_OTH_AGE

_____   ___DK ___REF
<0-current age> <<0-97>>

5e1c3. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?
A2_HYPERTHY_OTH_MED   1. yes   ___REF
                              2. no   ___DK
[all responses Go to Q5e2]

5e2.   (Were you ever told you had) an <u>underactive thyroid</u> (also called hypothyroidism)?
A2_HYPOTHY   1. yes   ___REF**[go to Q5e3]**
                  2. no   **[go to Q5e3]**   ___DK **[go to Q5e3]**

5e2a.   Was this due to <u>thyroiditis, Hashimoto's disease or autoimmune disease</u>?
A2_HASHIMOTO   1. yes   ___REF**[go to Q5e2b]**
                  2. no   **[go to Q5e2b]**   ___DK **[go to Q5e2b]**

5e2a1. How old were you when the doctor first told you that you had this condition?
A2_HASHIMOTO_AGE

_____   ___DK ___REF

    <<0-current age> <<0-97>>

5f2a2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

A2_HASHIMOTO_MED   1. yes   ___REF
                                                2. no   ___DK

[all responses Go to Q5e3]

5e2b. Was there <u>some other cause</u> identified?
A2_HYPOTHY_OTH   1. yes   ___REF[go to Q5e3]
                                    2. no   [go to Q5e3]   ___DK [go to Q5e3]

5e2b1. What was this cause? _____   ___DK ___REF
A2_HYPOTHY_OTH_SPC

5e2b2. How old were you when the doctor first told you that you had this condition?
A2_HYPOTHY_OTH_AGE

_____   ___DK ___REF

    <0-current age> <<0-97>>

5e2b3. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

A2_HYPOTHY_OTH_MED   1. yes   ___REF
                                                2. no   ___DK

[all responses Go to Q5e3]

5e3. (Were you ever told you had) an <u>enlarged thyroid, thyroid nodules or Goiter</u>?
A2_GOITER   1. yes   __REF [go to Q5e4]
                        2. no   [go to Q5e4]   __DK   [go to Q5e4]

5e3a. **How old were you when the doctor first told you that you had (this /an enlarged thyroid, thyroid nodules or Goiter)?**

A2_GOITER_AGE

_____ ___DK ___REF

<0-current age> <<0-97>>

5e3b. **Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

A2_GOITER_MED 1. yes ___REF

 2. no ___DK

[all responses Go to Q5e4]

5e4. **(Were you ever told you had) <u>some other thyroid problem</u>?**

A2_THYROID_OTH 1. yes ___REF**[go to Q5f]**

 2. no **[go to Q5f]** ___DK **[go to Q5f]**

5e4a. **What was this?** _____ ___DK **[Go to 5f]** __REF **[Go to 5f]**

A2_THYROID_OTH_SPC

5e4b. **How old were you when the doctor first told you that you had this condition?**

A2_THYROID_OTH_AGE

_____ ___DK ___REF

<0-current age> <<0-97>>

5e4c. **Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?**

A2_THYROID_OTH_MED 1. yes ___REF

 2. no ___DK

5f. **Has a doctor or other health professional ever told you that you had <u>rheumatoid arthritis</u>?**

A2_RHEUMATOID 1. yes ___REF**[go to Q5g]**

 2. no **[go to Q5g]** ___DK **[go to Q5g]**

5f1. **How old were you when the doctor first told you that you had (this /rheumatoid arthritis)?**

A2_RHEUMATOID_AGE

_____ ___DK ___REF

<0-current age> <<0-97>>

5f2.   Do you take any medicines for this condition, or did you receive any treatment at the time it was diagnosed?
A2_RHEUMATOID_MED   1. yes   ___REF
                                   2. no   ___DK

5f3.   Have you ever had a blood test for rheumatoid arthritis?
A2_RHEUMATOID_TEST   1. yes   ___REF**[go to Q5f4]**
                                   2. no   **[go to Q5f4]**   ___DK **[go to Q5f4]**

      5n3a.   Was the result negative or positive?
      A2_RHEUMATOID_RES   1. negative   ___DK
                                         2. positive   ___REF

5f4.   Have you ever had swelling in your wrist, finger, elbow, or knee joints that lasted for six weeks or more?
A2_RHEUMATOID_SWELL   1. yes   ___REF
                                   2. no   ___DK

5g.   (Has a doctor or other health professional ever told you that you had) <u>endometriosis</u>?
A2_ENDOMETRIOSIS   1. yes   ___REF**[go to Q5h]**
                                   2. no   **[go to Q5h]**   ___DK **[go to Q5h]**

5g1.   How old were you when the doctor first told you that you had (this /endometriosis)?
A2_ENDOMETRIOSIS_AGE

      _____   ___DK ___REF
      <18-current age> <<0-97>>

5h.   (Has a doctor or other health professional ever told you that you had) <u>uterine fibroids</u>?
A2_UT_FIBROIDS   1. yes   ___REF**[go to Q5i]**
                    2. no   **[go to Q5i]**   ___DK **[go to Q5i]**

5h1.   How old were you when the doctor first told you that you had (this /uterine fibroids)?
A2_UT_FIBROIDS_AGE
      _____   ___DK ___REF
      <30-97 & LT or E current age> <<0-97>>

5i. **(Has a doctor or other health professional ever told you that you had)** <u>benign breast disease (fibroids, cysts, other)</u>**?**
A2_BREAST_DIS   1. yes   ___REF**[go to Q5j]**
                             2. no   **[go to Q5j]**   ___DK **[go to Q5j]**

     5i1. **How old were you when the doctor first told you that you had (this /benign breast disease)?**
     A2_BREAST_DIS_AGE
                         _____   ___DK ___REF
           <18-current age> <<0-97>>

5j. **(Has a doctor or other health professional ever told you that you had)** <u>kidney stones</u>**?**
A2_KIDNEYSTONE   1. yes   ___REF**[go to Q5k]**
                               2. no   **[go to Q5k]**   ___DK **[go to Q5k]**

     5j1. **How old were you when the doctor first told you that you had (this /kidney stones)?**
     A2_KIDNEYSTONE_AGE
                         _____   ___DK ___REF
           <18-current age> <<0-97>>

5k. **(Has a doctor or other health professional ever told you that you had)** <u>kidney disease or kidney failure</u>**?**
A2_KIDNEYFAIL   1. yes   ___REF**[go to Q5l]**
                             2. no   **[go to Q5l]**   ___DK **[go to Q5l]**

     5k1. **How old were you when the doctor first told you that you had (this /kidney disease or kidney failure)?**
     A2_KIDNEYFAIL_AGE
                         _____   ___DK ___REF
           <0-current age> <<0-97>>

5l. **(Has a doctor or other health professional ever told you that you had)** <u>scleroderma or systemic sclerosis</u>**?**
A2_SCLERODERMA   1. yes   ___REF**[go to Q5m]**
                              2. no   **[go to Q5m]**   ___DK **[go to Q5m]**

     5l1. **How old were you when the doctor first told you that you had (this /scleroderma or systemic sclerosis)?**
     A2_SCLERODERMA_AGE
                         _____   ___DK ___REF
           <0-current age> <<0-97>>

5l2. **Have you ever had thickening or tightening of the skin on your arms, legs, face, neck or trunk?**
A2_SCLERODERMA_LGSKN   1. yes   ___REF
     2. no   ___DK

5l3. **Have you ever had thickening or tightening of the skin on your fingers or toes?**
A2_SCLERODERMA_TOSKN   1. yes   ___REF
     2. no   ___DK

5m. **(Has a doctor or other health professional ever told you that you had) <u>lupus</u> (SLE)?**
A2_LUPUS   1. yes   ___REF**[go to Q5n]**
     2. no   **[go to Q5n]**   ___DK **[go to Q5n]**

5m1. **How old were you when the doctor first told you that you had (this /lupus)?**
A2_LUPUS_AGE
     _____   ___DK ___REF
     <0-current age> <<0-97>>

5m2. **Have you had an antinuclear antibody, ANA, FANA, or LE prep blood test for lupus?**
A2_LUPUS_TEST   1. yes   ___REF
     2. no   ___DK

5m3. **Have you ever had a rash on your cheeks for more than a month?**
A2_LUPUS_RASH   1. yes   ___REF
     2. no   ___DK

5n. **(Has a doctor or other health professional ever told you that you had) <u>sjogren's disease</u>?**
A2_SJOGREN   1. yes   ___REF**[go to Q5o]**
     2. no   **[go to Q5o]**   ___DK **[go to Q5o]**

5n1. **How old were you when the doctor first told you that you had (this /sjogren's disease)?**
A2_SJOGREN_AGE
     _____   ___DK ___REF
     <18-current age> <<0-97>>

5o. **(Has a doctor or other health professional ever told you that you had) <u>inflammatory bowel disease</u> such as Crohn's disease or ulcerative colitis?**

A2_CROHN   1. yes   ___REF**[go to Q5p]**

                         2. no   **[go to Q5p]**   ___DK **[go to Q5p]**

       5o1. **How old were you when the doctor first told you that you had (this /inflammatory bowel disease such as Crohn's disease or ulcerative colitis)?**

       A2_CROHN_AGE

             _____   ___DK ___REF

             <18-current age> <<0-97>>

5p. **(Has a doctor or other health professional ever told you that you had) <u>myasthenia gravis</u>?**

A2_MYASTHENIA   1. yes   ___REF**[go to Q5q]**

                         2. no   **[go to Q5q]**   ___DK **[go to Q5q]**

       5p1. **How old were you when the doctor first told you that you had (this /myasthenia gravis)?**

       A2_MYASTHENIA_AGE

             _____   ___DK ___REF

             <18-current age> <<0-97>>

5q. **(Has a doctor or other health professional ever told you that you had) <u>vitiligo</u> resulting in a loss of pigment on the skin?**

A2_VITILIGO   1. yes   ___REF**[go to Q5r]**

                      2. no   **[go to Q5r]**   ___DK **[go to Q5r]**

       5q1. **How old were you when the doctor first told you that you had(this / vitiligo?)**

       A2_VITILIGO_AGE

             _____   ___DK ___REF

             <0-current age> <<0-97>>

5r. **(Has a doctor or other health professional ever told you that you had) <u>eczema</u>?**

A2_ECZEMA   1. yes   ___REF**[go to Q5s]**

                      2. no   **[go to Q5s]**   ___DK **[go to Q5s]**

       5r1. **How old were you when the doctor first told you that you had (this /eczema)?**

       A2_ECZEMA_AGE

             _____   ___DK ___REF

             <0-current age> <<0-97>>

5s.   (Has a doctor or other health professional ever told you that you had) <u>psoriasis</u>?
A2_PSORIASIS   1. yes   ___REF**[go to Q5t]**
                               2. no   **[go to Q5t]**   ___DK **[go to Q5t]**

    5s1.   How old were you when the doctor first told you that you had (this / psoriasis)?
    A2_PSORIASIS_AGE

       _____   ___DK ___REF
          <0-current age> <<0-97>>

5t.   (Has a doctor or other health professional ever told you that you had) an<u> allergy to bees, wasps or other insects</u>?
A2_ALLERGY_BEE   1. yes   ___REF**[go to Q5u]**
                               2. no   **[go to Q5u]**   ___DK **[go to Q5u]**

    5t1.   How old were you when the doctor first told you that you had (this / an allergy to bees, wasps or other insects)?
    A2_ALLERGY_BEE_AGE

       _____   ___DK ___REF
          <0-current age> <<0-97>>

5u. (Has a doctor or other health professional ever told you that you had) <u>Parkinson's disease</u>?
A2_PARKINSON   1. yes   ___REF**[go to Q5v]**
                   2. no   **[go to Q5v]**   ___DK **[go to Q5v]**

    5u1. How old were you when the doctor first told you that you had (this / Parkinson's disease)?
    A2_PARKINSON_AGE
       _____   ___DK ___REF
          <40-current age> <<0-97>>

    5u2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?
    A2_PARKINSON_MED   1. yes   ___REF
                            2. no   ___DK

5v.   (Has a doctor or other health professional ever told you that you had) <u>epilepsy</u>?
A2_EPILEPSY   1. yes   ___REF**[go to Q5w]**
                          2. no   **[go to Q5w]**   ___DK **[go to Q5w]**

5v1.   How old were you when the doctor first told you that you had (this /epilepsy)?
A2_EPILEPSY_AGE

_____   ___DK ___REF
      <0-current age> <<0-97>>

5v2.   Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?
A2_EPILEPSY_TRT   1. yes   ___REF
                2. no   ___DK

5w.   (Has a doctor or other health professional ever told you that you had) <u>multiple sclerosis</u>?
A2_MS   1. yes   ___REF**[go to Q5x]**
            2. no   **[go to Q5x]**   ___DK **[go to Q5x]**

5w1.   How old were you when the doctor first told you that you had (this /multiple sclerosis)?
A2_MS_AGE

_____   ___DK ___REF
      <18-current age> <<0-97>>

5x.   (Has a doctor or other health professional ever told you that you had) <u>ALS</u> (amyotrophic lateral sclerosis), <u>moter neuron disease,</u> <u>or Lou Gehrig's disease?</u>
A2_ALS   1. yes   ___REF**[go to Q6]**
            2. no   **[go to Q6]**   ___DK **[go to Q6]**

5x1.   How old were you when the doctor first told you that you had (this /ALS)?
A2_ALS_AGE

_____   ___DK ___REF
      <40-current age> <<0-97>>

Now I am going to ask you some questions about your vision.

6.   Are you blind in either eye or in both eyes?
A2_BLIND   1. Yes, one eye
                2. Yes, both eyes <CHECK TO MAKE SURE INTERVIEWER DIDN'T MEAN TO ENTER NO> **[Go toQ6b]**
                3. No
                ___DK
                ___REF

6a. **Do you wear glasses to help correct nearsightedness (difficulty with distance vision) or farsightedness (difficulty with reading or other close vision) or both?**

A2_GLASSES   1. No   ___DK

           2. Yes, for nearsightedness **[Go to Q6a2]**   ___REF

           3. Yes, for farsightedness **[Go to Q6b]**

           4. Yes, for both **[Go to Q6a2]**

           5. Yes, for other reasons **[Go to Q6a2]**

     6a1. **Do you wear reading glasses?**

     A2_GLASSES_READING   1. yes   __REF

           2. no   __DK

     [all responses Go to Q6b]

     6a2. **Do you wear bifocals?**

     A2_GLASSES_BIFOCAL   1. yes   __REF

           2. no   __DK

6b. **Has an eye doctor or other health practitioner ever told you that you have <u>cataracts?</u>**

A2_CATARACTS   1. yes   ___REF**[go to Q6c]**

           2. no   **[go to Q6c]**   ___DK **[go to Q6c]**

     6b1. **How old were you when this condition was first diagnosed?**

     A2_CATARACTS_AGE

         _____   ___DK ___REF

         <18-current age> <<0-97>>

     6b2. **Were you given any treatment for this condition?**

     A2_CATARACTS_MED   1. yes   ___REF

           2. no   ___DK

6c. **(Has an eye doctor or other health practitioner ever told you that you have) <u>glaucoma?</u>**

A2_GLAUCOMA   1. yes   ___REF**[go to Q6d]**

           2. no   **[go to Q6d]**   ___DK **[go to Q6d]**

6c1. **How old were you when this condition was first diagnosed?**
A2_GLAUCOMA_AGE

_____ ___DK ___REF
<18-current age> <<0-97>>

6c2. **Were you given any treatment for this condition?**
A2_GLAUCOMA_MED 1. yes ___REF
2. no ___DK

6d. **(Has an eye doctor or other health practitioner ever told you that you have) a detached retina?**
A2_DET_RETINA 1. yes ___REF**[go to Q6e]**
2. no **[go to Q6e]** ___DK **[go to Q6e]**

6d1. **How old were you when this condition was first diagnosed?**
A2_DET_RETINA_AGE

_____ ___DK ___REF
<0-current age> <<0-97>>

6d2. **Were you given any treatment for this condition?**
A2_DET_RETINA_MED 1. yes ___REF
2. no ___DK

6e. **(Has an eye doctor or other health practitioner ever told you that you have) retinal or macular degeneration?**
A2_MACULAR_DEG 1. yes ___REF**[go to Q7]**
2. no **[go to Q7]** ___DK **[go to Q7]**

6e1. **How old were you when this condition was first diagnosed?**
A2_MACULAR_DEG_AGE

_____ ___DK ___REF
<30-97 & LT or E current age> <<0-97>>

6e2. **Were you given any treatment for this condition?**
A2_MACULAR_DEG_MED 1. yes ___REF
2. no ___DK

An important part of women's health is their reproductive history. The following questions are about your menstrual cycles and reproductive history.

7.   **How old were you when you started having menstrual periods?**
A2_BEGPER

                    _____ years old   ___DK ___REF
              <9-16>   <<7-20>>

8.   **Have you gone through menopause (the change of life) or had surgery that caused you to completely stop having menstrual periods?**
A2_MENOPAUSE   1. yes   **[go to Q9]**   ___REF
                         2. no   ___DK

   8a.   **What date did your most recent menstrual period begin?**
   A2_LMPDATE

                    ___/___/_____   ___DK ___REF
              MM DD YYYY
         <verify if more than 42 days prior to today's date>

         IF MORE THAN 2 DAYS AGO:
         8a1.   **Are you pretty sure of this date, or is it an estimate?**
         A2_LMPSURE   1. Sure   ___REF
                             2. Estimate   ___DK

   [If answer to Q8a is more than six weeks, Go to Q8c]
   8b.   **During the past 12 months, did you ever go for 6 weeks or more without a menstrual period?**
       (Do not count times when you were pregnant, breast feeding, or using birth control pills)
A2_LMP_6MO   1. yes   ___REF
                    2. no   ___DK

   8c.   **Have you ever had hot flashes or night sweats that you think might be related to menopause?**
A2_HOT_FLASH   1. yes   ___REF**[go to Q8d]**
                         2. no   **[go to Q8d]**   ___DK **[go to Q8d]**

         8c1.   **How old were you when they first occurred?**
         A2_HOT_FLASH_AGE
                    _____ years old   ___DK ___REF
              <30-97 and less than or equal to current age>   <<0-97>>

8c2.   How often have you had hot flashes or night sweats in the last month?
A2_HOT_FLASH_OFTEN

_____ times   ___DK ___REF
<<0-97>>

8d.   Have you ever taken birth control pills for any reason?
A2_BC_PILLS   1. yes   ___REF**[go to Q8e]**
                     2. no   **[go to Q8e]**   ___DK **[go to Q8e]**

8d1.   Not counting time when you stopped, for how many years altogether did you take birth control pills?
A2_BC_PILLS_YRS

_____ years   ___DK ___REF
<1-current age> <<1-97>>

8d2.   Are you currently taking birth control pills?
        BIRTH CONTROL PILLS CAN BE TAKEN FOR ANY REASON - NOT JUST BIRTH CONTROL
A2_BC_PILLS_NOW   1. yes   ___REF
                        2. no   ___DK

8e.   Have you ever taken Premarin, estrogen, or other hormone replacement therapy like Provera?
        Include pills and patches.
A2_HRT   1. yes   ___REF**[go to Q14]**
                2. no   **[go to Q14]**   ___DK **[go to Q14]**

8e1.   How many years altogether did you take hormone replacement therapy?
A2_HRT_YRS

_____ years   ___DK ___REF
<0-current age> <<0-97>>

8e2.   During any of those years were you taking estrogen and progesterone together for all or part of the month?
A2_HRT_EP   1. yes   ___REF**[go to Q8e3]**
                   2. no   **[go to Q8e3]**   ___DK **[go to Q8e3]**

8e21.   How many years altogether did you take both estrogen and progesterone?
A2_HRT_EP_YRS

_____ years   ___DK ___REF

8e3.   **Are you currently taking hormone replacement therapy?**
HORMONE REPLACEMENT IS NOT JUST FOR WOMEN WHO HAVE COMPLETED MENOPAUSE

A2_HRT_NOW   1. yes   ___REF
                2. no   ___DK
[ALL RESPONSES Go to Q14]

9.   **How old were you when you had your last menstrual period?**
A2_LMPAGE

_____ years   ___DK ___REF
<40-97 and less than or equal to current age> <<0-97>>

[Go to Q10 unless, AGE GIVEN IS ONE YEAR LESS THAN CURRENT AGE (*e.g. if current age is 50 and answer to 9 is 49*):
9a.   **Did your last period come more than a year ago, or was it within the last 12 months?**
A2_LMP_1YRAGO
        1. More than a year ago   ___REF
        2. Within the last 12 months   ___DK

10.   **Did you have surgery or some treatment that led to menopause?**
A2_MENO_SURGERY   1. yes   ___REF**[go to Q11]**
                     2. no   **[go to Q11]**   ___DK **[go to Q11]**

10a.   **Did you have:**
A2_MENO_TREAT
                1. Hysterectomy with uterus and both ovaries removed?**[go to Q11]**
                2. Uterus and only one ovary removed?**[go to Q11]**
                3. Just uterus removed?**[go to Q11]**
                4. Only ovaries removed?**[go to Q11]**
                5. Surgery but don't know what type?**[go to Q11]**
                6. Radiation or chemotherapy?**[go to Q11]**
                7. Other-specify
                ___REF **[go to Q11]**
                ___DK **[go to Q11]**

16a.   What type of surgery did you have?
A2_MENO_TREAT_SPC
             _____ (specify)   ___DK ___REF

11.   Have you ever taken birth control pills for any reason?
A2_BC_PILLS   1. yes   ___REF**[go to Q12]**
                   2. no   **[go to Q12]**   ___DK **[go to Q12]**
    11a.   Not counting time when you stopped, how many years altogether did you take birth control pills?
    A2_BC_PILLS_YRS
             _____ years   ___DK ___REF
         <1-current age> <<1-97>>

12.   Have you ever taken Premarin, estrogen, or other hormone replacement therapy like Provera? Include pills and patches.
A2_HRT   1. yes   ___REF**[go to Q13]**
                 2. no   **[go to Q13]**   ___DK **[go to Q13]**

    12a.   How many years altogether have you taken hormone replacement therapy?
    A2_HRT_YRS
             _____ years   ___DK ___REF
         <0-current age> <<0-97>>

    12b.   During any of those years were you taking estrogen and progesterone together for all or part of the month?
    A2_HRT_EP   1. yes   ___REF**[go to Q13]**
                     2. no   **[go to Q13]**   ___DK **[go to Q13]**

        12b1.   How many years altogether did you take both estrogen and progesterone?
        A2_HRT_EP_YRS
                 _____ years   ___DK ___REF

[If Q11 and Q12 = No, DK or Ref, Go to Q15]
13.   Were you taking birth control pills or estrogen replacement therapy at the time of your last menstrual period?
A2_BC_HRT_LMP   1. yes **[go to Q15]**   ___REF**[go to Q15]**
                 2. no   **[go to Q15]**   ___DK **[go to Q15]**

The following questions ask about pregnancy.

14. **Have you ever been pregnant? Please consider all pregnancies, including a current pregnancy and those that were lost.**
A2_PREGNANT_EVER   1. yes   ___REF**[go to Q21]**
                                       2. no   **[go to Q21]**   ___DK **[go to Q21]**

   14a. **How many times have you been pregnant?**
   A2_PREGNANT_TIMES

   _____ times   ___DK ___REF
   <1-5> <<1-97>>

   14b. **How old were you the first time you became pregnant?**
   A2_FIRST_PREG_AGE

   _____ years   ___DK ___REF

   14c. **Are you currently pregnant?**
   A2_PREGNANT_NOW   1. yes   ___REF**[go to Q16]**
                                        2. no   **[go to Q16]**   ___DK **[go to Q16]**

      14c1. **When is your baby due?**
      A2_PREGNANCY_DUE
      ___/___/_____   ___DK ___REF
      MM DD YYYY

      [If Q14c=yes, and Q14a= 1, Go toQ21; otherwise GO to Q16]

The following questions ask about pregnancy.

15. **Have you ever been pregnant? Please consider all pregnancies, including any that were lost.**
A2_PREGNANT_EVER   1. yes   ___REF**[go to Q21]**
                                       2. no   **[go to Q21]**   ___DK **[go to Q21]**

15a.   How many times have you been pregnant?
A2_PREGNANT_TIMES

_____ times   ___DK ___REF
    <1-5>   <<1-97>>

15b.   How old were you the first time you became pregnant?
A2_FIRST_PREG_AGE

_____ years   ___DK ___REF
    <1-current age> <<1-97>>

16.   How many children (live and still births) have you had? Please include all children even if they are no longer alive.
A2_TOTAL_BIRTHS

_____ children   ___DK ___REF
    [If Q16=zero, Go to Q21]

17.   How old were you when you first delivered a baby?
A2_FIRST_BIRTH_AGE

_____ (fill in)   ___DK ___REF
    <1-current age>   <<1-97>>
    [If Q14c = Yes , Go to Q19]
    [If Q16=1 , Go to Q19]

18.   How old were you when your youngest child was born?
A2_LAST_BIRTH_AGE

_____ years   ___DK ___REF
    <Q18age>Q17age> <<1-97>>

[Allow as many spaces for names as number of children in Q16 up to a maximum of 15]

Q19. **What are the names of your children age 18 and under? (First, middle and last)**
IF NO CHILDREN UNDER AGE 18, LEAVE BLANK AND PRESS ENTER. AFTER LAST NAME, LEAVE BLANK AND PRESS ENTER.

_____   ___DK ___REF

[Ask for each name in Q19]

Q20. **What is (auto fill in of name) date of birth?**
A2_CBDATE** (01..15)
_____/_____/_____   ___DK ___REF
MM   DD   YYYY
<<date type>>

21. **Last year, how many children did you have living with you that were under the age of 18 (include stepchildren, adopted children, grandchidren and those who have died)?**
A2_KIDS_LAST_YR16 (version 1 only used age 16 instead of age 18)   A2_KIDS_LAST_YR18 (later versions)
_____ (fill in)   ___DK ___REF
<0-97>
[If Q21= 0, DK or Ref, GO TO END OF MODULE]

22. **Since (year of enrollment), have any of THOSE children, under the age of 18 that were living in your household, had any incidents with fertilizers, herbicides, or other pesticides that caused them an unusually high personal exposure (include stepchildren, adopted children, grandchidren andthose who have died)?**
A2_KIDS_EXPOSE16 (version 1 only used age 16 instead of age 18)   A2_KIDS_EXPOSE18 (later versions)
1. yes   ___REF **[GO TO END OF MODULE]**
2. no   **[GO TO END OF MODULE]**   ___DK **[GO TO END OF MODULE]**

22a. **How many of these exposure incidents were there altogether?**
A2_KIDS_NUMEXP
_____ (fill in)   ___DK ___REF
<<1-97>>

22b.   How many children were involved?
A2_KIDS_INVOLVED

_____ (fill in)   ___DK ___REF
   <<1-97>>

22c.   Were any of the incidents during the last 12 months?
A2_KIDS_EXP1YR   1. yes   ___REF **[GO TO END OF MODULE]**
                         2. no   **[GO TO END OF MODULE]**   ___DK **[GO TO END OF MODULE]**

Thinking about the most recent incident that occurred this year:

23.   Did this incident occur:
A2_KIDS_INCIDENT READ RESPONSES
                1. In the fields **[GO TO Q24]**   ___REF
                2. In the home **[GO TO Q24]**   ___DK
                3. Another place

23a.   Where was this?   _____(specify)   ___DK ___REF
A2_KIDS_EXPPLACE

24.   What was the name of the chemical the child (children) was (were) exposed to?
A2_KIDS_EXPCHEM
        TYPE PESTICIDE NAME, THEN CHOOSE FROM LIST BY ENTERING. SELECT ONLY ONE PESTICIDE. IF MORE THAN ONE, MAKE
        REMARK. IF FERTILIZER, SELECT "OTHER".

_____   ___DK ___REF
[Insert pesticide list]

[At Q24, if "Other" is NOT selected, GO to Q24A]

24B.   What was this? _____   ___DK ___REF
A2_KIDS_EXPOTH

24A. **What is the name of the child involved(or the child that had the most symptoms)?**

_____(fill in first, middle and last name)   ___DK ___REF

25. **Was (were) the child (children) performing farming activities when the incident occurred?**
A2_KIDS_EXPFARM   1. yes   ___REF
                       2. no   ___DK

[Go to Decision Box before Q12 in Pesticide Module]