



Follow-up Health Questionnaire for Women (Version B)

Last Updated May 8, 2001
File name: FB1203.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
- Enrollment Year
- Birthdate
- Current Date
- Current Time
- FFHQ: completed
- FFHQ #6 answer = yes
- FFHQ #7 answer = age at last period
- FFHQ #8 answer = natural menopause

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 range. Responses outside this designated range will not be accepted.

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 6. Applicator is unable to participate for other reasons 7. Maxed

INTERVIEWER: CTRL F7 TO EXIT AND DO NOT SAVE.

MM DD YY

Follow-up health questionnaire for women in the AHS - Version B
 women who went through menopause before date of enrollment
 (qq #6 on FFHQ="YES")

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

1. How tall are you?

A2_HGTFT¹ 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 weekend?
 (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 during the rest of the week?

A2_DRINK_DURWK _____ (Fill in) **[If Q4a and Q4b=00, Go to Q5a]** DK REF
 <0-15> <<0-97>>

¹Variable names are shown in green. Note that when the responses are included in an applicator file, they start with "A2". When they are included in a spouse data file, however, the "A2" is replaced with "S2".

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 heart attack (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 irregular heart beat (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) high blood pressure or hypertension?

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) diabetes or high blood sugar, 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) thyroid disease or thyroid problems?

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 overactive thyroid or hyperthyroidism problem like Grave's Disease, or thyrotoxicosis?

IF NO:

Was it an underactive thyroid or hypothyroidism problem like Hashimoto's Disease, or some other autoimmune disease?

IF NO:

Was it an enlarged thyroid, thyroid nodules or Goiter?

PRESS ENTER IF YES TO ANY OF THE ABOVE AND THEN SELECT YES FOR QUESTION

PRESS 'S' IF DK OR NO TO ALL OF ABOVE

5e1. Were you ever told you had an overactive thyroid (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 Graves disease?

A2_GRAVES 1. yes REF[go to Q5e1b]
 2. no [go to Q5e1b] DK [go to Q5e1b]

5e1a. 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 thyrotoxicosis?

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 some other cause that was identified?

A2_HYPERTHY_OTH

1. yes REF **[go to Q5e2]**
 2. no DK **[go to Q5e2]**

5e1c1. What was this cause? _____

A2_HYPERTHY_OTH_SPC

DK REF

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 underactive thyroid (also called hypothyroidism)?

A2_HYPOTHY

1. yes REF **[go to Q5e3]**
 2. no DK **[go to Q5e3]**

5e2a. Was this due to thyroiditis, Hashimoto's disease or autoimmune disease?

A2_HASHIMOTO

1. yes REF **[go to Q5e2b]**
 2. no 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 some other cause identified?

A2_HYPOTHY_OTH

1. yes ___ REF [go to Q5e3]
 2. no [go to Q5e3] ___ DK [go to Q5e3]

5e2b1. What was this cause?

A2_HYPOTHY_OTH_SPC

_____ DK ___ REF

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 enlarged thyroid, thyroid nodules or Goiter?

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) some other thyroid problem?

A2_THYROID_OTH

1. yes REF[go to Q5f]
 2. no DK [go to Q5f]

5e4a. What was this?

A2_THYROID_OTH_SPC

_____ DK [Go to 5f] REF [Go to 5f]

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 rheumatoid arthritis?

A2_RHEUMATOID

1. yes REF[go to Q5g]
 2. no 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 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) endometriosis?

A2_ENDOMETRIOSIS

1. yes REF **[go to Q5h]**
2. no 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) uterine fibroids?

A2_UT_FIBROIDS

1. yes REF **[go to Q5i]**
2. no 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) benign breast disease (fibroids, cysts, other)?

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) kidney stones?

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) kidney disease or kidney failure?

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) scleroderma or systemic sclerosis?

A2_SCLERODERMA

1. yes REF [\[go to Q5m\]](#)
2. no [\[go to Q5m\]](#) DK [\[go to Q5m\]](#)

511. 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>>

512. 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

513. 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) lupus (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) sjogren's disease?

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) inflammatory bowel disease 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) myasthenia gravis?

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) vitiligo 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) eczema?

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) psoriasis?

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 allergy to bees, wasps or other insects?

A2_ALLERGY_BEE

1. yes REF[go to Q6a]
 2. no [go to Q6a] DK [go to Q6a]

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>>

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

6a. 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 toQ6c]
 3. No
 DK
 REF

6b. 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 Q6b | ___REF |
| 3. Yes, for farsightedness [Go to Q6c] | |
| 4. Yes, for both [Go to Q6b2] | |
| 5. Yes, for other reasons [Go to Q6b2] | |

6b1. Do you wear reading glasses?

A2_GLASSES_READING

- | | |
|--------|--------|
| 1. yes | ___REF |
| 2. no | ___DK |

[all responses Go to Q6c]

6b2. Do you wear bifocals?

A2_GLASSES_BIFOCAL

- | | |
|--------|--------|
| 1. yes | ___REF |
| 2. no | ___DK |

6c. Has an eye doctor or other health practitioner ever told you that you have cataracts?

A2_CATARACTS

- | | |
|-------------------|-------------------|
| 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_CATARACTS_AGE

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

6c2. Were you given any treatment for this condition?

A2_CATARACTS_MED

- | | |
|--------|--------|
| 1. yes | ___REF |
| 2. no | ___DK |

6d. (Has an eye doctor or other health practitioner ever told you that you have) glaucoma?

A2_GLAUCOMA

- | | |
|-------------------|-------------------|
| 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_GLAUCOMA_AGE

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

6d2. Were you given any treatment for this condition?

A2_GLAUCOMA_MED 1. yes ___REF
2. no ___DK

6e. (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 Q6f]
2. no [go to Q6f] ___DK [go to Q6f]

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

A2_DET_RETINA_AGE _____ ___DK ___REF
<0-current age> <<0-97>>

6e2. 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 Q6g]
2. no [go to Q6g] ___DK [go to Q6g]

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

6g. Has an eye doctor or other health practitioner ever asked you to test your own vision at home with Amsler grid paper?

A2_AMSLER_GRID 1. yes ___REF
2. no ___DK

[if Q6a = 2 or Q6b=No, DK or Ref, go to Q7]

6h1. While wearing your glasses, do you presently have any of the following problems with your vision:

Loss of central or detail vision but little or no problem seeing out of the corner of your eye?

A2_VISION_CENTRPROB 1. yes __REF
 2. no __DK

6h2. (While wearing your glasses, do you presently have any of the following problems with your vision:)

Distortion of straight lines,(so that telephone poles or door frames look crooked, as if you were seeing them through heat waves on a highway)?

A2_VISION_DISTORT 1. yes __REF
 2. no __DK

6h3. (While wearing your glasses, do you presently have any of the following problems with your vision:)

Seeing a small gray spot in the center of your vision that is like the after-effect of a camera flash but doesn't go away?

A2_VISION_GRAYSPOT 1. yes __REF
 2. no __DK

[f Q6a = 1, GO to Q6a5]

6h4. (While wearing your glasses, do you presently have any of the following problems with your vision:)

The size or color of objects doesn't look the same for both eyes?

A2_VISION_SIZECOLOR 1. yes __REF
 2. no __DK

6h5. (While wearing your glasses, do you presently have any of the following problems with your vision:)

Poor night vision?

A2_VISION_POORNIGHT 1. yes __REF
 2. no __DK

The following questions are about injuries and neurologic problems.

7. Have you ever had a head injury that required medical attention?

A2_INJURY_HEAD 1. yes __REF **[go to Q8]**
 2. no **[go to Q8]** __DK **[go to Q8]**

7a. Were you knocked unconscious?

A2_INJURY_HEAD_KO 1. yes ___REF
 2. no ___DK

8. Have you ever had a neck, back, or spinal cord injury that required medical attention?

A2_INJURY_SPINE 1. yes ___REF
 2. no ___DK

9. Have you ever had post-polio syndrome, a leg injury, or some other problem that makes it difficult for you to walk?

A2_INJURY_LEG 1. yes ___REF
 2. no ___DK

10. Were you ever told by a health professional that you had epilepsy?

A2_EPILEPSY 1. yes ___REF [go to Q11]
 2. no [go to Q11] ___DK [go to Q11]

10a. How old were you when you were first told you had epilepsy?

A2_EPILEPSY_AGE _____ years old ___DK ___REF
 <0-current age> <<0-97>>

10b. Do you currently take any medicines for epilepsy?

A2_EPILEPSY_MED 1. yes ___REF
 2. no ___DK

11. Were you ever told (by a health professional) that you had ALS (amyotrophic lateral sclerosis), motor neuron disease, or Lou Gehrig's disease?

A2_ALS 1. yes ___REF [go to Q12]
 2. no [go to Q12] ___DK [go to Q12]

11a. How old were you when you were first told you had ALS?

A2_ALS_AGE _____ years old ___DK ___REF
 <30-current age> <<0-97>>

12. Were you ever told (by a health professional) that you had multiple sclerosis?

- A2_MS
1. yes _____REF[go to Q13]
 2. no [go to Q13] _____DK [go to Q13]

12a. How old were you when you were first told you had multiple sclerosis?

- A2_MS_AGE
- _____ years old _____DK _____REF
 <15-current age> <<0-97>>

13. Were you ever told (by a health professional) that you had Parkinson's Disease?

- A2_PARKINSON
1. yes _____REF[go to Q13d]
 2. no [go to Q13d] _____DK [go to Q13d]

13a. How old were you when you were first told you had Parkinson's disease?

- A2_PARKINSON_AGE
- _____ years _____DK _____REF
 <30-current age> <<0-97>>

13b. Have you ever taken Sinemet, Atamet, L-dopa, Mirapex, pramipexole, Requip, ropinirole, Permax, or pergolide for Parkinson's Disease?

- A2_PARKINSON_MED
1. yes _____REF[go to Q13c]
 2. no [go to Q13c] _____DK [go to Q13c]

13b1. Did your symptoms improve?

- A2_PARKINSON_IMPR
1. yes _____REF
 2. no _____DK

13c. Do your Parkinson's disease symptoms seem to be worse:

- A2_PARKINSON_SIDE READ RESPONSES
1. On the right side of your body _____REF
 2. On your left side _____DK
 3. No difference between sides

[ALL RESPONSES go to Q14]

13d. Do you shuffle your feet or take tiny steps when you walk?

- A2_PARK_STEP
1. yes _____REF
 2. no _____DK

13e. Do you move more slowly than other people your age?

A2_PARK_SLOW 1. yes ___REF
2. no ___DK

13f. Do your arms or legs shake?

A2_PARK_LEGS_SHAKE 1. yes ___REF
2. no ___DK

13g. Do your hands shake?

A2_PARK_HAND_SHAKE 1. yes ___REF[go to Q13h]
2. no [go to Q13h] ___DK [go to Q13h]

13g1. Is this worse when you are doing something using your hands or at rest?

A2_PARK_HAND_WORSE 1. during use ___REF
2. at rest ___DK
3. no, the same

13h. Have you been told by a health professional that you have a tremor such as essential, familial, or benign tremor?

A2_PARK_TREMOR 1. yes ___REF
2. no ___DK

13i. Do you have a problem with your balance?

A2_PARK_BALANCE 1. yes ___REF[go to Q13j]
2. no [go to Q13j] ___DK [go to Q13j]

13i1. Do you sometimes fall because your balance is poor?

A2_PARK_FALL 1. yes ___REF
2. no ___DK

13j. Is your handwriting smaller than it once was?

A2_PARK_WRITE 1. yes ___REF
2. no ___DK

13k. Do people tell you that your voice is softer than it once was?

A2_PARK_VOICE 1. yes ___REF
 2. no ___DK

14. Last year, how many children did you have living with you that were under the age of 18 (include stepchildren, adopted children, grandchildren 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 Q14=0, DK or Ref, GO TO Q19]

15. 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, grandchildren and those 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 Q19]**
 2. no **[go to Q19]** ___DK **[go to Q19]**

15a. How many of these exposure incidents were there altogether?

A2_KIDS_EXPOTH
 ____ (fill in) ___DK ___REF
 <0-97>

15b. How many children were involved?

A2_KIDS_INVOLVED
 ____ (fill in) ___DK ___REF
 <<1-97>>

15c. Were any of the incidents during the last 12 months?

A2_KIDS_EXP1YR 1. yes ___REF **[go to Q19]**
 2. no **[go to Q19]** ___DK **[go to Q19]**

Thinking about the most recent incident that occurred this year:

16. Did this incident occur:

A2_KIDS_INCIDENT

READ RESPONSES

- 1. In the fields [GO TO Q17]
- 2. In the home [GO TO Q17]
- 3. Another place
 ___REF [GO TO Q17]
 ___DK [GO TO Q17]

16a. Where was this? _____(specify)

A2_KIDS_EXPPLACE

17. 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 Q17, if "Other" is NOT selected, GO to Q 17a]

17b. What was this? _____

A2_KIDS_EXPOTH

17a. 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

18. Was (were) the child (children) performing farming activities when the incident occurred?

A2_KIDS_EXPFARM

- 1. yes _____REF
- 2. no _____DK

An important part of women's health is their reproductive history.

19. Have you ever been pregnant?

A2_PREGNANT_EVER 1. yes ___REF [go to Q20]
2. no [go to Q20] ___DK [go to Q20]

19a. How many children have you given (live or stillbirth) birth to?

A2_TOTAL_BIRTHS _____ (fill in) ___DK ___REF
[If Q19a=0, DK or Ref, Go to Q20]

19a1. How old were you when you first delivered a baby (live and stillbirth)?

A2_FIRST_BIRTH_AGE _____ (fill in) ___DK ___REF
<12-current age> <<1-97>

20. Since (year of enrollment), have you taken Premarin, estrogen or other hormone replacement therapy like Provera for symptoms or conditions related to menopause such as hot flashes or to prevent bone loss? Include pills and patches.

A2_HRT_SE 1. yes ___REF [go to Q21]
2. no [go to Q21] ___DK [go to Q21]

20a. How many years altogether, since (year of enrollment), have you taken hormone replacement therapy?

A2_HRT_YRS_SE _____ years ___DK ___REF
<current year minus enrollment year> <<0-97>>

20b. During any of those years were you taking estrogen and progesterone together for all or part of a month?

A2_HRT_EP_SE 1. yes ___REF
2. no ___DK

21. Our records indicate you have gone through menopause or completely stopped having menstrual periods. Is this correct?

A2_MENOPAUSE 1. yes ___REF [Go to END OF MODULE]
2. no [Go to END OF MODULE] ___DK [Go to END OF MODULE]

21a. Our records also indicate that this (menopause or end of menstrual periods) occurred at age (auto fill in from Q7 In FFHQ). Is this correct?

A2_LMPAGE_CHK 1. yes [Go to Q21b] ___REF
2. no ___DK

21a1. At what age did this (menopause or end of menstrual periods) occur?

A2_LMPAGE_FIX
_____ ___DK ___REF
<20-current age> <<1-97>>

21b. Did your periods stop because of a hysterectomy or other surgery, chemotherapy, or radiation treatments?

A2_MENO_SURGERY 1. yes ___REF
2. no ___DK

[If age at menopause <= 45 AND Q21b=NO, Continue; Otherwise, Go To End; age at menopause = pre-loaded value if confirmed or, if not confirmed, Q21a1)]

22. Did you see a doctor or health professional about your periods stopping?

A2_MENO_SEE_DR 1. yes ___REF
2. no ___DK

22a. Did you have your FSH level measured (follicle stimulating hormone)?

A2_MENO_FSH 1. yes ___REF [go to Q22b]
2. no [go to Q22b] ___DK [go to Q22b]

22a1. Were the results:

A2_MENO_FSH_RES READ RESPONSES
1. Low ___REF
2. Normal ___DK
3. High

22b. Did you have your estrogen level measured?

A2_MENO_ESTRO 1. yes ___REF [go to Q23]
2. no [go to Q23] ___DK [go to Q23]

22a1. Were the results:

A2_MENO_ESTRO_RES

READ RESPONSES

1. Low REF
 2. Normal DK
 3. High

23. Did your mother go through menopause at or before age 45?

A2_MENO_MOM45

1. yes REF [go to Q24a]
 2. no DK [go to Q24a]

23a. Did her periods stop because of a hysterectomy or other surgery, chemotherapy, or radiation treatments?

A2_MENO_MOMSURG

1. yes REF
 2. no DK

24a. Has a doctor or other health professional ever told you that you had addison's disease or adrenal insufficiency?

A2_ADDISONS

1. yes REF [go to Q24b]
 2. no DK [go to Q24b]

24a1. How old were you when you were first told you had this?

A2_ADDISONS_AGE

_____ years DK REF
 <1-current age> <<1-97>>

24b. (Has a doctor or other health professional ever told you that you had) hypoparathyroidism?

A2_HYPOPARATHY

1. yes REF [go to Q24c]
 2. no DK [go to Q24c]

24b1. How old were you when you were first told you had this?

A2_HYPOPARATHY_AGE

_____ years DK REF
 <1-current age> <<1-97>>

24c. (Has a doctor or other health professional ever told you that you had) a pituitary adenoma (tumor)?

A2_PIT_ADENOMA

1. yes REF [go to Q25]
 2. no DK [go to Q25]

24c1. How old were you when you were first told you had this?

A2_PIT_ADENOMA_AGE

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

25. Have you ever had any chemotherapy or radiation therapy?

A2_CHEMO

1. yes ___REF **[Go to END OF MODULE]**
 2. no **[Go to END OF MODULE]** ___DK **[Go to END OF MODULE]**

25a. How old were you when you first had chemotherapy or radiation therapy?

A2_CHEMO_AGE

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

[Go to DECISION BOX before Q12 in Pesticide Module]