



Follow-up Health Questionnaire for Women (Version C: Spouse)

Last Updated May 8, 2001
File name: FCSP1203.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 range. Response edit check. 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 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?

S2_HGTFT ENTER # OF FEET _____ DK REF
<5> <<1-7>>

S2_HGTIN ENTER # OF INCHES _____ DK REF
<<0-11>>

2. How much do you weigh now?

S2_WEIGHT _____ (# of pounds) DK REF
<90-300> <<1-997>>

3. How would you describe your use of cigarettes?

S2_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.)**

S2_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?

S2_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?

S2_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)?

S2_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)?

S2_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)?

S2_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)?

S2_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?

S2_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?

S2_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)?

S2_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?

S2_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?

S2_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)?

S2_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?

S2_DIABETES_MED 1. yes REF[go to Q5e]
 2. no [go to Q5e] DK [go to Q5e]

5d2a. Do you take insulin shots?

S2_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?

S2_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)?

S2_HYPERTHY

1. yes

___REF[go to Q5e2]

2. no [go to Q5e2]

___DK [go to Q5e2]

5e1a. Was it due to Graves disease?

S2_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)?

S2_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?

S2_GRAVES_MED

1. yes

___REF

2. no

___DK

[all responses Go to Q5e2]

5e1b. Was it due to thyrotoxicosis?

S2_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)?

S2_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?

S2_THYROTOX_MED

1. yes REF
 2. no DK

[all responses Go to Q5e2]

5e1c. Was there some other cause that was identified?

S2_HYPERTHY_OTH

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

5e1c1. What was this cause?

S2_HYPERTHY_OTH_SPC

_____ DK REF

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

S2_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?

S2_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)?

S2_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?

S2_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?

S2_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?

S2_HASHIMOTO_MED

1. yes REF
 2. no DK

[all responses Go to Q5e3]

5e2b. Was there some other cause identified?

S2_HYPOTHY_OTH

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

5e2b1. What was this cause? _____

S2_HYPOTHY_OTH_SPC

DK REF

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

S2_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?

S2_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?

S2_GOITER

1. yes REF [go to Q5e4]
 2. no 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)?

S2_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?

S2_GOITER_MED

1. yes REF
 2. no DK

[all responses Go to Q5e4]

5e4. (Were you ever told you had) some other thyroid problem?

S2_THYROID_OTH

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

5e4a. What was this?

S2_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?

S2_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?

S2_THYROID_OTH_MEDD

1. yes REF
 2. no DK

5f. Has a doctor or other health professional ever told you that you had rheumatoid arthritis?

S2_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)?

S2_RHEUMATOID_AGE

_____ DK REF
 <0-current age> <<0-97>>

5i1. How old were you when the doctor first told you that you had (this /benign breast disease)?

S2_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?

S2_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)?

S2_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?

S2_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)?

S2_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?

S2_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)?

S2_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?

S2_SCLERODERMA_LGSKN

1. yes REF
2. no DK

5l3. Have you ever had thickening or tightening of the skin on your fingers or toes?

S2_SCLERODERMA_TOSKN 1. yes REF
2. no DK

5m. (Has a doctor or other health professional ever told you that you had) lupus (SLE)?

S2_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)?

S2_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?

S2_LUPUS_TEST 1. yes REF
2. no DK

5m3. Have you ever had a rash on your cheeks for more than a month?

S2_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?

S2_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)?

S2_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?

S2_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)?

S2_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?

S2_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)?

S2_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?

S2_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)?

S2_VITILIGO_AGE

_____ DK REF
<0-current age> <<0-97>>

5r. (Has a doctor or other health professional ever told you that you had) eczema?

S2_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)?

S2_ECZEMA_AGE

_____ DK REF
<0-current age> <<0-97>>

5s. (Has a doctor or other health professional ever told you that you had) psoriasis?

S2_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)?

S2_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?

S2_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)?

S2_ALLERGY_BEE_AGE

_____ DK REF
 <0-current age> <<0-97>>

The following questions are about injuries and neurologic problems.

5u. Have you ever had a head injury that required medical attention?

S2_INJURY_HEAD

1. yes REF [\[go to Q5v\]](#)
 2. no [\[go to Q5v\]](#) DK [\[go to Q5v\]](#)

5u1. Were you knocked unconscious?

S2_INJURY_HEAD_KO

1. yes REF
 2. no DK

5v. Have you ever had a neck, back, or spinal cord injury that required medical attention?

S2_INJURY_SPINE

1. yes REF
 2. no DK

5w. Have you ever had post-polio syndrome, a leg injury, or some other problem that makes it difficult for you to walk?

S2_INJURY_LEG

1. yes REF
 2. no DK

5x. (Has a doctor or other health professional ever told you that you had) epilepsy?

S2_EPILEPSY

1. yes REF [\[go to Q5y\]](#)
 2. no [\[go to Q5y\]](#) DK [\[go to Q5y\]](#)

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

S2_EPILEPSY_AGE

_____ DK REF
 <0-current age> <<0-97>>

5x2. Do you take any medicines for this condition, or did you receive any treatment (like surgery) at the time it was diagnosed?

S2_EPILEPSY_TRT

1. yes REF
 2. no DK

5y. (Has a doctor or other health professional ever told you that you had) ALS (amyotrophic lateral sclerosis), moter neuron disease, or Lou Gehrig's disease?

S2_ALS

1. yes REF [\[go to Q5z\]](#)
 2. no [\[go to Q5z\]](#) DK [\[go to Q5z\]](#)

5y1. How old were you when the doctor first told you that you had (this /ALS)?

S2_ALS_AGE

_____ DK REF
 <40-current age> <<0-97>>

5z. (Has a doctor or other health professional ever told you that you had) multiple sclerosis?

S2_MS

1. yes REF [\[go to Q5aa\]](#)
 2. no [\[go to Q5aa\]](#) DK [\[go to Q5aa\]](#)

5z1. How old were you when the doctor first told you that you had (this /multiple sclerosis)?

S2_MS_AGE

_____ DK REF
 <18-current age> <<0-97>>

5aa. (Has a doctor or other health professional ever told you that you had) Parkinson's disease?

S2_PARKINSON

1. yes REF [\[go to Q5bb\]](#)
 2. no [\[go to Q5bb\]](#) DK [\[go to Q5bb\]](#)

5aa1. How old were you when the doctor first told you that you had (this / Parkinson's disease)?

S2_PARKINSON_AGE

_____ DK REF
 <40-current age> <<0-97>>

5aa2. Have you ever taken Sinemet, Atamet, L-dopa, Atamet, L-dopa, Mirapex, pramipexole, Requip, ropinirole, Permax, or pergolide for Parkinson's Disease?

S2_PARKINSON_MED 1. yes ___REF[go to Q5aa3]
 2. no [go to Q5aa3] ___DK [go to Q5aa3]

5aa2a. Did your symptoms improve?

S2_PARKINSON_IMPR 1. yes ___REF
 2. no ___DK

5aa3. Do your Parkinson's disease symptoms seem to be worse:

S2_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 Q6]

5bb. Do you shuffle your feet or take tiny steps when you walk?

S2_PARK_STEP 1. yes ___REF
 2. no ___DK

5cc. Do you move more slowly than other people your age?

S2_PARK_SLOW 1. yes ___REF
 2. no ___DK

5dd. Do your arms or legs shake?

S2_PARK_LEGS_SHAKE 1. yes ___REF
 2. no ___DK

5ee. Do your hands shake?

S2_PARK_HAND_SHAKE 1. yes ___REF[go to Q5ff]
 2. no [go to Q5ff] ___DK [go to Q5ff]

5ee1. Is this worse when you are doing something using your hands or at rest?

S2_PARK_HAND_WORSE 1. during use ___REF
 2. at rest ___DK
 3. no, the same

5ff. Have you been told by a health professional that you have a tremor such as essential, familial, or benign tremor?

- S2_PARK_TREMOR 1. yes REF
 2. no DK

5gg. Do you have a problem with your balance?

- S2_PARK_BALANCE 1. yes REF [go to Q5hh]
 2. no [go to Q5hh] DK [go to Q5hh]

5gg1. Do you sometimes fall because your balance is poor?

- S2_PARK_FALL 1. yes REF
 2. no DK

5hh. Is your handwriting smaller than it once was?

- S2_PARK_WRITE 1. yes REF
 2. no DK

5ii. Do people tell you that your voice is softer than it once was?

- S2_PARK_VOICE 1. yes REF
 2. no DK

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

6. Are you blind in either eye or in both eyes?

- S2_BLIND 1. Yes, one eye
 2. Yes, both eyes <CHECK TO MAKE SURE INTERVIEWER DIDN'T MEAN TO ENTER NO> [Go to Q6b]
 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?

- S2_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?

S2_GLASSES_READING 1. yes ___REF
 2. no ___DK

[all responses Go to Q6b]

6a2. Do you wear bifocals?

S2_GLASSES_BIFOCAL 1. yes ___REF
 2. no ___DK

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

S2_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?

S2_CATARACTS_AGE
 _____ ___DK ___REF
 <18-current age> <<0-97>>

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

S2_CATARACTS_MED 1. yes ___REF
 2. no ___DK

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

S2_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?

S2_GLAUCOMA_AGE
 _____ ___DK ___REF
 <18-current age> <<0-97>>

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

S2_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?

S2_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?

S2_DET_RETINA_AGE
 _____ ___DK ___REF
 <0-current age> <<0-97>>

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

S2_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?

S2_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?

S2_MACULAR_DEG_AGE
 _____ ___DK ___REF
 <30-97 & LT or E current age> <<0-97>>

6e2. Were you given any treatment for this condition?

S2_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?

S2_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?

S2_MENOPAUSE 1. yes **[go to Q9]** ___REF
 2. no ___DK

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

S2_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

S2_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.

S2_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?

S2_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?

S2_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?

S2_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

S2_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?

S2_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?

S2_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?

S2_MENO_SURGERY

- 1. yes _____REF **[go to Q11]**
- 2. no **[go to Q11]** _____DK **[go to Q11]**

10a. Did you have:

S2_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?

S2_MENO_TREAT_SPC

_____ (specify) _____DK _____REF

11. Have you ever taken birth control pills for any reason?

S2_BC_PILLS

- 1. yes _____REF **[go to Q12]**
- 2. no **[go to Q12]** _____DK **[go to Q12]**

14a. How many times have you been pregnant?

S2_PREGNANT_TIMES

_____ times _____DK _____REF
<1-5> <<1-97>>

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

S2_FIRST_PREG_AGE

_____ years _____DK _____REF

14c. Are you currently pregnant?

S2_PREGNANT_NOW

1. yes _____REF[go to Q16]

2. no [go to Q16] _____DK [go to Q16]

14c1. When is your baby due?

S2_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.

S2_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?

S2_PREGNANT_TIMES

_____ times _____DK _____REF
<1-5> <<1-97>>

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

S2_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.

S2_TOTAL_BIRTHS

_____ children _____DK _____REF
[If Q16=zero, Go to Q21]

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

S2_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?

S2_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?

S2_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, 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 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, 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 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?

S2_KIDS_NUMEXP

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

22b. How many children were involved?

S2_KIDS_INVOLVED

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

22c. Were any of the incidents during the last 12 months?

S2_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:

S2_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

S2_KIDS_EXPPLACE

24. What was the name of the chemical the child (children) was (were) exposed to?

S2_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

S2_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?

S2_KIDS_EXPFARM

- 1. yes REF
- 2. no DK

[Go to Decision Box before Q12 in Pesticide Module]