

Study of Women's Health Across the Nation

INTERVIEW

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID:

AFFIX ID LABEL HERE

A2. SWAN STUDY VISIT #

___ ___

A3. FORM VERSION:

$\frac{1}{M}$ $\frac{2}{M}$ / $\frac{1}{D}$ $\frac{4}{D}$ / $\frac{9}{Y}$ $\frac{5}{Y}$

A.4. DATE FORM COMPLETED:

$\frac{\quad}{M}$ $\frac{\quad}{M}$ / $\frac{\quad}{D}$ $\frac{\quad}{D}$ / $\frac{\quad}{Y}$ $\frac{\quad}{Y}$

A.5. INTERVIEWER'S INITIALS:

A.6. RESPONDENT'S DOB:

$\frac{\quad}{M}$ $\frac{\quad}{M}$ / $\frac{\quad}{D}$ $\frac{\quad}{D}$ / $\frac{\quad}{Y}$ $\frac{\quad}{Y}$

VERIFY WITH RESPONDENT

A.7. INTERVIEW COMPLETED IN:

1. RESPONDENT'S HOME

2. CLINIC/OFFICE

A.8. START TIME

___:___ AM 1.
PM 2.

A.9. Are you currently pregnant?

1. NO
2. YES [END INTERVIEW AND TERMINATE RESPONDENT FROM THE STUDY]

A.10. WAS BLOOD DRAWN PREVIOUSLY?

1. NO
2. YES (GO TO SECTION B ON PAGE 3.)

Before we draw a blood sample I need to ask you a few questions.

A.11. Have you had any alcohol in the last 24 hours?

1. NO
2. YES

A.12. Have you had anything to eat or drink in the last 12 hours? That is, since ___ : ___ last night ?

1. NO
2. YES

A.13. Did you start a menstrual period in the last week (7 days)?

1. NO (GO TO Q.A.14.)
2. YES (GO TO Q.A.13.1.)

A.13.1. What is the date that you started to bleed?

___ / ___ / ___
M M D D Y Y

A.14. BLOOD DRAW ATTEMPTED?

1. YES, AS PER PROTOCOL (GO TO Q.A.14.2)
2. YES, MENSES TOO VARIABLE (GO TO Q.A.14.2)
3. YES, LAST ATTEMPT (GO TO Q.A.14.2)
4. NO, NOT FASTING AND/OR NOT IN WINDOW - RESCHEDULE (GO TO Q.A.14.1)

A.14.1. Unfortunately this is not the best time to draw a blood sample. In order to get the best possible information for this study, we need you to fast for 12 hours and to be within a week of starting a menstrual period. We need to reschedule a good day to draw your blood.

[INTERVIEWER HAND INSTRUCTION CARD TO RESPONDENT AND EXPLAIN]

GO TO SECTION B ON THE NEXT PAGE

A.14.2. FOLLOW BLOOD DRAW PROTOCOL
RECORD COLLECTION TUBES FILLED ON SPECIMEN COLLECTION FORM

A.15. BLOOD DRAWN

1. NO
2. YES

ASK RESPONDENT TO GATHER PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS SO THEY ARE WITHIN REACH. REMEMBER, DO NOT READ OUT LOUD ANY SCRIPT IN CAPITAL LETTERS.

I would like to begin the interview by asking you some questions about medications.

The medications you take, both those prescribed and from over-the-counter (OTC) can have a major influence on how well you feel, how you respond to events in your life and the continued maintenance of your health. First of all, we want to know about any medications you have taken in the last month.

B.1. I will start by asking about any pills or medicines, including patches, suppositories, injections, creams and ointments which are **prescribed** by your doctor or other health care provider, that you have taken in the last month.

IF YES TO ANY, LIST MEDICATION NAME FROM LABEL IN THE SPACES PROVIDED.

		<u>PRESCRIPTION DRUGS</u>							
		IF YES:							
		B.1.1 What is the name of the medication?		B.1.2 Did you take it yesterday?		B.1.3 For how long have you taken it (this time)?		B.1.4 INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
		NO	YES	NO	YES	NO	YES	NO	YES
a.	Have you taken any medication, pills or other medicine to thin your blood (anticoagulants)?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.
b.	Anything for your heart or heart beat, including pills or patches?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.
c.	Anything for ulcers?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.
d.	Any medications for cholesterol or fats in your blood?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.

IF YES TO ANY, LIST MEDICATION NAME
FROM LABEL IN THE SPACES PROVIDED

PRESCRIPTION DRUGS
IF YES:

	B.1.1 What is the name of the medication?		B.1.2 Did you take it yesterday?		B.1.3 For how long have you taken it (this time)?		B.1.4 INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
	NO	YES	NO	YES	NO	YES	NO	YES
e. Blood pressure pills?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
			_____	1.	2.	_____/_____ yrs mos	1.	2.
f. Thyroid pills?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
			_____	1.	2.	_____/_____ yrs mos	1.	2.
g. Insulin or pills for sugar in your blood?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
			_____	1.	2.	_____/_____ yrs mos	1.	2.
h. Any medications for a nervous condition such as tranquilizers, sedatives, sleeping pills, or anti- depression medication?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
			_____	1.	2.	_____/_____ yrs mos	1.	2.
i. Steroid pills such as Prednisone, cortisone?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
			_____	1.	2.	_____/_____ yrs mos	1.	2.
j. Steroid inhalers such as Vanceril?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
			_____	1.	2.	_____/_____ yrs mos	1.	2.

IF YES TO ANY, LIST MEDICATION NAME
FROM LABEL IN THE SPACES PROVIDED

PRESCRIPTION DRUGS
IF YES:

			B.1.1 What is the name of the medication?			B.1.2 Did you take it yesterday?	B.1.3 For how long have you taken it (this time)?	B.1.4 INTERVIEWER CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
	NO	YES		NO	YES			NO	YES
k.	Hormone creams or suppositories for vaginal dryness?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.
l.	Hormone pills such as estrogen or progesterone, for example, Premarin, Provera, Ogen?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.
m.	An estrogen patch, such as estraderm?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.
n.	Birth control pills?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.
o.	Are there any other prescription pills or medications that you have taken in the last month that I haven't asked you about? (Please list)	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
		1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
		1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
		1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.

IF YES TO k-n - SHADED AREA - END INTERVIEW AND TERMINATE RESPONDENT FROM STUDY.

B.2. Now I would like to ask you about over-the-counter medications, non-prescription, that you have taken regularly over the past month, that is, at least two times per week throughout the month:

IF YES TO ANY, LIST MEDICATION NAME FROM LABEL IN THE SPACES PROVIDED

NON-PRESCRIPTION DRUGS

IF YES:

		B.2.1		B.2.2		B.2.3		B.2.4 INTERVIEWER	
		What is the name of the medication?		Did you take it yesterday?		For how long have you taken it (this time)?		CHECK: MEDICATION VERIFIED FROM CONTAINER LABEL?	
		NO	YES	NO	YES	NO	YES	NO	YES
a.	Are you taking any over-the-counter medications for pain including headaches and arthritis?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.
b.	Anything for problems sleeping?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.
c.	Anything for problems with your bowels?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.
d.	Anything for heartburn, indigestion, upset stomach, or gastritis?	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
				_____	1.	2.	_____/_____ yrs mos	1.	2.
e.	Are there any other over-the-counter pills or other medications (including liquids or ointments) you are now taking that I haven't asked you about? (PLEASE LIST)	1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
		1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
		1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.
		1.	2.	_____	1.	2.	_____/_____ yrs mos	1.	2.

B.3. In addition to the medications you use now, we would like to know the medications that you have used in the past, but no longer take, because they might be important for your health today. Please let me know if you have ever used any of these medications for more than a month, that is at least 2 times a week throughout the month. If you did, how long have you used them (counting up all the different episodes together).

Have you <u>ever</u> used for more than a month...	NO	YES	DK	IF YES: B.3.1 How many years/months altogether did you use this?
a. Insulin or pills for high blood sugar?	1.	2.	-8.	_____ / _____ yrs mos
b. Thyroid medicines (e.g., Synthroid)?	1.	2.	-8.	_____ / _____ yrs mos
c. Corticosteroid pills (e.g., Prednisone)?	1.	2.	-8.	_____ / _____ yrs mos
d. Anticoagulants or Blood Thinners (e.g., Warfarin, Heparin, Coumadin)?	1.	2.	-8.	_____ / _____ yrs mos
e. Barbiturates, sleeping pills, antidepressants, or tranquilizers (e.g., Valium, Librium, Phenobarbital, Prozac, Seconal, Thorazine, Mellaril, Zoloft, Elavil, Ativan/Lorazepam, Ambien)?	1.	2.	-8.	_____ / _____ yrs mos
f. Diuretics for water retention (e.g., water pills, Lasix, hydrodiuril, thiazide)?	1.	2.	-8.	_____ / _____ yrs mos
g. Anticonvulsants for seizures, epilepsy (e.g., Dilantin, Phenytoin, Phenobarbital, Tegretol)?	1.	2.	-8.	_____ / _____ yrs mos
h. Lithium?	1.	2.	-8.	_____ / _____ yrs mos
i. Amphetamines by pill, capsule or injection?	1.	2.	-8.	_____ / _____ yrs mos

B.4. Have you ever taken:

	NO	YES	DON'T KNOW	IF YES: B4.1 For how many months or years did you take it?	
				years?	months?
a. Premarin or other oral estrogen?	1.	2.	-8.	_____ / _____	
				yrs	mos
b. Estrogen by injection or patch?	1.	2.	-8.	_____ / _____	
				yrs	mos
c. Combination estrogen/progestin (except birth control pills)?	1.	2.	-8.	_____ / _____	
				yrs	mos
d. Provera or other progestin?	1.	2.	-8.	_____ / _____	
				yrs	mos
e. Tamoxifen (Nolvadex)?	1.	2.	-8.	_____ / _____	
				yrs	mos
f. Diethyl-stilbesterol (DES)?	1.	2.	-8.	_____ / _____	
				yrs	mos
g. Depo-provera injection for birth control?	1.	2.	-8.	_____ / _____	
				yrs	mos
h. Fertility medications to help you get pregnant (Perganol, Clomid)?	1.	2.	-8.	_____ / _____	
				yrs	mos
i. Birth control pills?	1.	2.	-8.	_____ / _____	
		↓		yrs	mos

B.4.2. For your most recent use, what was the primary reason for taking birth control pills?

1. TO PREVENT PREGNANCY
2. TO HELP CONTROL PRE-MENSTRUAL SYMPTOMS
3. TO HELP CONTROL MENOPAUSAL SYMPTOMS
4. TO CONTROL OTHER SYMPTOMS
5. TO REGULATE PERIODS
6. TO PREVENT OSTEOPOROSIS
7. TO REDUCE BLEEDING
- 8. DON'T KNOW

Now, I'm going to ask you some questions about your past health and medical history.

B.5. Has a doctor, nurse practitioner or other health care provider ever told you that you have any of the following conditions?

	NO	YES	DON'T KNOW	B.5.1: IF YES: Do you currently take medication for this?	
				NO	YES
a. Stroke?	1.	2.	-8.	1.	2.
b. High blood cholesterol?	1.	2.	-8.	1.	2.
c. Migraine headaches?	1.	2.	-8.	1.	2.
d. Gallstones?	1.	2.	-8.	1.	2.
e. Arthritis or Osteo-arthritis (degenerative joint disease)?	1.	2.	-8.	1.	2.
f. Over-active thyroid?	1.	2.	-8.	1.	2.
g. Under-active thyroid?	1.	2.	-8.	1.	2.
h. High blood calcium?	1.	2.	-8.	1.	2.
i. Anemia (low blood count, low blood iron)?	1.	2.	-8.	1.	2.
j. Chronic Liver disease (chronic or persistent hepatitis, cirrhosis)?	1.	2.	-8.	1.	2.
k. Epilepsy, seizure disorder or convulsions?	1.	2.	-8.	1.	2.
l. Phlebitis (inflammation of veins usually in arms or legs)?	1.	2.	-8.	1.	2.
m. Anorexia nervosa (not eating and losing extreme amounts of weight)?	1.	2.	-8.	1.	2.
n. Bulimia (eating, sometimes large amounts of food and then vomiting)?	1.	2.	-8.	1.	2.
o. Tuberculosis (TB)?	1.	2.	-8.	1.	2.
p. AIDS or HIV?	1.	2.	-8.	1.	2.
q. Lupus (SLE)?	1.	2.	-8.	1.	2.

The next few questions focus on some other personal aspects of your life.

C.1. [HAND RESPONDENT CARD "A"] People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. Someone you can count on to listen to you when you need to talk	1	2	3	4	5
b. Someone to take you to the doctor if you needed it	1	2	3	4	5
c. Someone to confide in or talk to about yourself or your problems	1	2	3	4	5
d. Someone to help with daily chores if you were sick	1	2	3	4	5

C.2. Are you in a committed relationship with a significant other person?

1. NO (GO TO Q.C.3.)
2. YES

C.2.1. [HAND RESPONDENT CARD "B"] The dots on the line in front of you represent different degrees of happiness in your relationship with your significant other. Please tell me which best describes the degree of happiness, all things considered, of your relationship.

*	*	*	*	*	*	*
Extremely <u>Un</u> happy	Fairly <u>Un</u> happy	A little <u>Un</u> happy	Happy	Very Happy	Extremely Happy	Perfect
1	2	3	4	5	6	7

Now I would like to ask you about your menstrual periods.

C.3. How old were you when your periods or menstrual cycles started?__ __ YEARS

-8 DON'T KNOW

I would like you to think about your menstrual periods during the last year, that is, since __ __/__ __?
M M Y Y

C.4. During the last year, how long has your menstrual flow usually lasted, that is from the time bleeding began until it stopped completely? By “usually” we mean at least half of the time.

1. 1-2 DAYS
2. 3-7 DAYS
3. MORE THAN 7 DAYS
- 8. DON'T KNOW

C.5. During the last year, have you had a menstrual flow that lasted more than 10 days?

1. NO
2. YES
- 8. DON'T KNOW

C.6. During the last year, did you bleed or spot between your periods more than half of the time?

1. NO
2. YES
- 8. DON'T KNOW

C.7. On the heaviest days of your menstrual flow, during the last year, was the amount that you usually bled:
[HAND RESPONDENT CARD “C”]

1. Light (change protection 1-3 times/day)
2. Moderate (change protection every 3-4 hours)
3. Heavy (change protection every 2 hours)
4. Very heavy (change protection every hour)
- 8. DON'T KNOW

C.8. On the heaviest days of your menstrual flow, during the last year, did you ever experience flooding or gushing?

1. NO
2. YES
- 8. DON'T KNOW

C.9. On the heaviest days of your menstrual flow, during the last year, did you ever pass clots larger than a dime?

1. NO
2. YES
- 8. DON'T KNOW

C.10. During the last year, did your menstrual flow usually start within 4 days of the day you expected it to start? By "usually" we mean for at least half of your periods.

1. NO
2. YES
- 8. DON'T KNOW

C.11. On average, during the last year, how many days were there in a typical menstrual cycle, that is, from the beginning of bleeding of one menstrual period to the beginning of bleeding of the next period?

1. LESS THAN 21 DAYS
2. 21-25 DAYS
3. 26-32 DAYS
4. 33-35 DAYS
5. 36-90 DAYS
6. MORE THAN 90 DAYS
7. TOO VARIABLE TO SAY
- 8. DON'T KNOW

C.12. During the last year, have you had any of the following during at least half of your menstrual periods or in the week before them?

- | | | | | |
|----|--|-------|--------|--------|
| a. | Abdominal pain or cramps | 1. NO | 2. YES | -8. DK |
| b. | Breast pain, tenderness or swelling | 1. NO | 2. YES | -8. DK |
| c. | Weight gain or feeling bloated | 1. NO | 2. YES | -8. DK |
| d. | Changes in your mood (suddenly sad or tearful) | 1. NO | 2. YES | -8. DK |
| e. | Increase in appetite or food cravings | 1. NO | 2. YES | -8. DK |
| f. | Anxious, jittery, nervous | 1. NO | 2. YES | -8. DK |
| g. | Back, joint or muscle pain | 1. NO | 2. YES | -8. DK |
| h. | Less sexual interest than usual | 1. NO | 2. YES | -8. DK |
| i. | More sexual interest than usual | 1. NO | 2. YES | -8. DK |
| j. | Interference with job or home activities | 1. NO | 2. YES | -8. DK |
| k. | Severe headaches (including migraine) | 1. NO | 2. YES | -8. DK |

IF YES TO ANY OF C.12a-12k ASK C.12.1, OTHERWISE PROCEED TO Q. C.13.

C.12.1. Did this/these characteristic(s) usually (more than half of the time) disappear within 1-3 days after your period started?

1. NO
2. YES
- 8. DON'T KNOW

C.13. In the past 12 months have your periods:
[HAND RESPONDENT CARD "D"]

1. Become farther apart?
2. Become closer together?
3. Occurred at more variable intervals?
4. Stayed the same?
5. Become more regular?
- 8. DON'T KNOW

C.14. Now I would like you to think back to when you were between the ages of 25 and 35 years. During the interval from age 25 to 35, did you take birth control pills or other female hormones all the time without a break?

1. NO
2. YES (GO TO Q. C.20)

For that time period (age 25-35), consider a typical year of menstrual periods. By typical, I mean that your periods were not interrupted by pregnancy, breastfeeding or a major illness, and you were not taking birth control pills or other hormones during that typical year.

C.15. During a typical year did you have a menstrual flow that lasted more than 10 days?

1. NO
2. YES
- 8. DON'T KNOW
- 1. NOT APPLICABLE

C.16. During that typical year, did you bleed or spot between your periods at least half the time?

1. NO
2. YES
- 8. DON'T KNOW
- 1. NOT APPLICABLE

C.17. On the heaviest days of your menstrual flow, during a typical year, did you ever experience flooding or gushing?

1. NO
2. YES
- 8. DON'T KNOW
- 1. NOT APPLICABLE

C.18. On the heaviest days of your menstrual flow, during a typical year, did you ever pass clots larger than a dime?

1. NO
2. YES
- 8. DON'T KNOW
- 1. NOT APPLICABLE

C.19. Did your menstrual flow usually start within 4 days of the day you expected it to start, during a typical year?
By "usually" we mean for at least half of your periods.

1. NO
2. YES
- 8. DON'T KNOW
- 1. NOT APPLICABLE

C.20. Since the age of 18, have you ever experienced a time interval of 3 or more months when you did not have a menstrual period? [PROBE: IF "YES": Was this one time only or more than once?]

1. NO (GO TO Q.C.21.)
2. YES - ONE TIME ONLY (GO TO Q.C.20.1.)
3. YES - MORE THAN ONCE (GO TO Q.C.20.2.)
- 8. DON'T KNOW (GO TO Q.C.21.)

C.20.1. Were you breastfeeding or pregnant at the time?

1. NO
2. YES
- 8. DON'T KNOW

GO TO Q. C.21.

C.20.2. Were you breastfeeding or pregnant every time this happened?

1. NO
2. YES
- 8. DON'T KNOW

Now, I would like to ask you some questions about your pregnancies.

C.21. How many times have you been pregnant? Please include miscarriages, stillbirths, tubal pregnancies, abortions, and livebirths.

___ # PREGNANCIES (IF ZERO GO TO Q.C.22.)

C.21.1. I would like to ask you some questions about each pregnancy. Let's begin with your first pregnancy. [HAND RESPONDENT CARD "E"]

	<p>a. What was the outcome of this pregnancy?</p> <p>1. LIVEBIRTH(S) 2. STILLBIRTH 3. MISCARRIAGE 4. ABORTION 5. TUBAL/ECTOPIC</p> <p>RECORD CORRESPONDING CODE IN BOX</p>	<p>FOR LIVEBIRTH(S) ONLY:</p> <p>b. Was this a</p> <p>1. vaginal or 2. Cesarean (C-section) delivery?</p>	<p>FOR LIVEBIRTH(S) ONLY:</p> <p>c. If you breastfed, for how long did you breastfeed?</p> <p>IF ANSWER= 0, CODE 00/00</p>	<p>d. Before this pregnancy were you:</p> <p>1. much thinner 2. thinner 3. the same 4. heavier or 5. much heavier</p> <p>than you are now?</p> <p>-8. DON'T KNOW</p> <p>RECORD CORRESPONDING CODE IN BOX</p>	<p>e. How much weight did you gain during this pregnancy?</p> <p>-8. DON'T KNOW</p>	<p>f. One year after this pregnancy ended, were you:</p> <p>1. much thinner 2. thinner 3. the same 4. heavier or 5. much heavier</p> <p>than you are now?</p> <p>6. PREGNANT -8. DON'T KNOW</p> <p>RECORD CORRESPONDING CODE IN BOX</p>
First pregnancy			____/____ MM YY		____/____ POUNDS/KILOS	
Second pregnancy			____/____ MM YY		____/____ POUNDS/KILOS	
Third pregnancy			____/____ MM YY		____/____ POUNDS/KILOS	
Fourth pregnancy			____/____ MM YY		____/____ POUNDS/KILOS	
Fifth pregnancy			____/____ MM YY		____/____ POUNDS/KILOS	
Sixth pregnancy			____/____ MM YY		____/____ POUNDS/KILOS	
Seventh pregnancy			____/____ MM YY		____/____ POUNDS/KILOS	
Eighth pregnancy			____/____ MM YY		____/____ POUNDS/KILOS	
Ninth pregnancy			____/____ MM YY		____/____ POUNDS/KILOS	
Tenth pregnancy			____/____ MM YY		____/____ POUNDS/KILOS	

C.21.2. How old were you when you became pregnant for the first time? ___ ___ YEARS -8 DK

C.21.3. How old were you when you became pregnant the last time? ___ ___ YEARS -8 DK

GO TO Q. C.22. IF NO LIVE BIRTHS WERE REPORTED IN Q.C.21., OTHERWISE ASK C.21.4. AND C.21.5.

C.21.4. How old were you when your first child was born? ___ ___ YEARS -8 DK

C.21.5. How old were you when your last child was born? ___ ___ YEARS -8 DK

C.22. Have you ever had a period of 12 months when you could not get pregnant although you were attempting to get pregnant or were letting yourself get pregnant?

1. NO (GO TO Q.C.23.)
2. YES
3. NEVER TRIED (GO TO Q.C.23.)
- 8. DON'T KNOW (GO TO Q.C.23.)

C.22.1. Did a doctor give you a reason why you were not getting pregnant?

1. NO (GO TO Q.C.23.)
2. YES



C.22.2. What was the reason? _____

C.23. Are you currently trying to or letting yourself get pregnant?

1. NO (GO TO Q. C.24.)
2. YES

C.23.1. Are you taking any medication, herbs or diet supplements to help you get pregnant?

1. NO (GO TO Q.C.24.)
2. YES
- 8. DON'T KNOW (GO TO Q. C.24.)

C.23.2. What are you taking? _____

C.24. [HAND RESPONDENT CARD "F"] I am going to read you a list of ways you might have felt or behaved recently. Please tell me how often you have felt or behaved this way during the past week.

* [READ STEM INSTRUCTIONS]	Rarely or none of the time (less than 1 DAY)	Some or a little of the time (1-2 DAYS)	Occasionally or a moderate amount of the time (3-4 DAYS)	Most or all of the time (5-7 DAYS)
During the past week:				
*a. I was bothered by things that usually don't bother me	1	2	3	4
*b. I did not feel like eating; my appetite was poor	1	2	3	4
*c. I felt that I could not shake off the blues even with help from my friends	1	2	3	4
d. I felt that I was just as good as other people	1	2	3	4
e. I had trouble keeping my mind on what I was doing	1	2	3	4
f. I felt depressed	1	2	3	4
*g. I felt that everything I did was an effort	1	2	3	4
h. I felt hopeful about the future	1	2	3	4
i. I thought my life had been a failure	1	2	3	4
j. I felt fearful	1	2	3	4
*k. My sleep was restless	1	2	3	4
l. I was happy	1	2	3	4
m. I talked less than usual	1	2	3	4
n. I felt lonely	1	2	3	4
*o. People were unfriendly	1	2	3	4
p. I enjoyed life	1	2	3	4
q. I had crying spells	1	2	3	4
r. I felt sad	1	2	3	4
*s. I felt that people disliked me	1	2	3	4
t. I could not get going	1	2	3	4

Occupational Questions

These next few questions concern employment. We are interested in your work both around the house and at your job or business. Since many people have more than one job at any given time, we will ask you to tell us about all of your jobs.

D.1. Approximately how many hours per week do you perform work around your house?

_____ HRS/WEEK

D.2. During the past 2 weeks, did you work at any time at a job or business, including work for pay performed at home? (Include unpaid work in the family farm/business)

- 1. NO (GO TO Q. D.3)
- 2. YES

D.2.1. What is/was your job title? Please answer for each job.

JOB #1 _____

JOB #2 _____

JOB #3 _____

D.2.2. Briefly, what are/were your usual job activities? Please answer for each job.

JOB #1 _____

JOB #2 _____

JOB #3 _____

D.2.3. What are/were your usual hours of work each day? (CIRCLE ALL THAT APPLY)

- | | | | |
|----|--|-------|--------|
| a. | DAY (Between 6 AM and 6 PM) | 1. NO | 2. YES |
| b. | EVENING/SWING (Between 3 PM and 11 PM) | 1. NO | 2. YES |
| c. | NIGHT (Between 9 PM and 9 AM) | 1. NO | 2. YES |
| d. | ROTATING (alternating weekly/monthly) | 1. NO | 2. YES |

D.2.4. What does/did the company or your part of the company, do or make? For example, education, health care, automobile manufacturing, state labor department, retail shoe sales. Please answer this for each job.

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CODE**

JOB #1 _____

JOB #2 _____

JOB #3 _____

D.2.5. In comparison with other women your age, do you think your work is physically...
 (CIRCLE ONE ANSWER)

- 1. Much lighter
- 2. Lighter
- 3. The Same
- 4. Heavier or
- 5. Much heavier
- 8. DON'T KNOW

D.2.6. In your current job(s), on a typical day/shift, how often do you do each of the following?

[HAND RESPONDENT CARD "G"]

	Never	Less than half of the time	About half of the time	More than half of the time	Always
a. Sit	1.	2.	3.	4.	5.
b. Stand	1.	2.	3.	4.	5.
c. Walk	1.	2.	3.	4.	5.
d. Lift heavy loads greater than 15 pounds (more than the weight of 2 gallons of milk)	1.	2.	3.	4.	5.
e. Stoop and bend	1.	2.	3.	4.	5.
f. Push or move heavy equipment	1.	2.	3.	4.	5.
g. Sweat from exertion	1.	2.	3.	4.	5.

Now I would like to ask you some questions concerning language.

CODES

- 1....ONLY ENGLISH
- 2....ONLY CHINESE
- 3....ENGLISH MORE OFTEN THAN CHINESE
- 4....CHINESE MORE OFTEN THAN ENGLISH
- 5....BOTH CHINESE AND ENGLISH EQUALLY

- 6....ONLY JAPANESE
- 7....ENGLISH MORE OFTEN THAN JAPANESE
- 8....JAPANESE MORE OFTEN THAN ENGLISH
- 9....BOTH JAPANESE AND ENGLISH EQUALLY

- 10....ONLY SPANISH
- 11....ENGLISH MORE OFTEN THAN SPANISH
- 12....SPANISH MORE OFTEN THAN ENGLISH
- 13....BOTH SPANISH AND ENGLISH EQUALLY

- 14....OTHER, Please Specify: _____
- 8....DON'T KNOW
- 77....REFUSED

D.3. In general, what language do you read and speak? _____

D.4. In what language do you usually think? _____

D.5. What language do you usually speak with your friends? _____

D.6. What is/are the language(s) of the radio or TV programs that you prefer to watch? _____

