

**Women's Health Study
Matrix of Variables Collected
Observational Follow-up**

VARIABLE / OBSERVATIONAL FORM #	Year of Follow-up																			
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 2015	12 2016	13 2017	14 2018	15 2019	16 2020	17 2021	18 2022	19 2023	20 2024
1. Demography																				
DOB	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
SSN	X	X	X	X	X		X		X		X									
Phone #s (cell number in Yr 5) (removed W# in Yr 17)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
E-mail address (added at Yr 6)						X		X		X	X	X	X	X	X	X	X	X	X	
Contacts	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X				
2. Anthropometry																				
Weight	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	X
Height																X	X	X	X	
3. Cigarette habit																				
Current smoker & average number of cigs/day	X	X	X	X	X		X		X		X						X	X	X	
4. Diet (including use of vitamins and nutrients)																				
Alcohol use	X		X		X															
Multivitamin use	X	X	X	X	X		X		X		X						X	X	X	
Vitamin A		X	X																	
Vitamin C		X	X																	
Vitamin E		X	X	X																
Folic acid		X	X																	
Omega-3 fatty acids			X	X	X		X		X		X						X	X	X	
Calcium			X	X	X		X		X		X						X	X	X	
Vitamin D			X	X	X		X		X		X						X	X	X	
Supplements (50+) use in past 10 years													X							
5. Cholesterol																				
Total cholesterol	X		X		X		X		X		X		X	X		X	X		X	
HDL-cholesterol	X		X		X		X		X		X						X		X	

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6. Blood pressure (systolic/diastolic)	X		X		X		X		X		X		X	X		X	X	X	X	
7. Screening Procedures																				
Physical exam	X																			
Fasting blood sugar	X	X	X		X		X		X		X						X		X	
Blood pressure checked	X																			
Cholesterol checked	X																			
Had eye exam	X		X		X		X		X		X						X		X	
Stool occult blood test	X																			
Colonoscopy	X	X	X		X		X		X		X						X		X	
Sigmoidoscopy	X	X	X		X		X		X		X						X		X	
Pap smear	X																			
Mammogram	X	X	X		X		X		X		X						X		X	
Bone-density exam (DEXA)				X			X		X		X						X		X	
8. Medications																				
Prescription med for bone loss		X															X	X	X	
Fosamax		X	X	X	X		X		X		X						X	X	X	
Raloxifene		X	X																	
OTC med for bone loss		X																		
Aspirin	X	X	X	X	X		X		X		X		X		X	X	X	X	X	
Aspirin-containing meds	X	X	X	X	X		X		X		X		X		X	X	X	X	X	
NSAID's	X	X	X	X	X		X		X		X		X		X	X	X	X	X	
New NSAIDs (COX-2 inhibitors)	X	X	X	X	X		X													
Acetaminophen	X	X	X	X	X		X		X		X		X		X	X	X	X	X	
Anti-hypertensive medications (general question)	X	X	X	X	X		X				X		X	X	X	X	X	X	X	
Diuretic	X	X	X		X		X				X		X	X	X	X	X	X	X	
Calcium channel blocker	X	X	X		X		X				X		X	X	X	X	X	X	X	
Beta-blocker	X	X	X		X		X				X		X	X	X	X	X	X	X	
ACE inhibitor	X	X	X		X		X				X		X	X	X	X	X	X	X	
Angiotensin receptor blocker	X	X	X		X		X				X		X	X	X	X	X	X	X	
“Other” anti-hypertensive meds	X																			
Statins (general question)	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	
Lipitor	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	

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Mevacor	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	
Crestor	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	
Zocor	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	
Pravachol	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	
Lescol	X	X	X	X	X		X	X			X		X	X	X	X	X	X	X	
“Other” statin	X																			
Non-statin lipid lowering med	X	X	X	X	X		X	X	X		X		X	X	X	X	X	X	X	
9. Other questions																				
Had a blood transfusion	X																			
Are you willing to provide a blood specimen	X																			
SF-36 Physical activity series: approx. avg. time per wk spent- recreational activities, flights of stairs, walking pace		X		X			X		X				X	X		X		X		
SF-36 Sitting questions									X					X		X		X		
SF-36 How is your health		X	X	X	X		X		X		X		X	X	X	X	X	X	X	
SF-36 Health compared to 1Yr ago															X					
SF-36 Memory (A-f)															X	X	X		X	
SF-36 Memory changes (better/worse)																		X		
SF 36 & SF 12 Aging questions- typical day activities/ limited, physical health, emotional, how you are feeling, pain, physical health or emotional problems interfered w/ social activities									X		X		X	X	X		X		X	
Female hormone series								X		X										
Pamela Rist questions about Migraines															X					
Pet ownership and care			X																	
Restless legs series				X	X		X													
Hearing loss/difficulty				X																
Family history of DVT/PE				X																
Preferred writing hand				X																
Twin questions				X																
Perceived “unfair” treatment				X																

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Infectious mononucleosis					X															
Uterine fibroid questions (self, sister, mother)					X															
Abnormal Pap smear					X															
Had a hysterectomy and when					X															
Had a breast biopsy					X															
Dental habits (brush, floss, office visits), gum disease														X						
10. Diagnoses and medical procedures																				
Acute coronary syndrome/ unstable angina	X	X	X	X	X		X	X	X		X		X	X	X	X	X	X	X	X
Angina pectoris	X	X	X	X	X		X	X	X		X		X	X	X	X	X	X	X	X
Asthma	X	X	X																	
Atrial fibrillation	X	X	X	X	X	X	X		X	X	X		X	X	X	X	X	X	X	X
Cancer breast	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cancer colon	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cancer lung	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cancer non-melanoma skin	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cancer Melanoma	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cancer "other"	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CABG	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Carotid artery surgery	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cataract and cataract extraction	X	X	X	X	X		X		X		X									
Chronic lung disease	X	X	X																	
Cholesterol elevated	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	X
Colon polyp	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	X
Congestive heart failure	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
COVID-19																				X
Diabetes	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
Dental- periodontal disease (# of teeth lost)	X																			
Depression (dx by clinician)	X																			
Dry eye syndrome	X	X	X	X	X		X		X		X									
Deep vein thrombosis	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
Endometriosis								X												
Fibrocystic breast disease	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	X
Fibromyalgia			X	X	X															
Fractures from osteoporosis	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	X

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Gastrointestinal bleeding		X	X																	
Glaucoma					X						X									
Hypertension (dx by clinician)	X		X	X	X		X		X		X		X	X	X	X	X	X	X	X
Intermittent claudication	X	X	X	X	X	X	X		X		X		X	X	X	X	X	X	X	X
Interstitial cystitis			X																	
Joint replacement	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	X
Kidney disease (not kidney stones)	X	X	X	X	X		X													
Kidney failure	X	X	X	X	X		X													
Liver disease	X																			
Macular degeneration	X	X	X	X	X		X													
Myocardial infarction	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Migraines	X	X	X	X	X		X		X	X	X		X	X	X	X	X	X	X	X
Other headaches	X	X	X	X	X		X		X	X	X		X	X	X	X	X	X	X	X
Osteoarthritis	X	X	X	X	X		X		X	X	X		X	X	X	X	X	X	X	X
Osteoporosis	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	X
Parkinson's disease	X	X	X	X	X		X		X		X		X	X	X	X	X	X	X	X
PCOS																				
Periodontal disease	X																			
Peripheral artery disease	X	X	X	X	X		X		X	X	X			X	X	X	X	X	X	X
Psoriasis (family Hx – Yr 4)				X			X													
PTCA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Pulmonary embolism	X	X	X	X	X		X	X	X	X	X		X	X	X	X	X	X	X	X
Rheumatoid arthritis	X	X	X	X	X															
Stroke	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Transient ischemic attack (TIA)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ulcer	X	X	X																	
Ventricular tachycardia	X	X	X	X	X															
Liver disease questions (Xuehong Zhang)- dx w/ fatty liver disease, liver cirrhosis, chronic viral hepatitis																				X
Influenza vaccine (flu)																		X	X	X
COVID-19 questions																				
Dx w/ COVID-19 by MD, hospitalized, in ICU, tested for coronavirus																		X	X	X ¹

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Symptoms that may occur w/conditions such as allergies, colds and flu, COVID-19 or when taking certain medications																		X	X	
COVID-19 vaccine																	X	X	X	
COVID-19 booster shot																		X	X	

¹COVID question moved to Q2 newly dx section.