



17897

2017

**WOMEN'S
HEALTH STUDY****13 /**

OK

PLEASE USE A BALL-POINT PEN WHEN COMPLETING THIS QUESTIONNAIRE. IT IMPROVES THE QUALITY OF OUR DATA.

1. Date of birth: / / We use DATE OF BIRTH to verify the identity of the person providing information.Is the DOB above correct? Yes No → IF NO, what is your correct date of birth? _____

2. WITHIN THE PAST 2 YEARS, have you been NEWLY DIAGNOSED with any of the following illnesses or had any of the following procedures? Please answer NO or YES on each line. IF YES, indicate the date (month/year) of the diagnosis or the procedure.

DIAGNOSIS OR PROCEDURE	NO or YES	→	IF YES, PROVIDE MO/YR IN BOXES BELOW
a. Acute coronary syndrome/unstable angina	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
b. Angina pectoris If YES, confirmed by: angiogram/cardiac cath? <input type="radio"/> No	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/> stress test? <input type="radio"/> No <input type="radio"/> Yes
c. Myocardial infarction (heart attack)	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
d. Coronary angioplasty (PTCA or PCI) or stent	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of procedure: <input type="text"/> / <input type="text"/>
e. Coronary bypass surgery (CABG)	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of procedure: <input type="text"/> / <input type="text"/>
f. Congestive heart failure	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
g. Atrial fibrillation	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
h. Intermittent claudication	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
i. Peripheral artery disease (not varicose veins)	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
j. Pulmonary embolism (PE)	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
k. Deep vein thrombosis (DVT)	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
l. Stroke	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
m. TIA (transient ischemic attack)	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
n. Carotid artery surgery (endarterectomy)	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of surgery: <input type="text"/> / <input type="text"/>
o. Melanoma	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
p. Non-melanoma skin cancer What type? <input type="radio"/> basal cell <input type="radio"/> squamous cell <input type="radio"/> unknown type	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
q. Breast cancer	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
r. Lung cancer	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
s. Colon cancer	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
t. Other cancer (not including any of the above cancers) SITE: _____	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
u. Colon polyp	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>
v. Diabetes mellitus (NEWLY diagnosed)	<input type="radio"/> No <input type="radio"/> Yes	→	MO/YR of diagnosis: <input type="text"/> / <input type="text"/>



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w. Migraine headaches (NEWLY diagnosed)	<input type="radio"/> No <input type="radio"/> Yes →	MO/YR of diagnosis:	<input type="text"/> / <input type="text"/>
x. Other headaches (NEWLY diagnosed)	<input type="radio"/> No <input type="radio"/> Yes →	MO/YR of diagnosis:	<input type="text"/> / <input type="text"/>
y. Parkinson's disease	<input type="radio"/> No <input type="radio"/> Yes →	MO/YR of diagnosis:	<input type="text"/> / <input type="text"/>
z. Elevated cholesterol (NEW dx by a clinician)	<input type="radio"/> No <input type="radio"/> Yes →	MO/YR of diagnosis:	<input type="text"/> / <input type="text"/>
aa. Hypertension (NEW dx by a clinician)	<input type="radio"/> No <input type="radio"/> Yes →	MO/YR of diagnosis:	<input type="text"/> / <input type="text"/>
bb. Osteoarthritis (NEWLY diagnosed)	<input type="radio"/> No <input type="radio"/> Yes →	MO/YR of diagnosis:	<input type="text"/> / <input type="text"/>
cc. Osteoporosis (NEWLY diagnosed)	<input type="radio"/> No <input type="radio"/> Yes →	MO/YR of diagnosis:	<input type="text"/> / <input type="text"/>
dd. Fracture due to osteoporosis	<input type="radio"/> No <input type="radio"/> Yes →	MO/YR of occurrence:	<input type="text"/> / <input type="text"/>
ee. Joint replacement	<input type="radio"/> No <input type="radio"/> Yes →	MO/YR of surgery:	<input type="text"/> / <input type="text"/>
ff. Fibrocystic or other benign breast disease	<input type="radio"/> No <input type="radio"/> Yes →	MO/YR of diagnosis:	<input type="text"/> / <input type="text"/>
If YES, confirmed by: breast biopsy? <input type="radio"/> No <input type="radio"/> Yes aspiration? <input type="radio"/> No <input type="radio"/> Yes			

3. Have you EVER been diagnosed with polycystic ovary syndrome (PCOS)? No Yes → YEAR of Dx:
YYYY

4. What is your CURRENT TOTAL CHOLESTEROL (mg/dl) if checked within the past 2 years?

- <140 mg/dl 140-159 160-179 180-199 200-219 220-239 240-249
 250-259 260-269 270-279 280-299 300-329 330+ unknown/not checked in 2 yrs

5. What is your CURRENT weight?
pounds

6. What is your CURRENT blood pressure (mmHg)? / Don't know my blood pressure
systolic (upper #) / diastolic (lower #)

7. In general, would you say your health is: Excellent Very good Good Fair Poor

8. IN THE PAST MONTH, on approximately how many DAYS did you take any of the following? Please answer on each line.

	DAYS USED IN THE PAST MONTH				
	None	1-3	4-10	11-20	21+
a. Acetaminophen (e.g., Tylenol, Excedrin P.M.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Aspirin (e.g., Bayer, Bufferin, Anacin, Excedrin, Ecotrin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On days taking, TOTAL DOSE per day: <input type="radio"/> <100 mg <input type="radio"/> 100-499 mg <input type="radio"/> 500-999 mg <input type="radio"/> 1000+ mg <input type="radio"/> unknown					
c. Medications containing aspirin (e.g., Alka-Seltzer, Doan's Pills, Fiorinal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Non-steroidal, anti-inflammatory agents (e.g., Motrin, Advil, Aleve)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Are you CURRENTLY taking any of the following medications REGULARLY? Please indicate NO/YES for each.

a. Antihypertensives (e.g., diuretic, calcium channel blockers, angiotensin receptor or b-blockers, ACE inhibitor)	<input type="radio"/> No <input type="radio"/> Yes
b. Statin cholesterol-lowering medications (e.g., Lipitor, Zocor, Mevacor, Pravachol, Crestor, Lescol)	<input type="radio"/> No <input type="radio"/> Yes
c. Other non-statin lipid-lowering medications (e.g., niacin, Lopid, Questran, Colestid, Zetia)	<input type="radio"/> No <input type="radio"/> Yes



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10. DURING THE PAST YEAR, what was your approximate AVERAGE TIME PER WEEK spent at each of the following recreational activities?

AVERAGE TIME PER WEEK

	zero	1-19 min.	20-59 min.	1 hour	1.5 hours	2-3 hours	4-6 hours	7+ hours
a. Walking or hiking (include walking to work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Jogging (slower than 10 minute miles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Running (10 minute miles or faster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Bicycling (include stationary bike)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Aerobic exercise / aerobic dance / exercise machines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Lower intensity exercise / yoga / stretching / toning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Tennis, squash, or raquetball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Lap swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Weight lifting / strength training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other: Please specify activity: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. ON AVERAGE, how many FLIGHTS of stairs (not individual steps) do you climb DAILY?

None 1-2 flights 3-4 flights 5-9 flights 10-14 flights 15 or more flights

12. What is your usual walking pace outdoors?

Don't walk regularly Easy, casual (less than 2 mph) Normal, average (2-2.9mph)
 Brisk pace (3-3.9 mph) Very brisk/striding (4 mph or faster)

13. The following items are about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU in these activities?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?

	Yes	No
a. Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
b. Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>

15. During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

	Yes	No
a. Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
b. Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>

16. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)?

Not at all A little bit Moderately Quite a bit Extremely

17. These questions are about how you feel and how things have been with you during the PAST 4 WEEKS.

For each question, please give the one answer that comes closest to the way you have been feeling.

How much time during the PAST 4 WEEKS:	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time Most of the time Some of the time A little of the time None of the time



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THE INFORMATION BELOW ASSISTS US IN MAINTAINING FOLLOW-UP.

YOUR HOME PHONE: () - -

YOUR CELL PHONE: () - -

YOUR WORK PHONE: () - -

Name, address and phone of someone at a different address than you whom we may contact if we are unable to reach you:

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO: _____

THIS CONTACT IS: Relative Friend Neighbor Other

YOUR E-MAIL ADDRESS: This is the e-mail address we have on file:

If it has changed, please provide your updated e-mail address below:

19. In this question, we are interested in your use of dietary supplements over the PAST 10 YEARS.

Please read through the list of supplements. For any that you have taken AT LEAST ONCE PER WEEK FOR A YEAR OVER THE PAST 10 YEARS, complete the information requested. If you have not taken the supplement regularly at any time over the past 10 years, leave the information blank for that supplement and continue down the list.

Supplement	YEARS taken in past 10 years	Average DAYS PER WEEK	Do you take it NOW?
Multivitamins	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Vitamin B complex	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Vitamin A (retinol)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10 Dose per day: <input type="radio"/> <7,000 IU <input type="radio"/> 7,000-15,000 IU <input type="radio"/> 16,000-20,000 IU <input type="radio"/> >20,000+ IU <input type="radio"/> unk	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Beta-carotene	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10 Dose per day: <input type="radio"/> 10-20 mg <input type="radio"/> 21-50 mg <input type="radio"/> 51-150 mg <input type="radio"/> >150 mg <input type="radio"/> unk	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Vitamin B1 (thiamine) (as single supplement)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10 Dose per day: <input type="radio"/> <11mg <input type="radio"/> 11-50 mg <input type="radio"/> 51-100 mg <input type="radio"/> >100 mg <input type="radio"/> unk	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Vitamin B2 (riboflavin) (as single supplement)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10 Dose per day: <input type="radio"/> <26 mg <input type="radio"/> 26-50 mg <input type="radio"/> 51-100 mg <input type="radio"/> >100 mg <input type="radio"/> unk	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Vitamin B3 (niacin) (as single supplement)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10 Dose per day: <input type="radio"/> <51 mg <input type="radio"/> 51-200 mg <input type="radio"/> 201-500 mg <input type="radio"/> >500 mg <input type="radio"/> unk	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Vitamin B6 (pyridoxine) (as single supplement)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10 Dose per day: <input type="radio"/> <10 mcg <input type="radio"/> 10-39 mcg <input type="radio"/> 40-80 mcg <input type="radio"/> >80 mcg <input type="radio"/> unk	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Vitamin B7 (biotin) (as single supplement)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10 Dose per day: <input type="radio"/> <101 mcg <input type="radio"/> 101-2500 mcg <input type="radio"/> 2501-5000 mcg <input type="radio"/> >5000 mcg <input type="radio"/> unk	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Vitamin B9 (folic acid) (as single supplement)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10 Dose per day: <input type="radio"/> <401 mcg <input type="radio"/> 401-800 mcg <input type="radio"/> 801-1000 mcg <input type="radio"/> >1000 mcg <input type="radio"/> unk	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No



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Supplement	YEARS taken in past 10 years	Average DAYS PER WEEK	Do you take it NOW?
Vitamin B12 (cobalamin) (as single supplement)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
	Dose per day: <input type="radio"/> <26 mcg <input type="radio"/> 26-100 mcg <input type="radio"/> 101-500 mcg <input type="radio"/> >500 mcg <input type="radio"/> unk		
Vitamin C	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
	Dose per day: <input type="radio"/> <101 mg <input type="radio"/> 101-500 mg <input type="radio"/> 501-1000 mg <input type="radio"/> >1000 mg <input type="radio"/> unk		
Vitamin D (in calcium supplement or separately)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
	Dose per day: <input type="radio"/> <601 IU <input type="radio"/> 601-1000 IU <input type="radio"/> 1001-2000 IU <input type="radio"/> >2000 IU <input type="radio"/> unk		
Vitamin E	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
	Dose per day: <input type="radio"/> <101 IU <input type="radio"/> 101-400 IU <input type="radio"/> 401-1000 IU <input type="radio"/> >1000 IU <input type="radio"/> unk		
Calcium (incl. elemental calcium in Tums)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
	Dose per day: <input type="radio"/> <400 mg <input type="radio"/> 400-900 mg <input type="radio"/> 901-1300 mg <input type="radio"/> >1300 mg <input type="radio"/> unk		
Chromium	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
	Dose per day: <input type="radio"/> <201 mcg <input type="radio"/> 201-500 mcg <input type="radio"/> 501-1000 mcg <input type="radio"/> >1000 mcg <input type="radio"/> unk		
Iron	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
	Dose per day: <input type="radio"/> <25 mg <input type="radio"/> 25-50 mg <input type="radio"/> 51-70 mg <input type="radio"/> >70 mg <input type="radio"/> unk		
Magnesium	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
	Dose per day: <input type="radio"/> <41 mg <input type="radio"/> 41-250 mg <input type="radio"/> 251-350 mg <input type="radio"/> >350 mg <input type="radio"/> unk		
Selenium	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
	Dose per day: <input type="radio"/> <80 mcg <input type="radio"/> 80-130 mcg <input type="radio"/> 131-250 mcg <input type="radio"/> >250 mcg <input type="radio"/> unk		
Zinc	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
	Dose per day: <input type="radio"/> <25 mg <input type="radio"/> 25-74 mg <input type="radio"/> 75-100 mg <input type="radio"/> >100 mg <input type="radio"/> unk		
Supplement	YEARS taken in past 10 years	Average DAYS PER WEEK	Do you take it NOW?
Potassium	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Omega-3 fatty acids (fish oil)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Vitamin K	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Lutein and/or zeaxanthin	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Inositol	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Choline	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Amino acids	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Glucosamine	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Chondroitin	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Green tea (EGCG)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Coenzyme Q10	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No



17897

2017

WOMEN'S HEALTH STUDY

13 /

Supplement	YEARS taken in past 10 years	Average DAYS PER WEEK	Do you take it NOW?
SAME (s-adenosyl-L-methionine)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Cranberry	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Fiber	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Probiotics	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Evening primrose (GLA)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Para-aminobenzoic acid (PABA)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Alpha-linolenic acid (flaxseed)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Ginko biloba	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Soy phytoestrogen	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Methylsulfonylmethane (MSM)	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Omega-9 fatty acids	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Grape seed	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Ginseng	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Ginger	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Garlic	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Bilberry	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Bromelain	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Quercetin	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Echinacea	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Melatonin	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
St. John's wort	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Copper	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No
Iodine	<input type="radio"/> 1-3 <input type="radio"/> 4-6 <input type="radio"/> 7-9 <input type="radio"/> 10	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7	<input type="radio"/> Yes <input type="radio"/> No

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