Black Women's Health Study 2013

PLEASE USE A BLUE OR BLACK BALLPOINT PEN

1. Please write in your age and date of birth.

Age ____ ____

Month ____ ____ / Day ____ ____ / Year 1 9 ____ ____

(example: June = 06)

2. Since March 2011, have you had a:
(Fill in all that apply.)

- ○ Physical exam
- ○ Blood sugar test
- ○ Eye exam
- ○ Pap smear
- ○ Mammogram
- ○ Breast biopsy
- ○ Pelvic exam
- ○ Pelvic ultrasound
- ○ Sigmoidoscopy
- ○ Colonoscopy
- ○ Dental cleaning
- ○ Bone mineral density test

3. Since March 2011, have you taken female hormones (like estrogen) for menopause?

○ No ○ Yes If **yes**, how many months? ____ ____ Months

Name of medication(s): _____

4. Since March 2011, have you had surgery to remove your ovaries or uterus?
(Fill in all that apply.)

- ○ No
- ○ One ovary only removed
- ○ Both ovaries removed
- ○ Uterus removed

5. Have you ever smoked menthol cigarettes for at least a year?

○ No ○ Yes

a. If yes, what age did you start smoking menthol cigarettes? ____ ____ age

b. How many menthol cigarettes did you usually smoke each day? ____ ____

c. If you stopped smoking menthol cigarettes, at what age? ____ ____ age

6. Do you have noticeable hair loss:

a. On the TOP of your scalp? ○ No ○ Yes

b. On the SIDES of your scalp? ○ No ○ Yes

7. Are you lactose intolerant?

- ○ No
- ○ Yes, I was diagnosed by a doctor or other health professional
- ○ Yes, I diagnosed myself
- ○ Don't know

8. Please write in your current weight.

____ ____ ____ Pounds

9. How many alcoholic beverages do you drink each week?

____ ____

10. How often do you go to religious services?

- ○ Never
- ○ Less than once a month
- ○ About once a month
- ○ 2-3 times/month
- ○ Once a week
- ○ Several times/week

11. To what extent do you consider yourself:

	Not at all	Slightly	Moderately	Very
A religious person	○	○	○	○
A spiritual person	○	○	○	○

12. How many hours each week do you participate in any groups such as a social or work group, church-connected group, self-help group, charity, public service or community group?

- ○ None
- ○ 1-2 hours
- ○ 3-5 hours
- ○ 6-10 hours
- ○ 11-15 hours
- ○ 16 or more hours

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13. Since March 2011, if you were diagnosed with any of the following conditions, please fill in the circle for yes and write in the year it was first diagnosed. (e.g. 2011)

	Yes	Year
1. Breast cancer	○	
2. Lung cancer	○	
3. Colon cancer	○	
4. Rectal cancer	○	
5. Uterine cancer (not including cervical cancer)	○	
6. Other type of cancer. (Please write in the type)	○	
7. Diabetes (sugar, sugar diabetes)	○	
8. Heart attack	○	
9. Stroke	○	
10. Coronary bypass surgery	○	
11. Angioplasty or stent for artery repair	○	
12. Congestive heart failure (CHF)	○	
13. Atrial fibrillation	○	
14. End stage renal disease	○	
15. Chronic kidney disease	○	
16. Hypertension (high blood pressure)	○	
17. High cholesterol	○	
18. Endometriosis (cells normally in the uterus are found outside of the uterus, causing pelvic pain)	○	
19a. Fibroids in womb confirmed by ultrasound	○	
19b. Fibroids in womb confirmed by surgery	○	
20. Lupus (Systemic lupus erythematosus)	○	
21. Multiple sclerosis	○	
22. Asthma	○	
23. Colon or rectal polyp (benign)	○	
24. Depression treated with medication	○	
25. Sarcoidosis	○	
26. Rheumatoid arthritis	○	
27. Hip fracture (broken hip)	○	
28. Other serious illness	○	
	○	

14. If you have diabetes, have you had any of the following complications?

- ○ Failing sight or blindness
- ○ Amputation
- ○ Other:

15. Do you take any of the following medications or vitamins at least 3 days a week?
(Fill in the circle for YES, leave blank for NO.)

- ○ Aspirin
- ○ Tylenol (Acetaminophen)
- ○ Ibuprofen, Naproxen, Aleve, or Motrin
- ○ Pills to lower cholesterol — Name:
- ○ Injections for diabetes
- ○ Metformin for diabetes
- ○ Other pills for diabetes Name:
- ○ Diuretics (water pills) for high blood pressure or other reasons — Name:
- ○ Other blood pressure pills — Name:
- ○ Multi-Vitamins
- ○ Vitamin D
- ○ Folic acid
- ○ Calcium

Please list all other medications or supplements that you currently take at least 3 days a week:

16. How many cigarettes do you currently smoke each day?

Are they menthol cigarettes? ○ No ○ Yes

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17. Have you EVER been diagnosed with any of the following conditions?

	Yes	Year		Yes	Year
1. Hay fever	○		4. Crohn's disease (confirmed by biopsy)	○	
2. Sjogren's syndrome	○		5. Sickle cell disease	○	
3. Scleroderma	○		6. Sickle cell trait, not the disease	○	

18. Have you had any of the following treatments?

	Yes	Year		Yes	Year
1. Kidney transplant	○		3. Bariatric surgery (weight loss surgery)	○	
2. Kidney dialysis	○		4. Hip replacement surgery	○	

19. During the past year, how often have you leaked or lost control of your urine?

○ Never ○ Less than once/month ○ Once/month ○ 2-3 times/month ○ About once/week ○ Almost every day

When you lose your urine, how much usually leaks?

○ A few drops ○ Enough to wet your underwear ○ Enough to wet your outer clothing ○ Enough to wet the floor

When you lose urine, what is the usual cause?

a) ○ Coughing, sneezing, laughing or doing physical activity
b) ○ A sudden urgent need to go to the bathroom
c) ○ Both a) and b) equally
d) ○ In other circumstances

20. On average, how often in the past year have you experienced any amount of accidental bowel leakage?

	Never	Less than once per month	1-3 per month	About once per week	Several times per week	Nearly daily
a. Liquid stool	○	○	○	○	○	○
b. Solid stool	○	○	○	○	○	○

	Excellent	Very Good	Good	Fair	Poor
21. In general, would you say your health is:	○	○	○	○	○
22. In general, would you say your quality of life is:	○	○	○	○	○
23. In general, how would you rate your physical health?	○	○	○	○	○
24. In general, how would you rate your mental health, including your mood and your ability to think?	○	○	○	○	○
25. In general, how would you rate your satisfaction with your social activities and relationships?	○	○	○	○	○
26. In general, please rate how well you carry out your usual social activities and roles. (At home, at work, your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	○	○	○	○	○

	Completely	Mostly	Moderately	A little	Not at all
27. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	○	○	○	○	○

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28. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

Never	Rarely	Sometimes	Often	Always
○	○	○	○	○

29. In the past 7 days, how would you rate your fatigue on average?

None	Mild	Moderate	Severe	Very severe
○	○	○	○	○

30. In the past 7 days, how would you rate your pain on average?

No pain	1	2	3	4	5	6	7	8	9	Worst imaginable pain
○	○	○	○	○	○	○	○	○	○	○

31. At different periods in your life, was there at least one time when your household:

	As a child (up to age 11)			As a teenager (age 12-18)			As an adult (age 19 to present)		
	No	Yes	Don't Know	No	Yes	Don't Know	No	Yes	Don't Know
did not have enough money for food or housing?	○	○	○	○	○	○	○	○	○
received public assistance or welfare?	○	○	○	○	○	○	○	○	○

32. When you were growing up,

	Never True	Rarely True	Sometimes True	Often True	Very Often True
did people in your family show confidence in you and encourage you to achieve?	○	○	○	○	○
did you feel that there was someone to take care of you and protect you?	○	○	○	○	○

33. These questions are about your feelings and thoughts during the past month.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
How often have you felt that you were unable to control the important things in your life?	○	○	○	○	○
How often have you felt confident about your ability to handle your personal problems?	○	○	○	○	○
How often have you felt that things were going your way?	○	○	○	○	○
How often have you felt difficulties were piling up so high that you could not overcome them?	○	○	○	○	○

34. During the past year, how often did you eat

	Never or once per month	1-3 per month	1-3 per week	4-6 per week	Once per day	2 or more per day
a. bacon, sausage, hot dogs, or lunch meats (including ham, bologna, salami)?	○	○	○	○	○	○
b. beef (including hamburgers, steak, roasts, stew) or pork (including chops, roasts, dinner ham)? Do not include bacon, sausage, hot dogs, lunch meat.	○	○	○	○	○	○

If you are willing to complete a full dietary questionnaire, please go to the BWHS website http://www.bu.edu/bwhs and click on the link to the BWHS 2013 Diet Questionnaire