Black Women's Health Study 2017

1. Please write in your age and date of birth. Age ☐☐ Month ☐☐ / Day ☐☐ / 1 9 ☐☐ Year

2. Do you currently work? ○ Yes ○ No → If **no**, skip to Question 3.

Please indicate the work hours for all the "shifts" you currently work. This covers all jobs you currently hold. If you work more than 3 shifts, please report the 3 most frequent ones.

Shift 1: Start ☐☐ hour : ☐☐ min ○ AM ○ PM End ☐☐ hour : ☐☐ min ○ AM ○ PM Number of shifts ☐☐ per month

Shift 2: Start ☐☐ hour : ☐☐ min ○ AM ○ PM End ☐☐ hour : ☐☐ min ○ AM ○ PM Number of shifts ☐☐ per month

Shift 3: Start ☐☐ hour : ☐☐ min ○ AM ○ PM End ☐☐ hour : ☐☐ min ○ AM ○ PM Number of shifts ☐☐ per month

How many years have you worked this current schedule? ☐☐

3. When do you usually have your last meal of the day? ○ Before 4 PM ○ 4 PM ○ 5 PM ○ 6 PM ○ 7 PM ○ 8 PM ○ 9 PM ○ 10 PM ○ 11 PM ○ Midnight ○ After Midnight

4. Have you ever experienced insomnia (difficulty falling or staying asleep, or waking up too early) for at least 3 months? ○ No ○ Yes → Age when you first experienced insomnia: ☐☐

5. Since March 2015, have you taken female hormone pills or patches (e.g., estrogen) for menopause?

○ No ○ Yes → How many months? ☐☐ → Type:
○ Premarin or other estrogen pills ○ Patch estrogen
○ Estrogen with progestin pills ○ Patch estrogen with progestin

6. Since March 2015, have you taken birth control pills? ○ No ○ Yes → How many months? ☐☐

7. Please write in your current weight. ☐☐☐ Pounds

8. Since March 2015, have you had a: *(Fill in all that apply.)*
○ Blood sugar test ○ Breast biopsy ○ Pap smear
○ Colonoscopy ○ Mammogram ○ Dental cleaning

9. Have your periods stopped permanently?

○ No ○ Yes → Did they stop in the last 2 years? → ○ No ○ Yes, due to →
○ Natural menopause
○ Surgery
○ Other: ☐☐☐☐☐☐☐☐

10. Have you had surgery to remove your ovaries or uterus?

○ No ○ Yes → ○ Both ovaries removed ○ One ovary removed ○ Uterus removed

11. Have you ever been diagnosed with a bladder infection (urinary tract infection, UTI)?

○ No ○ Yes → How many in the last year? ☐☐ → How many in your lifetime? ☐☐ → Age at first: ☐☐

12. If you were EVER 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., 2015).

	Yes	Year
1. Breast cancer	○	
2. Lung cancer	○	
3. Colon cancer	○	
4. Rectal cancer	○	
5. Pancreatic cancer	○	
6. Multiple myeloma	○	
7. Uterine cancer (not including cervical cancer)	○	
8. Ovarian cancer	○	
9. Other cancer: (Please write in the type)	○	
10. Diabetes (sugar, sugar diabetes)	○	
11. Heart attack	○	
12. Stroke	○	
13. Coronary bypass surgery	○	
14. Angioplasty or stent for artery repair	○	
15. Congestive heart failure (CHF)	○	
16. Atrial fibrillation	○	
17. End stage renal disease	○	
18. Chronic kidney disease	○	
19. Dialysis or kidney transplant	○	
20. Hypertension (high blood pressure)	○	
21. High cholesterol	○	
22. Colon or rectal polyp (benign)	○	
23. Alzheimer's disease/dementia	○	
24. Lupus	○	
25. Depression treated with medication	○	
26. Sarcoidosis	○	
27. Hip fracture (broken hip)	○	
28. Multiple sclerosis	○	
29. Other serious illness:	○	
	○	

13. 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 # days per week ☐ # tablets per week ☐☐
- ○ 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, or as weekly injections:

Stress during childhood may affect health later in life. The following questions ask about parental loss, as well as incarceration of a household member, which particularly affects communities of color in the U.S.

14. During the first 18 years of your life, did anyone in your household serve time in prison?
○ No ○ Yes

15. Before the age of 18, did you lose (either from death or prolonged separation) your: *(Fill in all that apply.)*
○ Mother ○ Father ○ Guardian ○ Not Applicable