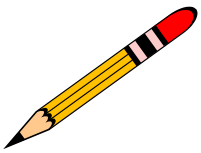
Form 155 – Lifestyle Questionnaire (Draft)

OMB #0925-0414 Exp X/XXXXX

This booklet has questions about your behavior, feelings, and experiences. Please answer each question as honestly as you can. No one will see your answers except for the scientists and staff at WHI. Your answers will be kept secret and will never be put with your name in a report. Please answer using you first thoughts about each question. Do not go back later to 'figure out' answers. Your answers will help us to understand the health of women like you. Thank you for your help.

MARKING INSTRUCTIONS

- **Use a No. 2 pencil only.**
- **Darken the oval completely next to the answer you choose.**
- **Erase cleanly any marks you wish to change.**
- **Do not make any stray marks on this form.**



CORRECT MARK INCORRECT MARKS

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PLEASE MAKE NO MARKS IN THIS AREA

Form 155 – Lifestyle Questionnaire (Draft)

Please answer each question below as accurately as possible.

		Excellent	Very good	Good	Fair	Poor
1.	In general, would you say your health is:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

		Much better now than 1 year ago	Somewhat better now than 1 year ago	About the same	Somewhat worse now than 1 year ago	Much worse now than 1 year ago
2.	Compared to one year ago, how would you rate your health in general now?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

3. Overall, how would you rate your quality of life? (**Mark one box below.**)

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Worst					Halfway					Best

As bad or worse than being dead — Best quality of life

		Excellent	**Very good**	**Average**	**Poor**	**Very poor**
4.	How would you describe **(Mark one box for each line.)**					
4.1	Your hearing?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4.2	The condition of your mouth and teeth?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4.3	Your vision (corrected with glasses or lenses as needed)?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4.4	Your appetite?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4.5	Your balance?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. Have you lost 10 pounds or more in the past year?
   - ☐ 0 No
   - ☐ 1 Yes

6. Do you smoke cigarettes now?
   - ☐ 0 No
   - ☐ 1 Yes ⟶

   6.1 If yes, how many cigarettes do you usually smoke each day?
   - ☐ 1 Less than 1
   - ☐ 2 1 - 4
   - ☐ 3 5 - 14
   - ☐ 4 15 - 24
   - ☐ 5 25 - 34
   - ☐ 6 35 - 44
   - ☐ 7 45 or more

7. Are you taking a calcium supplement such as Oscal, Viactiv, or Tums?
   ☐ 0 No ☐ 1 Yes

The next question is about female hormones you got with a doctor's prescription in the last year, even if you are not taking them right now.

8. In the past year, did you use any of the following female hormones—ESTROGEN, PROGESTERONE (also called PROGESTIN), or TESTOSTERONE—that were prescribed by a doctor? (These may have been in the form of a pill; skin patch; shot; cream; vaginal ring, pellet, or suppository, or bioidentical compound.)

☐0 No
☐1 Yes
☐9 Don't know

9. In the past 3 months, how often have you had drinks containing alcohol?

☐0 Never
☐1 less than once per week
☐2 1 or 2 times per week
☐3 3 or 4 times per week
☐4 Everyday

The next questions are about your living conditions.

10. Who lives with you? **(Answer No or Yes for each line.)**

	No	Yes	
10.1	☐0	☐1	I live alone
10.2	☐0	☐1	I live with my husband or partner
10.3	☐0	☐1	I live with my children
10.4	☐0	☐1	I live with other relatives
10.5	☐0	☐1	I live with friends
10.6	☐0	☐1	Other (please describe): _____

11. Does the place where you live have special services for older people (such as help with meals, medicines, bathing, or transportation)?

☐0 No ☐1 Yes →

11.1 Are you currently receiving any of these services?
☐0 No ☐1 Yes

12. In the past year, have you stayed in a nursing home?

☐0 No ☐1 Yes

Form 155 – Lifestyle Questionnaire (Draft)

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one box for each question.)

		No, not limited at all	Yes, limited a little	Yes, limited a lot
13.	Vigorous activities, such as running,lifting heavy objects, or strenuous sports	☐3	☐2	☐1
14.	Moderate activities, such as moving a table, vacuuming, bowling, or golfing	☐3	☐2	☐1
15.	Lifting or carrying groceries	☐3	☐2	☐1
16.	Climbing several flights of stairs	☐3	☐2	☐1
17.	Climbing one flight of stairs	☐3	☐2	☐1
18.	Bending, kneeling, stooping	☐3	☐2	☐1
19.	Walking more than a mile	☐3	☐2	☐1
20.	Walking several blocks	☐3	☐2	☐1
21.	Walking one block	☐3	☐2	☐1
22.	Bathing or dressing yourself	☐3	☐2	☐1

23.	What aid, if any, do you usually use to walk on a level surface? **(Mark one.)**	I do not use any aid ☐1	I use a cane ☐2	I use crutches ☐3	I use a walker ☐4	I use a wheelchair ☐5

These next questions ask about how much help (if any) you need to do routine activities <u>for yourself</u>. Help can be defined as getting assistance from another person or using a device. (Mark one box for each question)

I can do this activity:	By myself without help	With some help	Completely unable to do this by myself
24. Can you feed yourself?	☐1	☐2	☐3
25. Can you dress and undress yourself?	☐1	☐2	☐3
26. Can you get in and out of bed yourself?	☐1	☐2	☐3
27. Can you take a bath or shower?	☐1	☐2	☐3
28. Can you do your own grocery shopping?	☐1	☐2	☐3
29. Can you keep track of and take your medicines?	☐1	☐2	☐3

Form 155 – Lifestyle Questionnaire (Draft)

The next questions ask about your physical activity.

30. Think about the walking you do outside the home. How often do you walk outside the home <u>for more than 10 minutes without stopping</u>? **(Mark only one)**

- ☐ 1 Rarely or never
- ☐ 2 1 to 3 times each month
- ☐ 3 1 time each week
- ☐ 4 2 to 3 times each week
- ☐ 5 4 to 6 times each week
- ☐ 6 7 or more times each week

When you walk outside the home for more than 10 minutes without stopping,

30.1 For how many minutes do you usually walk?

- ☐ 1 Less than 20 minutes
- ☐ 2 20 to 39 minutes
- ☐ 3 40 to 59 minutes
- ☐ 4 1 hour or more

30.2 What is your usual speed?

- ☐ 1 Casual strolling (2 miles per hour)
- ☐ 2 Average or normal (2-3 miles per hour)
- ☐ 3 Fairly fast (3-4 miles per hour)
- ☐ 4 Very fast (more than 4 miles per hour)
- ☐ 5 Don't know

31. Not counting walking outside the home, how often each week (7 days) do you usually do the exercises listed below?

31.1 Moderate or strenuous exercise. For example, biking outdoors, using an exercise machine (like a stationary bike or treadmill), aerobics, swimming, folk or popular dancing, jogging, tennis.

- ☐ 1 No
- ☐ 2 1 day per week
- ☐ 3 2 days per week
- ☐ 4 3 days per week
- ☐ 5 4 days per week
- ☐ 6 5 or more days per week

31.2 How long do you usually exercise like this at one time?

- ☐ 1 Less than 20 minutes
- ☐ 2 20 to 39 minutes
- ☐ 3 40 to 59 minutes
- ☐ 4 1 hour or more

Go to the next page

31.3 Mild exercise. For example, slow dancing, bowling or golf.

- ☐1 No
- ☐2 1 day per week
- ☐3 2 days per week
- ☐4 3 days per week
- ☐5 4 days per week
- ☐6 5 or more days per week

31.4 How long do you usually exercise like this at one time?

- ☐1 Less than 20 minutes
- ☐2 20 to 39 minutes
- ☐3 40 to 59 minutes
- ☐4 1 hour or more

Now some questions about your social activities. How often, if at all, do you do any of the following activities? (Check one box on each line.)

		At least once per week	Several times per month	Once a month	Rarely or never
32.	Eat out of the house	☐1	☐2	☐3	☐4
33.	Go shopping	☐1	☐2	☐3	☐4
34.	Go to a cultural event such as a movie, concert, play or lecture	☐1	☐2	☐3	☐4
35.	Meet with family or friends who do not live with you	☐1	☐2	☐3	☐4
36.	Communicate with family or friends by phone or email	☐1	☐2	☐3	☐4
37.	Go to a church or other religious center	☐1	☐2	☐3	☐4

With growing older, we may rely on <u>others</u> more to help us with everyday care (meals or bathing or transportation, etc.).

38. How often in the <u>past 4 weeks</u> have you felt that people you rely on for everyday care have neglected your needs?
    - ☐0 Does not apply. I don't need help with my everyday care
    - ☐1 Almost no problems with obtaining everyday care
    - ☐2 Occasional problems with obtaining everyday care
    - ☐3 Frequent problems with obtaining everyday care

Questions 39-43 ask about your feelings during the <u>past week</u>. For each of the statements, please indicate the choice that tells how often you felt this way.

	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 time (3-4 days)	Most or all of the time (5-7 days)
39. You felt depressed (blue or down)	☐1	☐2	☐3	☐4
40. Your sleep was restless	☐1	☐2	☐3	☐4
41. You enjoyed life	☐1	☐2	☐3	☐4
42. You felt sad	☐1	☐2	☐3	☐4
43. You felt that people disliked you	☐1	☐2	☐3	☐4

44. In the past year, have you had <u>2 weeks</u> or more during which you felt sad, blue or depressed, or lost pleasure in things that you usually cared about or enjoyed?

☐0 No ☐1 Yes

45. Have you had <u>2 years</u> or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

☐0 No ☐1 Yes →

45.1 If yes, have you felt depressed or sad much of the time in the past year?

☐0 No ☐1 Yes

	None	Very mild	Mild	Moderately (Medium)	Severe
46. <u>During the past 4 weeks</u>, how much bodily pain have you had?	☐1	☐2	☐3	☐4	☐5

	Not at all	A little bit	Moderately (Medium)	Quite a bit	Extremely (A lot)
47. <u>During the past 4 weeks</u>, how much did pain interfere with your normal work (both outside your home and at home)?	☐1	☐2	☐3	☐4	☐5

Form 155 – Lifestyle Questionnaire (Draft)

Questions 48-56 ask about how you feel and how things have been during the past 4 weeks. Give one answer that comes closest to the way you have been feeling.

How much of the 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
48. Did you feel full of pep?	☐1	☐2	☐3	☐4	☐5	☐6
49. Did you have a lot of energy?	☐1	☐2	☐3	☐4	☐5	☐6
50. Did you feel worn out?	☐1	☐2	☐3	☐4	☐5	☐6
51. Did you feel tired?	☐1	☐2	☐3	☐4	☐5	☐6
52. Have you been a very nervous person?	☐1	☐2	☐3	☐4	☐5	☐6
53. Have you felt so down in the dumps that nothing could cheer you up?	☐1	☐2	☐3	☐4	☐5	☐6
54. Have you felt calm and peaceful?	☐1	☐2	☐3	☐4	☐5	☐6
55. Have you felt downhearted and blue?	☐1	☐2	☐3	☐4	☐5	☐6
56. Have you been happy?	☐1	☐2	☐3	☐4	☐5	☐6

During the past 4 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days
57. Feeling nervous, anxious, on edge, or worrying a lot about different things	☐1	☐2	☐3
58. Feeling restless so that it is hard to sit still	☐1	☐2	☐3
59. Trouble concentrating on things, such as reading a book or watching TV	☐1	☐2	☐3
60. Having an anxiety attack—suddenly feeling fear or panic	☐1	☐2	☐3
61. Getting tired very easily	☐1	☐2	☐3
62. Muscle tension aches or soreness	☐1	☐2	☐3
63. Trouble falling asleep or staying asleep	☐1	☐2	☐3
64. Becoming easily annoyed or irritable	☐1	☐2	☐3

Form 155 – Lifestyle Questionnaire (Draft)

The following questions are about emotions you may have been feeling. Please mark one box for each statement

How true have the following been for you in this <u>past week</u> (7 days)?

	Not at all	A little bit	Some-what	Quite a bit	Very much
65. I am not interested in activities that will expand my horizons.	☐0	☐1	☐2	☐3	☐4
66. I think it is important to have new experiences that challenge how you think about yourself and the world.	☐0	☐1	☐2	☐3	☐4
67. When I think about it, I haven't really improved much as a person over the years.	☐0	☐1	☐2	☐3	☐4
68. I have the sense that I have developed a lot as a person over time.	☐0	☐1	☐2	☐3	☐4
69. For me, life has been a continuous process of learning, changing, and growth	☐0	☐1	☐2	☐3	☐4
70. I gave up trying to make big improvements or changes in my life a long time ago.	☐0	☐1	☐2	☐3	☐4
71. I do not enjoy being in new situations that require me to change my old familiar ways of doing things	☐0	☐1	☐2	☐3	☐4
72. I live life one day at a time and don't really think about the future.	☐0	☐1	☐2	☐3	☐4
73. I have a sense of direction and purpose in life.	☐0	☐1	☐2	☐3	☐4
74. I don't have a good sense of what it is I'm trying to accomplish in life.	☐0	☐1	☐2	☐3	☐4
75. My daily activities often seem trivial and unimportant to me.	☐0	☐1	☐2	☐3	☐4
76. I enjoy making plans for the future and working to make them a reality.	☐0	☐1	☐2	☐3	☐4
77. I am an active person in carrying out the plans I set for myself.	☐0	☐1	☐2	☐3	☐4
78. Some people wander aimlessly through life, but I am not one of them.	☐0	☐1	☐2	☐3	☐4
79. I sometimes feel as if I've done all there is to do in life.	☐0	☐1	☐2	☐3	☐4

Form 155 – Lifestyle Questionnaire (Draft)

Below are some hard things that sometimes happen to people. Please try to think back over the <u>past year</u> to remember if any of these things happened. Mark the answer that seems best.

<u>Over the past year</u>:	**No**	**Yes**, and it upset me: Not too much	Moderately (Medium)	Very much
80. Did your spouse or partner have a serious illness?	☐$_0$	☐$_1$	☐$_2$	☐$_3$
81. Did you have any major problems with money?	☐$_0$	☐$_1$	☐$_2$	☐$_3$
82. Did you have a major conflict with children or grandchildren?	☐$_0$	☐$_1$	☐$_2$	☐$_3$
83. Were you physically abused by being hit, slapped, pushed, shoved, punched or threatened with a weapon by a family member or close friend?	☐$_0$	☐$_1$	☐$_2$	☐$_3$
84. Were you verbally abused by being made fun of, severely criticized, told you were a stupid or worthless person, or threatened with harm to yourself, your possessions, or your pets, by a family member or close friend?	☐$_0$	☐$_1$	☐$_2$	☐$_3$
85. Did a close friend or family member die or have a serious illness (other than your spouse or partner)?	☐$_0$	☐$_1$	☐$_2$	☐$_3$
86. Did you have a divorce or break-up with a spouse or partner?	☐$_0$	☐$_1$	☐$_2$	☐$_3$
87. Did a family member or close friend have a divorce or break-up?	☐$_0$	☐$_1$	☐$_2$	☐$_3$
88. Did you have any major accidents, disasters, mugging, unwanted sexual experiences, robberies, or similar events?	☐$_0$	☐$_1$	☐$_2$	☐$_3$
89. Did you or a family member or close friend lose their job or retire?	☐$_0$	☐$_1$	☐$_2$	☐$_3$
90. Did a pet die?	☐$_0$	☐$_1$	☐$_2$	☐$_3$
91. Did your spouse or partner die?	☐$_0$	☐$_1$	☐$_2$	☐$_3$

If you answered yes to Question 91, please mark the answer that best describes how you feel right now about the person who died.	**Never**	**Rarely**	**Some-times**	**Often**	**Always**
91.1 I feel myself longing or yearning for my spouse or partner who died--I miss them so much it's hard to care about anything else.	☐$_0$	☐$_1$	☐$_2$	☐$_3$	☐$_4$
91.2 I think about this person so much that it's hard for me to do the things I normally do.	☐$_0$	☐$_1$	☐$_2$	☐$_3$	☐$_4$

Form 155 – Lifestyle Questionnaire (Draft)

Questions 92-100 are about your sleep habits and experiences. Pick the answer that best describes how often you experienced the situation in the <u>past 4 weeks</u>.

		No, not in past 4 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
92.	Did you take any kind of medication or alcohol at bedtime to help you sleep?	☐0	☐1	☐2	☐3	☐4
93.	Did you fall asleep during quiet activities like reading, watching TV, or riding in a car?	☐0	☐1	☐2	☐3	☐4
94.	Did you nap during the day?	☐0	☐1	☐2	☐3	☐4
95.	Did you have trouble falling asleep?	☐0	☐1	☐2	☐3	☐4
96.	Did you wake up several times at night?	☐0	☐1	☐2	☐3	☐4
97.	Did you wake up earlier than you planned to?	☐0	☐1	☐2	☐3	☐4
98.	Did you have trouble getting back to sleep after you woke up too early?	☐0	☐1	☐2	☐3	☐4

99. About how many hours of sleep did you get on a typical night during the past 4 weeks?

5 or less hours	6 hours	7 hours	8 hours	9 hours	10 or more hours
☐1	☐2	☐3	☐4	☐5	☐6

100. Overall, was your typical night's sleep during the past 4 weeks:

Very sound or restful	Sound or restful	Average quality	Restless	Very restless
☐5	☐4	☐3	☐2	☐1

Form 155 – Lifestyle Questionnaire (Draft)

In the <u>past 4 weeks</u>, how often have you felt:	**Never**	**Almost never**	**Some-times**	**Fairly often**	**Very often**
101. That you were unable to control the important things in your life?	☐0	☐1	☐2	☐3	☐4
102. Confident about your ability to handle your personal problems?	☐0	☐1	☐2	☐3	☐4
103. That things were going your way?	☐0	☐1	☐2	☐3	☐4
104. That difficulties were piling up so high that you could not overcome them?	☐0	☐1	☐2	☐3	☐4

In general…	**Strongly disagree**	**Disagree somewhat**	**Disagree slightly**	**Agree slightly**	**Agree some-what**	**Agree strongly**
105. I tend to bounce back quickly after hard times.	☐1	☐2	☐3	☐4	☐5	☐6
106. It does not take me long to recover from a stressful event.	☐1	☐2	☐3	☐4	☐5	☐6
107. I have a hard time making it through stressful events.	☐1	☐2	☐3	☐4	☐5	☐6

<u>During the past 4 weeks</u>, how intensively did you suffer from the following?

	Not at all	**Symptom occurred and was:**		
		Mild	**Moderate**	**Severe**
108. Cold hands or feet	☐0	☐1	☐2	☐3
109. Feeling too warm	☐0	☐1	☐2	☐3
110. Perspiring (without exercise)	☐0	☐1	☐2	☐3
111. "Gooseflesh" or shivering	☐0	☐1	☐2	☐3
112. Generally uncomfortable with the temperature	☐0	☐1	☐2	☐3

Form 155 – Lifestyle Questionnaire (Draft)

Below is a list of symptoms women sometimes have as they become older or after menopause. For each item, mark the one box that best describes how bothersome the symptom was over the past year. **Be sure to mark one box on each line.**

If you did not have the problem, please mark the box under "symptom did not occur." If you had the symptom, use the following key to indicate how bothersome it was:

Mild = symptom did not interfere with usual activities
Moderate = symptom interfered somewhat with usual activities
Severe = symptom was so bothersome that usual activities could not be performed

		Symptom did not occur	Symptom occurred and was:		
			Mild	Moderate	Severe
113.	Night sweats	☐0	☐1	☐2	☐3
114.	General aches or pains	☐0	☐1	☐2	☐3
115.	Breast tenderness	☐0	☐1	☐2	☐3
116.	Hot flashes	☐0	☐1	☐2	☐3
117.	Mood swings	☐0	☐1	☐2	☐3
118.	Irritability	☐0	☐1	☐2	☐3
119.	Feeling tired	☐0	☐1	☐2	☐3
120.	Forgetfulness	☐0	☐1	☐2	☐3
121.	Skin dryness or scaling	☐0	☐1	☐2	☐3
122.	Headaches or migraines	☐0	☐1	☐2	☐3
123.	Difficulty concentrating	☐0	☐1	☐2	☐3
124.	Joint pain or stiffness	☐0	☐1	☐2	☐3
125.	Uncontrolled leaking of urine	☐0	☐1	☐2	☐3
126.	Uncontrolled leaking of feces	☐0	☐1	☐2	☐3
127.	Vaginal or genital irritation or itching	☐0	☐1	☐2	☐3
128.	Vaginal or genital dryness	☐0	☐1	☐2	☐3
129.	Other (*Specify*): _____	☐0	☐1	☐2	☐3

People sometimes look to others for help, friendship, or other types of support. Next are some questions about the support that you have. 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
130. Someone to give you good advice about a problem	☐1	☐2	☐3	☐4	☐5
131. Someone to take you to the doctor if you need it	☐1	☐2	☐3	☐4	☐5
132. Someone to have a good time with	☐1	☐2	☐3	☐4	☐5
133. Someone to love you and make you feel wanted	☐1	☐2	☐3	☐4	☐5
134. Someone you can count on to listen to you when you need to talk	☐1	☐2	☐3	☐4	☐5
135. Someone to help you understand a problem when you need it	☐1	☐2	☐3	☐4	☐5
136. Someone to help with daily chores if you are sick	☐1	☐2	☐3	☐4	☐5
137. Someone to share your most private worries and fears	☐1	☐2	☐3	☐4	☐5
138. Someone to do something fun with	☐1	☐2	☐3	☐4	☐5

Form 155 – Lifestyle Questionnaire (Draft)

How true have the following been for you in the past week (7 days)?

	Not at all	A little bit	Some-what	Quite a bit	Very much
139. I felt peaceful.	☐0	☐1	☐2	☐3	☐4
140. I had a reason for living.	☐0	☐1	☐2	☐3	☐4
141. My life has been productive.	☐0	☐1	☐2	☐3	☐4
142. I had trouble feeling peace of mind.	☐0	☐1	☐2	☐3	☐4
143. I felt a sense of purpose in my life.	☐0	☐1	☐2	☐3	☐4
144. I was able to reach down deep into myself for comfort.	☐0	☐1	☐2	☐3	☐4
145. I felt a sense of harmony within myself.	☐0	☐1	☐2	☐3	☐4
146. My life lacked meaning and purpose.	☐0	☐1	☐2	☐3	☐4
147. I found comfort in my faith or spiritual beliefs.	☐0	☐1	☐2	☐3	☐4
148. I found strength in my faith or spiritual beliefs.	☐0	☐1	☐2	☐3	☐4
149. I am always hopeful about my future.	☐0	☐1	☐2	☐3	☐4

Form 155 – Lifestyle Questionnaire (Draft)

The last questions are about emotions you may have been feeling. Please mark one box for each statement.

Mark the answer that best corresponds to how much you agree with each statement.

	Strongly disagree	Disagree	Slightly disagree	Neither agree or disagree	Slightly agree	Agree	Strongly Agree
150. In most ways my life is close to my ideal.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
151. The conditions of my life are excellent.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
152. I am satisfied with my life.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
153. So far I have gotten the important things I want in life.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
154. If I could live my life over, I would change almost nothing.	☐1	☐2	☐3	☐4	☐5	☐6	☐7

Please take a few minutes to review this form for any questions you may have missed.
Thank you for taking the time to complete this questionnaire

Add any comments you may have here.

Form 155 – Lifestyle Questionnaire (Draft)

Form 155

Spanish translation under way.

Instructions to WHI staff under way.