4.

This questionnaire asks about you, your home, your phone and computer use, and your health care. Your answers will help us understand the health of women like you.

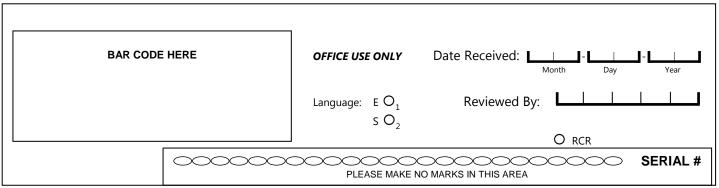
		Office use Only	
1.	What year was your mother born?		
2.	What year was your father born?		
3.	What is your current weight? lbs		

	0	1-2	3-4	5-6	7-9	10 or more
How many close friends do you have?	0,	O ₁	Ο,	Ο,	0,	O

- 5. How many close relatives do you have? $O_0 O_1 O_2 O_3 O_4 O_4$
- 6. As people grow older they sometimes need to make changes to their home so that it is a safer and easier place to live. Please read the list below and mark any **changes** or **additions** you have made to your home **for yourself** or someone else. Be sure to **mark all that apply**.
 - O_1 Railings or banisters O_6 Decreasing clutter O_2 Grab bars O_7 Increasing lighting O_8 Indoor or outdoor ramps O_8 Sink/counter heights
 - O₄ Non-slip surfaces O₉ Other
 - O₅ Tacking down carpets/rugs O₁₀ No changes
- 7. In the last year, did you fall at home? O₁ Yes O₀ No
- 8. Do you wear a device around your neck or wrist for contacting emergency help?

 O₁ Yes
 O₀ No

Public reporting for this collection of information is estimated to average 8.5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the information needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it is displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0414). Do not return the completed form to this address.



Form 156 – Supplemental Questionnaire

							<u>No</u>	<u>Yes</u>	Don't know, Not sure
9.	During the past 12 months, have you had a seasonal flu shot?							O_1	O ₂
10.	A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's life and is different from the flu shot. Have you ever had a pneumonia shot?							O ₁	O ₂
11.	Have you had th	ne shing	les vacc	ine (also known a	as the zoste	er vaccine)?	O ₀	O_1	O ₂
12.	As an adult, have you had pneumonia diagnosed by a physician?								
	O_1 Yes \longrightarrow O_0 No O_2 Don't know/ Not sure		O ₁	w long ago was y Less than 6 mont 1 to 3 years ago	hs ·	eumonia dia O_3 6 to 12 m O_4 Greater the	onths	ago	ago
13.	Has a health care provider ever told you that you had a urinary tract infection (bladder infection, cystitis, kidney infection, pyelonephritis)?								
	O₁ Yes → O₀ No O₂ Don't know/ Not sure		O_1	w long ago was y Less than 6 mont 1 to 3 years ago	hs o	nary tract inf O_3 6 to 12 m O_4 Greater th	onths	ago	ago
14.	Have you ever had shingles?								
	O_1 Yes \longrightarrow O_0 No O_2 Don't know/ Not sure		O_1	w long ago did y Less than 6 mont 1 to 3 years ago	hs o	ingles? O_3 6 to 12 m O_4 Greater th		_	ago
15.	When was the last time you saw an eye doctor?								
	O_1 1 year ago O_2 1-2 years ago)		More than 2 year I do not see an e	_				
16.	Have you ever been told by an eye doctor that you have glaucoma?								
	$O_1 \text{ Yes} \longrightarrow O_0 \text{ No}$	16.1		d were you when		J			
	0,110		O ₁ < 55	O ₂ 55-64	O ₃ 65-7	4 O ₄ 7!	5-84	С	o ₅ ≥ 85
		16.2	Has yo	ur glaucoma beei	n treated w	ith any of th	e follo	wing?	

(Mark all that apply.)

O₁ Eye drops

O₂ Laser treatment

O₈ Other surgery

Form 156 - Supplemental Questionnaire

17. Have you ever had surgery to remove cataracts?

O₁ Yes
O₀ No

17.1 How old were you when you had your first cataract extraction surgery?
O₁ <45 O₂ 45-54 O₃ 55-64 O₄ 65-74 O₅ 75-84 O₆ \geq 85

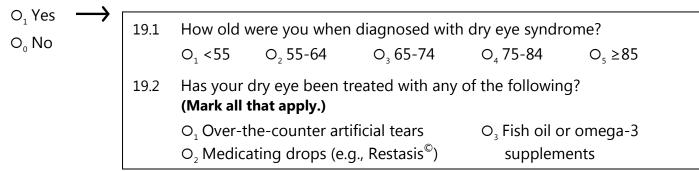
18. Have you ever been told by an eye doctor that you have diabetic retinopathy?

O₁ Yes
O₀ No

18.1 How old were you when diagnosed with diabetic retinopathy?
O₁ <55 O₂ 55-64 O₃ 65-74 O₄ 75-84 O₅ \geq 85

18.2 Has your retinopathy been treated with any of the following?
(Mark all that apply.)
O₁ Laser treatment O₂ Surgery/vitrectomy O₃ Nutritional supplement

19. Have you ever been told by an eye doctor that you have dry eye syndrome?



The next set of questions asks about advanced health care planning. This can cover becoming too sick to live on your own, being very sick and you cannot speak for yourself, or being near the end of your life and you cannot speak for yourself.

20. Have you chosen a specific person you trust to make health care decisions for you in case you cannot speak for yourself? (Mark one.)

O₁ Yes Who did you choose to make health care decisions for you? (Mark one.) 20.1 O_o No O₁ My spouse or partner O₄ A friend or non-family member O, Another family member O₅ My doctor O₃ My family as a group 20.2 Have you talked to the person you chose about the type of health care you want if you were very sick or near the end of your life? (Mark one.) O₁ Yes, we had a very detailed discussion about my wishes O₂ Yes, but we just had a general discussion O₃ No, because I assume my decision maker knows what I want O₄ No, for other reason

Form 156 – Supplemental Questionnaire

21.	Have you made plans for what should happen if you become too sick to live on your own? (Mark one.)									
	O ₁ Yes, I have ma	ide plans.	O ₃ No, I don't have plans but I have thought							
	O ₂ No, I haven't o	given it much	thought.	about it.						
22.		s very sick ar	g Will are document nd is near the end o	•						
	O ₁ Yes O ₀ No O ₂ Not sure									
23.	In the past year, has a health care provider refused to have you as a patient because you are on Medicare?									
	O ₁ Yes O	O_0 No O_2 Don't know / Not sure O_3 Not on Med								
The	next five question	ns are abou	it your eating habit	s.						
							<u>No</u>	<u>Yes</u>		
24.	I eat fewer than 2	2 meals per c	lay.				O_0	O_1		
25.	I eat alone most		O_0	O_1						
26.	I have tooth or m		O_0	O_1						
27.										
28.	I don't always have enough money to buy the food I need.									
Thic	last set of quest	ions is abou	t your use of phon	es and comr	uiters					
11113	iust set of quest	10113 13 4504	t your use or priori	es and comp	aters.					
29.	Do you own a ce	ll phone?								
	O_1 Yes O_0 No O_1 Yes O_0 No O_1 Yes									
30.	Do you use a computer (either at home or away from home)?									
	$O_1 \text{ Yes} \longrightarrow O_0 \text{ No}$	-	ou use it for e-mail? ou use it for the into	ernet?	O ₀ No O ₀ No	O ₁ Yes O ₁ Yes				
							<u>No</u>	Yes		
31.								O ₁		
32.	2. Do you use the internet to look for health information? \circ							$O_{\scriptscriptstyle 1}$		
33.	Have you looked	at the WHI v	website (www.whi.or	g)?			O ₀	O ₁		

Thank you. Please take a moment to review any questions you may have missed.