



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
[Three sets of empty boxes for office use]

- 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

- 4. How many close friends do you have?
5. How many close relatives do you have?

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.

- 01 Railings or banisters
02 Grab bars
03 Indoor or outdoor ramps
04 Non-slip surfaces
05 Tacking down carpets/rugs
06 Decreasing clutter
07 Increasing lighting
08 Sink/counter heights
09 Other
10 No changes

- 7. In the last year, did you fall at home?
8. Do you wear a device around your neck or wrist for contacting emergency help?

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- | | <u>No</u> | <u>Yes</u> | <u>Don't know/
Not sure</u> |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| 9. During the past 12 months, have you had a seasonal flu shot? | <input type="radio"/> O ₀ | <input type="radio"/> O ₁ | <input type="radio"/> 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? | <input type="radio"/> O ₀ | <input type="radio"/> O ₁ | <input type="radio"/> O ₂ |
| 11. Have you had the shingles vaccine (also known as the zoster vaccine)? | <input type="radio"/> O ₀ | <input type="radio"/> O ₁ | <input type="radio"/> O ₂ |

12. As an adult, have you had pneumonia diagnosed by a physician?

- O₁ Yes →
 O₀ No
 O₂ Don't know/
 Not sure

- 12.1 How long ago was your last pneumonia diagnosed?
- | | |
|---|---|
| <input type="radio"/> O ₁ Less than 6 months | <input type="radio"/> O ₃ 6 to 12 months ago |
| <input type="radio"/> O ₂ 1 to 3 years ago | <input type="radio"/> O ₄ Greater than 3 years 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

- 13.1 How long ago was your last urinary tract infection?
- | | |
|---|---|
| <input type="radio"/> O ₁ Less than 6 months | <input type="radio"/> O ₃ 6 to 12 months ago |
| <input type="radio"/> O ₂ 1 to 3 years ago | <input type="radio"/> O ₄ Greater than 3 years ago |

14. Have you ever had shingles?

- O₁ Yes →
 O₀ No
 O₂ Don't know/
 Not sure

- 14.1 How long ago did you have shingles?
- | | |
|---|---|
| <input type="radio"/> O ₁ Less than 6 months | <input type="radio"/> O ₃ 6 to 12 months ago |
| <input type="radio"/> O ₂ 1 to 3 years ago | <input type="radio"/> O ₄ Greater than 3 years ago |

15. When was the last time you saw an eye doctor?

- | | |
|--|---|
| <input type="radio"/> O ₁ 1 year ago | <input type="radio"/> O ₃ More than 2 years ago |
| <input type="radio"/> O ₂ 1-2 years ago | <input type="radio"/> O ₄ I do not see an eye doctor |

16. Have you ever been told by an eye doctor that you have glaucoma?

- O₁ Yes →
 O₀ No

- 16.1 How old were you when diagnosed with glaucoma?
- | | | | | |
|--|--|--|--|---|
| <input type="radio"/> O ₁ <55 | <input type="radio"/> O ₂ 55-64 | <input type="radio"/> O ₃ 65-74 | <input type="radio"/> O ₄ 75-84 | <input type="radio"/> O ₅ ≥ 85 |
|--|--|--|--|---|
- 16.2 Has your glaucoma been treated with any of the following?
(Mark all that apply.)
- | | | |
|--|--|--|
| <input type="radio"/> O ₁ Eye drops | <input type="radio"/> O ₂ Laser treatment | <input type="radio"/> O ₈ Other surgery |
|--|--|--|

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17. Have you ever had surgery to remove cataracts?

- Yes
 No



17.1 How old were you when you had your first cataract extraction surgery?
 <45 45-54 55-64 65-74 75-84 ≥ 85

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

- Yes
 No



18.1 How old were you when diagnosed with diabetic retinopathy?
 <55 55-64 65-74 75-84 ≥ 85

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

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

- Yes
 No



19.1 How old were you when diagnosed with dry eye syndrome?
 <55 55-64 65-74 75-84 ≥ 85

19.2 Has your dry eye been treated with any of the following?
(Mark all that apply.)
 Over-the-counter artificial tears Fish oil or omega-3 supplements
 Medicating drops (e.g., Restasis[®])

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.)**

- Yes
 No



20.1 Who did you choose to make health care decisions for you? **(Mark one.)**
 My spouse or partner A friend or non-family member
 Another family member My doctor
 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.)**
 Yes, we had a very detailed discussion about my wishes
 Yes, but we just had a general discussion
 No, because I assume my decision maker knows what I want
 No, for other reason

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21. Have you made plans for what should happen if you become too sick to live on your own?
(Mark one.)
₁ Yes, I have made plans. ₃ No, I don't have plans but I have thought about it.
₂ No, I haven't given it much thought.

22. An Advance Directive or Living Will are documents that let a person choose how she wants to be treated if she gets very sick and is near the end of her life. Have you filled out a written Advance Directive or Living Will?
₁ Yes ₀ No 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?
₁ Yes ₀ No ₂ Don't know / Not sure ₃ Not on Medicare

The next five questions are about your eating habits.

	No	Yes
24. I eat fewer than 2 meals per day.	<input type="radio"/> ₀	<input type="radio"/> ₁
25. I eat alone most of the time.	<input type="radio"/> ₀	<input type="radio"/> ₁
26. I have tooth or mouth problems that make it hard for me to eat.	<input type="radio"/> ₀	<input type="radio"/> ₁
27. I am not always physically able to shop, cook and/or feed myself.	<input type="radio"/> ₀	<input type="radio"/> ₁
28. I don't always have enough money to buy the food I need.	<input type="radio"/> ₀	<input type="radio"/> ₁

This last set of questions is about your use of phones and computers.

29. Do you own a cell phone?
₁ Yes →
 29.1 Do you send or receive text messages on your phone?
₀ No ₁ Yes

₀ No

30. Do you use a computer (either at home or away from home)?
₁ Yes →
 30.1 Do you use it for e-mail? ₀ No ₁ Yes
 30.2 Do you use it for the internet? ₀ No ₁ Yes

₀ No

	No	Yes
31. Even if you do not use a computer, do you use a "Smart phone," iPad, or other device for email or the internet?	<input type="radio"/> ₀	<input type="radio"/> ₁
32. Do you use the internet to look for health information?	<input type="radio"/> ₀	<input type="radio"/> ₁
33. Have you looked at the WHI website (www.whi.org)?	<input type="radio"/> ₀	<input type="radio"/> ₁

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