

# 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					
		(example: June = 06)							

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

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

3. **Since March 2011, have you used birth control pills?**

- No  Yes If **yes**, how many months?    
Months

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

- No  Yes If **yes**, how many months?    
Name of medication(s):   
Months

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

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

6. 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

7. Do you have noticeable hair loss:

- a. On the **TOP** of your scalp?  
 No  Yes
- b. On the **SIDES** of your scalp?  
 No  Yes

8. Are you lactose intolerant?

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

9. Please write in your current weight.

Pounds			

10. How many alcoholic beverages do you drink **each week?**

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11. 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

12. To what extent do you consider yourself:

	Not at all	Slightly	Moderately	Very
A religious person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A spiritual person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Yes	Year
1. Hay fever	<input type="radio"/>	<input type="text"/>
2. Sjogren's syndrome	<input type="radio"/>	<input type="text"/>
3. Scleroderma	<input type="radio"/>	<input type="text"/>
4. Crohn's disease (confirmed by biopsy)	<input type="radio"/>	<input type="text"/>
5. Sickle cell disease	<input type="radio"/>	<input type="text"/>
6. Sickle cell trait, not the disease	<input type="radio"/>	<input type="text"/>

18. Have you had any of the following treatments?

	Yes	Year
1. Kidney transplant	<input type="radio"/>	<input type="text"/>
2. Kidney dialysis	<input type="radio"/>	<input type="text"/>
3. Bariatric surgery (weight loss surgery)	<input type="radio"/>	<input type="text"/>
4. Hip replacement surgery	<input type="radio"/>	<input type="text"/>

Please continue with Question 19

19. Women whose periods have stopped permanently (for at least 12 months) are considered to have gone through menopause, even if they have not had any symptoms (hot flashes, etc.). Which of the following best describes your current situation?

- I still have my usual menstrual periods
- I am currently going through menopause
- My menstrual periods have stopped permanently
- My periods stopped but I have periods now due to use of female hormones
- I don't know if my periods have stopped because I began taking female hormones when I still had periods
- Uncertain (Please describe):

Age periods stopped:

Reason periods stopped:

Natural menopause

Surgery

Other:

	Excellent	Very Good	Good	Fair	Poor
20. In general, would you say your health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. In general, would you say your quality of life is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. In general, how would you rate your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. In general, how would you rate your mental health, including your mood and your ability to think?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. In general, how would you rate your satisfaction with your social activities and relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. 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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	Completely <input type="radio"/>	Mostly <input type="radio"/>	Moderately <input type="radio"/>	A little <input type="radio"/>	Not at all <input type="radio"/>





27. 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

28. In the past 7 days, how would you rate your fatigue on average? None Mild Moderate Severe Very severe

29. 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

30. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
received public assistance or welfare?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. 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?

32. 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?	<input type="radio"/>				
How often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>				
How often have you felt that things were going your way?	<input type="radio"/>				
How often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>				

33. 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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. beef (including hamburgers, steak, roasts, stew) or pork (including chops, roasts, dinner ham)? Do not include bacon, sausage, hot dogs, lunch meat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

