Black Women's Health Study 2009

PLEASE USE A BLUE OR BLACK BALLPOINT PEN

1. Please write in your age and date of birth.

Age ____ Month ____ / Day ____ / 1 9 ____ ____ Year

(example: June = 06)

2. Since March 2007, have you had a:
(Fill in all circles that apply.)

- ○ Physical exam
- ○ Blood sugar test
- ○ Eye exam
- ○ Pap smear
- ○ Mammogram
- ○ Pelvic ultrasound
- ○ Sigmoidoscopy
- ○ Colonoscopy
- ○ Dental cleaning

3. How many breast biopsies have you ever had? ____

4. Since March 2007, how many times have you given birth to:

A single child ____ Twins or triplets ____

○ **I am currently pregnant**

5. Since March 2007, have you used birth control pills?

○ No ○ Yes. If **yes**, how many months? ____ Months

6. How many hours of sleep do you normally get? ____ Hours per day

7. As far as you know, were you breast fed as an infant?

- ○ No
- ○ Yes. If **yes**, number of months breast fed? ____ Months
- ○ Don't know

Please continue with Question 8

8. As far as you know, were you fed soy formula as an infant?

○ No ○ Yes ○ Don't know

9. As far as you know, did your mother smoke cigarettes when she was pregnant with you?

○ No ○ Yes ○ Don't know

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

11. How many cigarettes do you currently smoke each day? ____

a. Do you smoke menthol cigarettes? ○ No ○ Yes

12. Please write in your current weight. ____ Pounds

13. During the past summer, how many hours per day did you usually spend outdoors in daylight?

a. on weekdays?	b. on weekends?
○ Less than 1 hour per day	○ Less than 1 hour per day
○ 1-2 hours per day	○ 1-2 hours per day
○ 3-4 hours per day	○ 3-4 hours per day
○ 5 or more hours per day	○ 5 or more hours per day

14. During the rest of the last year (fall, winter, spring), how many hours per day did you usually spend outdoors in daylight?

a. on weekdays?	b. on weekends?
○ Less than 1 hour per day	○ Less than 1 hour per day
○ 1-2 hours per day	○ 1-2 hours per day
○ 3-4 hours per day	○ 3-4 hours per day
○ 5 or more hours per day	○ 5 or more hours per day

15. During the past year, how many hours each week did you spend (on average)**:**

	None	less than 1 hr	1-2 hrs	3-4 hrs	5-6 hrs	7-9 hrs	10 or more hrs
Walking for exercise	○	○	○	○	○	○	○
Vigorous exercise (e.g., jogging, aerobics)	○	○	○	○	○	○	○
Walking to and from church, school, work	○	○	○	○	○	○	○

16. Since March 2007, if you were 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. 2007 = 07)*

	Yes	Year
1. Diabetes (sugar, sugar diabetes)	○	
2. Breast cancer	○	
3. Lung cancer	○	
4. Colon cancer	○	
5. Rectal cancer	○	
6. Uterine cancer (not including cervical cancer)	○	
7. Other type of cancer. (Please write in the type)	○	
8. Heart attack	○	
9. Stroke	○	
10. Coronary bypass surgery	○	
11. Angioplasty or stent for artery repair	○	
12. Congestive heart failure (CHF)	○	
13. Atrial fibrillation	○	
14. End stage renal disease	○	
15. Angina (chest pain)	○	
16. Blood clot (lungs or legs)	○	
17. Hypertension (high blood pressure)	○	
18. High cholesterol	○	
19. Endometriosis (confirmed by laparoscopy)	○	
20. Fibroids in womb	○	
20a. Confirmed by ultrasound	○	
20b. Confirmed by surgery (e.g. hysterectomy)	○	
21. Lupus (not discoid)	○	
22. Multiple sclerosis (MS)	○	
23. Asthma	○	
24. Colon or rectal polyp (benign)	○	
25. Depression treated with medication	○	
26. Glaucoma	○	
27. Cataracts	○	
28. Sarcoidosis	○	
29. Rheumatoid arthritis	○	
30. Osteoarthritis	○	
31. Other serious illness	○	

17. Did you ever develop diabetes during a pregnancy (gestational diabetes)?

○ No
○ Yes. If **yes**, how old were you? Age
○ Don't know

18. Did you ever develop pre-eclampsia or toxemia during a pregnancy?

○ No
○ Yes
○ Don't know

19. Did you have asthma as a child?

○ No
○ Yes. If **yes**, how old were you? Age
○ Don't know

20. Has your mother or any of your sisters ever been diagnosed with uterine fibroids (fibroids in the womb)?

○ No
○ Yes
○ Don't know

21. 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
○ Ibuprofen, Naproxen, Aleve, or Motrin
○ Pills to lower cholesterol Name:
○ Injections for diabetes
○ Pills for diabetes Name:
○ Diuretics (water pills) for high blood pressure or other reasons Name:
○ Other blood pressure pills Name:
○ Inhalers or pills for asthma Name:
○ Multi-Vitamins
○ Folic acid by itself ○ Calcium by itself
○ Calcium with Vitamin D ○ Vitamin D by itself

Please list all other medications or supplements that you currently take at least 3 days a week:

22. What was the highest level of education completed by:

	Less than 12th grade	High School Degree or GED	Some College or Vocational School	College Graduate or higher	Don't know/ Not applicable
a. Your Mother?	○	○	○	○	○
b. Your Father?	○	○	○	○	○
c. Other primary caretaker (such as foster parent or grandparent) during childhood?	○	○	○	○	○
d. Your partner or spouse?	○	○	○	○	○

23. Please list the type of home where you lived at each of the following stages of your life.
(Fill in all circles that apply.)

As a child (up to age 11)	As a teenager (age 12-18)	As an adult (age 19 to present)	In the last year
○ Rented	○ Rented	○ Rented	○ Rented
○ Owned	○ Owned	○ Owned	○ Owned
○ Don't know	○ Don't know	○ Don't know	○ Don't know

24. If you suddenly lost all sources of your household income right now (wages, pension, interest and dividends), how long would you be able to maintain your standard of living and stay in your home?
(Fill in one circle only.)

- ○ Less than 2 months
- ○ 2 to 5 months
- ○ 6 months to a year
- ○ More than a year
- ○ Don't know

25. Have you ever been treated unfairly due to your race in any of the following circumstances?

	Yes	No
a. Job (hiring, promotion, firing)	○	○
b. Housing (renting, buying, mortgage)	○	○
c. Police (stopped, searched, threatened)	○	○
d. In the courts	○	○
e. At school	○	○
f. Getting medical care	○	○

Please continue with Question 26

26. In your day-to-day life, how often have any of the following things happened to you?

a. You received poorer service than other people at restaurants or stores.
- ○ Never
- ○ Once a week
- ○ A few times a year
- ○ Almost every day
- ○ Once a month

b. People act as if they think you are not intelligent.
- ○ Never
- ○ Once a week
- ○ A few times a year
- ○ Almost every day
- ○ Once a month

c. People act as if they are afraid of you.
- ○ Never
- ○ Once a week
- ○ A few times a year
- ○ Almost every day
- ○ Once a month

d. People act as if they think you are dishonest.
- ○ Never
- ○ Once a week
- ○ A few times a year
- ○ Almost every day
- ○ Once a month

e. People act as if they are better than you.
- ○ Never
- ○ Once a week
- ○ A few times a year
- ○ Almost every day
- ○ Once a month

27. If you feel you have been treated unfairly due to your race, do you: *(Please select the best response.)*

- ○ Usually accept it as a fact of life
- ○ Usually try to do something about it

28. If you have been treated unfairly due to your race, do you: *(Please select the best response.)*

- ○ Usually talk to other people about it
- ○ Usually keep it to yourself

29. Do you consider yourself to be:

- ○ Right-handed
- ○ Left-handed
- ○ Both right- and left-handed

30. Are either of your parents left-handed?

○ No ○ Yes ○ Don't know

31. Since March 2007, have you taken female hormones (like estrogen) for menopause?

○ No ○ Yes If **yes**, how many months? ☐☐ Months

Name of medication(s):

☐

Please continue with Question 32

32. Since March 2007, have you had surgery to remove your ovaries or uterus? *(Fill in all circles that apply.)*

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

33. 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
- ○ Chemotherapy/radiation
- ○ Other: ☐

34. Have you or your hairdresser ever used any of the following hair oils, hair lotions or leave-in conditioners in your hair? *(Fill in all circles that apply.)*

- ○ Infusion 23 leave-in conditioner. If yes, for how many years? ☐☐
- ○ Hask Placenta hot oil treatment. If yes, for how many years? ☐☐
- ○ Organic Root Stimulator - Olive Oil. If yes, for how many years? ☐☐
- ○ Other ☐ ☐

35. Which hair oils, hair lotions, or leave-in conditioners did you use most often in your teenage year? *(Fill in all circles that apply.)*

- ○ Infusion 23 leave-in conditioner.
- ○ Hask Placenta hot oil treatment.
- ○ Other ☐ ☐