



WIHS ID #

B5. HAS THE PARTICIPANT BEEN BREASTFEEDING IN THE PAST 6 MONTHS? (DID PARTICIPANT ANSWER 'YES' TO QUESTION F1 ON FORM 23?)

YES..... 1 (INELIGIBLE, GO TO B7)
NO..... 2

B6. ASK PARTICIPANT:
Have you EVER had one or more ovaries removed?

YES..... 1 (INELIGIBLE, GO TO B7)
NO..... 2 (ELIGIBLE, OFFER PARTICIPANT ENROLLEMENT IN SEX STEROID STUDY, B7)

B7. OUTCOME:

ELIGIBLE, OKAY TO CALL TO SCHEDULE APPOINTMENT..... 1 (C1)
ELIGIBLE, DECLINED TO PARTICIPANT ..... 2 (D1)
INELIGIBLE ..... 3 (END)

SECTION C: CONTACT INFO

C1. ASK PARTICIPANT:
Has your phone number changed since your last visit?

YES..... 1 (CALL PROJECT DIRECTOR OR SITE COORDINATOR WITH NEW NUMBER, END)
NO..... 2 (END)

SECTION D: PARTICIPANT DECLINES

D1. WHY DID THE PARTICIPANT DECLINE ENROLLMENT INTO THE SEX STEROID SUBSTUDY?

No time for extra visit..... 1
Doesn't want extra blood taken ..... 2
Incentive not sufficient ..... 3
Child care problem..... 4
Transportation problem..... 5
Other ..... 6

Specify: \_\_\_\_\_

DO NOT DATA ENTER SSSCR.