

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:

¿Se le ha extirpado **ALGUNA VEZ** uno o ambos ovarios?

- 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:

¿Ha cambiado su número de teléfono después de su última visita?

- 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