

Thinking back over the past two weeks, how often have you had...

C3. Night sweats?

- Not at all..... 1 (C4)
- 1-5 days..... 2
- 6-8 days..... 3
- 9-13 days..... 4
- Every day..... 5

a. On the nights that you have night sweats, how many times each night do you usually have them? |_|_|

- b. How much are you usually bothered by night sweats?
- Not at all 1
 - Very little..... 2
 - Moderately..... 3
 - A lot..... 4

C4. Stiffness or soreness in joints, neck or shoulders?

- Not at all..... 1 (C5)
- 1-5 days..... 2
- 6-8 days..... 3
- 9-13 days..... 4
- Every day..... 5

a. How much are you usually bothered by stiffness or soreness in joints, neck or shoulders?

- Not at all 1
- Very little..... 2
- Moderately..... 3
- A lot..... 4

C5. Irritability or grouchiness?

- Not at all..... 1 (C6)
- 1-5 days..... 2
- 6-8 days..... 3
- 9-13 days..... 4
- Every day..... 5

a. How much are you usually bothered by irritability or grouchiness?

- Not at all 1
- Very little..... 2
- Moderately..... 3
- A lot..... 4

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Thinking back over the past two weeks, how often have you felt...

C6. Tense or nervous?

- Not at all 1 (C7)
- 1-5 days 2
- 6-8 days 3
- 9-13 days 4
- Every day 5

a. How much are you usually bothered by feeling tense or nervous?

- Not at all 1
- Very little 2
- Moderately 3
- A lot 4

C7. WAS PARTICIPANT ADMINISTERED NEUROCOGNITIVE BATTERY AT THIS VISIT?

- YES 1
- NO 2 (IF EVEN VISIT: SKIP TO D4.
IF ODD VISIT: SKIP TO D2.)

SECTION D: BLSA QUESTIONS

D1. **PROMPT: HAND PARTICIPANT FOLLOW-UP RESPONSE CARD M3.**

Below is a list of common problems which affect us from time to time in our daily lives. Thinking back over the past two weeks, please tell me how often you experienced any of the following.

How often have you had.....

	<u>Not at all</u>	<u>1 – 5 days</u>	<u>6 – 8 days</u>	<u>9 – 13 days</u>	<u>Everyday</u>
a. Back aches or pains?.....	1	2	3	4	5
b. Vaginal dryness?.....	1	2	3	4	5
c. Feeling blue or depressed?	1	2	3	4	5
d. Dizzy spells?.....	1	2	3	4	5
e. Forgetfulness?.....	1	2	3	4	5
f. Frequent mood changes?	1	2	3	4	5
g. Heart pounding or racing?	1	2	3	4	5
h. Feeling fearful for no reason?.....	1	2	3	4	5
i. Headaches?	1	2	3	4	5
j. Breast pain/tenderness?	1	2	3	4	5
k. Vaginal irritation/itching?.....	1	2	3	4	5
l. Vaginal discharge?	1	2	3	4	5
m. Vaginal soreness/pain?	1	2	3	4	5

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D2. PROMPT: HAND PARTICIPANT FOLLOW-UP RESPONSE CARD M3.

These questions are about your sleep habits over the past two weeks. Please pick one answer for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 2 weeks.

In the past two weeks...

	No, not in the past 2 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
a. Did you have trouble falling asleep?.....	1	2	3	4	5
b. Did you wake up several times a night?.....	1	2	3	4	5
c. Did you wake up earlier than you had planned to, and were unable to fall asleep again?	1	2	3	4	5

The following question relates to your usual sleep habits during the past month only. Your answer should give the most accurate description for most of the days and nights in the past month.

D3. During the past month, how would you rate your sleep quality overall?

- Very good 1
- Fairly good..... 2
- Fairly bad 3
- Very bad..... 4

D4. TIME MODULE ENDED:

|_|_| : |_|_| AM 1
 PM 2