

**The State of Women Veterans' Health Research: Results of a Systematic Literature Review
Evidence Tables**

Author	Women Veteran Specific?	Sample characteristics	Sample size [N]	Design	Main measures	Description
Lang, 2003 (139)	Yes	Sample of women veterans from a San Diego VAMC primary care clinic in 1998	221 women veterans	Observ. Study- Assess risk or prognosis	Demographics, psychological and medical symptoms, exposure to traumatic stressors, health behaviors and health-related quality of life	Evaluated the association of health behavior and sexual assault and the role of PTSD as a mediator. 72% reported some type of sexual trauma and 44% reported sexual assault. Sexual assault history was associated with increased substance use, risky sexual behaviors, less vigorous exercise and increased preventive healthcare. PTSD mediated the history of sexual assault and health behaviors.
Schwartz, 1997 (140)	Yes	Random sample of women veterans from the White River Junction VA Medical Center registry	305 women veterans	All Other Observational	Assessment of numeracy; assessment of perceived risk and benefit from mammography	Evaluated how numeracy affects women's ability to gauge the benefit of mammography after receiving quantitative information. Accuracy in applying risk reduction information and numeracy was poor. Accurately gauging the benefit of mammography was strongly related to numeracy.
Woloshin, 1999 (141)	Yes	Random sample of women veterans from the White River Junction VA Medical Center registry, excluding those with a personal history of breast cancer; 12/95	201 women veterans	All Other Observational	Reported estimates of personal risk of breast cancer; risk-factor data for breast cancer	Evaluated how women estimate the risk of getting breast cancer. 98% of women overestimated their risk for breast cancer but only 10% thought their risk was higher than that of the average woman. Perceived “___ in 1,000” risk was not related to actual risks but women's comparative perceptions of being at low, average or high risk were related to actual risks.

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Table 3f. Evidence Table of Health Services Research: <i>Preventive Care</i>						
Author	Women Veteran Specific?	Sample characteristics	Sample size [N]	Design	Main measures	Description
Biswas, 2002 (142)	Yes	"The Women Veteran Cohort" – sample of women aged 35 and over at the VA Medical Center in Durham, NC, excluding women with self-reported heart disease, angina or chest pain; 11/97	328 women veterans	All Other Observational	Sociodemographic data; height and weight; past medical history; history of bilateral oophorectomy or past use of hormone replacement therapy; physical activity; family history of heart disease; worry about heart disease	Evaluated women's worry about coronary artery disease. Older women and married women were less than half as likely to worry about CAD. Obese women, those with a family history of CAD and those with hyperlipidemia were 1.6, 3.6 and 2.7 times as likely to worry about CAD. Women became more concerned about heart disease the more risk factors they had, though only 50% of those with 4 or more risk factors were worried.
Osborn, 1999 (143)		"The Women Veteran Cohort" – sample of women aged 35 and over at the VA Medical Center in Durham, NC, limited to those who were post-menopausal; 11/97	230 post-menopausal women veterans	All Other Observational	Demographic characteristics; menopause-related characteristics; medications and supplements; hormone use; worry about osteoporosis	Evaluated factors associated with worry about osteoporosis. Married women, white women, those with a hysterectomy and those with worries about osteoporosis were more likely to have used hormone replacement therapy. Older women (60 or older) were 75% less likely to worry about osteoporosis while those with the condition or with a family history of osteoporosis were 9.5 and 2.6 times, respectively, as likely to worry about it.