

Form 37 - Thoughts and Feelings

This booklet has questions about your behavior, feelings, and experiences. Please answer each question as honestly as you can. Make sure you look at both sides of the page. No one will see your answers except for the scientists and staff at your clinic. Your answers will be kept secret and will never be put with your name in a report. Please answer using your first thoughts about each question. Do not go back later to "figure out" answers. Your answers will help us to understand the health of women like you. Thank you for your help.

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Darken the oval completely next to the answer you choose.
- · Erase cleanly any marks you wish to change.
- · Do not make any stray marks on this form.



INCORRECT MARKS

• For questions where you write in a number, write the number in the box provided.

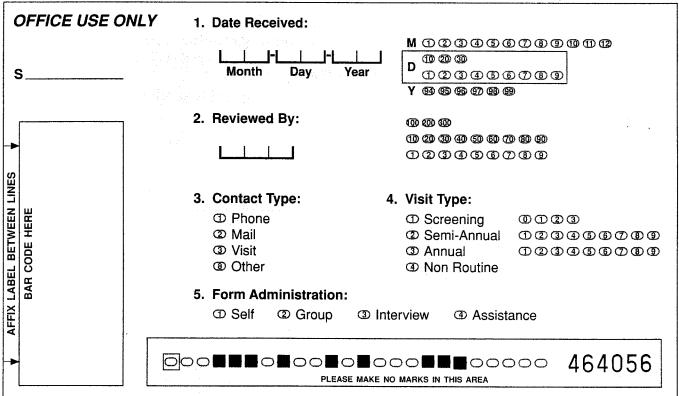
Then mark the corresponding oval to the right.

Example: If your age is 59:

<u>|5|9</u>

10 20 30 40 50 60 70 80 90 1 2 3 4 5 6 7 8 9

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People sometimes look to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? (Mark one oval on each line.)

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1.	Someone you can count on to listen to you when you need to talk	Œ	2	3	4	⑤
2.	Someone to give you good advice about a problem	Ð	②	3	④	⑤
3.	Someone to take you to the doctor if you need it	Œ	2	3	④	©
4.	Someone to have a good time with	Ø	2	3	④	⑤
5.	Someone to help you understand a problem when you need it	Ð	2	o	(ூ
6.	Someone to help with daily chores if you are sick	Œ	2	3	①	⑤
7.	Someone to share your most private worries and fears	D	@	3	④	⑤
8.	Someone to do something fun with	Ð	2	3	④	•
9.	Someone to love you and make you feel wanted	Œ	2	3	4	⑤

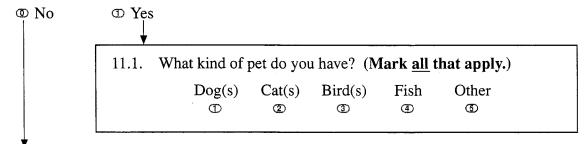
The next questions are about your living and social activities.

0. Who lives with you? (Mark one oval for each item.)

	N	o Y	es
10.1.	I live alone	D G	D
10.2.	I live with my husband or partner	D 6	Ð
10.3.	I live with my children	D 6	Ð
10.4.	I live with my brother and/or sister	D 6	D
10.5.	I live with other relatives	D 6	D
10.6.	I live with friends	D 0	D
10.7.	Other:	5 0 0	D
	(Please describe)		

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11. Do you have a pet?



12. How often have you gone to a religious service or to church during the <u>past month</u>? (Mark only one oval.)

Not at all	Once in	2 or 3 times			
in the past	the past	in the past	Once a	2 to 6 times	Every
month	month	month	week	a week	day
(D	2	3	(1)	⑤	©

13. How much does religion give you strength and comfort? (Mark one oval.)

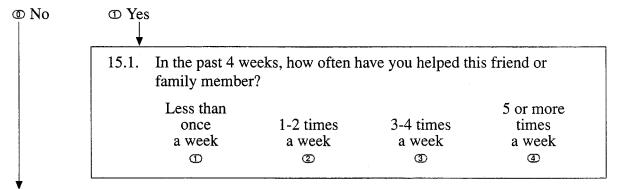
None	A little	A great deal
Œ	2	3

14. How often have you gone to meetings of clubs, lodges, or parent groups in the last month? (Mark only one oval.)

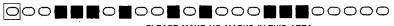
Not at all	Once in	2 or 3 times			
in the past	the past	in the past	Once a	2 to 6 times	Every
month	month	month	week	a week	day
(T)	②	(3)	(4)	⑤	©

These next questions are about the people who are important in your life right now. For each question, mark only one oval.

15. Are you now helping at least one sick, limited, or frail family member or friend on a regular basis?



Go to the next page.



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Of the people who are important to you, how many . . .

16.	Get on your nerves?	None …⊕	One ②	Some	Most ④	(5)
17.	Ask too much of you?	Œ	2	3	④	•
18.	Do <u>not</u> include you?	Œ	2	3	④	(5)
19.	Try to get you to do things you don't want to?	o	2	3	④	(5)

Please answer the following questions about yourself. Mark one oval for each question. Try not to let an answer to one question affect your answer to other questions.

		Strongly Disagree	Disagree	Neutral (In-between)	Agree	Strongly Agree
20.	In unclear times, I usually expect the best	_	②	3	4	(5)
21.	If something can go wrong for me, it will	Ð	2	3	4	⑤
22.	I'm always hopeful about my future	Ð	2	3	(4)	⑤
23.	I hardly ever expect things to go my way	Ð	2	3	4	③
24.	I rarely count on good things happening to me	Ð	②	3	4	(I)
25.	Overall, I expect more good things to happen to me than bad	Ð	@	3	3	⑤
26.	When I am angry, people around me usually know	Œ	@	3	4	©
27.	People can tell from my facial expressions how I am feeling	Œ	2	3	4	٩
28.	I always express disappointment who things don't go as I'd like them to		@	3	4	⑤
29.	If someone makes me angry in a public place, I will "cause a scene"	Œ	2	3	4	⑤

		Strongly Disagree	Disagree	Neutral (In-between)	Agree	Strongly Agree
30.	After I express anger at someone, it bothers me for a long time	Ð	2	3	④	⑤
31.	I try to suppress my anger, but I wou like other people to know how I feel		2	③	④	©
32.	I worry that if I express negative emotions such as fear and anger, other people will not approve of me	©	2	3	④	⑤

The following questions are about your opinions and beliefs. Read each statement and decide whether it is true as applied to you or false as applied to you. If the statement is true or mostly true, mark the oval under the "True" column. If it is false or usually false, mark the oval under the "False" column. Remember to give your own opinion of yourself. Do not leave any blank lines if you can avoid it; try to make some answer to every statement.

		False	True
33.	I have often had to take orders from someone who did not know as much as I did	©	Œ
34.	I think a great many people make a lot of their bad luck in order to gain the sympathy and help of others	o	Ð
35.	It takes a lot of argument to convince most people of the truth	©	Ð
36.	I think most people would lie to get ahead	©	Œ
37.	Most people are honest mainly through fear of being caught	@	Ф
38.	Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it	©	Ф
39.	No one cares much what happens to you	©	Φ,
40.	It is safer to trust nobody	o	①
41.	Most people make friends because friends are likely to be useful to them	@	D
42.	Most people inwardly do not like putting themselves out to help other people.	©	①
43.	I have often met people who were supposed to be experts who were no better than I	©	Œ
44.	People often demand more respect for their own rights than they are willing to allow for others	@	Θ
45.	A large number of people are guilty of bad sexual behavior	@	Œ

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PLEASE MAKE NO MARKS IN THIS AREA

46. Overall, how would you rate your quality of life? (Mark one oval in the box below.)

0	1	2	3	4	5	6	7	8	9	10
0	0	0	0	0	0	0	0	0	0	0
Worst			Ť]	Halfway	y				Best

As bad or worse than being dead

Best quality of life

47. How satisfied are you with your current quality of life? (Mark one oval in the box below.)

0	1	2	3	4	5	6	7	8	9	10
0	0	0	0	0	0	0	0	0	0	0
Dissatisfied]	Halfwa	y				Satisfied

Not at all happy with quality of life now

Very happy with quality of life now

40	Excell	Very good	Good	Fair	Poor
48.	In general, would you say your health is (Mark one oval.) ①	2	3	(4)	⑤

- 49. Compared to one year ago, how would you rate your health in general now? (Mark one oval.)

 - ② Somewhat better now than 1 year ago
 - About the same
 - Somewhat worse now than 1 year ago
 - Much worse than 1 year ago

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.)

		not li		Yes, imited a little	Yes, limited a lot
50.	Vigorous activities, such as running, lifting heavy objects,				
	or strenuous sports		3)	2	Œ
51.	Moderate activities, such as moving a table, vacuuming,				
	bowling, or golfing		30	②	①
52.	Lifting or carrying groceries		3 D	2	①
53.	Climbing several flights of stairs		3)	2	Φ
54.	Climbing one flight of stairs		3)	②	Œ
55.	Bending, kneeling, stooping		3)	2	①
56.	Walking more than a mile		3	2	(
57.	Walking several blocks		3)	2	•
58.	Walking one block		3)	2	Ф
59.	Bathing or dressing yourself		3)	2	Œ
60.	During the past 4 weeks, to what extent has your physical health or emotional				
	problems interfered with your normal Not at social activities with family, neighbors, all Si	1: ~1-41	Moderately	•	Extremely
	social activities with family, neighbors, all Si friends, or groups? (Mark one oval.)	lightly ②	(Medium)	a bit	(A lot)
<i>C</i> 1		Very		Moderate	
61.	During the past 4 weeks, how much None bodily pain have you had? (Mark one oval.) ©	mild ②	Mild ②	(Medium)	Severe ©
62.	During the past 4 weeks, how much did				
	pain interfere with your normal work (both outside your home and at home)? (Mark at all	little bit	Moderately (Medium)	Quite a bit	Extremely (A lot)
	one oval.) ①	2	(Mediani)	4 010	(11 lot) (5)

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The next questions are about your regular daily activities like work, child care, or community
activities. As a result of your physical health, have any of the following problems occurred
during the past 4 weeks?

63.	You cut down on the amount of time you spent on work or other	No	Yes
	activities	@	(
64.	You accomplished less than you would have liked	©	Ф
65.	You were limited in the kind of work or other activities you did	©	Œ
66.	You had difficulty performing work or other activities (it took extra effort)	ത	ന

In the <u>past 4 weeks</u>, as a result of any <u>emotional</u> problem (feeling depressed or anxious), have any of the following occurred?

67.	You cut down on the amount of time spent on work or other	No	Yes
	activities	©	©
68.	You accomplished less than you would have liked	©	①
69.	You did work or other things less carefully than usual	①	Œ

Of these statements, how true or false is each for you?

70.	I seem to get sick a little easier than	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
other people	O	2	3	(4)	⑤	
71.	I am as healthy as anybody I know	①	2	3	4	©
72.	I expect my health to get worse	①	②	3	(4)	©
73.	My health is excellent	Œ	2	3	4	⑤

74. During the past 4 weeks, <u>how much of the time</u> has your physical health or emotional problems interfered with your social activities (like visiting with friends and relatives)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
①	2	③	④	⑤

These questions are about how you feel and how things have been during the <u>past 4 weeks</u>. Give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks . . .

		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
75.	Did you feel full of pep?	⊕	2	3	①	⑤	6
76.	Have you been a very nervous person?	①	2	3	①	⑤	©
77.	Have you felt so down in the dumps that nothing could cheer you up?		2	3	④	⑤	6
78.	Have you felt calm and peaceful?	D		3	④	⑤	6
79.	Did you have a lot of energy?	Œ	2	3	④	©	©
80.	Have you felt downhearted and blue	?⊕	②	③	4	⑤	©
81.	Did you feel worn out?	Œ	2	③	4	⑤	©
82.	Have you been happy?		@	3	4	⑤	©
83.	Did you feel tired?	Œ	@	③	4	⑤	©

84. Can you eat:

- ① Without help (able to feed yourself completely)
- ② With some help (need help with cutting, etc.)
- To or are you completely unable to feed yourself?

85. Can you dress and undress yourself:

- ① Without help (able to pick out clothes, dress and undress yourself)
- 2 With some help
- © Or are you completely unable to dress and undress yourself?

86. Can you get in and out of bed:

- ① Without any help or aids
- ② With some help (either from a person or with the aid of some device)
- ① Or are you totally dependent on someone else to lift you?

87. Can you take a bath or shower:

- Without help
- ② With some help (need help getting in and out of the tub, or need special attachments on the tub)
- To or are you completely unable to bathe yourself?

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Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the <u>past 4 weeks</u> for you. Be sure to mark one oval on each line.

If you did not have the problem, please mark the oval under "symptom did not occur." If you had the symptom, use the following key to indicate how bothersome it was:

Mild = symptom did not interfere with usual activities.

Moderate = symptom interfered somewhat with usual activities.

Severe = symptom was so bothersome that usual activities could not be performed.

		ymptom did not	Syn	nptom occur and was:	rred
	•	occur	Mild		Severe
88.1.	Bloating or gas	©	①	2	3
88.2.	Constipation (difficulty having bowel movements)	©	Θ	2	3
88.3.	Night sweats	@	Œ	2	3
88.4.	General aches or pains	◎	①	2	3
88.5.	Breast tenderness	@	①	②	3
88.6.	Hot flashes	©	Œ	2	3
88.7.	Diarrhea	©	①	2	3
88.8.	Mood swings	@	Œ	2	3
88.9.	Nausea	©	Œ	2	3
88.10.	Dizziness	@	Œ	2	3
88.11.	Feeling tired	©	Œ	@	3
88.12.	Forgetfulness	©	Ф	2	3
88.13.	Increased appetite	©	Œ	2	3
88.14.	Heart racing or skipping beats	@	①	2	3
88.15.	Tremors (shakes)	o	Œ	2	3
88.16.	Heartburn	©	①	②	3
88.17.	Restless or fidgety	o	Œ	②	3
88.18.	Low back pain	©	Œ	②	3
88.19.	Neck pain	@	①	②	3
88.20.	Skin dryness or scaling	@	D	2	3

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Symptom

did not

Symptom occurred

	did n	ot	and was:	
88.2	occu 21. Headaches or migraines ①		Moderate	Severe
88.2		①	2	3
		1	2	3
88.2	23. Any trouble seeing that is uncorrected by lenses ①	1	2	3
88.2	24. Vaginal or genital irritation or itching ①	1	2	3
88.2	25. Difficulty concentrating ①	①	2	3
88.2	26. Joint pain or stiffness	①	2	3
88.2	27. Decreased appetite ①	1	2	3
88.2	28. Hearing loss ①	①	2	3
88.2	29. Swelling of hands or feet ①	1	2	3
88.3	30. Vaginal or genital dryness ①	1	2	3
88.3	31. Upset stomach or belly pain or discomfort	①	2	3
88.3	32. Pain or burning while urinating	1	2	3
88.3	33. Cough or wheezing	1	2	3
88.3	34. Vaginal or genital discharge	①	2	3
Below	are some hard things that sometimes happen to people. P	lease try to th	ink back o	ver the
Below past y	are some hard things that sometimes happen to people. Pear to remember if any of these things happened. Mark th	ie answer that	t seems best	•
past y	ear to remember if any of these things happened. Mark th	e answer that Yes,	t seems best and it upset	· me:
Ove	ear to remember if any of these things happened. Mark the the past year: No	e answer that Yes,	t seems best	•
Ove 89.1	ear to remember if any of these things happened. Mark the rest year: No Did your spouse or partner die?	te answer that Yes, Not too	t seems best and it upset Moderately	me: Very
Ove 89.1	ear to remember if any of these things happened. Mark the the past year: No	e answer that Yes, Not too much	and it upset Moderately (Medium)	· me: Very much
Ove 89.1	ear to remember if any of these things happened. Mark the rest year: No Did your spouse or partner die?	Not too much	t seems best and it upset Moderately (Medium)	very much
Ove 89.1 89.2 90.	ear to remember if any of these things happened. Mark the rest the past year: No Did your spouse or partner die?	Not too much	t seems best and it upset Moderately (Medium)	we: Very much ③ ③
Ove 89.1 89.2 90.	ear to remember if any of these things happened. Mark the the past year: No Did your spouse or partner die? Did a close friend or family member die or have a serious illness (other than your spouse or partner)? Did you have any major problems with money?	Not too much	t seems best and it upset Moderately (Medium)	very much
Ove 89.1 89.2 90.	ear to remember if any of these things happened. Mark the rest the past year: No Did your spouse or partner die?	Not too much	t seems best and it upset Moderately (Medium)	we: Very much ③ ③
Ove 89.1 89.2 90.	ear to remember if any of these things happened. Mark the rest the past year: No Did your spouse or partner die? Did your spouse or partner have a serious illness? Did a close friend or family member die or have a serious illness (other than your spouse or partner)? Did you have any major problems with money? Did you have a divorce or break-up with a spouse	Not too much 1 1	t seems best and it upset Moderately (Medium) ② ② ② ② ②	very much 3 3 3
Ove 89.1 89.2 90. 91.	ear to remember if any of these things happened. Mark the ear the past year: No Did your spouse or partner die? Did your spouse or partner have a serious illness? Did a close friend or family member die or have a serious illness (other than your spouse or partner)? Did you have any major problems with money? Did you have a divorce or break-up with a spouse or partner? Did a family member or close friend have a	Tes, Not too much ① ① ① ①	t seems best and it upset Moderately (Medium) ② ② ② ② ② ② ②	we: Very much 3 3 3 3
Ove 89.1 89.2 90. 91. 92.	ear to remember if any of these things happened. Mark the rathe past year: No Did your spouse or partner die? Did your spouse or partner have a serious illness? Did a close friend or family member die or have a serious illness (other than your spouse or partner)? Did you have any major problems with money? Did you have a divorce or break-up with a spouse or partner? Did a family member or close friend have a divorce or break-up? Did you have a major conflict with children	Tes, Not too much	t seems best and it upset Moderately (Medium) ② ② ② ② ② ② ② ②	we: Very much ③ ③ ③ ③ ③ ③ ③ ③ ③ ③ ③ ③ ③

_	.1				Yes,	and it upse	et me:
	the past year:		11	No	Not too much	Moderately (Medium)	•
96		y member or close fri			Œ	②	3
97.	pushed, shoved, pr	ly abused by being his unched or threatened v y member or close fri	with a	©	Œ	2	3
98.	severely criticized worthless person, yourself, your pos	abused by being mad, told you were a stup or threatened with har sessions, or your pets, or close friend?	id or m to , by	◎	Œ	2	3
99.	Did a pet die?			•	Œ	2	3
	.	oout your feelings du t tells how often you		ek. For eac	ch of the	e statement	ts, please
			Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	or a n	sionally noderate nt of time 4 days)	Most or all of the time (5-7 days)
100.	1. You felt depress	ed (blue or down)	©	①		2	3
100.	2. Your sleep was	restless	©	Œ		②	3
1.	.3. You enjoyed life		©	①		2	3
100.	4. You had crying	spells	©	Φ		②	3
100.	.5. You felt sad		©	Œ		2	3
100	.6. You felt that peo	ople disliked you	®	①		2	3
101	or lost pleasure in	ave you had two week things that you usuall			felt sad,	blue, or de	epressed,
	[©] No	① Yes					
102	. Have you had two even if you felt of	years or more in you cay sometimes?	r life when you fe	elt depressed	d or sad	most days,	
	© No	① Yes					
	↓	102.1. Have you fel © No	It depressed or sa	d much of th	ne time i	in the past	year?
Go	to the next page.		<u> </u>				
						16105	S

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PLEASE MAKE NO MARKS IN THIS AREA

These next questions are about your sleep habits. Please mark <u>one</u> of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks.

		No, not in past 4 weeks	Yes, less than once a	Yes, 1 or 2 times a	Yes, 3 or 4 times a	Yes, 5 or more times a
103.	Did you take any kind of medication or alcohol at bedtime to help you sleep?		week ②	week ③	week ④	week ©
104.	Did you fall asleep during quiet activities like reading, watching TV, or riding in a car?		2	3	4	⑤
105.	Did you nap during the day?	①	2	3	4	©
106.	Did you have trouble falling asleep?	Œ	@	3	④	©
107.	Did you wake up several times at night?	Œ	@	3	④	⑤
108.	Did you wake up earlier than you planned to	? Œ	②	3	④	⑤
109.	Did you have trouble getting back to sleep after you woke up too early?	①	2	3	4	(5)
110.	Did you snore?	v ①	2	3	④	(5)

111. Overall, was your typical night's sleep during the past 4 weeks:

Very sound	Sound or	Average		Very
or restful	restful	quality	Restless	restless
⑤	④	3	2	Œ

112. About how many hours of sleep did you get on a typical night during the past 4 weeks?

5 or less	6	7	8	9	10 or more
hours	hours	hours	hours	hours	hours
Œ	2	3	4	⑤	6

Many women report that they leak urine (or pee). The next questions are about problems you may have had with leaking urine.

113. Have you ever leaked even a very small amount of urine involuntarily and you couldn't control it?

@ No

① Yes

(If you answered "No," go to question 120.)

	How often does this leaking urine occur? (Mark one oval.)						
	Not once during the past year	Less than once a month	More than once a month but less than once a week	One or more times a week but less than every day	Daily		
115.	When do you	u usually leak urir	ne? (Mark all tha	t apply.)			
	No longer leak urine	When I cough, laugh, sneeze, lift, stand up, or exercise	When I feel the need to urinate and can't get to a toilet fast enough	When I am sleeping	Other	scribe)	
	(If you "no	longer leak urin	ie," go to question	120.)	`	,	
116.	How much u	rine do vou usual	ly lose when it lee	(re) (N //			
110.	now much u	Barely	ly lose when it lea		val.)		
	None ①	noticeable on underpants	Soaked underpants ③	Soaked through to outer clothing			
17.	What protect	ion do vou wear i	n case vou leak uri	ine? (Mork all ti	act construction		
17.	What protect		n case you leak uri		nat apply.)		
17.	What protect None ①	ion do you wear i Mini-pad, tissue or paper towel	n case you leak uri Menstrual pad or shield	ine? (Mark all ti Diaper, towel, Attends, Depends ④	Other		
	None ①	Mini-pad, tissue or paper towel	Menstrual pad or shield	Diaper, towel, Attends, Depends	Other ®		
117.	None ①	Mini-pad, tissue or paper towel	Menstrual pad or shield	Diaper, towel, Attends, Depends	Other ®		
	None ① How often do Never ①	Mini-pad, tissue or paper towel	Menstrual pad or shield ③ urine limit your da	Diaper, towel, Attends, Depends ally activities? (Maily activities)	Other (B) Iark one oval.) Very often (B)		

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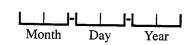
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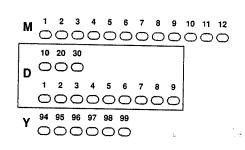
PLEASE MAKE NO MARKS IN THIS AREA

The last questions in this booklet ask about some personal topics. Although the following questions are sensitive and personal, they are important. Your answers will help us understand the health of women and may help us find better treatments for their health problems. Please be assured that your responses to these questions will remain confidential.

120.	Are you currently married or in an intimate least one person?	te relationship v	with at	No ©	Yes ①		
121.	Did you have any sexual activity with a palast year?	artner in the	No ©	Yes ①	Don't war to answer		
122.	How satisfied are you with your current sexual activities, either with a partner or alone? unsatisf. (Mark one oval.)		Somewhat satisfied	Very satisfied	Don't want to answer		
123.	Are you satisfied with the frequency of yo sexual activity, or would you like to have a more or less often? (Mark one oval.)	sex often	Satisfied with current frequency	More often	Don't want to answer		
124.	Are you worried that sexual all activities will affect your worried health? (Mark one oval.)	A little	Somewhat worried	Very worried	Don't want to answer		
125.	Regardless of whether you are currently sexually active, which response best describes who you have had sex with over your adult lifetime? ① Have never had sex ② Sex with a woman or with women						
	③ Sex with a man or with men						
	Sex with both men and womenPrefer not to answer	have	ch response be had sex with sever had sex	st describes after 45 year	s who you ars of age?		

126. What is the date you finished this form?





① Sex with a woman or with women ② Sex with a man or with men ③ Sex with both men and women

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PLEASE MAKE NO MARKS IN THIS AREA

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