

Module 2: Medications, Reproductive Health, Exercise, and Sleep

[INTROM2] In this set of questions, we ask about a few topics that affect your health. These topics include your current and past use of medications, your physical activity (including exercise), and your sleep habits.

[DISPLAY ADDITIONAL INTRO TEXT BELOW IF SEX = 0 OR IF SEX = 2 AND SEX2 = 6 or 5]

We also ask some questions about your reproductive health. These questions will focus mainly on your menstrual periods, pregnancies, and if you have used any hormonal medications.

Medications [SECTION 1]

First, we will ask you about your current and past use of different medications. This information will help us understand your medical history and current health status.

When we ask you to give an exact amount of pills, please make your best guess if you are not sure. If you take half a pill, please count this as one pill.

Pain Relievers

D1. [PAINREL1] Have you ever taken any of these medications at least **4 times a month for 6 months or longer**? Select all that apply.

- 0 Baby or low-dose aspirin (81 mg or less)
 - 1 Regular or extra strength aspirin (such as Bufferin® or Anacin®)
 - 2 Ibuprofen (such as Motrin® or Advil®)
 - 3 Acetaminophen (such as Tylenol®)
 - 4 Naproxen (such as Naprosyn®, Anaprox®, or Aleve®)
 - 5 Celebrex® (Celecoxib)
 - 6 Prescription pain relievers containing opioids (such as hydrocodone (such as Vicodin®, Lorcet®, Lortab®, or Norco®), oxycodone (such as OxyContin® or Percocet®), morphine (such as Kadian® or Avinza®), Fentanyl, codeine, tramadol, methadone, oxymorphone, hydromorphone (Dilaudid®), or meperidine (Demerol®))
 - 88 None of the above → **GO TO PAINREL8**
- NO RESPONSE → GO TO PAINREL8**

[Piped text instructions for PAINREL2 – PAINREL7:

IF 00 SELECTED THEN FILL [MED] = "baby or low-dose aspirin (81 mg or less)"

IF 01 SELECTED THEN FILL [MED] = "regular or extra strength aspirin"

IF 02 SELECTED THEN FILL [MED] = "ibuprofen"

IF 03 SELECTED THEN FILL [MED] = "acetaminophen"

IF 04 SELECTED THEN FILL [MED] = "naproxen"

IF 05 SELECTED THEN FILL [MED] = "Celebrex (celecoxib)"

IF 06 SELECTED THEN FILL [MED] = "prescription pain relievers containing opioids"]

[DISPLAY IF 00, 01, 02, 03, 04, 05, AND/OR 06 WAS SELECTED IN PAINREL1]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT PAINREL1; COULD BE REPEATED UP TO 7 TIMES]

D2. [PAINREL2] During the time(s) that you were taking [MED FROM PAINREL1], about how many **days per week OR per month** did you take it? Please fill out either days per week or days per month.

|_|_| #Days per

- ☐ Week
☐ Month

NO RESPONSE → GO TO PAINREL3

[DISPLAY IF 00, 01, 02, 03, 04, 05, AND/OR 06 WAS SELECTED IN PAINREL1]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT PAINREL1; COULD BE REPEATED UP TO 7 TIMES]

D3. [PAINREL3] On the days that you took [MED FROM PAINREL1], about how many pills did you take **per day**, on most days?

|_|_| #Pills per day

77 Don't know

NO RESPONSE → GO TO PAINREL4

[DISPLAY IF 00, 01, 02, 03, 04, 05, AND/OR 06 WAS SELECTED IN PAINREL1]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT PAINREL1; COULD BE REPEATED UP TO 7 TIMES]

D4. [PAINREL4] About how many years did you take [MED FROM PAINREL1]?

|_|_| #Years

NO RESPONSE → GO TO PAINREL5

[DISPLAY IF 00, 01, 02, 03, 04, 05, AND/OR 06 WAS SELECTED IN PAINREL1]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT PAINREL1; COULD BE REPEATED UP TO 7 TIMES]

D5. [PAINREL5] When was the **last** time you took [MED FROM PAINREL1]?

- 0 In the past month → **GO TO PAINREL7**
1 More than a month ago, but in the past year → **GO TO PAINREL7**
2 More than 1 year ago → **GO TO PAINREL6**

NO RESPONSE → GO TO PAINREL6

[DISPLAY IF 00, 01, 02, 03, 04, 05, AND/OR 06 WAS SELECTED IN PAINREL1]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT PAINREL1; COULD BE REPEATED UP TO 7 TIMES]

D6. [PAINREL6] How many years ago did you **last** take [MED FROM PAINREL1]?

|_|_| #Years ago

NO RESPONSE → GO TO PAINREL7

[DISPLAY IF 00, 01, 02, 03, 04, 05, AND/OR 06 WAS SELECTED IN PAINREL1]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT PAINREL1; COULD BE REPEATED UP TO 7 TIMES]

D7. [PAINREL7] Why did you take [MED FROM PAINREL1]? Select all that apply.

- 0 Arthritis

- 1 Back pain/backache
 - 2 Menstrual Pain **[DISPLAY IF SEX=00 OR 02]**
 - 3 Disease prevention
 - 4 Headaches/migraine
 - 5 Illness, cold/flu, fever
 - 6 Muscle or joint pain, joint or bone injuries, sprains, or strains
 - 7 Toothache
- NO RESPONSE → GO TO PAINREL8**

D8. [PAINREL8] Did you ever use prescription pain relievers that contain opioids in any way not directed by a doctor? This might include using them without a prescription, using more than directed, or using them more often or for a longer time than directed. Please remember that we protect your privacy. We remove information that can identify you from your survey answers before we share them with researchers

- 44 Never
- 0 Sometimes
- 1 Often
- 99 Prefer not to answer
- NO RESPONSE → GO TO CHOLHTN**

Cholesterol and Blood Pressure (Hypertension) Medications

D9. [CHOLHTN] Have you ever taken any of these medications at least **4 times a month for 6 months or longer**? Select all that apply.

- 0 Cholesterol or lipid lowering drugs/Statins (such as atorvastatin (Lipitor®), fluvastatin (such as Lescol® or Lescol® XL), lovastatin (such as Mevacor® or Altoprev®), pravastatin (Pravachol®), rosuvastatin (Crestor®), simvastatin (Zocor), or pitavastatin (Livalo®))
 - 1 Drugs used to treat high blood pressure (hypertension) (such as Bumetanide (Bumex®), Chlorthalidone (Hygroton®), Chlorothiazide (Diuril®), Ethacrynate (Edecrin®), Furosemide (Lasix®), Hydrochlorothiazide HCTZ (such as Esidrix®, Hydrodiuril®, or Microzide®), Indapamide (Lozol®), Methyclothiazide (Enduron®), Metolazone (such as Mykroz® or Zaroxolyn®), or Torsemide (Demadex®))
 - 88 None of the above → **GO TO METFOR**
- NO RESPONSE → GO TO METFOR**

[Piped text instructions for CHOLHTN2 – CHOLHTN6:

IF 00 SELECTED THEN FILL [MED] = "statins/cholesterol or lipid lowering drugs"

IF 01 SELECTED THEN FILL [MED] = "anti-hypertensive medication/drugs used to treat hypertension (high blood pressure)"]

[DISPLAY IF 00 AND/OR 01 WAS SELECTED IN CHOLHTN]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT CHOLHTN; COULD BE REPEATED UP TO 2 TIMES]

D10. [CHOLHTN2] During the time(s) that you were taking **[MED FROM CHOLHTN]**, about how many **days per week OR per month** did you take it? Please fill out either days per week or days per month.

|_|_| #Days per

- ☐ Week
☐ Month

NO RESPONSE → GO TO CHOLHTN3

[DISPLAY IF 00 AND/OR 01 WAS SELECTED IN CHOLHTN]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT CHOLHTN; COULD BE REPEATED UP TO 2 TIMES]

D11. [CHOLHTN3] On the days that you took **[MED FROM CHOLHTN]**, about how many pills did you take **per day**, on most days?

|_|_| #Pills per day

77 Don't know

NO RESPONSE → GO TO CHOLHTN4

[DISPLAY IF 00 AND/OR 01 WAS SELECTED IN CHOLHTN]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT CHOLHTN; COULD BE REPEATED UP TO 2 TIMES]

D12. [CHOLHTN4] About how many years did you take **[MED FROM CHOLHTN]**?

|_|_| #Years

NO RESPONSE → GO TO CHOLHTN5

[DISPLAY IF 00 AND/OR 01 WAS SELECTED IN CHOLHTN]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT CHOLHTN; COULD BE REPEATED UP TO 2 TIMES]

D13. [CHOLHTN5] When was the **last** time you took **[MED FROM CHOLHTN]**?

- 0 In the past month → **GO TO METFOR**
1 More than a month ago, but in the past year → **GO TO METFOR**
2 More than 1 year ago → **GO TO CHOLHTN6**

NO RESPONSE → GO TO CHOLHTN6

[DISPLAY IF 00 AND/OR 01 WAS SELECTED IN CHOLHTN]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT CHOLHTN; COULD BE REPEATED UP TO 2 TIMES]

D14. [CHOLHTN6] How many years ago did you **last** take **[MED FROM CHOLHTN]**?

|_|_| #Years ago

NO RESPONSE → GO TO METFOR

Metformin

D15. [METFOR] Have you ever taken **metformin** (such as Glucophage®, Glumetza®, Riomet®, Fortamet®, or Glucophage® XR) at least **4 times a month for 6 months or longer**?

- 1 Yes

0 No → **GO TO INSULIN**
NO RESPONSE → GO TO INSULIN

D16. [METFOR2A] During the time(s) that you were taking metformin, about how many **days per week OR per month** did you take it? Please fill out either days per week or days per month.

|_|_| #Days per

[METFOR2B]

- ☐ Week
☐ Month

NO RESPONSE → GO TO METFOR3

D17. [METFOR3] On the days that you took metformin, about how many milligrams did you take **per day**, on most days?

|_|_| #milligrams per day

77 Don't know

NO RESPONSE → GO TO METFOR4

D18. [METFOR4] About how many years did you take metformin?

|_|_| #Years

NO RESPONSE → GO TO METFOR5

D19. [METFOR5] When was the **last** time you took metformin?

0 In the past month → **GO TO INSULIN**

1 More than a month ago, but in the past year → **GO TO INSULIN**

2 More than 1 year ago

NO RESPONSE → GO TO INSULIN

D20. [METFOR6] How many years ago did you **last** take metformin?

|_|_| #Years ago

NO RESPONSE → GO TO INSULIN

Insulin

D21. [INSULIN] Have you ever taken **insulin** at least **4 times a month for 6 months or longer**?

1 Yes

0 No → **GO TO ACIDSUP**

NO RESPONSE → GO TO ACIDSUP

D22. [INSULIN2A] During the time(s) that you were taking insulin, about how many **days per week OR per month** did you take it? Please fill out either days per week or days per month.

|_|_| #Days per

[INSULIN2B]

- ☐ Week
☐ Month

NO RESPONSE → GO TO INSULIN3

D23. [INSULIN3] On the days that you took insulin, about how many units did you take **per day**, on most days?

|__|__| #units per day

77 Don't know

NO RESPONSE → GO TO INSULIN4

D24. [INSULIN4] On the days that you took insulin, what concentration did you take?

0 100 unit per ml

1 500 unit per ml

55 Other: Please describe [text box]

77 Don't know

NO RESPONSE → GO TO INSULIN5

D25. [INSULIN5] About how many years did you take insulin?

|__|__| #Years

NO RESPONSE → GO TO INSULIN6

D26. [INSULIN6] When was the **last** time you took insulin?

0 In the past month → **GO TO ACIDSUP**

1 More than a month ago, but in the past year → **GO TO ACIDSUP**

2 More than 1 year ago

NO RESPONSE → GO TO ACIDSUP

D27. [INSULIN7] How many years ago did you **last** take insulin?

|__|__| #Years ago

NO RESPONSE → GO TO ACIDSUP

Acid Suppressive Drugs

D28. [ACIDSUP] Have you ever taken any of these medications at least **4 times a month for 6 months or longer**? Select all that apply.

0 Prescription proton pump inhibitors (such as omeprazole (such as Prilosec® or Zegerid®), esomeprazole (Nexium®), lansoprazole (Prevacid®), rabeprazole (AcipHex), pantoprazole (Protonix®), or dexlansoprazole (Dexilant®))

1 Over-the-counter proton pump inhibitors (such as esomeprazole (Nexium®), omeprazole (Prilosec® OTC), omeprazole with sodium bicarbonate (Zegerid®), or lansoprazole (Prevacid® 24HR))

2 Over-the-counter H2 receptor blockers (such as famotidine (Pepcid®, Zantac®, or Tagamet®))

88 None of the above → **GO TO SECTION2**

NO RESPONSE → GO TO SECTION2

[Piped text instructions for ACIDSUP2 – ACIDSUP6:

IF 00 SELECTED THEN FILL [MED] = "prescription proton pump inhibitors"

IF 01 THEN FILL [MED] = "over-the-counter proton pump inhibitors"

IF 02 THEN FILL [MED] = "over-the-counter H2 receptor blockers"]

[DISPLAY IF 00, 01, AND/OR 02 WAS SELECTED IN ACIDSUP]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT ACIDSUP; COULD BE REPEATED UP TO 3 TIMES]

D29. [ACIDSUP2] During the time(s) that you were taking [MED FROM ACIDSUP], about how many **days per week OR per month** did you take it? Please fill out either days per week or days per month.

|_|_| #Days per

☐ Week

☐ Month

NO RESPONSE → ACIDSUP3

[DISPLAY IF 00, 01, AND/OR 02 WAS SELECTED IN ACIDSUP]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT ACIDSUP; COULD BE REPEATED UP TO 3 TIMES]

D30. [ACIDSUP3] On the days that you took [MED FROM ACIDSUP], about how many pills did you take **per day**, on most days?

|_|_| #Pills per day

77 Don't know

NO RESPONSE → ACIDSUP4

[DISPLAY IF 00, 01, AND/OR 02 WAS SELECTED IN ACIDSUP]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT ACIDSUP; COULD BE REPEATED UP TO 3 TIMES]

D31. [ACIDSUP4] About how many years did you take [MED FROM ACIDSUP]?

|_|_| #Years

NO RESPONSE → ACIDSUP5

[DISPLAY IF 00, 01, AND/OR 02 WAS SELECTED IN ACIDSUP]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT ACIDSUP; COULD BE REPEATED UP TO 3 TIMES]

D32. [ACIDSUP5] When was the **last** time you took [MED FROM ACIDSUP]?

0 In the past month → **GO TO SECTION2**

1 More than a month ago, but in the past year → **SECTION2**

2 More than 1 year ago → **GO TO ACIDSUP6**

NO RESPONSE → ACIDSUP6

[DISPLAY IF 00, 01, AND/OR 02 WAS SELECTED IN ACIDSUP]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT ACIDSUP; COULD BE REPEATED UP TO 3 TIMES]

D33. [ACIDSUP6] How many years ago did you **last** take [MED FROM ACIDSUP]?

|_|_| #Years ago

NO RESPONSE → SECTION2

Reproductive Health [SECTION 2]

In the next set of questions, we ask about your reproductive health. Remember, we protect your privacy. We remove information that can identify you from your survey answers before we share them with researchers.

DISPLAY INTRONONCISWOMEN and HORNONCISWOM IF:

SEX= (01 "MALE" OR 02 "INTERSEX OR OTHER") AND GEN= (00 "FEMALE", 03 "TRANSGENDER FEMALE", 04 "GENDERQUEER", OR 55 "OTHER")

ELSE, GO TO INTROWH

[INTRONONCISWOM] Our next questions ask you about your use of hormones.

D34. [HORNONCISWOM] Have you ever used hormones or other medications to make your body better reflect your gender (for example, estrogen or testosterone-blockers)?

- 0 No
- 1 Yes, I used hormones or other medications to make my body look more feminine in the past
- 2 Yes, I am currently using hormones or other medications to make my body look more feminine

DISPLAY INTROWH, MENTRUAL HEALTH HISTORY, PREGNANCIES, FERTILITY, HORMONE MEDICATIONS AND/OR CONTRACEPTIVE DEVICES, HORMONE THERAPY IF:

- 1) **SEX= 00 "FEMALE", OR**
- 2) **SEX= 02 "INTERSEX OR OTHER" AND SEX2 = 05 OR 06 (UTERUS OR OVARIES)**

ELSE, to get GO TO TESTTHER

[INTROWH] This section asks about your menstrual history, past or current pregnancies, and your use of hormone medications.

When we ask you to give an exact date, age, or number, please make your best guess if you are not sure.

Menstrual Health History

[MENSHIS] First, we ask you some questions about your menstrual health.

D35. [MENSHIS] How old were you when you had your **first** menstrual period? Please make your best guess if you are not sure.

|_|_| Age

44 I have never had a menstrual period → **GO TO MENSHIS9**

NO RESPONSE → GO TO MENSHIS9

D36. [MENSHIS2] How long after your first menstrual period did your periods become regular? By regular, we mean that you could predict the start of your next period within a few days.

44 Never became regular → **GO TO MENSIS5**

- 0 Within 1 year
- 1 1 to 2 years
- 2 More than 2 years to 3 years
- 3 More than 3 years to 4 years
- 4 More than 4 years
- 77 Don't know

NO RESPONSE → GO TO MENSIS5

D37. [MENSHIS3] Once your menstrual periods became regular, what was the usual length of your menstrual cycle? The length of a menstrual cycle is the number of days from the first day of one menstrual period to the first day of the next menstrual period.

- 0 Too irregular to guess or used hormonal medication or device (such as an intrauterine device (IUD)) to control menstrual cycle → **GO TO MENSIS5**
- 1 Less than 21 days → **GO TO MENSIS5**
- 2 21 days or more

NO RESPONSE → GO TO MENSIS5

D38. [MENSHIS4] About how many days long is your usual menstrual cycle?

|_|_| #Days

NO RESPONSE → GO TO MENSIS5

D39. [MENSHIS5] In just the **past 12 months**, what was the usual length of your menstrual cycle?

- 0 I have not had a menstrual period in the past 12 months → **GO TO MENSIS7**
- 1 I have had at least one menstrual period in the past 12 months but the frequency of my period changed (such as it stopped, became irregular, or difficult to predict) → **GO TO MENSIS9**
- 2 Too irregular to guess or using hormonal medication or device (such as an intrauterine device (IUD)) to control menstrual cycle → **GO TO MENSIS9**
- 3 Less than 21 days → **GO TO MENSIS9**
- 4 21 days or more

NO RESPONSE → GO TO MENSIS9

D40. [MENSHIS6] In the **past 12 months**, about how many days long was your usual menstrual cycle?

|_|_| #Days → **GO TO MENSIS9**

NO RESPONSE → GO TO MENSIS9

D41. [MENSHIS7] Please pick the option that best describes why you have **not** had a menstrual period in the **past 12 months**:

- 0 My periods stopped naturally due to menopause → **GO TO MENSIS9**
- 1 My periods stopped because I began taking female hormones during the menopausal transition or menopause ("the change of life"). → **GO TO MENSIS9**
- 2 My periods stopped after surgery that removed my uterus and/or both ovaries

- 3 My periods stopped after endometrial ablation (removal of the endometrium – lining of the uterus)
- 4 I am currently using a hormonal medication or device (such as an intrauterine device (IUD)) to prevent pregnancy, manage my menstrual cycle symptoms, and/or manage conditions like endometriosis or polycystic ovarian syndrome (PCOS)
- 5 I was pregnant or breastfeeding during the last year
- 6 My periods stopped after radiation or chemotherapy
- 55 My periods stopped for other reasons: Please describe [text box]
NO RESPONSE → GO TO MENS9

D42. [MENS8] How old were you when you had your **last** menstrual period?
|_|_| Age
NO RESPONSE → GO TO MENS9

D43. [MENS9] In the **past 12 months** have you experienced any of the following? **Check all that apply.**

- 0 Bleeding or spotting in between periods
- 1 Bleeding or spotting after sex
- 2 Heavy bleeding during your period
- 3 Irregular periods in which cycle length varies by more than 7-9 days
- 4 Bleeding after menopause
- 88 I have **not** experienced any of the above

NO RESPONSE → GO TO PREG

Pregnancies

[PREG] Next, we will ask you some questions about pregnancies that you may have had.

D44. [PREG1] Are you currently pregnant?

- 1 Yes → **GO TO PREG3**
- 0 No

NO RESPONSE → GO TO PREG2

D45. [PREG2] Have you ever been pregnant?

- 1 Yes
- 0 No → **GO TO FERT1**

NO RESPONSE → GO TO FERT1

D46. [PREG3] How many times have you been pregnant? Please include all live births, as well as pregnancies that ended as stillbirths, miscarriages, ectopic or tubal pregnancies, or termination. Twins, triplets, or higher multiples count as one pregnancy.

|_|_| #Pregnancies

NO RESPONSE → GO TO PREGCONFIRM

D47. [PREGCONFIRM] You told us that you have been pregnant [insert number from PREG3] [time/times], including all live births, as well as pregnancies that ended as stillbirths, miscarriages, ectopic or tubal pregnancies, or termination.

If this is **not** correct, please select the “Back” button to update your response. If this is correct, please select the “Next” button to move forward.

[Fill “first”, “2nd”, “3rd”, etc. according to how many times PREG4 is displayed to the respondent.]

D48. [PREG4] How old were you when your [first/2nd/3rd/4th/etc.] pregnancy began?

|_|_| Age

NO RESPONSE → GO TO PREG5

[IF PREG1 = 1, DO NOT DISPLAY PREG5 FOR THE MOST RECENT PREGNANCY, GO TO PREGSUMMARY] (i.e., IF PREG3 = 1, GO TO PREGSUMMARY. IF PREG3 = 2, DISPLAY PREG5 FOR “FIRST” PREGNANCY, BUT SKIP TO PREGSUMMARY FOR “2ND” PREGNANCY)

D49. [PREG5] What was the outcome of this pregnancy?

- 0 Live birth: single infant → **GO TO PREG7**
- 1 Live birth: twins, triplets, or higher multiples
- 2 Stillbirth (pregnancy loss after 20 weeks) → **GO TO PREG10**
- 3 Live birth and stillbirth (loss of one or more of multiples)
- 4 Miscarriage (pregnancy loss before 20 weeks) → **GO TO PREGSUMMARY**
- 5 Termination → **GO TO PREGSUMMARY**
- 6 Ectopic or tubal pregnancy (fertilized egg implants outside of the uterus) → **GO TO PREGSUMMARY**
- 99 Prefer not to answer → **GO TO PREGSUMMARY**

NO RESPONSE → GO TO PREGSUMMARY

D50. [PREG6] **[DISPLAY IF PREG5= 1]** How many infants were delivered?

[DISPLAY IF PREG5= 3] How many infants were delivered? Include live births and stillbirths in your response.

- 0 Two (Twins)
- 1 Three (Triplets)
- 2 Four or more

NO RESPONSE → GO TO PREG7

D51. [PREG7] What was the method of delivery?

- 0 Cesarean
- 1 Vaginal

NO RESPONSE → GO TO PREG8

[PIPED TEXT INSTRUCTIONS FOR PREG8 & PREG9:

IF PREG5= 0 , FILL “this child”

IF PREG5= 1 , FILL “these children”]

[Informational text to be included with both prompts when the word “breastfeed” is selected: Using a breast pump to express breastmilk, sometimes called “exclusively pumping,” counts as breastfeeding.]

D52. [PREG8] **[DISPLAY IF PREG5= 0 or 1]** Did you breastfeed [this child/these children]? If you are currently breastfeeding, select yes.

[DISPLAY IF PREG5= 3] Did you breastfeed? If you are currently breastfeeding, select yes.

1 Yes

0 No → **GO TO PREG10**

NO RESPONSE → GO TO PREG10

D53. [PREG9] **[DISPLAY IF PREG5= 0 or 1]** How many months did you breastfeed [this child/these children]? If you are currently breastfeeding, please tell us the number of months you have been breastfeeding so far.

[DISPLAY IF PREG5 = 3] How many months did you breastfeed? If you are currently breastfeeding, please tell us the number of months you have been breastfeeding so far.

|_|_| #Months breastfed

NO RESPONSE → GO TO PREG10

[DISPLAY PREG10-PREG11 IF PREG5= 0, 1, 2, 3]

D54. [PREG10] Did a doctor or health professional tell you that you have or had **gestational diabetes** during this pregnancy?

1 Yes

0 No

NO RESPONSE --> GO TO PREG11

D55. [PREG11] Did a doctor or health professional tell you that you have or had **eclampsia or pre-eclampsia** during this pregnancy? *[Informational text when “eclampsia or pre-eclampsia” is selected: A related medical condition is HELLP Syndrome. If a doctor or other health professional has ever told you that you have HELLP Syndrome, answer yes.]*

1 Yes

0 No

NO RESPONSE --> GO TO PREGSUMMARY

[REPEAT PREG5–PREG11 AS MANY TIMES AS THE #PREGNANCIES REPORTED IN PREG4]

[ASK PREGSUMMARY AS A DOUBLE-CHECK ONLY AFTER PREG5–PREG11 HAVE BEEN REPEATED #TIMES=PREG4]

D56. [PREGSUMMARY] Here is a summary of the information you shared about this pregnancy. If any of the information is incorrect, please select the “Back” button to update your responses. If all of the information is correct, please select the “Next” button to move forward.

***[DISPLAY IF PREG6 – PREG11 WERE DISPLAYED TO RESPONDENT]**

Age when pregnancy began: [response from PREG4]
Outcome of pregnancy: [response from PREG5]
Number of infants: [response from PREG6]*
Method of delivery: [response from PREG7]*
Did you breastfeed: [response from PREG8]*
Number of months of breastfeeding: [response from PREG9]*
Did you have gestational diabetes: [response from PREG10]*
Did you have pre-eclampsia or eclampsia: [response from PREG11]*
NO RESPONSE → GO TO FERT1

Fertility

[FERT1] Next, we will ask you some questions about your efforts to get pregnant and your use of medications designed to help you get pregnant.

D58. [FERT1] Have you ever tried to get pregnant for more than one year, but did not get pregnant during that time?

- 0 Yes
 - 0 No → **GO TO FERT5**
- NO RESPONSE → GO TO FERT5**

D59. [FERT2] How old were you when you **first** tried to get pregnant for over a year?

|_|_| Age
NO RESPONSE → GO TO FERT3

D60. [FERT3] Did you ever seek medical advice when you tried to get pregnant for over a year?

- 1 Yes
 - 0 No → **GO TO FERT5**
- NO RESPONSE → GO TO FERT5**

D61. [FERT4] When you tried to get pregnant for over a year, do you know what the issue was that caused you not to get pregnant? Select all that apply.

- 0 Tubal blockage
 - 1 Ovary or hormone problem
 - 2 Endometriosis
 - 3 Cervical mucous factor
 - 4 Spouse/partner's infertility
 - 5 Cause of infertility was not looked into
 - 6 No cause was found
 - 55 Other: Please describe [text box]
- NO RESPONSE → GO TO FERT5**

D62. [FERT5] Have you ever used fertility medications?

- 1 Yes
- 0 No → **GO TO FERT8**
- 99 Prefer not to answer → **GO TO FERT8**
NO RESPONSE → GO TO FERT8

**[IF 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, AND/OR 55 WAS SELECTED AT FERT6 GO TO FERT17]
[IF 88 OR NO RESPONSE AT FERT6, GO TO NEXT FERT8]**

NO RESPONSE (ANY) → GO TO NEXT QUESTION

D63. [FERT6] Have you ever used any of these fertility medications? Select all that apply.

- 0 Clomid® (clomiphene)
- 1 Gonadotropins, which are commonly referred to as “injectables” or “injectable hormones” (such as Follistim®, Menopur®, Bravelle®, or Gonal-F®)
- 2 Danazol
- 3 Danocrine®
- 4 hCG
- 5 Milophene®
- 6 Lupron Depot®
- 7 Nolvadex® (tamoxifen)
- 8 Pergonal®
- 9 Serophene®
- 10 Synarel® nasal solution
- 55 Other medication(s): Please describe [text box]
- 88 None of the above → **GO TO NEXT FERT8**
NO RESPONSE → GO TO NEXT FERT8

[DISPLAY IF 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, AND/OR 55 WAS SELECTED IN FERT6. ELSE, GO TO FERT8]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT FERT6; COULD BE REPEATED UP TO 12 TIMES]

[Piped text instructions for FERT17:

IF 00 SELECTED THEN FILL [MED] = "Clomid®"
IF 01 SELECTED THEN FILL [MED] = "gonadotropins"
IF 02 SELECTED THEN FILL [MED] = "Danazol"
IF 03 SELECTED THEN FILL [MED] = "Danocrine®"
IF 04 SELECTED THEN FILL [MED] = "hCG"
IF 05 SELECTED THEN FILL [MED] = "Milophene®"
IF 06 SELECTED THEN FILL [MED] = "Lupron Depot®"
IF 07 SELECTED THEN FILL [MED] = "Nolvadex®"
IF 08 SELECTED THEN FILL [MED] = "Pergonal®"
IF 09 SELECTED THEN FILL [MED] = "Serophene®"
IF 10 SELECTED THEN FILL [MED] = "Synarel® nasal solution"

IF 55 SELECTED THEN FILL [MED] = [text from FERT6 12] OR, if no text entered at FERT6 12, fill “the other fertility medication”]

D64. [FERT17] In total, how many months or cycles did you take **[MEDICATION FROM FERT6]**?

|__|__| #Months or cycles

NO RESPONSE → GO TO FERT8

D65. [FERT8] Have you ever had **in vitro fertilization (IVF)**?

1 Yes

0 No → **GO TO HORMED**

NO RESPONSE → GO TO HORMED

D66. [FERT9] In total, how many times or cycles have you had in vitro fertilization (IVF)?

|__|__| #Times or cycles

NO RESPONSE → GO TO HORMED

Hormone Medications and/or Contraceptive Devices

[HORMED] The next few questions ask about your use of hormone medications and/or contraceptive devices, such as “the pill” or a vaginal ring.

D67. [HORMED] Have you ever used any of these hormonal medications or devices? Select all that apply.

0 Combined oral contraceptive pills, commonly called “the pill” (combined means the pill includes both estrogen and progesterone/progestin)

1 Progesterone-only or progestin-only contraceptive pills, commonly called “the mini-pill”

2 Norplant® (inserted under the skin of your upper arm, lasts several years)

3 Depo-Provera® (birth control shot given once every three months)

4 Vaginal ring (such as NuvaRing®, inserted vaginally each month)

5 Birth control patch (such as Ortho Evra, applied to the skin)

6 Copper IUD (such as Paraguard® intrauterine device)

7 Hormonal IUD (such as Mirena® intrauterine device)

55 Other: Please describe [text box]

88 None of the above → **GO TO MENOHOR**

NO RESPONSE → GO TO MENOHOR

[Piped text instructions for HORMED2 – HORMED5:

IF 00 SELECTED FILL [MED] = “combined oral contraceptive pills”

IF 01 SELECTED FILL [MED] = “progesterone-only or progestin-only contraceptive pills”

IF 02 SELECTED FILL [MED] = “Norplant®”

IF 03 SELECTED FILL [MED] = “Depo-Provera”

IF 04 SELECTED FILL [MED] = “vaginal ring”

IF 05 SELECTED FILL [MED] = “birth control patch”

IF 06 SELECTED FILL [MED] = “copper IUD”

IF 07 SELECTED FILL [MED] = “hormonal IUD”

IF 55 SELECTED FILL [MED] = [text from HORMED 09] OR, if no text entered at HORMED 09, fill “the other hormonal medications or devices”]

[DISPLAY IF 00, 01, 02, 03, 04, 05, 06, 07, AND/OR 55 WAS SELECTED IN HORMED]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT HORMED; COULD BE REPEATED UP TO 9 TIMES]

D68. [HORMED2] How old were you when you **first** used [MEDICATION FROM HORMED]?
|_|_| Age

NO RESPONSE → GO TO HORMED3

[DISPLAY IF 00, 01, 02, 03, 04, 05, 06, 07, AND/OR 55 WAS SELECTED IN HORMED]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT HORMED; COULD BE REPEATED UP TO 9 TIMES]

D69. [HORMED3] Are you currently using [MEDICATION FROM HORMED]?
1 Yes → **GO TO HORMED5**
0 No

NO RESPONSE → GO TO HORMED4

[DISPLAY IF 00, 01, 02, 03, 04, 05, 06, 07, AND/OR 55 WAS SELECTED IN HORMED]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT HORMED; COULD BE REPEATED UP TO 9 TIMES]

D70. [HORMED4] How old were you when you **last** used [MEDICATION FROM HORMED]?
|_|_| Age

NO RESPONSE → GO TO HORMED5

[DISPLAY IF 00, 01, 02, 03, 04, 05, 06, 07, AND/OR 55 WAS SELECTED IN HORMED]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT HORMED; COULD BE REPEATED UP TO 9 TIMES]

D71. [HORMED5] In total, how many months OR years have you used [MEDICATION FROM HORMED]?
|_|_| #Months
OR

|_|_| #Years

NO RESPONSE → GO TO MENOHOR

Hormone Therapy

[MENOHOR] In the next set of questions, we ask you about your use of hormones. Some common reasons to use these hormones include treating menopausal symptoms, irregular menstrual periods, or postmenopausal bleeding, and preventing diseases such as bone loss. Include any hormones you have used for any reason(s).

D72. [MENOHOR] Have you ever used a hormone prescribed by a doctor or other health professional?

1 Yes

0 No → **GO TO PHYSICAL ACTIVITY SECTION**

NO RESPONSE → GO TO PHYSICAL ACTIVITY SECTION

D73. [ESTROHOR] Have you ever taken any of these types of **estrogen-only (unopposed estrogen) prescription hormones**? Select all that apply.

0 Oral estrogen-only medication (such as Cenestin®, Estrace®, Femtrace®, Menest®, Ogen®, or Premarin®)

1 Patch estrogen-only medication (such as Estraderm®, Alora®, or Climara®)

2 Vaginal ring (Femring®), vaginal cream (Estrace®), or vaginal tablet (Vagifem®) estrogen-only medication

3 Estrogen-only skin gel, cream, or spray-on medication (such as Divigel®, Elestrin®, or EstroGel®)

55 Any other type of estrogen-only medication: Please describe [text box]

88 None of the above → **GO TO PROGHOR**

NO RESPONSE → GO TO PROGHOR

[Piped text instructions for ESTROHOR2 – ESTROHOR5:

IF 00 SELECTED FILL [MED] = “oral estrogen-only medication”

IF 01 SELECTED FILL [MED] = “patch estrogen-only medication”

IF 02 SELECTED FILL [MED] = “vaginal ring, vaginal cream, or vaginal tablet estrogen-only medication”

IF 03 SELECTED FILL [MED] = “estrogen-only skin gel, cream, or spray-on medication”

IF 55 SELECTED FILL [MED] = [text from ESTROHOR 05] if no text entered at ESTROHOR 05, fill “the other type of estrogen-only medication”]

[DISPLAY IF 00, 01, 02, 03, AND/OR 55 WAS SELECTED IN ESTROHOR]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT ESTROHOR; COULD BE REPEATED UP TO 5 TIMES]

D74. [ESTROHOR2] How old were you when you first used [MEDICATION FROM ESTROHOR]?

|_|_| Age

NO RESPONSE → GO TO ESTROHOR3

[DISPLAY IF 00, 01, 02, 03, AND/OR 55 WAS SELECTED IN ESTROHOR]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT ESTROHOR; COULD BE REPEATED UP TO 5 TIMES]

D75. [ESTROHOR3] Are you currently using [MEDICATION FROM ESTROHOR]?

- 1 Yes → **GO TO ESTROHOR5**
0 No
NO RESPONSE → GO TO ESTROHOR4

[DISPLAY IF 00, 01, 02, 03, AND/OR 55 WAS SELECTED IN ESTROHOR]
[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT ESTROHOR; COULD BE REPEATED UP TO 5 TIMES]

D76. [ESTROHOR4] How old were you when you **last** used [MEDICATION FROM ESTROHOR]?
|_|_| Age

NO RESPONSE → GO TO ESTROHOR5

[DISPLAY IF 00, 01, 02, 03, AND/OR 55 WAS SELECTED IN ESTROHOR]
[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT ESTROHOR; COULD BE REPEATED UP TO 5 TIMES]

D77. [ESTROHOR5] In total, how many months OR years have you used [MEDICATION FROM ESTROHOR]?
|_|_| #Months
OR
|_|_| #Years

NO RESPONSE → GO TO PROGHOR

D78. [PROGHOR] Have you ever taken any of these types of **progestin-only prescription hormones**?
Select all that apply.
0 Oral progestin-only medication (such as Provera® or Prometrium®)
55 Any other type of progestin/progesterone-only medication: Please describe [text box]
88 None of the above → **GO TO COMBHOR**

NO RESPONSE → GO TO COMBHOR

[Piped text instructions for PROGHOR2 – PROGHOR5:
IF 00 SELECTED FILL [MED] = “oral progestin-only medication”
IF 55 SELECTED FILL [MED] = [text from PROGHOR 02] OR, if no text entered at PROGHOR 02, fill “the other progestin/progesterone-only medication”]

[DISPLAY IF 00 AND/OR 55 WAS SELECTED IN PROGHOR]
[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT PROGHOR; COULD BE REPEATED UP TO 2 TIMES]

D79. [PROGHOR2] How old were you when you **first** used [MEDICATION FROM PROGHOR]?
|_|_| Age

NO RESPONSE → GO TO PROGHOR3

[DISPLAY IF 00 AND/OR 55 WAS SELECTED IN PROGHOR]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT PROGHOR; COULD BE REPEATED UP TO 2 TIMES]

D80. [PROGHOR3] Are you currently using [MEDICATION FROM PROGHOR]?

1 Yes → **GO TO PROGHOR5**

0 No

NO RESPONSE → GO TO PROGHOR4

[DISPLAY IF 00 AND/OR 55 WAS SELECTED IN PROGHOR]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT PROGHOR; COULD BE REPEATED UP TO 2 TIMES]

D81. [PROGHOR4] How old were you when you **last** used [MEDICATION FROM PROGHOR]?

|_|_| Age

NO RESPONSE → GO TO PROGHOR5

[DISPLAY IF 00 AND/OR 55 WAS SELECTED IN PROGHOR]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT PROGHOR; COULD BE REPEATED UP TO 2 TIMES]

D82. [PROGHOR5] In total, how many months OR years have you used [MEDICATION FROM PROGHOR]?

|_|_| #Months

OR

|_|_| #Years

NO RESPONSE → GO TO PROGHOR6_1

[DISPLAY PROGHOR6_1 IF 00 WAS SELECTED AT PROGHOR]

[ELSE, GO TO PROGHOR6_2]

D83. [PROGHOR6_1] How many **days per cycle** did you use this oral progestin-only hormone?

0 Less than 10 days per month

1 10 to 14 days per month

2 15 to 19 days per month

3 20 to 25 days per month

4 Every day

NO RESPONSE → GO TO PROGHOR6_2

[DISPLAY PROGHOR6_2 IF 55 WAS SELECTED AT PROGHOR]

[ELSE, GO TO COMBHOR]

D84. [PROGHOR6_2] How many **days per cycle** did you use this progestin/progesterone-only prescription hormone?

0 Less than 10 days per month

1 10 to 14 days per month

2 15 to 19 days per month

3 20 to 25 days per month

4 Every day

NO RESPONSE → GO TO COMBHOR

D85. [COMBHOR] Have you ever taken any of these types of **combined estrogen plus progestin prescription hormones**? Select all that apply.

- 0 Combined oral estrogen plus progestin pill (such as Prempro®, Activella®, Femhrt,® or PREFEST®)
- 1 Two separate pills, one estrogen and one progestin pill
- 55 Any other type of combined estrogen plus progestin prescription hormones (such as the patch (Climara-Pro®), other pills, or creams): Please describe [text box]
- 88 None of the above → **GO TO NEXT TESTTHER**

NO RESPONSE → GO TO NEXT TESTTHER

[Piped text instructions for COMBHOR2 – COMBHOR5:

IF 00 SELECTED FILL [MED] = “combined oral estrogen plus progestin pill”

IF 01 SELECTED FILL [MED] = “two separate pills”

IF 55 SELECTED FILL [MED] = [text from COMBHOR 03] OR, if no text entered at COMBHOR 03, fill [the other combined estrogen plus progestin prescription hormone]]

[DISPLAY IF 00, 01, AND/OR 55 WAS SELECTED IN COMBHOR]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT COMBHOR; COULD BE REPEATED UP TO 3 TIMES]

D86. [COMBHOR2] How old were you when you **first** used [MEDICATION FROM COMBHOR]?
|_|_| Age

NO RESPONSE → GO TO COMBHOR3

[DISPLAY IF 00, 01, AND/OR 55 WAS SELECTED IN COMBHOR]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT COMBHOR; COULD BE REPEATED UP TO 3 TIMES]

D87. [COMBHOR3] Are you currently using [MEDICATION FROM COMBHOR]?

- 1 Yes → **GO TO COMBHOR5**
- 0 No

NO RESPONSE → GO TO COMBHOR4

[DISPLAY IF 00, 01, AND/OR 55 WAS SELECTED IN COMBHOR]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT COMBHOR; COULD BE REPEATED UP TO 3 TIMES]

D88. [COMBHOR4] How old were you when you **last** used [MEDICATION FROM COMBHOR]?
|_|_| Age

NO RESPONSE → GO TO COMBHOR5

[DISPLAY IF 00, 01, AND/OR 55 WAS SELECTED IN COMBHOR]

[THIS QUESTION IS TO BE DISPLAYED FOR EACH RESPONSE OPTION SELECTED AT COMBHOR; COULD BE REPEATED UP TO 3 TIMES]

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D89. [COMBHOR5] In total, how many months OR years have you used [MEDICATION FROM COMBHOR]?

|_|_| #Months

OR

|_|_| #Years

NO RESPONSE → GO TO COMBHOR6

[DISPLAY IF 00 WAS SELECTED AT COMBHOR]

[ELSE, GO TO SEPHOR]

D90. [COMBHOR6] How many **days per cycle** did you use a **combined oral estrogen plus progestin pill**?

0 Less than 10 days per month

1 10 to 14 days per month

2 15 to 19 days per month

3 20 to 25 days per month

4 Every day

NO RESPONSE (ANY) → GO TO SEPHOR

[DISPLAY IF 01 WAS SELECTED AT COMBHOR]

[ELSE, GO TO SEPHOR2]

D91. [SEPHOR] How many **days per cycle** did you use **two separate pills**, one estrogen and one progestin?

0 Less than 10 days per month

1 to 14 days per month

2 15 to 19 days per month

3 20 to 25 days per month

4 Every day

NO RESPONSE (ANY) → GO TO SEPHOR2

[DISPLAY IF 55 WAS SELECTED AT COMBHOR]

[ELSE, GO TO TESTTHER]

D92. [SEPHOR2] How many **days per cycle** did you use this other type of combined estrogen plus progestin prescription hormones?

0 Less than 10 days per month

1 to 14 days per month

2 15 to 19 days per month

3 20 to 25 days per month

4 Every day

NO RESPONSE (ANY) → GO TO TESTTHER

[ALL PARTICIPANTS:]

Testosterone & Other Hormone Therapy

[TESTTHER] Have you ever used **testosterone therapy** (e.g., Depo-Testosterone®, AndroGel®, Testim®, Fortesta®, Axiron®, Androderm®, Striant®)?

- 1 Yes
- 0 No → **GO TO PRESHOR**
- NO RESPONSE → GO TO PRESHOR**

[TESTTHER2] Which forms of testosterone medication(s) have you taken? Select all that apply.

- 0 Gel/cream
- 1 Injection
- 2 Skin patch
- 3 Pills
- 4 Gum or inner cheek patch
- 5 Slow release implant (testosterone pellets)
- NO RESPONSE → GO TO TESTTHER3**

[TESTTHER3] How old were you when you **first** used testosterone therapy?

- __|__| Age
- NO RESPONSE → GO TO TESTTHER4**
- [IF TESTTHER2 = 05 ONLY, DO NOT DISPLAY TESTTHER4. OTHERWISE, DISPLAY TESTTHER4.]**

[TESTTHER4] How often did you use testosterone therapy? If you currently use testosterone therapy, how often do you use it?

- 0 Multiple times a day
- 1 Daily
- 2 Every few days
- 3 Once a week
- 4 Few times a month
- 5 Rarely

NO RESPONSE → GO TO TESTTHER5

[TESTTHER5] How old were you when you **last** used testosterone therapy? If you are currently using testosterone therapy, please enter your current age.

- __|__| Age
- NO RESPONSE → GO TO PRESHOR**

D93. [PRESHOR] Have you ever taken any other type(s) of prescription or over-the-counter hormones (or bioidenticals)?

- 1 Yes
- 0 No → **GO TO PHYSICAL ACTIVITY SECTION**
- NO RESPONSE (ANY) → GO TO PHYSICAL ACTIVITY SECTION**

D94. [PRESHOR2] What other type(s) of hormones did you take?

NO RESPONSE (ANY) → GO TO PRESHOR3

[Piped text instructions for PRESHOR3 – PRESHOR6:

FILL [MED] = [text from PRESHOR2] OR, if no text entered at PRESHOR2, fill [the other type of prescription hormone]]

D95. [PRESHOR3] How old were you when you **first** used [**MED FROM PRESHOR2**]?

|_|_| Age

NO RESPONSE (ANY) → GO TO PRESHOR4

D96. [PRESHOR4] Are you currently using [MED FROM PRESHOR2]?
1 Yes → **GO TO PRESHOR6A**

0 No

NO RESPONSE (ANY) → GO TO PRESHOR5

D97. [PRESHOR5] How old were you when you **last** used [MED FROM PRESHOR2]?
|_|_| Age → **GO TO PHYSICAL ACTIVITY SECTION**

NO RESPONSE (ANY) → GO TO PHYSICAL ACTIVITY SECTION

D98. [PRESHOR6] In total, how many months OR years have you used [MED FROM PRESHOR2]?
|_|_| #Months

OR

|_|_| #Years

NO RESPONSE (ANY) → GO TO PHYSICAL ACTIVITY SECTION

Physical Activity [SECTION 3]

Next, we will ask you about different types of physical activities. We are interested in activities that you do during a usual day, including at work or around the house. We are also interested in activities that you do specifically for exercise or for fun.

Many of the questions in this section ask you to share the amount of time you spend doing specific activities. If you are not sure of the exact amount of time, please make your best guess.

Physical Activity at Work

[DISPLAY WORKACT SECTION, IF WORK= 01]

[IF WORK= 00, GO TO INTROSITTING]

D99. [WORKACT] During the **past 12 months**, about how much time do you usually spend doing these activities while you are **at work**? For your answers, please think about the time you spend at your

job, **not counting time traveling to and from work**. If you exercise during your workday (such as going on walks or working out during breaks), please **include** those activities.

NO RESPONSE (ANY) → GO TO INTROSITTING

Select an answer for each row below:	Typical time per WORKDAY									
	None	Less than 30 min.	30 min.	45 min.	1 hr.	1 to 2.9 hrs.	3 to 4.9 hrs.	5 to 6.9 hrs.	7 to 8.9 hrs.	9 hrs. or more
	0	1	2	3	4	5	6	7	8	9
a. [WORKACTA] Sitting with small arm movements (for example, desk or computer work, light assembly, driving, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [WORKACTB] Standing with some walking (for example, as a store clerk, filing, making copies, walking to/from meetings, working on an assembly line, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. [WORKACTC] Walking and carrying materials weighing less than 50 pounds (for example, delivering mail, waiting tables, light construction, janitorial work, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [WORKACTD] Walking and heavy manual work often working with materials weighing over 50 pounds (for example, digging and shoveling, chopping wood, laying bricks, stacking hay, or other heavy manual labor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sitting

[INTROSITTING] The next questions ask about the time you spent outside of work over the **past 12 months**.

[IF WORK = 01, FILL “outside of work” and “This includes commuting to and from work.” IN SITTING. IF WORK = 00, EXCLUDE IN SITTING.]

D100. [SITTING] During the **past 12 months**, about how many **hours per day** did you usually spend doing each of these activities outside of work?

NO RESPONSE (ANY) → GO TO HOUSE1

	Typical hours per DAY									
	None	Less than 30 min.	30 min.	45 min.	1 hr.	1 to 2.9 hrs.	3 to 4.9 hrs.	5 to 6.9 hrs.	7 to 8.9 hrs.	9 hrs. or more
	0	1	2	3	4	5	6	7	8	9
a. [SITTINGA] Driving or sitting in a car, bus or train. [<i>This includes commuting to and from work.</i>]	■	■	■	■	■	■	■	■	■	■
b. [SITTINGB] Sitting and watching television shows, movies, or other video content on a television, tablet, phone, or computer	■	■	■	■	■	■	■	■	■	■
c. [SITTINGC] Sitting and browsing the internet, playing video games, using social media, or using any other apps or programs on a tablet, phone, computer, or television	■	■	■	■	■	■	■	■	■	■
d. [SITTINGD] Other sitting outside of work (such as for reading, crafts, and hobbies)	■	■	■	■	■	■	■	■	■	■

Household Chores, Caring for Others, and Shopping

[IF WORK = 01, FILL “outside of work” IN HOUSE1. IF WORK = 00, EXCLUDE IN HOUSE1.]

D101. [HOUSE1] During the **past 12 months**, about how often did you do each of these household or shopping activities outside of work?

NO RESPONSE (ANY) → GO TO LAWN1

	Never	Once a month or less	2-3 days a month	1-2 days a week	3-4 days a week	5-6 days a week	Every day
	44	0	1	2	3	4	5
a. [HOUSE1A] Light household chores (such as cooking, tidying up, laundry, or dusting)	■	■	■	■	■	■	■
b. [HOUSE1B] Moderate to vigorous household chores (such as vacuuming or sweeping)	■	■	■	■	■	■	■
c. [HOUSE1C] Caring for pets (walking dogs, feeding, playing, grooming)	■	■	■	■	■	■	■
d. [HOUSE1D] Caring for children or adults (pushing stroller or wheelchair, lifting, bathing)	■	■	■	■	■	■	■
e. [HOUSE1E] Walking while shopping or doing errands (do not count walking for exercise)	■	■	■	■	■	■	■

[ONLY DISPLAY ITEMS IN HOUSE2 THAT \neq "NEVER" OR NON-RESPONSE IN HOUSE1]

[Piped text instructions for HOUSE2:

If only 1 of HOUSE1A - HOUSE1E \neq 01, fill "this" and "activity" and "this activity"

If >1 of HOUSE1a – HOUSE1E \neq 01, fill "these" and "activities" and "each activity"]

D102. [HOUSE2] On the days that you did [this/these] household or shopping [activity/activities], about how much **time per day** did you spend doing [this activity/each activity]?

NO RESPONSE (ANY) → GO TO NEXT QUESTION

	15 minutes or less	16-30 minutes	31-44 minutes	45-59 minutes	1-1.9 hours	2-2.9 hours	3 hours or more
	0	1	2	3	4	5	6
a. [HOUSE2A] Light household chores (such as cooking, cleaning up, laundry, or dusting,)	■	■	■	■	■	■	■
b. [HOUSE2B] Moderate to vigorous household chores (such as vacuuming or sweeping)	■	■	■	■	■	■	■

c. [HOUSE2C] Caring for pets (walking dogs, feeding, playing, grooming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [HOUSE2D] Caring for children or adults (pushing stroller or wheelchair, lifting, bathing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. [HOUSE2E] Walking while shopping or doing errands (do not count walking for exercise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lawn, Garden, and Home Repair

[IF WORK =01, FILL "outside of work" IN LAWN1. IF WORK = 00, EXCLUDE IN LAWN1.]

D103. [LAWN1] During the **past 12 months**, did you do any of these activities outside of work? Select all that apply.

- 0 Moderate outdoor chores (such as weeding, raking, or mowing the lawn)
- 1 Vigorous outdoor chores (such as digging, carrying lumber, or snow shoveling)
- 2 Home repair (such as painting, plumbing, or replacing carpeting)
- 88 I did **not** do any of these activities → **GO TO EXEREC1**

NO RESPONSE (ANY) → GO TO EXEREC1

[DISPLAY IF LAWN1= 00]

D104. [LAWN2A] In which season(s) did you do these **moderate outdoor chores (such as weeding, raking, or mowing the lawn)**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO LAWN3A

[Piped text instructions for LAWN3A:

IF LAWN2A = 1 SEASON, FILL "season"

IF LAWN2A = 2 SEASON, FILL "seasons"

IF NO RESPONSE TO LAWN2A, FILL "season(s)"

IF WORK =01, FILL "outside of work"]

D105. [LAWN3A] During the season[s] in the **past 12 months** that you did moderate outdoor chores (such as weeding, raking, or mowing the lawn), about how often did you do these chores outside of work?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week

5 Every day
NO RESPONSE → GO TO LAWN4A

[IF WORK =01, FILL “outside of work”]

D106. [LAWN4A] On the days that you did these moderate outdoor chores (such as weeding, raking, or mowing the lawn) outside of work, about **how much time per day** did you spend doing these chores?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO LAWN2B

[DISPLAY IF LAWN1= 01]

D107. [LAWN2B] In which season(s) did you do these **vigorous outdoor chores (such as digging, carrying lumber, or snow shoveling)**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO LAWN3B

[Piped text instructions for LAWN3B:

IF LAWN2B = 1 SEASON, FILL “season”

IF LAWN2B = 2 SEASON, FILL “seasons”

IF NO RESPONSE TO LAWN2B, FILL “season(s)”

IF WORK =01, FILL “outside of work”]

D108. [LAWN3B] During the season[s] in the **past 12 months** that you did these vigorous outdoor chores (such as digging, carrying lumber, or snow shoveling), about how often did you do these chores outside of work?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Every day

NO RESPONSE → GO TO LAWN4B

[IF WORK =01, FILL “outside of work”]

D109. [LAWN4B] On the days that you did these vigorous outdoor chores (such as digging, carrying lumber, or snow shoveling) outside of work, about **how much time per day** did you spend doing these chores?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO LAWN2C

[DISPLAY IF LAWN1= 02]

D110. [LAWN2C] In which season(s) did you do these **home repairs (such as painting, plumbing, or replacing carpeting)**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO LAWN3C

[Piped text instructions for LAWN3C:

IF LAWN2C = 1 SEASON, FILL "season"

IF LAWN2C = 2 SEASON, FILL "seasons"

IF NO RESPONSE TO LAWN2C, FILL "season(s)"

IF WORK =01, FILL "outside of work"]

D111. [LAWN3C] During the season[s] in the **past 12 months** that you did these home repairs (such as painting, plumbing, or replacing carpeting), about how often did you do these repairs outside of work?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Every day

NO RESPONSE → GO TO LAWN4C

[IF WORK =01, FILL "outside of work"]

D112. [LAWN4C] On the days that you did these home repairs (such as painting, plumbing, replacing carpeting) outside of work, about **how much time per day** did you spend doing these repairs?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes

- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC1

Exercise and Recreation

IF EXEREC2A-EXEREC40 = 1 SEASON, FILL [season] FOR EXEREC3A-EXEREC40

IF EXEREC2A-EXEREC40 = 2 SEASONS, FILL [seasons] FOR EXEREC3A-EXEREC40

IF NO RESPONSE TO EXEREC2A-EXEREC40, FILL [seasons] FOR EXEREC3A-EXEREC40

D113. [EXEREC1] During the **past 12 months**, did you do any of these exercise or recreational activities? Select all that apply.

- 0 Walk or hike for exercise
- 1 Jog or run
- 2 Play tennis, squash, or racquetball
- 3 Play golf
- 4 Swim laps
- 5 Ride a bicycle (including a stationary bike)
- 6 Strengthening exercises such as weightlifting, using weight machines, or calisthenics (such as sit-ups or push-ups)
- 7 Yoga, Pilates, or Tai Chi
- 8 Martial Arts (such as Karate or Judo)
- 9 Dance
- 10 Downhill ski or snowboard
- 11 Cross-country ski
- 12 Surf or bodyboard
- 13 High-intensity circuit training (such P90x® or CrossFit)
- 55 Other exercise
- 88 I did **not** do any of these activities → **GO TO SLEEP SECTION**

NO RESPONSE → GO TO SLEEP SECTION

[DISPLAY IF EXEREC1= 00]

D114. [EXEREC2A] In which season(s) did you **walk or hike for exercise**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3A

[Piped text instructions for EXEREC3A:

IF 1 SEASON SELECTED IN EXEREC2A, FILL "season"

IF >1 SEASON SELECTED IN EXEREC2A, FILL "seasons"

IF NO RESPONSE TO EXEREC2A, FILL "season(s)"]

D115. [EXEREC3A] During the season[s] in the **past 12 months** that you walked or hiked for exercise, about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4A

D116. [EXEREC4A] On the days that you walked or hiked for exercise, about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2B

[DISPLAY IF EXEREC1= 01]

D117. [EXEREC2B] In which season(s) did you **jog or run**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3B

[Piped text instructions for EXEREC3B:

IF 1 SEASON SELECTED IN EXEREC2B, FILL "season"

IF >1 SEASON SELECTED IN EXEREC2B, FILL "seasons"

IF NO RESPONSE TO EXEREC2B, FILL "season(s)"]

D118. [EXEREC3B] During the season[s] in the **past 12 months** that you went jogging or running, about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4B

D119. [EXEREC4B] On the days that you went jogging or running, about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2C

[DISPLAY IF EXEREC1= 02]

D120. [EXEREC2C] In which season(s) did you **play tennis, squash, or racquetball**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3C

[Piped text instructions for EXEREC3C:

IF 1 SEASON SELECTED IN EXEREC2C, FILL "season"

IF >1 SEASON SELECTED IN EXEREC2C, FILL "seasons"

IF NO RESPONSE TO EXEREC2C, FILL "season(s)"]

D121. [EXEREC3C] During the season[s] in the **past 12 months** that you played tennis, squash, or racquetball, about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4C

D122. [EXEREC4C] On the days that you played tennis, squash, or racquetball, about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours

6 3 hours or more

NO RESPONSE → GO TO EXEREC2D

[DISPLAY IF EXEREC1= 03]

D123. [EXEREC2D] In which season(s) did you **play golf**? Select all that apply.

0 Winter

1 Spring

2 Summer

3 Fall

NO RESPONSE → GO TO EXEREC3D

[Piped text instructions for EXEREC3D:

IF 1 SEASON SELECTED IN EXEREC2D, FILL “season”

IF >1 SEASON SELECTED IN EXEREC2D, FILL “seasons”

IF NO RESPONSE TO EXEREC2D, FILL “season(s)”]

D124. [EXEREC3D] During the season[s] in the **past 12 months** that you played golf, about how often did you do this activity?

0 Once a month or less

1 2-3 days a month

2 1-2 days a week

3 3-4 days a week

4 5-6 days a week

5 Everyday

NO RESPONSE → GO TO EXEREC4D

D125. [EXEREC4D] On the days that you played golf, about **how much time per day** did you spend doing this activity?

0 15 minutes or less

1 16-30 minutes

2 31-44 minutes

3 45-59 minutes

4 1-1.9 hours

5 2-2.9 hours

6 3 hours or more

NO RESPONSE → GO TO EXEREC2E

[DISPLAY IF EXEREC1= 04]

D126. [EXEREC2E] In which season(s) did you **swim laps**? Select all that apply.

0 Winter

1 Spring

2 Summer

3 Fall

NO RESPONSE → GO TO EXEREC3E

[Piped text instructions for EXEREC3E:

IF 1 SEASON SELECTED IN EXEREC2E, FILL "season"
IF >1 SEASON SELECTED IN EXEREC2E, FILL "seasons"
IF NO RESPONSE TO EXEREC2E, FILL "season(s)"]

D127. [EXEREC3E] During the season[s] in the **past 12 months** that you swam laps, about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4E

D128. [EXEREC4E] On the days that you swam laps, about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2F

[DISPLAY IF EXEREC1= 05]

D129. [EXEREC2F] In which season(s) did you **ride a bicycle (including a stationary bike)**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3F

[Piped text instructions for EXEREC3F:

IF 1 SEASON SELECTED IN EXEREC2F, FILL "season"
IF >1 SEASON SELECTED IN EXEREC2F, FILL "seasons"
IF NO RESPONSE TO EXEREC2F, FILL "season(s)"]

D130. [EXEREC3F] During the season[s] in the **past 12 months** that you rode a bicycle (including a stationary bike), about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week

- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4F

D131. [EXEREC4F] On the days that you rode a bicycle (including a stationary bike), about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2G

[DISPLAY IF EXEREC1= 06]

D132. [EXEREC2G] In which season(s) did you do **strengthening exercises such as weightlifting, using weight machines, or calisthenics (such as sit-ups or push-ups,)**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3G

[Piped text instructions for EXEREC3G:

IF 1 SEASON SELECTED IN EXEREC2G, FILL "season"

IF >1 SEASON SELECTED IN EXEREC2G, FILL "seasons"

IF NO RESPONSE TO EXEREC2G, FILL "season(s)"]

D133. [EXEREC3G] During the season[s] in the **past 12 months** that you did strengthening exercises such as weightlifting, using weight machines, or calisthenics (such as sit-ups or push-ups), about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4G

D134. [EXEREC4G] On the days that you did strengthening exercises such as weightlifting, using weight machines, or calisthenics (such as sit-ups or push-ups), about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2H

[DISPLAY IF EXEREC1= 07]

D135. [EXEREC2H] In which season(s) did you do **Yoga, Pilates, or Tai Chi**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3H

[Piped text instructions for EXEREC3H:

IF 1 SEASON SELECTED IN EXEREC2H, FILL “season”

IF >1 SEASON SELECTED IN EXEREC2H, FILL “seasons”

IF NO RESPONSE TO EXEREC2H, FILL “season(s)”

D136. [EXEREC3H] During the season[s] in the **past 12 months** that you did Yoga, Pilates, or Tai Chi, about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4H

D137. [EXEREC4H] On the days that you did Yoga, Pilates, or Tai Chi, about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2I

[DISPLAY IF EXEREC1= 08]

D138. [EXEREC2I] In which season(s) did you do **Martial Arts (such as Karate or Judo)**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3I

[Piped text instructions for EXEREC3I:

IF 1 SEASON SELECTED IN EXEREC2I, FILL “season”

IF >1 SEASON SELECTED IN EXEREC2I, FILL “seasons”

IF NO RESPONSE TO EXEREC2I, FILL “season(s)”]

D139. [EXEREC3I] During the season[s] in the **past 12 months** that you did Martial Arts (such as Karate or Judo), about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4I

D140. [EXEREC4I] On the days that you did Martial Arts (such as Karate or Judo, etc.), about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2J

[DISPLAY IF EXEREC1= 09]

D141. [EXEREC2J] In which season(s) did you **dance**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3J

[Piped text instructions for EXEREC3J:

IF 1 SEASON SELECTED IN EXEREC2J, FILL “season”

IF >1 SEASON SELECTED IN EXEREC2J, FILL “seasons”

IF NO RESPONSE TO EXEREC2J, FILL “season(s)”

D142. [EXEREC3J] During the season[s] in the **past 12 months** that you danced, about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4J

D143. [EXEREC4J] On the days that you danced, about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2K

[DISPLAY IF EXEREC1= 10]

D144. [EXEREC2K] In which season(s) did you **downhill ski or snowboard**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3K

[Piped text instructions for EXEREC3K:

IF 1 SEASON SELECTED IN EXEREC2K, FILL “season”

IF >1 SEASON SELECTED IN EXEREC2K, FILL “seasons”

IF NO RESPONSE TO EXEREC2K, FILL “season(s)”

D145. [EXEREC3K] During the season[s] in the **past 12 months** that you did downhill skiing or snowboarding, about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4K

D146. [EXEREC4K] On the days that you did downhill skiing or snowboarding, about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2L

[DISPLAY IF EXEREC1= 11]

D147. [EXEREC2L] In which season(s) did you **cross-country ski**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3L

[Piped text instructions for EXEREC3L:

IF 1 SEASON SELECTED IN EXEREC2L, FILL "season"

IF >1 SEASON SELECTED IN EXEREC2L, FILL "seasons"

IF NO RESPONSE TO EXEREC2L, FILL "season(s)"]

D148. [EXEREC3L] During the season[s] in the **past 12 months** that you did cross-country skiing, about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4L

D149. [EXEREC4L] On the days that you did cross-country skiing, about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2M

[DISPLAY IF EXEREC1= 12]

D150. [EXEREC2M] In which season(s) did you **surf or bodyboard**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3M

[Piped text instructions for EXEREC3M:

IF 1 SEASON SELECTED IN EXEREC2M, FILL “season”

IF >1 SEASON SELECTED IN EXEREC2M, FILL “seasons”

IF NO RESPONSE TO EXEREC2M, FILL “season(s)”]

D151. [EXEREC3M] During the season[s] in the **past 12 months** that you did surfing or bodyboarding, about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4M

D152. [EXEREC4M] On the days that you did surfing or bodyboarding, about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2N

[DISPLAY IF EXEREC1= 13]

D153. [EXEREC2N] In which season(s) did you do **high-intensity circuit training (such as P90x® or CrossFit®)**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3N

[Piped text instructions for EXEREC3N:

IF 1 SEASON SELECTED IN EXEREC2N, FILL "season"

IF >1 SEASON SELECTED IN EXEREC2N, FILL "seasons"

IF NO RESPONSE TO EXEREC2N, FILL "season(s)"]

D154. [EXEREC3N] During the season[s] in the **past 12 months** that you did high-intensity circuit training (such as P90x® or CrossFit®), about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week
- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC4N

D155. [EXEREC4N] On the days that you did high-intensity circuit training (such as P90x® or CrossFit® etc.), about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO EXEREC2O

[DISPLAY IF EXEREC1= 55]

D156. [EXEREC2O] In which season(s) did you do **other exercise**? Select all that apply.

- 0 Winter
- 1 Spring
- 2 Summer
- 3 Fall

NO RESPONSE → GO TO EXEREC3O

[Piped text instructions for EXEREC3O:

IF 1 SEASON SELECTED IN EXEREC2O, FILL "season"

IF >1 SEASON SELECTED IN EXEREC2O, FILL "seasons"

IF NO RESPONSE TO EXEREC2O, FILL "season(s)"]

D157. [EXEREC3O] During the season[s] in the **past 12 months** that you did other exercise, about how often did you do this activity?

- 0 Once a month or less
- 1 2-3 days a month
- 2 1-2 days a week

- 3 3-4 days a week
- 4 5-6 days a week
- 5 Everyday

NO RESPONSE → GO TO EXEREC40

D158. [EXEREC40] On the days that you did other exercise, about **how much time per day** did you spend doing this activity?

- 0 15 minutes or less
- 1 16-30 minutes
- 2 31-44 minutes
- 3 45-59 minutes
- 4 1-1.9 hours
- 5 2-2.9 hours
- 6 3 hours or more

NO RESPONSE → GO TO SLEEPINTRO

Sleep [SECTION 4]

Lastly, we will ask you some questions about your sleep, including your usual sleep schedule and your sleep habits.

[DISPLAY IF SEX = 00, OR IF SEX = 02 AND SEX2 = 05 OR 06]

If you are currently pregnant or have been pregnant in the last year, please answer the following questions with information from the time **before you got pregnant**.

Sleep Schedule

D159. [SLEEPSCHA] During a usual week, is your sleep schedule determined by your job, school, or other activities?

- 1 Yes
- 0 No → **GO TO INTROSLESCH1**

NO RESPONSE → GO TO INTROSLESCH1

D160. [SLEEPSCHB] How many **days per week** is your sleep schedule determined by your job, school, or other activities?

- 0 1
- 1 2
- 2 3
- 3 4
- 4 5
- 5 6
- 6 7

NO RESPONSE → GO TO INTROSLESCH1

Usual Sleep Schedule on Workdays

[INTROSLESCH1]

[INTRO 1: DISPLAY IF SLEEPSCHA=01]

We have some questions about your sleep schedule on workdays. Workdays include days when you do any type of work that includes a schedule, such as working for pay outside the home or working as a homemaker.

[INTRO 2: DISPLAY IF SLEEPSCHA=00, NON-RESPONSE]

We have some questions about your sleep schedule. Please answer these questions thinking about your usual day.

[IF SLEEPSCHA=01, FILL “the nights before workdays”. IF SLEEPSCHA=00, NON-RESPONSE, FILL “most days”]

[“Minutes” drop-down category displayed in 5-minute increments]

D161. [SLEEP1A] What time do you usually go to bed on [the nights before workdays/most days]? Please tell us the time you usually get into your bed, **not the time you usually fall asleep.**

HH:MM AM/PM

NO RESPONSE → GO TO SLEEP1D

[IF SLEEPSCHA=01, FILL “nights before workdays”. IF SLEEPSCHA=00, NON-RESPONSE, FILL “most nights”]

[“Minutes” drop-down category displayed in 5-minute increments]

D162. [SLEEP1D] On [the nights before workdays/most nights], how long does it usually take you to fall asleep? Select the number of minutes and/or hours using the drop-down options below.

|_|_| # of Hours |_|_| # of Minutes

NO RESPONSE → GO TO SLEEP1F

[IF SLEEPSCHA=01, FILL “workdays”. IF SLEEPSCHA=00, NON-RESPONSE, FILL “most days”]

[“Minutes” drop-down category displayed in 5-minute increments]

D163. [SLEEP1F] What time do you usually wake up on [workdays/most days]? Select your answer using the drop-down options below.

HH:MM AM/PM

NO RESPONSE → GO TO SLEEP1I

[IF SLEEPSCHA=01, FILL “workdays”. IF SLEEPSCHA=00, NON-RESPONSE, FILL “most days”]

[“Minutes” drop-down category displayed in 5-minute increments]

D164. [SLEEP1I] On [workdays/most days], how long do you usually lie in bed after you wake up before getting out of bed? Select the number of minutes and/or hours using the drop-down options below.

|_|_| # of Hours |_|_| # of Minutes

NO RESPONSE → GO TO SLEEP1K

[IF SLEEPSCHA=01, FILL “workdays”. IF SLEEPSCHA=00, NON-RESPONSE, FILL “most days”]

D165. [SLEEP1K] Do you use an alarm clock to wake up on [workdays/most days]?

1 Yes

0 No → **GO TO SLEEP1M**

NO RESPONSE → GO TO SLEEP1M

[IF SLEEPSCHA=01, FILL “workdays”. IF SLEEPSCHA=00, NON-RESPONSE, FILL “most days”]

D166. [SLEEP1L] On [workdays/most days], do you wake up before the alarm rings?

1 Yes

0 No

NO RESPONSE → GO TO SLEEP1M

[IF SLEEPSCHA=01, FILL “workday”. IF SLEEPSCHA=00, NON-RESPONSE, FILL “day”]

[“Minutes” drop-down category displayed in 5-minute increments]

D167. [SLEEP1M] Exposure to natural sunlight can affect your sleep patterns. During a usual [workday/day], about how much time do you spend outside in direct sunlight? Select the number of minutes and/or hours using the drop-down options below.

|_|_| # of Hours |_|_| # of Minutes

NO RESPONSE → GO TO INTROSLESCH2

[ONLY DISPLAY INTROSLESCH2 – SLEEP20 IF YES IS SELECTED AT SLEEPSCHA. OTHERWISE, GO TO SLHABIT1.]

Non-Workdays

[INTROSLESCH2] Next, we will ask you about your sleep schedule on non-workdays, which are the days that you do not follow your usual workday schedule.

[“Minutes” drop-down category displayed in 5-minute increments]

D168. [SLEEP2A] What time do you usually go to bed on the nights before non-workdays? Please tell us the time you usually get into your bed, **not the time you usually fall asleep.**

HH:MM AM/PM

NO RESPONSE → GO TO SLEEP2D

[“Minutes” drop-down category displayed in 5-minute increments]

D169. [SLEEP2D] On nights before non-workdays, how long does it usually take you to fall asleep? Select the number of minutes and/or hours using the drop-down options below.

|_|_| # of Hours |_|_| # of Minutes

NO RESPONSE → GO TO SLEEP2F

["Minutes" drop-down category displayed in 5-minute increments]

D170. [SLEEP2F] What time do you usually wake up on non-workdays?

HH:MM AM/PM

NO RESPONSE → GO TO SLEEP2I

["Minutes" drop-down category displayed in 5-minute increments]

D171. [SLEEP2I] On non-workdays, how long do you usually lie in bed after you wake up before getting out of bed? Select the number of minutes and/or hours using the drop-down options below.

|_|_| # of Hours |_|_| # of Minutes

NO RESPONSE → GO TO SLEEP2L

D172. [SLEEP2K] Do you use an alarm clock to wake up on non-workdays?

1 Yes

0 No → **GO TO SLEEP2M**

NO RESPONSE → GO TO SLEEP2M

D173. [SLEEP2L] On non-workdays, do you wake up before the alarm rings?

1 Yes

0 No

NO RESPONSE → GO TO SLEEP2M

D174. [SLEEP2M] On non-workdays, are you able to choose the times when you go to sleep and when you wake up? Some reasons you may not be able to choose sleeping and waking times include children, pets, or other non-work activities.

1 Yes

0 No

NO RESPONSE → GO TO SLEEP2N

["Minutes" drop-down category displayed in 5-minute increments]

D175. [SLEEP2N] Exposure to natural sunlight can affect your sleep patterns. During a usual non-workday, about how much time do you spend outside in direct sunlight? Select the number of minutes and/or hours using the drop-down options below.

|_|_| # of Hours |_|_| # of Minutes

NO RESPONSE → GO TO SLHABIT1

Sleep Habits

The next questions ask about your overall sleep habits.

D176. [SLHABIT1] Thinking of the **past 4 weeks**, choose the answers that best describe your sleep.

	No	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
	0	1	2	3	4
a. [SLHABIT1A] Did you have trouble falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [SLHABIT1B] Did you wake up several times a night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. [SLHABIT1C] Did you wake up earlier than you planned to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [SLHABIT1D] Did you have trouble getting back to sleep after you woke up earlier than you planned to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. [SLHABIT1E] Did you take prescription or over-the-counter sleeping pills to help you sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. [SLHABIT1F] Did you have sleep problems that made you irritable (easily annoyed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. [SLHABIT1G] Did you feel very tired during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NO RESPONSE → GO TO SLHABIT2

D177. [SLHABIT2] Overall, how was your sleep on a usual night sleep during the **past 4 weeks**?

- 0 Very sound or restful
- 1 Sound and restful
- 2 Average quality
- 3 Restless
- 4 Very restless

NO RESPONSE → GO TO SLHABIT3

D178. [SLHABIT3] What is the chance that you would doze off or fall asleep (not just "feel tired") in each of these situations? If you are never or rarely in the situation, please make your best guess for what would happen.

	No chance	Slight chance	Moderate chance	High chance
	0	1	2	3
a. [SLHABIT3A] Sitting and reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [SLHABIT3B] Watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. [SLHABIT3C] Sitting inactive in a public place (such as a theater or a meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [SLHABIT3D] Riding as a passenger in a car for an hour without stopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. [SLHABIT3E] Lying down to rest in the afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. [SLHABIT3F] Sitting and talking to someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. [SLHABIT3G] Sitting quietly after a lunch that did not include alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. [SLHABIT3H] In a car, while you are stopped for a few minutes in traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. [SLHABIT3I] At the dinner table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NO RESPONSE → GO TO SLHABIT4

D179. [SLHABIT4] Have you ever dozed off or fallen asleep while driving a vehicle?

1 Yes

0 No

NO RESPONSE → GO TO SNORING1

Snoring

D180. [SNORING1] Do you snore?

1 Yes

0 No → **GO TO SLPROB1**

77 Don't know → **GO TO SLPROB1**

NO RESPONSE → GO TO SLPROB1

D181. [SNORING2] How would you describe your snoring?

0 Slightly louder than breathing

1 As loud as talking

2 Louder than talking

77 Don't know

NO RESPONSE → GO TO SNORING3

D182. [SNORING3] How often do you snore?

0 Almost every day

1 3-4 times per week

2 1-2 times per week

3 1-2 times per month

4 Less than 1-2 times per month

77 Don't know

NO RESPONSE → GO TO SNORING4

D183. [SNORING4] Has your snoring ever bothered other people?

1 Yes

- 0 No
- 77 Don't know

NO RESPONSE → GO TO SNORINGS

D184. [SNORING5] How often do you stop breathing during your sleep?

- 0 Almost every day
- 1 3-4 times per week
- 2 1-2 times per week
- 3 1-2 times per month
- 4 Less than 1-2 times per month

44 Never

- 77 Don't know

NO RESPONSE → GO TO SLPROB1

Sleep Problems

D185. [SLRPOB1] Has a doctor or other health professional ever told you that you have any of these conditions? Select all that apply.

- 0 Sleep apnea (or Obstructive Sleep Apnea, OSA)
- 1 Insomnia
- 2 Restless legs
- 3 Narcolepsy
- 88 None of the above

NO RESPONSE → GO TO SHIFTWORK

[DISPLAY SLPROB2 IF SLPROB1 = 00]

D186. [SLPROB2] Which of these treatments do you use or once used for your **sleep apnea**? Select all that apply.

- 0 CPAP or BIPAP machine
- 1 Dental (oral) device
- 2 Throat/Uvula surgery
- 55 Other: Please describe [text box]
- 88 No treatment

NO RESPONSE → GO TO SHIFTWORK

Shift Work

D187. [SHIFTWORK] Have you worked as a shift worker? *[Informational text: Shift work is work that takes place on a schedule different from the traditional 9:00AM – 5:00PM schedule. Employers that need 24-hour coverage often rely on shift work.]*

- 0 Yes, in the past 3 months
- 1 Yes, more than 3 months ago
- 2 No → **GO TO MODULE 3**

NO RESPONSE → GO TO MODULE 3

[Fill DOES if SHIFTWORK = Yes, in the past 3 months, fill present tense. If DOES if SHIFTWORK = Yes, more than 3 months ago, fill past tense.]

["Minutes" drop-down category displayed in 5-minute increments]

D188. [SHIFTWORK2] [When you were a shift worker, what time [does/did] your usual work shift start?

HH:MM AM/PM

NO RESPONSE → GO TO SHIFTWORK5

[Fill DOES if SHIFTWORK = Yes, in the past 3 months, fill present tense. If DOES if SHIFTWORK = Yes, more than 3 months ago, fill past tense.]

["Minutes" drop-down category displayed in 5-minute increments]

D189. [SHIFTWORK5] [When you were a shift worker,] what time [does/did] your usual work shift end?

HH:MM AM/PM

NO RESPONSE → GO TO SHIFTWORK8

[Fill DOES if SHIFTWORK = Yes, in the past 3 months, fill present tense. If DOES if SHIFTWORK = Yes, more than 3 months ago, fill past tense.]

D190. [SHIFTWORK8] [When you were a shift worker,] how flexible [is/was] your work shift schedule?

- 0 Extremely flexible
- 1 Very flexible
- 2 Somewhat flexible
- 3 A little flexible
- 4 Not at all flexible

NO RESPONSE → GO TO MODULE 3

[Fill DOES if SHIFTWORK = Yes, in the past 3 months, fill present tense. If DOES if SHIFTWORK = Yes, more than 3 months ago, fill past tense.]

D191. [SHIFTWORK9] How many total years [did/have] you work as a shift worker?

|_|_|_|_| Years

IF SHIFTWORK = Yes, in the past 3 months, GO TO END

D192. [SHIFTWORK10] How old were you when you last worked as a shift worker?

|_|_|_| Age

Or, if it is easier to remember the year, enter that here:

|_|_|_|_| Years

Placeholder text- need a closing remark after we know what action takes place after someone clicks "Submit."

END OF MODULE

Closing remark on submit survey screen: "Thank you for completing this section of the survey."

Version 1.0
Released 6/10/2022