

The Breast Cancer Core Questionnaire: Self-Administered Form

Check the answer or write your answer in the space provided.

1. Your birth date.

/____/____/ /____/____/ /____/____/
(Month) (Day) (Year)

2. Your race or ethnic group. (Check all the groups that you belong to.)

- ☐ White or European-American
- ☐ Black, African American or African Ancestry
- ☐ Latina/Latino or Hispanic (not including European Spanish or Portuguese)
- ☐ American Native, Alaskan Native, or Indigenous People
- ☐ Asian or Pacific Islander
- ☐ Other (SPECIFY: _____)

3. Your current marital status.

- ☐ now married
- ☐ living together with a partner
- ☐ widowed
- ☐ divorced
- ☐ separated
- ☐ never married
- ☐ single

4. How often, if ever, do you participate in religious or spiritual activities?

- Number of times:_____ per (Check one)
- ☐ day
 - ☐ week
 - ☐ month
 - ☐ year
- ☐ I never participate in religious or spiritual activities

5. How often do you attend religious or spiritual services?

- Number of times:_____ per (Check one)
- ☐ day
 - ☐ week
 - ☐ month
 - ☐ year
- ☐ I never attend religious or spiritual services.

6. Have you ever been a full-time homemaker or housewife?

- ☐ Yes ----> How old were you when you started being a full-time homemaker? _____
(Years old)
- ☐ No (Go to 8)

7. Are you still a full-time homemaker?

- ☐ Yes (Go to 8)
- ☐ No----> How old were you when you stopped being a full-time homemaker? _____
(Years old)

8. What was the longest paying job that you have held?

(Job)

9. What type of work did you do on that job?

(Type of work)

10. What materials and chemicals did you use on that job?

(Materials and Chemicals)

11. Did you work after midnight on that job at least four days a month?

- ☐ Yes
- ☐ No

12. What sort of business or industry was that job in (that is, what did they make or do)?

(Business or Industry)

13. What was the **next** longest paying job that you have held?

(Job)

14. What type of work did you do on that job?

(Type of work)

15. What materials and chemicals did you use on that job?

(Materials and Chemicals)

16. Did you work after midnight on that job at least four days a month?

☐ Yes

☐ No

17. What sort of business or industry was that job in (that is, what did they make or do)?

(Business or Industry)

18. What is your current job?

(Current Job)

19. Have you ever been pregnant? ☐

Yes--->20.How many times
were you pregnant?_____ --->
(Number of pregnancies)

21. How old were you
during your first pregnancy? _____
(Age, 1st pregnancy)

☐ No (Go to 23)

22. How many
pregnancies were:

live single births ___/___ --->
multiple births,
at least one live ___/___

Did you breastfeed
any of these ---->☐ Yes --->
---> babies? ☐ No

How long did you
breastfeed **each** baby?
(If you did not
breastfeed a baby,
write 0.)

	<u>Weeks</u>	<u>Months</u>
<u>Baby</u>		
1st	_____	_____
2nd	_____	_____
3rd	_____	_____
4th	_____	_____
5th	_____	_____
6th	_____	_____
7th	_____	_____

8th	_____	_____
9th	_____	_____
10th	_____	_____

multiple births,
none living ___/___

stillbirths ___/___

miscarriages ___/___

induced abortions ___/___

ectopic or tubal ___/___

23. How old were you when you had your first monthly period? _____ ----> (Years old)
- ☐ Never had a monthly period (Go to 26)
- How old were you when your monthly periods became regular? That is, you could predict one week before your next monthly period would begin, and you were not using birth control pills, shots, or implants like Norplant. _____ (Years old)
- ☐ Never been regular

24. Days in your monthly cycle:

	How often did you have your menstrual period? (Circle one answer for each decade.)	How many days did you have to wear a pad, tampon or other protection?
In your teens?	at least every 24 days 1 between 25-32 days 2 between 33-40 days 3 after 41 or more days 4	/___/___/ (# pad days)
In your 20s?	at least every 24 days 1 between 25-32 days 2 between 33-40 days 3 after 41 or more days 4	/___/___/ (# pad days)
In your 30s?	at least every 24 days 1 between 25-32 days 2 between 33-40 days 3 after 41 or more days 4	/___/___/ (# pad days)
In your 40s?	at least every 24 days 1 between 25-32 days 2 between 33-40 days 3 after 41 or more days 4	/___/___/ (# pad days)

25.	Do you still have your monthly periods? <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Yes ---> </div>	When was your last monthly period? <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> ____/____ (Month)(Year) </div>	(Go to 26.)
	<div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> No ---> </div>	When was your last monthly period? <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> ____/____ (Month)(Year) </div>	<div style="display: inline-block; vertical-align: middle;"> ---> Why did your monthly periods stop? (Check One) </div> <div style="margin-top: 10px;"> <input type="checkbox"/> pregnant or nursing <input type="checkbox"/> change of life or menopause <input type="checkbox"/> surgery <input type="checkbox"/> medicine <input type="checkbox"/> radiation </div>

26.	Did you ever have regular sexual relations without becoming pregnant? (Regular = one or more times a week)	<div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Yes ---> </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> No (Go to 27) </div>	Did you use birth control? <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
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27.	Have you ever taken birth control pills? <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> Yes ---> <input type="checkbox"/> No (Go to 28) </div>	How old were you when you first took birth control pills? ____ (Years old)	--->	Are you still taking birth control pills? <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> Yes (Go to 28.) <input type="checkbox"/> No ---> </div>	How old were you when you stopped? ____ (Years old)
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28.	Have you ever taken or are you now taking hormone replacement therapy?	<div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
-----	--	---

29. Has a doctor ever told you that you have breast cancer? ☐ Yes
☐ No

30. Have any of your female blood relatives had breast cancer? ☐ Yes ---> ☐ No (Go to 31)

What is their relationship to you?
(CHECK ALL THAT APPLY)

☐ Sister ☐ Half-Sister
☐ Mother ☐ Aunt
☐ Daughter

Did you do **strenuous** exercise or sports (basketball, jump rope, running, jogging, swimming laps, bicycling on hills):

31. In high school?	<input type="checkbox"/> Yes --->	About how many hours per week? ---> (Check one)	<input type="checkbox"/> ½	<input type="checkbox"/> 1-1½	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-10	<input type="checkbox"/> 11 or more
		How many months per year? ---> (Check one)	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	(Months per year)		
	<input type="checkbox"/> No (Go to 32)								
32. Between ages 18 to 24?	<input type="checkbox"/> Yes --->	About how many hours per week? ---> (Check one)	<input type="checkbox"/> ½	<input type="checkbox"/> 1-1½	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-10	<input type="checkbox"/> 11 or more
		How many months per year? ---> (Check one)	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	(Months per year)		
	<input type="checkbox"/> No (Go to 33)								
33. Between ages 25 to 34?	<input type="checkbox"/> Yes --->	About how many hours per week? ---> (Check one)	<input type="checkbox"/> ½	<input type="checkbox"/> 1-1½	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-10	<input type="checkbox"/> 11 or more
		How many months per year? ---> (Check one)	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	(Months per year)		
	<input type="checkbox"/> No (Go to 34)								
34. Between ages 35 to 44?	<input type="checkbox"/> Yes --->	About how many hours per week? ---> (Check one)	<input type="checkbox"/> ½	<input type="checkbox"/> 1-1½	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-10	<input type="checkbox"/> 11 or more
		How many months per year? ---> (Check one)	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	(Months per year)		
	<input type="checkbox"/> No (Go to 35)								
35. Between ages 45 to 54?	<input type="checkbox"/> Yes --->	About how many hours per week? ---> (Check one)	<input type="checkbox"/> ½	<input type="checkbox"/> 1-1½	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-10	<input type="checkbox"/> 11 or more
		How many months per year? ---> (Check one)	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12	(Months per year)		
	<input type="checkbox"/> No (Go to 36)								

If you are 55 or older, did you do **strenuous** exercise or sports (basketball, jump rope, running, jogging, swimming laps, bicycling on hills):

36. During the past 3 years?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 37) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

Did you do **moderate** exercise or sports (brisk walking, golf, volleyball, bicycling, softball, dancing, gardening):

37. In high school?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 38) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

38. Between ages 18 to 24?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 39) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

39. Between ages 25 to 34?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 40) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

40. Between ages 35 to 44?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 41) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

41. Between ages 45 to 54?
- ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
- ☐ No (Go to 42) How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
(Months per year)

If you are 55 or older, did you do **moderate** exercise or sports (brisk walking, golf, volleyball, bicycling, softball, dancing):

42. During the past 3 years? ☐ Yes ---> About how many hours per week? ---> (Check one) ☐ ½ ☐ 1-1½ ☐ 2 ☐ 3 ☐ 4-6 ☐ 7-10 ☐ 11 or more
(Hours per week)
How many months per year? ---> (Check one) ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10-12
☐ No (Go to 43) (Months per year)

43. If "yes" to one or more of questions 31-42:

List the exercises, sports and activities:

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

44. In the **past year**, on average, how many hours per day did you spend in each of the following

	(Check one)	None	½	1-1½	2	3	4-6	7-10	11 or more
Housework	<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"/>
Standing or walking	<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"/>
At work	<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"/>
Physically demanding work on the job (carrying, digging)	<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"/>

45. Have you smoked at least 100 cigarettes or cigars in your entire life?

- ☐ Yes, and I currently smoke
- ☐ Yes, but I don't now
- ☐ No

46. Have you ever chewed tobacco?

- ☐ Yes, and I still do
- ☐ Yes, but I don't now
- ☐ No

The next questions ask about foods you usually eat. (Usually = one time a year for five or more years)
Starting from when you were 13 until now, do you **usually** eat: (Answer yes or no for each question.)

- | | | | | |
|-----|-----------------------------------|---|--|---|
| 47. | Ground beef? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 48) | How often? _____
(Number of times) per <input type="checkbox"/> day | (Check one)
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 48. | Beef, such as steak or roasts? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 49) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 49. | Pork or lamb? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 50) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 50. | Chicken? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 51) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 51. | Hot dogs, not including sausages? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 52) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|--|---|---|---|
| 52. | Cold cuts, including ham, lunch meats? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 53) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 53. | Bacon? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 54) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 54. | Sausage? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 55) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 55. | Canned tuna? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 56) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 56. | Other fish? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 57) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|--------------------------------------|---|---|---|
| 57. | Eggs? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 58) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 58. | Peanut butter and other nut butters? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 59) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 59. | Mayonnaise and Miracle Whip? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 60) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 60. | Salad dressings? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 61) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 61. | Margarine? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 62) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|--------------------------------------|---|---|---|
| 62. | Butter? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 63) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 63. | Sour cream? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 64) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 64. | Fats in cooking? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 65) | How often? _____
(Number of times) per | <input type="checkbox"/> day
(Check one)
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 65. | Olives? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 66) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 66. | Cheese, cheese spread, cream cheese? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 67) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|--|---|---|---|
| 67. | Crackers? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 68) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 68. | Chips, including potato chips,
corn chips, tortillas? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 69) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 69. | Popcorn? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 70) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 70. | Ice cream, milkshakes? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 71) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 71. | Doughnuts? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 72) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|---------------------|---|---|---|
| 72. | Cookies? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 73) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 73. | Pastries? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 74) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 74. | Cake? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 75) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 75. | Granola cereal? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 76) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 76. | Macaroni and cheese | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 77) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|------------------|---|---|---|
| 77. | Pizza? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 78) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 78. | French fries? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 79) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 79. | Cooked broccoli? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 80) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 80. | Raw broccoli? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 81) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 81. | Sauerkraut? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 82) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

- | | | | | |
|-----|-----------------------------------|---|---|---|
| 82. | Cooked cabbage? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 83) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 83. | Raw cabbage, including cole slaw? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 84) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 84. | Pickled vegetables? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 85) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 85. | Cooked cauliflower? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 86) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |
| 86. | Raw cauliflower? | <input type="checkbox"/> Yes --->
<input type="checkbox"/> No (Go to 87) | How often? _____
(Number of times) per | (Check one)
<input type="checkbox"/> day
<input type="checkbox"/> week
<input type="checkbox"/> month
<input type="checkbox"/> year |

Starting from when you were 13 until now, do you **usually** eat: (Usually = one time a year for five or more years) (Answer yes or no for each question.)

87. Cooked brussels sprouts? ☐ Yes ---> ☐ No (Go to 88) How often? _____ (Number of times) per (Check one)
☐ day
☐ week
☐ month
☐ year

88. Cooked mustard greens, spinach, kale, or collard greens? ☐ Yes ---> ☐ No (Go to 89) How often? _____ (Number of times) per (Check one)
☐ day
☐ week
☐ month
☐ year

89. Avocado, including guacamole? ☐ Yes ---> ☐ No (Go to 90) How often? _____ (Number of times) per (Check one)
☐ day
☐ week
☐ month
☐ year

90. Raw watercress? ☐ Yes ---> ☐ No (Go to 91) How often? _____ (Number of times) per (Check one)
☐ day
☐ week
☐ month
☐ year

91. List addresses and other information for places you have lived starting when you were 13-years-old.

<p>Address when 13-years-old</p>	<p>Street _____ Apt. # _____</p> <p>County _____</p> <p>City, Town _____ State _____ Zip/Zone _____</p>	<p>Age when you moved there</p> <p>_____ Age _____</p>	<p>Age when you moved away from there</p> <p>_____ Age _____</p>	<p>Source of drinking water at this address (Check all that apply)</p> <p><input type="checkbox"/> Municipal Public Water Supply</p> <p><input type="checkbox"/> Private Well</p> <p><input type="checkbox"/> Community Well</p> <p><input type="checkbox"/> Rainwater/Cistern</p> <p><input type="checkbox"/> River/Lake/Pond</p> <p><input type="checkbox"/> Spring/Bottled Water</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p>
<p>Next address where you lived</p>	<p>Street _____ Apt. # _____</p> <p>County _____</p> <p>City, Town _____ State _____ Zip/Zone _____</p>	<p>Age when you moved there</p> <p>_____ Age _____</p>	<p>Age when you moved away from there</p> <p>_____ Age _____</p>	<p>Source of drinking water at this address (Check all that apply)</p> <p><input type="checkbox"/> Municipal Public Water Supply</p> <p><input type="checkbox"/> Private Well</p> <p><input type="checkbox"/> Community Well</p> <p><input type="checkbox"/> Rainwater/Cistern</p> <p><input type="checkbox"/> River/Lake/Pond</p> <p><input type="checkbox"/> Spring/Bottled Water</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p>

<p>Next address where you lived</p>	<p>_____ Apt. #</p> <p>Street</p> <p>_____</p> <p>County</p> <p>_____</p> <p>City, Town State Zip/Zone</p>	<p>Age when you moved there</p> <p>_____</p> <p>Age</p>	<p>Age when you moved away from there</p> <p>_____</p> <p>Age</p>	<p>Source of drinking water at this address (Check all that apply)</p> <p><input type="checkbox"/> Municipal Public Water Supply</p> <p><input type="checkbox"/> Private Well</p> <p><input type="checkbox"/> Community Well</p> <p><input type="checkbox"/> Rainwater/Cistern</p> <p><input type="checkbox"/> River/Lake/Pond</p> <p><input type="checkbox"/> Spring/Bottled Water</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p>
<p>Next address where you lived</p>	<p>_____ Apt. #</p> <p>Street</p> <p>_____</p> <p>County</p> <p>_____</p> <p>City, Town State Zip/Zone</p>	<p>Age when you moved there</p> <p>_____</p> <p>Age</p>	<p>Age when you moved away from there</p> <p>_____</p> <p>Age</p>	<p>Source of drinking water at this address (Check all that apply)</p> <p><input type="checkbox"/> Municipal Public Water Supply</p> <p><input type="checkbox"/> Private Well</p> <p><input type="checkbox"/> Community Well</p> <p><input type="checkbox"/> Rainwater/Cistern</p> <p><input type="checkbox"/> River/Lake/Pond</p> <p><input type="checkbox"/> Spring/Bottled Water</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>_____</p>

Next address where you lived		Age when you moved there	Age when you moved away from there	Source of drinking water at this address (Check all that apply)
	_____	_____	_____	<input type="checkbox"/> Municipal Public Water Supply
	Street _____ Apt. # _____	Age _____	Age _____	<input type="checkbox"/> Private Well
	_____			<input type="checkbox"/> Community Well
	County _____			<input type="checkbox"/> Rainwater/Cistern
	City, Town _____ State _____ Zip/Zone _____			<input type="checkbox"/> River/Lake/Pond
				<input type="checkbox"/> Spring/Bottled Water
				<input type="checkbox"/> Other (specify): _____

If you have lived in more than five residences since you were 13, use a continuation sheet.

CONTINUATION SHEET

Next address where you lived		Age when you moved there	Age when you moved away from there	Source of drinking water at this address (Check all that apply)
	_____ Street	_____ Age	_____ Age	<input type="checkbox"/> Municipal Public Water Supply
	_____ County			<input type="checkbox"/> Private Well
	_____ City, Town State Zip/Zone			<input type="checkbox"/> Community Well
				<input type="checkbox"/> Rainwater/Cistern
				<input type="checkbox"/> River/Lake/Pond
				<input type="checkbox"/> Spring/Bottled Water
				<input type="checkbox"/> Other (specify):_____

Since you were 13-years-old, did you live anywhere that was within ½ mile of these places: (Note: ½ mile = 6 blocks)
(Answer yes or no for all questions.)

	Yes	No
92. Dump or landfill?	<input type="checkbox"/>	<input type="checkbox"/>
93. Hazardous waste site?	<input type="checkbox"/>	<input type="checkbox"/>
94. Airport?	<input type="checkbox"/>	<input type="checkbox"/>
95. Farm?	<input type="checkbox"/>	<input type="checkbox"/>
96. Nursery or greenhouse?	<input type="checkbox"/>	<input type="checkbox"/>
97. Golf course?	<input type="checkbox"/>	<input type="checkbox"/>
98. Railroad track that was used by trains?	<input type="checkbox"/>	<input type="checkbox"/>
99. Gas station?	<input type="checkbox"/>	<input type="checkbox"/>
100. Medical incinerator?	<input type="checkbox"/>	<input type="checkbox"/>
101. Quarry?	<input type="checkbox"/>	<input type="checkbox"/>
97. Factory or industrial plant?	<input type="checkbox"/>	<input type="checkbox"/>

Since you were 13-years-old, have you or anyone else used pesticides or chemicals around your house, yard, garden, or animals for these pests: (Answer yes or no for all questions.)

	Yes	No
102. Ants, carpenter ants, cockroaches?	<input type="checkbox"/>	<input type="checkbox"/>
103. Bees or wasps?	<input type="checkbox"/>	<input type="checkbox"/>
104. Flies or mosquitos?	<input type="checkbox"/>	<input type="checkbox"/>
105. Moths, silverfish, or caterpillars?	<input type="checkbox"/>	<input type="checkbox"/>
106. Mice, rats, gophers, or moles?	<input type="checkbox"/>	<input type="checkbox"/>
107. Fleas or ticks?	<input type="checkbox"/>	<input type="checkbox"/>
108. Termites?	<input type="checkbox"/>	<input type="checkbox"/>
109. Lice?	<input type="checkbox"/>	<input type="checkbox"/>
110. Weed killers?	<input type="checkbox"/>	<input type="checkbox"/>
111. Lawn insects?	<input type="checkbox"/>	<input type="checkbox"/>
112. Tree insects?	<input type="checkbox"/>	<input type="checkbox"/>
113. Garden insects?	<input type="checkbox"/>	<input type="checkbox"/>
114. Spiders?	<input type="checkbox"/>	<input type="checkbox"/>

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(BIRTH CONTROL HISTORY)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

Janet Daling, Ph.D.
And
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Fred Hutchinson Cancer Research Center

and

Institute for Survey Research
Temple University
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1601 North Broad Street
Philadelphia, PA 19122

MAY 1998

BIRTH CONTROL HISTORY

Q1. I would like to ask about your use of birth control methods and any sterilization procedure you or your partner or partners may have had. Have you ever used a method of birth control for any reason, including the regulation of your periods?

YES

1

NO

5

(NEXT SECTION)

(If YES, record the complete birth control history of the respondent on next page. Each method and the continuous time span throughout which it was used should be a separate entry. Thus, if the respondent has used the same method at three different points in her life, three separate entries should be made. If the method was an IUD, make a separate entry for each removal and reinsertion even if the same type was used again.

Each entry on the next page should be followed by an entry onto the calendar in red indicating the starting and ending month of each episode. If respondent has not used birth control consistently, please review any unexplained gaps in time to determine if an episode of birth control was overlooked or her partner was sterile and that was not noted.)

Let's go back in time to discuss the first birth control method you used. Then, we'll discuss any others.

BIRTH CONTRO L METHOD	Q2. What was the (1st/2nd/etc.) birth control method you used? (SHOW CARD #1)	Q3. When did you first use (1st/2nd/etc.)? What was the month and year?	Q4. When did you stop using this method? What was the month and year?
1st	/_/_/_/ (CODE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)
2nd	/_/_/_/ (CODE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)
3rd	/_/_/_/ (CODE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)
4th	/_/_/_/ (CODE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)
5th	/_/_/_/ (CODE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)
6th	/_/_/_/ (CODE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)	/_/_/_/ /_/_/_/_/_/ (MONTH) (YEAR) /_/_/_/ (AGE)

7th	<div><div></div><div></div><div></div><div></div></div> <div>(CODE)</div>	<div><div></div><div></div><div></div><div></div></div> <div>(MONTH)</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>(YEAR)</div> <div><div></div><div></div><div></div><div></div></div> <div>(AGE)</div>	<div><div></div><div></div><div></div><div></div></div> <div>(MONTH)</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>(YEAR)</div> <div><div></div><div></div><div></div><div></div></div> <div>(AGE)</div>
-----	---	---	---

DIRECTIONS: FOLLOW SKIP PATTERNS ABOVE EACH QUESTION.

(IF Q2 = 01, 08, OR 25, ASK):	(IF Q2 = 01, ASK):	(IF Q2 = 01, ASK):
Q5. What brand of birth control did you use? (SHOW CARD #)	Q6. What was the reason or reasons you used birth control pills? (SHOW CARD #2)	Q7. Did you have any complications with birth control pills? (SHOW CARD #3)
/ _ / _ / (CODE)	/ _ / _ / (CODE)	YES 1 ---->What were the (CODES) complications? / _ / _ / NO 5 / _ / _ / / /
/ _ / _ / (CODE)	/ _ / _ / (CODE)	YES 1 ---->What were the (CODES) complications? / _ / _ / NO 5 / _ / _ / / /
/ _ / _ / (CODE)	/ _ / _ / (CODE)	YES 1 ---->What were the (CODES) complications? / _ / _ / NO 5 / _ / _ / / /
/ _ / _ / (CODE)	/ _ / _ / (CODE)	YES 1 ---->What were the (CODES) complications? / _ / _ / NO 5 / _ / _ / / /
/ _ / _ / (CODE)	/ _ / _ / (CODE)	YES 1 ---->What were the (CODES) complications? / _ / _ / NO 5 / _ / _ / / /

<div data-bbox="349 100 444 157" data-label="Text"> <div data-bbox="349 100 444 126">/ / /</div> <div data-bbox="349 130 444 157">(CODE)</div> </div>	<div data-bbox="763 130 859 189" data-label="Text"> <div data-bbox="763 130 859 157">/ / /</div> <div data-bbox="763 161 859 189">(CODE)</div> </div>	<div data-bbox="1031 67 1477 315" data-label="Text"> <div data-bbox="1031 67 1477 126">YES 1 ---->What were the (CODES) complications? / /</div> <div data-bbox="1031 130 1477 220">/ NO 5 / /</div> <div data-bbox="1031 224 1477 315">/ /</div> </div>
<div data-bbox="349 409 444 468" data-label="Text"> <div data-bbox="349 409 444 434">/ / /</div> <div data-bbox="349 438 444 468">(CODE)</div> </div>	<div data-bbox="763 409 859 468" data-label="Text"> <div data-bbox="763 409 859 434">/ / /</div> <div data-bbox="763 438 859 468">(CODE)</div> </div>	<div data-bbox="1031 344 1477 592" data-label="Text"> <div data-bbox="1031 344 1477 403">YES 1 ---->What were the (CODES) complications? / /</div> <div data-bbox="1031 407 1477 497">/ NO 5 / /</div> <div data-bbox="1031 501 1477 592">/ /</div> </div>

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

BREAST CANCER CORE QUESTIONNAIRE

INTERVIEWER-ADMINISTERED VERSION

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

Institute for Survey Research
Temple University
of the Commonwealth System of Higher Education
1601 North Broad Street
Philadelphia, PA 19122

MAY 1998

INTRODUCTION: During this interview, I'll ask you some questions about yourself, your family, and places where you have lived. Some questions may ask for sensitive information ---- I want to remind you that all of your answers will be kept strictly confidential. The information you and others provide is very important to this study.

Q1. What is your date of birth?

/____/____/ /____/____/ /____/____/____/____/
 (MONTH) (DAY) (YEAR)

Q2. What do you consider to be your race or ethnic group? If you belong to more than one group, please tell me all the groups you belong to. (SHOW CARD)

WHITE OR EUROPEAN-AMERICAN 01

BLACK, AFRICAN AMERICAN, OR AFRICAN ANCESTRY 02

LATINO/LATINA OR HISPANIC (NOT INCLUDING EUROPEAN
SPANISH OR PORTUGUESE) 03

NATIVE AMERICAN, ALASKAN NATIVE, OR INDIGENOUS PEOPLE 04

ASIAN OR PACIFIC ISLANDER 05

Other (SPECIFY: _____) 06

Q3. What is the highest level of school you completed? (SHOW CARD)

NO YEARS OF SCHOOL COMPLETED	01
NURSERY SCHOOL	02
KINDERGARTEN	03
1ST, 2ND, 3RD OR 4TH GRADE	04
5TH, 6TH, 7TH OR 8TH GRADE	05
9TH GRADE	06
10TH GRADE	07
11TH GRADE	08
12TH GRADE, NO DIPLOMA	09
GED	10
HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA)	11
TECHNICAL SCHOOL GRADUATE	12
SOME COLLEGE BUT NO DEGREE	13
ASSOCIATE DEGREE IN COLLEGE - OCCUPATIONAL PROGRAM	14
ASSOCIATE DEGREE IN COLLEGE - ACADEMIC PROGRAM	15
BACHELOR'S DEGREE (E.G., BA, BS, BSN)	16
MASTER'S DEGREE (E.G., MA, MS, MENG, MED, MSW, MSN)	17
PROFESSIONAL SCHOOL DEGREE (E.G., MD, DDS, DVM, LLB, JD)	18
DOCTORATE DEGREE (E.G., PHD, EDD)	19
OTHER (SPECIFY:_____)	20

Q4. What is your marital status? Are you currently:

- | | |
|---------------------------------|---|
| married, | 1 |
| living together with a partner, | 2 |
| widowed, | 3 |
| divorced, | 4 |
| separated, or | 5 |
| single and never married? | 6 |

Q5. How often, if ever, do you participate in religious or spiritual activities, including prayer?

/____/____/
TIMES

- | | |
|-----------|----|
| PER DAY | 1 |
| PER WEEK | 2 |
| PER MONTH | 3 |
| PER YEAR | 4 |
| NEVER | 99 |

Q6. How often, if ever, do you attend religious or spiritual services at a church, synagogue, temple, or other religious or spiritual meeting place?

/____/____/
TIMES

- | | |
|-----------|----|
| PER DAY | 1 |
| PER WEEK | 2 |
| PER MONTH | 3 |
| PER YEAR | 4 |
| NEVER | 99 |

Q7. Have you ever been a full-time homemaker or housewife?

YES	1
NO	5 (Q11)

Q8. How old were you when you started being a full-time homemaker?

/____/____/
AGE

Q9. Are you still a full-time homemaker?

YES	1 (Q11)
NO	5

Q10. How old were you when you stopped being a full-time homemaker?

/____/____/
AGE

Q11a. What was the longest paying job that you have held since you were 13 until (REFERENCE DATE)?

(JOB)

Q11b. What was the month and year when you started working at this job?

/____/____/	/____/____/____/____/
(MONTH)	(YEAR)

Q11c. What was the month and year when you stopped working at this job?

/____/____/	/____/____/____/____/
(MONTH)	(YEAR)

CURRENT	95
---------	----

Q12. What were your activities and duties on that job?

(ACTIVITIES AND DUTIES)

Q13. What materials and chemicals did you use on that job?

(MATERIALS AND CHEMICALS)

NONE...99

Q14. Which term best describes the organization where you work(s/ed) at this job? Would you say it (is/was) a:

- | | |
|---|---|
| business, | 1 |
| industry | 2 |
| government, | 3 |
| educational institution, | 4 |
| non-profit or charitable organization, or | 5 |
| something else? OTHER (SPECIFY) | 6 |
-

PROBE: What (does/did) the organization do? What products does it produce? What are its activities? What services does it provide?

Q15. Did you regularly work after midnight on that job? By regularly, I mean at least four days a month for one year or more.

YES	1
NO	5

Q16a. What was the **next** longest paying job that you have held?

(JOB)

Q16b. What was the month and year when you started working at this job?

/___/___/	/___/___/___/___/
(MONTH)	(YEAR)

Q16c. What was the month and year when you stopped working at this job?

/___/___/	/___/___/___/___/
(MONTH)	(YEAR)

CURRENT	95
---------	----

Q17. What were your activities and duties on that job?

(ACTIVITIES AND DUTIES)

Q18. What materials and chemicals did you use on that job?

(MATERIALS AND CHEMICALS)

NONE...99

Q19. Which term best describes the organization where you work(s/ed) at this job? Would you say it (is/was) a:

- | | |
|---|---|
| business, | 1 |
| industry | 2 |
| government, | 3 |
| educational institution, | 4 |
| non-profit or charitable organization, or | 5 |
| something else? OTHER (SPECIFY) | 6 |
-

PROBE: What (does/did) the organization do? What products does it produce? What are its activities? What services does it provide?

Q20. Did you regularly work after midnight on that job? By regularly, I mean at least four days a month for one year or more.

- | | |
|-----|---|
| YES | 1 |
| NO | 5 |

Q21. (IF NEITHER Q11a NOR Q16a IS THE R'S CURRENT JOB, ASK) What is your current job or jobs? Include full-time, part-time, temporary and weekend jobs, volunteering, homemaking, and paid or unpaid work around your home, community or family business.

(Current Job(s))

INTRODUCTION: The next several questions ask about your personal medical history. Let's start with questions about your menstrual cycle.

Q22. How old were you when you had your first (menstrual/monthly) period?

/____/____/
AGE

NEVER HAD A PERIOD 99 (Q29)

INTRODUCTION: I'm going to ask about your menstrual periods during each decade of your life under three conditions: when you were **not** using birth control medications or hormones, or fertility drugs, and you were **not** pregnant or nursing. Think about how frequently you had your periods, that is, the number of days between the first day of one period and the first day of the next.

Q23. How old were you when your monthly periods became regular? That is, you could predict one week before your next monthly period would begin and you were not using birth control pill, shots, or implants like Norplant.

/___/___/
AGE

NEVER BEEN REGULAR 99

DECADE:	Q24. On average, how often did you have your menstrual period in your (DECADE)? Would you say:	Q25. On average, when you had your period in your (DECADE), how many days did you have to use a pad, tampon or other protection?
teens?	at least every 24 days, 1 between 25-32 days, 2 between 33-40 days, or 3 after 41 or more days? 4	/___/___/ (# PAD-PROTECT DAYS)
20s?	at least every 24 days, 1 between 25-32 days, 2 between 33-40 days, or 3 after 41 or more days? 4	/___/___/ (# PAD-PROTECT DAYS)
30s?	at least every 24 days, 1 between 25-32 days, 2 between 33-40 days, or 3 after 41 or more days? 4	/___/___/ (# PAD-PROTECT DAYS)
40s?	at least every 24 days, 1 between 25-32 days, 2 between 33-40 days, or 3 after 41 or more days? 4	/___/___/ (# PAD-PROTECT DAYS)

Q26. Do you still have your monthly periods?

YES 1 (Q27 THEN GO TO Q29)
NO 5

Q27. What was the month and year when you had your last monthly period?

/___/___/ /___/___/

(MONTH) (YEAR)

Q28. Why did your monthly periods stop? Was it because of:

pregnancy or nursing,	1
the change of life or menopause, 2	
surgery,	3
medicine,	4
radiation., or	5
another reason? (SPECIFY)_____	8

INTRODUCTION: The next questions ask about your pregnancy history. This includes live births, stillbirths, miscarriages, abortions, and tubal, molar, and other ectopic pregnancies

Q29. On or before (REFERENCE DATE) were you ever pregnant?

YES	1
NO	5 (Q35)

Q30. Before (REFERENCE DATE), how many times have you been pregnant? Be sure to count your current pregnancy if you were pregnant on (REFERENCE DATE), and include all pregnancies even if they did not result in a live birth.

/____/____/
TIMES

Q31. How old were you when you were pregnant (for the first time)?

/____/____/
AGE

	Q32. What was the outcome of your (1st/ 2nd, etc.) pregnancy? (SHOW CARD)	Q33. If Q32=1 or 2, Did you breast-feed (any of these/this) baby/ies?	Q34. How long did you breast-feed (each/this) baby?
1ST	LIVE SINGLE BIRTH 1 MULTIPLE BIRTH, ≥ 1 ALIVE 2 MULTIPLE BIRTHS, 0 ALIVE 3 STILLBIRTH 4 MISCARRIAGE 5 INDUCED ABORTION 6 ECTOPIC OR TUBAL 7	YES 1 NO 5(Q35)	/___/___/ # WEEKS 1 MONTHS 2
2ND	LIVE SINGLE BIRTH 1 MULTIPLE BIRTH, ≥ 1 ALIVE 2 MULTIPLE BIRTHS, 0 ALIVE 3 STILLBIRTH 4 MISCARRIAGE 5 INDUCED ABORTION 6 ECTOPIC OR TUBAL 7	YES 1 NO 5(Q35)	/___/___/ # WEEKS 1 MONTHS 2
3RD	LIVE SINGLE BIRTH 1 MULTIPLE BIRTH, ≥ 1 ALIVE 2 MULTIPLE BIRTHS, 0 ALIVE 3 STILLBIRTH 4 MISCARRIAGE 5 INDUCED ABORTION 6 ECTOPIC OR TUBAL 7	YES 1 NO 5(Q35)	/___/___/ # WEEKS 1 MONTHS 2

4TH	LIVE SINGLE BIRTH 1 MULTIPLE BIRTH, ≥ 1 ALIVE 2 MULTIPLE BIRTHS, 0 ALIVE 3 STILLBIRTH 4 MISCARRIAGE 5 INDUCED ABORTION ECTOPIC OR TUBAL 6 7	YES 1 NO 5(Q35)	/__/_/ # WEEKS 1 MONTHS 2
5TH	LIVE SINGLE BIRTH 1 MULTIPLE BIRTH, ≥ 1 ALIVE 2 MULTIPLE BIRTHS, 0 ALIVE 3 STILLBIRTH 4 MISCARRIAGE 5 INDUCED ABORTION ECTOPIC OR TUBAL 6 7	YES 1 NO 5(Q35)	/__/_/ # WEEKS 1 MONTHS 2
6TH	LIVE SINGLE BIRTH 1 MULTIPLE BIRTH, ≥ 1 ALIVE 2 MULTIPLE BIRTHS, 0 ALIVE 3 STILLBIRTH 4 MISCARRIAGE 5 INDUCED ABORTION ECTOPIC OR TUBAL 6 7	YES 1 NO 5(Q35)	/__/_/ # WEEKS 1 MONTHS 2

IF > 6 PREGNANCIES, USE CONTINUATION SHEET.

Q35. Were there periods of at least 12 months when you had heterosexual sexual intercourse regularly, without using birth control or after a tubal ligation or hysterectomy, and did not become pregnant?
By regular, I mean 3 or more times a month.

YES 1
NO 5

Q36. Have you ever used a birth control method for any reason, including the regulation of your periods?

YES	1
NO	5 (Q40)

Q37. How old were you when you first took birth control pills?

/___/___/
AGE

Q38. Are you still taking birth control pills?

YES	1 (Q40)
NO	5

Q39. How old were you when you stopped taking birth control pills?

/___/___/
AGE

Q40. Have you ever taken or are you currently taking hormone replacement therapy?

YES	1
NO	5

Q41. Has a doctor or other health care provider ever told you that you have breast cancer?

YES	1
NO	5

Q42. Have any of your female blood relatives had breast cancer?

YES	1
NO	5 (INTRODUCTION TO Q44)

Q43. What is their relationship to you? (CIRCLE ALL THAT APPLY)

SISTER	1	→	How many sisters had breast cancer?	/___/___/
HALF-SISTER	2	→	How many 1/2sisters had breast cancer?	/___

MOTHER	3		
DAUGHTER	4	→	How many daughters had breast cancer? /_____ _____ _____
AUNT	5	→	How many aunts had breast cancer? /____/____/
OTHER (SPECIFY)	7	→	How many (OTHERS) had breast cancer?/____/____/ _____

INTRODUCTION: I'm going to ask you questions about exercise and physical activity since you were in high school. We're interested only in exercise and activities that you've done on a regular basis. By regular, we mean exercise for **at least two hours a week for four months or more in one year**. This is exercise you do during leisure time and does not include activities you do at your job.

First I'll ask about strenuous exercise, also called vigorous, intense or aerobic exercise. These activities increase your heart rate and your breathing, and cause you to break out in a sweat. Examples include basketball, jump rope, running, jogging, swimming laps, bicycling on hills, aerobic dance and some types of exercise equipment. Then, I'll ask about moderate exercise. These activities involve prolonged, rhythmic movements but do not increase your heart rate or breathing as much as strenuous exercise. Examples are brisk walking, golf, volleyball, bicycling on level ground, softball, dancing and gardening.

Q44. Did you do **strenuous** exercise or sports at least **two hours a week** for four **months** or more in **one year** in high school?

YES	1
NO	5 (Q48)

Q45. What types of strenuous exercise or sports did you do in high school?

1. _____
2. _____
3. _____

Q46. About how many hours per week did you participate in these strenuous activities in high school?

1. /____/____/ #HRS/WK	2. /____/____/ #HRS/WK	3. /____/____/ #HRS/WK
---------------------------	---------------------------	---------------------------

Q47. What was the average number of months per year that you participated in these strenuous activities in high school?

1. /___/___/ 2. /___/___/ 3. /___/___/
#MONTHS/YR #MONTHS/YR #MONTHS/YR

Q48. Did you do **moderate** exercise or sports at least **two hours a week** for four **months** or more in **one year** in high school?

YES 1
NO 5 (Q52)

Q49. What types of moderate exercise or sports did you do in high school?

1. _____
2. _____
3. _____

Q50. About how many hours per week did you participate in these moderate activities in high school?

1. /___/___/ 2. /___/___/ 3. /___/___/
#HRS/WK #HRS/WK #HRS/WK

Q51. What was the average number of months per year that you participated in these moderate activities in high school?

1. /___/___/ 2. /___/___/ 3. /___/___/
#MONTHS/YR #MONTHS/YR #MONTHS/YR

Q52. (Did you do/Have you done) **strenuous** exercise or sports at least **two hours a week** for four **months** or more in **one year** (between the ages of 18 and 24/since you were 18)?

YES 1
NO 5 (Q56)

Q53. What types of strenuous exercise or sports (did you do/have you done) (between the ages of 18 and 24/since you were 18)?

1. _____
2. _____
3. _____

Q54. About how many hours per week (did you participate/have you participated) in these strenuous activities (between the ages of 18 and 24/since you were 18)?

1. /___/___/
#HRS/WK

2. /___/___/
#HRS/WK

3. /___/___/
#HRS/WK

Q55. What was the average number of months per year that you (have) participated in these strenuous activities (between the ages of 18 and 24/since you were 18)?

1. /___/___/
#MONTHS/YR

2. /___/___/
#MONTHS/YR

3. /___/___/
#MONTHS/YR

Q56. (Did you do/Have you done) **moderate** exercise or sports at least **two hours a week** for four **months** or more in **one year** (between the ages of 18 and 24/since you were 18)?

YES	1
NO	5 (Q60)

Q57. What types of moderate exercise or sports (did you do/have you done) (between the ages of 18 and 24/since you were 18)?

1. _____

2. _____

3. _____

Q58. About how many hours per week (did you participate/have you participated) in these moderate activities (between the ages of 18 and 24/since you were 18)?

1. /___/___/
#HRS/WK

2. /___/___/
#HRS/WK

3. /___/___/
#HRS/WK

Q59. What was the average number of months per year that you (have) participated in these moderate activities (between the ages of 18 and 24/since you were 18)?

1. /___/___/
#MONTHS/YR

2. /___/___/
#MONTHS/YR

3. /___/___/
#MONTHS/YR

Q60. (Did you do/Have you done) **strenuous** exercise or sports at least **two hours a week** for four **months** or more in **one year** (between the ages of 25 and 34/since you were 25)?

YES	1
NO	5 (Q64)

Q61. What types of strenuous exercise or sports (did you do/have you done) (between the ages of 25 and 34/since you were 25)?

1. _____

2. _____

3. _____

Q62. About how many hours per week (did you participate/have your participated) in these strenuous activities (between the ages of 25 and 34/since you were 25)?

1. ____/____/
#HRS/WK

2. ____/____/
#HRS/WK

3. ____/____/
#HRS/WK

Q63. What was the average number of months per year that you (have) participated in these strenuous activities (between the ages of 25 and 34/since you were 25)?

1. ____/____/
#MONTHS/YR

2. ____/____/
#MONTHS/YR

3. ____/____/
#MONTHS/YR

Q64. (Did you do/Have you done) **moderate** exercise or sports at least **two hours a week** for four **months** or more in **one year** (between the ages of 25 and 34/since you were 25)?

YES
NO

1
5 (Q68)

Q65. What types of moderate exercise or sports (did you do/have you done) (between the ages of 25 and 34/since you were 25)?

1. _____

2. _____

3. _____

Q66. About how many hours per week (did you participate/have your participated) in these moderate activities (between the ages of 25 and 34/since you were 25)?

1. ____/____/
#HRS/WK

2. ____/____/
#HRS/WK

3. ____/____/
#HRS/WK

Q67. What was the average number of months per year that you (have) participated in these moderate activities (between the ages of 25 and 34/since you were 25)?

1. ____/____/
#MONTHS/YR

2. ____/____/
#MONTHS/YR

3. ____/____/
#MONTHS/YR

Q68. (Did you do/Have you done) **strenuous** exercise or sports at least **two hours a week** for four **months** or more in **one year** (between the ages of 35 and 44/since you were 35)?

YES	1
NO	5 (Q72)

Q69. What types of strenuous exercise or sports (did you do/have you done) (between the ages of 35 and 44/since you were 35)?

1. _____

2. _____

3. _____

Q70. About how many hours per week (did you participate/have you participated) in these strenuous activities (between the ages of 35 and 44/since you were 35)?

1. /___/___/ #HRS/WK	2. /___/___/ #HRS/WK	3. /___/___/ #HRS/WK
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Q71. What was the average number of months per year that you (have) participated in these strenuous activities (between the ages of 35 and 44/since you were 35)?

1. /___/___/ #MONTHS/YR	2. /___/___/ #MONTHS/YR	3. /___/___/ #MONTHS/YR
----------------------------	----------------------------	----------------------------

Q72. (Did you do/Have you done) **moderate** exercise or sports at least **two hours a week** for four **months** or more in **one year** (between the ages of 35 and 44/since you were 35)?

YES	1
NO	5 (Q76)

Q73. What types of moderate exercise or sports (did you do/have you done) (between the ages of 35 and 44/since you were 35)?

1. _____

2. _____

3. _____

Q74. About how many hours per week (did you participate/have you participated) in these moderate activities (between the ages of 35 and 44/since you were 35)?

1. /___/___/ #HRS/WK	2. /___/___/ #HRS/WK	3. /___/___/ #HRS/WK
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Q75. What was the average number of months per year that you (have) participated in these moderate activities (between the ages of 35 and 44/since you were 35)?

1. /___/___/ 2. /___/___/ 3. /___/___/
#MONTHS/YR #MONTHS/YR #MONTHS/YR

Q76. (Did you do/Have you done) **strenuous** exercise or sports at least **two hours a week** for four **months** or more in **one year** (between the ages of 45 and 54/since you were 55)?

YES 1
NO 5 (Q80)

Q77. What types of strenuous exercise or sports (did you do/have you done) (between the ages of 45 and 54/since you were 45)?

1. _____
2. _____
3. _____

Q78. About how many hours per week (did you participate/have you participated) in these strenuous activities (between the ages of 45 and 54/since you were 45)?

1. /___/___/ 2. /___/___/ 3. /___/___/
#HRS/WK #HRS/WK #HRS/WK

Q79. What was the average number of months per year that you (have) participated in these strenuous activities (between the ages of 45 and 54 since you were 45)?

1. /___/___/ 2. /___/___/ 3. /___/___/
#MONTHS/YR #MONTHS/YR #MONTHS/YR

Q80. (Did you do/Have you done) **moderate** exercise or sports at least **two hours a week** for four **months** or more in **one year** (between the ages of 45 and 54/since you were 55)?

YES 1
NO 5 (Q84)

Q81. What types of moderate exercise or sports (did you do/have you done) (between the ages of 45 and 54/since you were 45)?

1. _____
2. _____

3. _____

Q82. About how many hours per week (did you participate/have you participated) in these moderate activities (between the ages of 45 and 54/since you were 45)?

1. /___/___/
#HRS/WK

2. /___/___/
#HRS/WK

3. /___/___/
#HRS/WK

Q83. What was the average number of months per year that you (have) participated in these moderate activities (between the ages of 45 and 54 since you were 45)?

1. /___/___/
#MONTHS/YR

2. /___/___/
#MONTHS/YR

3. /___/___/
#MONTHS/YR

Q84. IF RESPONDENT IS ≥ 55 YEARS OLD: Have you done **strenuous** exercise or sports at least **two hours a week** for four **months** or more in **one year** during the past three years?

YES	1
NO	5 (Q88)

Q85. What types of strenuous exercise or sports have you done during the past three years?

1. _____

2. _____

3. _____

Q86. About how many hours per week did you participate in these activities during the past three years?

1. /___/___/
#HRS/WK

2. /___/___/
#HRS/WK

3. /___/___/
#HRS/WK

Q87. What was the average number of months per year that you participated in these activities during the past three years?

1. /___/___/
#MONTHS/YR

2. /___/___/
#MONTHS/YR

3. /___/___/
#MONTHS/YR

Q88. IF RESPONDENT IS ≥ 55 YEARS OLD: Have you done **moderate** exercise or sports at least **two hours a week** for four **months** or more in **one year** during the past three years?

YES	1
NO	5 (Q92)

Q89. What types of moderate exercise or sports have you done during the past three years?

1. _____

2. _____

3. _____

Q90. About how many hours per week did you participate in these activities during the past three years?

1. /___/___/
#HRS/WK

2. /___/___/
#HRS/WK

3. /___/___/
#HRS/WK

Q91. What was the average number of months per year that you participated in these activities during the past three years?

1. /___/___/
#MONTHS/YR

2. /___/___/
#MONTHS/YR

3. /___/___/
#MONTHS/YR

Q92. In the **past year**, on average, how many hours per day or week did you spend doing housework?

/___/___/
#HRS

PER DAY 1
PER WEEK 2

Q93. In the **past year**, on average, how many hours per day did you spend standing or walking?

/___/___/
#HRS/DAY

Q94. In the **past year**, on average, how many hours per day or week did you spend at work?

/___/___/
#HRS

PER DAY 1
PER WEEK 2

Q95. In the **past year**, on average, how many hours per day or week did you spend doing physically demanding work on the job, such as carrying or digging?

/___/___/
#HRS

PER DAY 1

PER WEEK 2

The next few questions ask about use of tobacco products.

Q96. Have you smoked at least 100 cigarettes or cigars in your entire life?

YES 1
NO 5 (Q98)

Q97. Do you currently smoke at least one cigarette or cigar a day or 7 cigarettes or cigars a week?

YES 1
NO 5

Q98. Have you ever chewed tobacco?

YES 1
NO 5 (INTRODUCTION TO Q100)

Q99. Do you currently chew tobacco?

YES 1
NO 5

INTRODUCTION: Next, I'm going to ask questions about your typical diet since you were 13 years old. Think back to when you were 13 years old and answer these questions about the foods you have usually eaten since then. By "usually", I mean at least one time a year for five years or more.

Q100. Do you usually eat (FOOD)?		Q101. How often do you usually eat (FOOD)?
A. Ground Beef	YES 1 →	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
	NO 5 (Q100B)	
B. Beef, such as steak or roasts?	YES 1 →	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
	NO 5 (Q100C)	

C. Pork or lamb?	YES 1 ➔ NO 5 (Q100D)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
D. Chicken?	YES 1 ➔ NO 5 (Q100E)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
E. Hot dogs, not including sausages?	YES 1 ➔ NO 5 (Q100F)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
F. Cold cuts, including ham, lunch meats?	YES 1 ➔ NO 5 (Q100G)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
G. Bacon?	YES 1 ➔ NO 5 (Q100H)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
H. Sausage?	YES 1 ➔ NO 5 (Q100I)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
I. Canned tuna?	YES 1 ➔ NO 5 (Q100J)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4

J. Other fish?	YES 1 → NO 5 (Q100K)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
K. Eggs?	YES 1 → NO 5 (Q100L)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
L. Peanut butter and other nut butters?	YES 1 → NO 5 (Q100M)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
M. Mayonnaise and Miracle Whip?	YES 1 → NO 5 (Q100N)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
N. Salad dressings?	YES 1 → NO 5 (Q100O)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
O. Margarine?	YES 1 → NO 5 (Q100P)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
P. Butter?	YES 1 → NO 5 (Q100Q)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4

Q. Sour cream?	YES 1 → NO 5 (Q100R)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
R. Fats in cooking?	YES 1 → NO 5 (Q100S)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
S. Olives	YES 1 → NO 5 (Q100T)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
T. Cheese, cheese spread, cream cheese?	YES 1 → NO 5 (Q100U)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
U. Crackers?	YES 1 → NO 5 (Q100V)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
V. Chips, including potato chips, corn chips, tortillas?	YES 1 → NO 5 (Q100W)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
W. Popcorn?	YES 1 → NO 5 (Q100X)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4

X. Ice cream, milkshakes?	YES 1 ➔ NO 5 (Q100Y)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
Y. Doughnuts?	YES 1 ➔ NO 5 (Q100Z)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
Z. Cookies?	YES 1 ➔ NO 5 (Q100AA)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
AA. Pastries?	YES 1 ➔ NO 5 (Q100BB)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
BB. Cake?	YES 1 ➔ NO 5 (Q100CC)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
CC. Granola cereal?	YES 1 ➔ NO 5 (Q100DD)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
DD. Macaroni and cheese?	YES 1 ➔ NO 5 (Q10EE)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4

EE. Pizza?	YES 1 → NO 5 (Q100FF)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
FF. French fries?	YES 1 → NO 5 (Q100GG)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
GG. Cooked broccoli?	YES 1 → NO 5 (Q10HH)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
HH. Raw broccoli?	YES 1 → NO 5 (Q100II)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
II. Sauerkraut?	YES 1 → NO 5 (Q100JJ)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
JJ. Cooked cabbage?	YES 1 → NO 5 (Q10KK)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
KK. Raw cabbage, including cole slaw?	YES 1 → NO 5 (Q100LL)	/_/_/_/ # TIMES PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4

LL. Pickled vegetables?	<p>YES 1 →</p> <p>NO 5 (Q100MM)</p>	<p>/ _ / _ /</p> <p># TIMES</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>
MM. Cooked cauliflower?	<p>YES 1 →</p> <p>NO 5 (Q100NN)</p>	<p>/ _ / _ /</p> <p># TIMES</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>
NN. Raw cauliflower?	<p>YES 1 →</p> <p>NO 5 (Q100OO)</p>	<p>/ _ / _ /</p> <p># TIMES</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>
OO. Cooked brussels sprouts?	<p>YES 1 →</p> <p>NO 5 (Q100PP)</p>	<p>/ _ / _ /</p> <p># TIMES</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>
PP. Cooked mustard greens, spinach, kale, or collard greens?	<p>YES 1 →</p> <p>NO 5 (Q100QQ)</p>	<p>/ _ / _ /</p> <p># TIMES</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>
QQ. Avocado, including guacamole?	<p>YES 1 →</p> <p>NO 5 (Q100RR)</p>	<p>/ _ / _ /</p> <p># TIMES</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>
RR. Raw water cress?	<p>YES 1 →</p> <p>NO 5 (INTRODUCTION TO Q102)</p>	<p>/ _ / _ /</p> <p># TIMES</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>

INTRODUCTION: Now I'm going to ask about places where you lived. Lets' start with your residence when you were 13 years old.

Q102. What (was/is) your (next)/current) address (when you were 13)?		Q103. How old were you when you moved there?	Q104. How old were you when you moved away from there?	Q105. What were the sources of drinking water at this address? (Circle all that apply)
13 YRS	<div>_____</div> <div>STREET APT</div> <div>_____</div> <div>COUNTY</div> <div>_____</div> <div>CITY, TOWN</div> <div>_____</div> <div>STATE ZIP/ZONE</div>	/__/_/	/__/_/	MUNICIPAL PUBLIC WATER SUPPLY 1 PRIVATE WELL 2 COMMUNITY WELL 3 RAINWATER/CISTE RN 4 RIVER/LAKE/POND 5 SPRING/BOTTLED WATER 6 OTHER (SPECIFY) _____
NEXT	<div>_____</div> <div>Street Apt. #</div> <div>_____</div> <div>County</div> <div>_____</div> <div>City, Town State Zip/Zone</div>	/__/_/	/__/_/	MUNICIPAL PUBLIC WATER SUPPLY 1 PRIVATE WELL 2 COMMUNITY WELL 3 RAINWATER/CISTE RN 4 RIVER/LAKE/POND 5 SPRING/BOTTLED WATER 6 OTHER (SPECIFY) _____
NEXT	<div>_____</div> <div>Street Apt. #</div> <div>_____</div> <div>County</div> <div>_____</div> <div>City, Town State Zip/Zone</div>	/__/_/	/__/_/	MUNICIPAL PUBLIC WATER SUPPLY 1 PRIVATE WELL 2 COMMUNITY WELL 3 RAINWATER/CISTE RN 4 RIVER/LAKE/POND 5 SPRING/BOTTLED WATER 6 OTHER (SPECIFY) _____

NEXT	<hr/> Street Apt. # <hr/> County <hr/> City, Town State Zip/Zone	/ _ / _ / AGE	/ _ / _ / AGE	MUNICIPAL PUBLIC WATER SUPPLY 1 PRIVATE WELL 2 COMMUNITY WELL 3 RAINWATER/CISTE RN 4 RIVER/LAKE/POND 5 SPRING/BOTTLED WATER 6 OTHER (SPECIFY) <hr/>
NEXT	<hr/> Street Apt. # <hr/> County <hr/> City, Town State Zip/Zone	/ _ / _ / AGE	/ _ / _ / AGE	MUNICIPAL PUBLIC WATER SUPPLY 1 PRIVATE WELL 2 COMMUNITY WELL 3 RAINWATER/CISTE RN 4 RIVER/LAKE/POND 5 SPRING/BOTTLED WATER 6 OTHER (SPECIFY) <hr/>
NEXT	<hr/> Street Apt. # <hr/> County <hr/> City, Town State Zip/Zone	/ _ / _ / AGE	/ _ / _ / AGE	MUNICIPAL PUBLIC WATER SUPPLY 1 PRIVATE WELL 2 COMMUNITY WELL 3 RAINWATER/CISTE RN 4 RIVER/LAKE/POND 5 SPRING/BOTTLED WATER 6 OTHER (SPECIFY) <hr/>

NEXT/ CURR.		/ / /	/ / /	MUNICIPAL PUBLIC WATER SUPPLY 1 PRIVATE WELL 2 COMMUNITY WELL 3 RAINWATER/CISTE RN 4 RIVER/LAKE/POND 5 SPRING/BOTTLED WATER 6 OTHER (SPECIFY)
	Street			
	Apt. #			
	County			
	City, Town State			
	Zip/Zone			

IF >7 ADDRESSES, USE CONTINUATION SHEET

Q106. Since you were 13-years-old, did you live anywhere that was within ½ mile of (a/an) (FACILITY)?
(Note: ½ mile = 6 blocks)

A. Dump or landfill?

YES 1
NO 5

B. Hazardous waste site?

YES 1
NO 5

C. Airport?

YES 1
NO 5

D. Farm?

YES 1
NO 5

E. Nursery or greenhouse?

YES 1
NO 5

F. Golf course?

YES 1
NO 5

G. Railroad track that was used by trains?

YES	1
NO	5

H. Gas station?

YES	1
NO	5

Q106. Since you were 13-years-old, did you live anywhere that was within ½ mile of (a/an) (FACILITY)?
(Note: ½ mile = 6 blocks)

I. Medical incinerator?

YES	1
NO	5

J. Quarry?

YES	1
NO	5

K. Factory or industrial plant?

YES	1
NO	5

Q107. Since you were 13-years-old, have you or anyone else used pesticides or chemicals around your house, yard, garden, or animals for (PEST)?

A. Ants, carpenter ants, cockroaches?

YES	1
NO	5

B. Bees or wasps?

YES	1
NO	5

C. Flies or mosquitos?

YES	1
NO	5

D. Moths, silverfish, or caterpillars?

YES	1
NO	5

E. Mice, rats, gophers, or moles?

YES	1
NO	5

Q107. Since you were 13-years-old, have you or anyone else used pesticides or chemicals around your house, yard, garden, or animals for (PEST)?

F. Fleas or ticks?

YES	1
NO	5

G. Termites?

YES	1
NO	5

H. Lice?

YES	1
NO	5

I. Weed killers?

YES	1
NO	5

J. Lawn insects?

YES	1
NO	5

K. Tree insects?

YES	1
NO	5

L. Garden insects?

YES	1
NO	5

M. Spiders?

YES	1
NO	5

SHOW CARD #9

FACILITIES IN NEIGHBORHOOD

- aa. A dump or landfill
- bb. A hazardous waste site
- cc. An airport
- dd. A farm
- ee. A nursery or commercial greenhouse
- ff. A golf course
- gg. An active railroad track
- hh. A gas station
- ii. A medical incinerator
- jj. A quarry
- kk. A factory or industrial plant
- ll. Electric power lines
- mm. Major highway (at least four lanes)
- nn. Electric power plant
- oo. Pulp mill or lumber yard
- pp. Foundry
- qq. Smelter
- rr. Underground mine
- ss. Surface strip mine
- tt. Oil refinery
- uu. Other source (Please tell the interviewer what that is)

RESIDENTIAL HISTORY

I'm going to ask you about places where you have lived for one year or more, except for times when you were away at school, in the military, or away for the summer. In those cases, let me know how many months per year, and for how many years you spent there.

	A1 What is the full address of your (current/previous) residence where you lived for one year or more?	A2 What was the month and year when you <u>started</u> living there?	A3 When was the month and year when you <u>moved</u> from there?	A4 <u>(IF R DOES NOT KNOW A2 OR A3, ASK)</u> : For how many years (have/did) you live(d) there?
CURRENT 1st	<div>_____ Apt.#</div> <div>Street</div> <div>_____</div> <div>County</div> <div>_____</div> <div>City/Town State Zip</div> <div>_____</div> <div>Country</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div># OF YEARS</div>
PREVIOUS 2nd	<div>_____ Apt.#</div> <div>Street</div> <div>_____</div> <div>County</div> <div>_____</div> <div>City/Town State Zip</div> <div>_____</div> <div>Country</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div># OF YEARS</div>
PREVIOUS 3rd	<div>_____ Apt.#</div> <div>Street</div> <div>_____</div> <div>County</div> <div>_____</div> <div>City/Town State Zip</div> <div>_____</div> <div>Country</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div>MONTH</div> <div>/__/_/___/</div> <div>YEAR</div> <div>/__/_/</div> <div>AGE</div>	<div>/__/_/</div> <div># OF YEARS</div>

PREVIOUS 4th	_____ Street	Apt.#	_____/_____/_____ MONTH	_____/_____/_____ MONTH	_____/_____/_____ # OF YEARS	
	_____ County		_____/_____/_____/_____ YEAR	_____/_____/_____/_____ YEAR		
	_____ City/Town	State	Zip	_____/_____/_____ AGE		_____/_____/_____ AGE
	_____ Country					
A4a What best describes this residence? (SHOW CARD)		A5 Where (does/did) the water you use(d) for drinking come from? (SHOW CARD) (CODE ALL THAT APPLY)		A5a What was the depth of the private well?		
DETACHED SINGLE FAMILY UNIT 01 TOWN HOUSE OR ROW HOUSE 02 DUPLEX OR LOW-RISE FOR 2 TO 4 FAMILIES 03 LOW-RISE OR HIGH-RISE FOR 5 TO 49 FAMILIES .. 04 HIGH-RISE FOR 50 OR MORE FAMILIES 05 MOBILE HOME/TRAILER 06 OTHER (SPECIFY): 77 _____		MUNICIPAL PUBLIC WATER SUPPLY . 01 (A6) PRIVATE WELL 02 (A5A) COMMUNITY WELL 03 (A6) RAINWATER/CISTERN 04 (A6) RIVER/LAKE/POND 05 (A6) SPRING/BOTTLED WATER 06 (A7) OTHER (SPECIFY): 77 (A6) _____		LESS THAN 50 FEET 1 50 - 150 FEET 2 151 - 250 FEET 3 251 - 500 FEET 4 501 - 999 FEET 5 1000 FEET OR MORE 6 DON'T KNOW 8		
DETACHED SINGLE FAMILY UNIT 01 TOWN HOUSE OR ROW HOUSE 02 DUPLEX OR LOW-RISE FOR 2 TO 4 FAMILIES 03 LOW-RISE OR HIGH-RISE FOR 5 TO 49 FAMILIES .. 04 HIGH-RISE FOR 50 OR MORE FAMILIES 05 MOBILE HOME/TRAILER 06 OTHER (SPECIFY): 77 _____		MUNICIPAL PUBLIC WATER SUPPLY . 01 (A6) PRIVATE WELL 02 (A5A) COMMUNITY WELL 03 (A6) RAINWATER/CISTERN 04 (A6) RIVER/LAKE/POND 05 (A6) SPRING/BOTTLED WATER 06 (A7) OTHER (SPECIFY): 77 (A6) _____		LESS THAN 50 FEET 1 50 - 150 FEET 2 151 - 250 FEET 3 251 - 500 FEET 4 501 - 999 FEET 5 1000 FEET OR MORE 6 DON'T KNOW 8		

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A6 Did you ever drink bottled or spring water while you lived there?		A7 On average, what percentage of the water you drank was spring or bottled water?		A8 Did you use a water treatment device such as a water softener or filter?	
A8a Which of the following devices did you use? (CIRCLE ALL THAT APPLY)					
YES 1 NO 5 (A8)		/___/___/___/%		YES 1 NO 5 (A9)	
				CARBON OR CHARCOAL FILTER 01 DISTILLER WHICH BOILS WATER 02 WATER SOFTENER 03 REVERSE OSMOSIS 04 OTHER (SPECIFY): 77 	
YES 1 NO 5 (A8)		/___/___/___/%		YES 1 NO 5 (A9)	
				CARBON OR CHARCOAL FILTER 01 DISTILLER WHICH BOILS WATER 02 WATER SOFTENER 03 REVERSE OSMOSIS 04 OTHER (SPECIFY): 77 	

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CONTINUATION SHEET			
A9 Where (does/did) the water for cooking come from? (SHOW CARD) (CIRCLE ALL THAT APPLY)		A9a On average, what percentage of the water for cooking was spring or bottled water?	
MUNICIPAL PUBLIC WATER SUPPLY 01 (A10) PRIVATE WELL 02 (A10) COMMUNITY WELL 03 (A10) RAINWATER/CISTERN 04 (A10) RIVER/LAKE/POND 05 (A10) SPRING/BOTTLED WATER 06 OTHER (SPECIFY): 77 (A10) 		/___/___/___/%	
		YES 1 NO 5	

<div>MUNICIPAL PUBLIC WATER</div> <div>SUPPLY01 (A10)</div> <div>PRIVATE WELL02 (A10)</div> <div>COMMUNITY WELL03 (A10)</div> <div>RAINWATER/CISTERN04 (A10)</div> <div>RIVER/LAKE/POND05 (A10)</div> <div>SPRING/BOTTLED WATER06</div> <div>OTHER (SPECIFY):77 (A10)</div> <div></div>	<div>/ / / %</div>	<div>YES1</div> <div>NO5</div>
<div>MUNICIPAL PUBLIC WATER</div> <div>SUPPLY01 (A10)</div> <div>PRIVATE WELL02 (A10)</div> <div>COMMUNITY WELL03 (A10)</div> <div>RAINWATER/CISTERN04 (A10)</div> <div>RIVER/LAKE/POND05 (A10)</div> <div>SPRING/BOTTLED WATER06</div> <div>OTHER (SPECIFY):77 (A10)</div> <div></div>	<div>/ / / %</div>	<div>YES1</div> <div>NO5</div>
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USE CONTINUATION SHEET		
<div>A11</div> <div>Where (does/did) the water you use(d) for bathing come from?</div> <div>(SHOW CARD)</div> <div>(CIRCLE ALL THAT APPLY)</div>	<div>A11a</div> <div>(Does/Did) this residence have a swimming pool or hot tub?</div>	<div>A11b</div> <div>About how often (do/did) you usually swim in it?</div>

MUNICIPAL PUBLIC WATER SUPPLY 01 PRIVATE WELL 02 COMMUNITY WELL 03 RAINWATER/CISTERN 04 RIVER/LAKE/POND 05 OTHER (SPECIFY): 77 	YES 1 NO 5 (A11c)	DAILY 1 4-6 TIMES/WEEK 2 2-3 TIMES/WEEK 3 ONCE A WEEK 4 1-3 TIMES/MONTH 5 LESS THAN ONCE A MONTH 6 NEVER 7
MUNICIPAL PUBLIC WATER SUPPLY 01 PRIVATE WELL 02 COMMUNITY WELL 03 RAINWATER/CISTERN 04 RIVER/LAKE/POND 05 OTHER (SPECIFY): 77 	YES 1 NO 5 (A11c)	DAILY 1 4-6 TIMES/WEEK 2 2-3 TIMES/WEEK 3 ONCE A WEEK 4 1-3 TIMES/MONTH 5 LESS THAN ONCE A MONTH 6 NEVER 7
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USE CONTINUATION SHEET		

<p style="text-align: center;">A12</p> <p>How (is/was) sewage disposed of? Was it:</p>	<p style="text-align: center;">A13</p> <p>What (is/was) the main type of fuel used to heat the water? Was it"</p> <p style="text-align: center;">(CIRCLE THE ONE MOST OFTEN USED)</p>
<p>Municipal sewer system, 01</p> <p>Septic tank, 02</p> <p>Cesspool, or 03</p> <p>Something else? (SPECIFY): 77</p> <p>_____</p>	<p>Gas, 01</p> <p>Electric, 02</p> <p>Fuel oil, 03</p> <p>Kerosene, 04</p> <p>Coal, 05</p> <p>Wood, 06</p> <p>Solar, or 07</p> <p>Something else? (SPECIFY): 77</p> <p>_____</p>
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Municipal sewer system, 01 Septic tank, 02 Cesspool, or 03 Something else? (SPECIFY): 77 <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	Gas, 01 Electric, 02 Fuel oil, 03 Kerosene, 04 Coal, 05 Wood, 06 Solar, or 07 Something else? (SPECIFY): 77 <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
USE CONTINUATION SHEET	
<div style="text-align: center;">A13a</div> Where (is/was) the water heater located? <div style="text-align: center;">(CIRCLE ALL THAT APPLY) (SHOW CARD)</div>	<div style="text-align: center;">A14</div> (Is/Was) there a clothes dryer in your living quarters?
ROOM WITHIN THE LIVING QUARTERS 01 CLOSET OR STORAGE ROOM IN PART OF THE MAIN LIVING QUARTERS 02 UTILITY OR CLOSET ROOM SEPARATE FROM THE MAIN LIVING QUARTERS 03 THE GARAGE 04 THE BASEMENT 05 OUTSIDE (INCLUDING ROOF) 06 OTHER (SPECIFY): 77 <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<div style="text-align: center;">YES 1</div> <div style="text-align: center;">NO 5 (A18)</div>
ROOM WITHIN THE LIVING QUARTERS 01 CLOSET OR STORAGE ROOM IN PART OF THE MAIN LIVING QUARTERS 02 UTILITY OR CLOSET ROOM SEPARATE FROM THE MAIN LIVING QUARTERS 03 THE GARAGE 04 THE BASEMENT 05 OUTSIDE (INCLUDING ROOF) 06 OTHER (SPECIFY): 77 <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<div style="text-align: center;">YES 1</div> <div style="text-align: center;">NO 5 (A18)</div>

ROOM WITHIN THE LIVING QUARTERS	01		
CLOSET OR STORAGE ROOM IN PART OF			
THE MAIN LIVING QUARTERS	02		
UTILITY OR CLOSET ROOM SEPARATE		YES	1
FROM THE MAIN LIVING QUARTERS	03		
THE GARAGE	04	NO	5 (A18)
THE BASEMENT	05		
OUTSIDE (INCLUDING ROOF)	06		
OTHER (SPECIFY):	77		

ROOM WITHIN THE LIVING QUARTERS	01		
CLOSET OR STORAGE ROOM IN PART OF			
THE MAIN LIVING QUARTERS	02		
UTILITY OR CLOSET ROOM SEPARATE		YES	1
FROM THE MAIN LIVING QUARTERS	03		
THE GARAGE	04	NO	5 (A18)
THE BASEMENT	05		
OUTSIDE (INCLUDING ROOF)	06		
OTHER (SPECIFY):	77		

USE CONTINUATION SHEET			

A15 Where (is/was) the clothes dryer located?	A16 (Is/Was) your clothes dryer gas, electric, or something else?	A17 (Is/Was) the dryer vented?	A17a Where (is/was) the dryer vented?
ROOM WITHIN THE LIVING QUARTERS, SUCH AS THE KITCHEN 01 CLOSET OR STORAGE ROOM IN PART OF THE MAIN LIVING QUARTERS 02 UTILITY OR CLOSET ROOM SEPARATE FROM THE MAIN LIVING QUARTERS 03 THE GARAGE 04 THE BASEMENT 05 OTHER (SPECIFY): 77 	GAS 1 ELECTRIC 2 OTHER 7 (SPECIFY) 	YES 1 NO 5 (18) 	OUTSIDE 1 INSIDE/OUTSIDE SWITCH 2 NOT VENTED OUTSIDE 3 DON'T KNOW 8
ROOM WITHIN THE LIVING QUARTERS, SUCH AS THE KITCHEN 01 CLOSET OR STORAGE ROOM IN PART OF THE MAIN LIVING QUARTERS 02 UTILITY OR CLOSET ROOM SEPARATE FROM THE MAIN LIVING QUARTERS 03 THE GARAGE 04 THE BASEMENT 05 OTHER (SPECIFY): 77 	GAS 1 ELECTRIC 2 OTHER 7 (SPECIFY) 	YES 1 NO 5 (18) 	OUTSIDE 1 INSIDE/OUTSIDE SWITCH 2 NOT VENTED OUTSIDE 3 DON'T KNOW 8
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USE CONTINUATION SHEET

<p style="text-align: center;">A18</p> <p>What (is/was) the main type of fuel used to heat your living quarters?</p> <p style="text-align: center;">(SHOW CARD)</p>	<p style="text-align: center;">A19</p> <p>What (is/was) the main type of furnace or heating system used to heat your living quarters?</p> <p style="text-align: center;">(CIRCLE ONE)</p>																																		
<table border="0"> <tr><td>GAS</td><td>01</td></tr> <tr><td>ELECTRIC</td><td>02</td></tr> <tr><td>FUEL OIL</td><td>03</td></tr> <tr><td>KEROSENE</td><td>04</td></tr> <tr><td>PROPANE</td><td>05</td></tr> <tr><td>COAL</td><td>06</td></tr> <tr><td>WOOD</td><td>07</td></tr> <tr><td>SOLAR</td><td>08</td></tr> <tr><td>OTHER (SPECIFY):</td><td>77</td></tr> </table> <hr/>	GAS	01	ELECTRIC	02	FUEL OIL	03	KEROSENE	04	PROPANE	05	COAL	06	WOOD	07	SOLAR	08	OTHER (SPECIFY):	77	<table border="0"> <tr><td>FORCED AIR (CENTRAL SYSTEM WITH DUCTS THAT BLOW AIR INTO MOST ROOMS)</td><td>01</td></tr> <tr><td>WALL FURNACE</td><td>02</td></tr> <tr><td>STEAM</td><td>03</td></tr> <tr><td>HOT WATER</td><td>04</td></tr> <tr><td>FLOOR FURNACE</td><td>05</td></tr> <tr><td>GRAVITY FURNACE</td><td>06</td></tr> <tr><td>PORTABLE HEATER</td><td>07</td></tr> <tr><td>OTHER (SPECIFY):</td><td>77</td></tr> </table> <hr/>	FORCED AIR (CENTRAL SYSTEM WITH DUCTS THAT BLOW AIR INTO MOST ROOMS)	01	WALL FURNACE	02	STEAM	03	HOT WATER	04	FLOOR FURNACE	05	GRAVITY FURNACE	06	PORTABLE HEATER	07	OTHER (SPECIFY):	77
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<p>USE CONTINUATION SHEET</p>																																			

<p>A20</p> <p>During the cold weather, (do/did) you use portable <u>kerosene heaters in your living quarters?</u></p>	<p>A21</p> <p>How often (do/did) you use <u>kerosene</u> heaters during the cold weather?</p>	<p>A22</p> <p>During the cold weather, (do/did) you use <u>gas</u> heaters in your living quarters?</p>	<p>A23</p> <p>How often (do/did) you use <u>gas</u> heaters during the cold weather?</p>
<p>YES 1</p> <p>NO 5 (A22)</p>	<p>T T T T .))-.))-</p> <p>TIMES: PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>YES 1</p> <p>NO 5 (A24)</p>	<p>T T T T .))-.))-</p> <p>TIMES: PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>
<p>YES 1</p> <p>NO 5 (A22)</p>	<p>T T T T .))-.))-</p> <p>TIMES: PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>YES 1</p> <p>NO 5 (A24)</p>	<p>T T T T .))-.))-</p> <p>TIMES: PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>
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<div> <div>YES</div> <div>1</div> </div> <div> <div>NO</div> <div>5 (A22)</div> </div>	<div> <div>T T T T</div> <div>.))-.))-</div> <div>TIMES: PER DAY</div> <div>1</div> </div> <div> <div>PER WEEK</div> <div>2</div> </div> <div> <div>PER MONTH</div> <div>3</div> </div> <div> <div>PER YEAR</div> <div>4</div> </div>	<div> <div>YES</div> <div>1</div> </div> <div> <div>NO</div> <div>5 (A24)</div> </div>	<div> <div>T T T T</div> <div>.))-.))-</div> <div>TIMES: PER DAY</div> <div>1</div> </div> <div> <div>PER WEEK</div> <div>2</div> </div> <div> <div>PER MONTH</div> <div>3</div> </div> <div> <div>PER YEAR</div> <div>4</div> </div>
CONTINUATION SHEET			
<div>A24</div> <div>(Did/Do) you use a fireplace or wood-burning stove at this address at least three times per year?</div>		<div>A25</div> <div>What materials (did/do) you burn in the fireplace or wood-burning stove? (CODE ALL THAT APPLY.)</div> <div>(SHOW CARD)</div>	
<div> <div>YES</div> <div>1</div> </div> <div> <div>NO</div> <div>5 (A26)</div> </div>		<div> <div>WOOD</div> <div>01</div> </div> <div> <div>COAL</div> <div>02</div> </div> <div> <div>GAS</div> <div>03</div> </div> <div> <div>SYNTHETIC LOGS</div> <div>04</div> </div> <div> <div>NEWSPAPERS</div> <div>05</div> </div> <div> <div>ACCELERANTS</div> <div>06</div> </div> <div> <div>OTHER (SPECIFY):</div> <div>77</div> <div>_____</div> </div>	
<div> <div>YES</div> <div>1</div> </div> <div> <div>NO</div> <div>5 (A26)</div> </div>		<div> <div>WOOD</div> <div>01</div> </div> <div> <div>COAL</div> <div>02</div> </div> <div> <div>GAS</div> <div>03</div> </div> <div> <div>SYNTHETIC LOGS</div> <div>04</div> </div> <div> <div>NEWSPAPERS</div> <div>05</div> </div> <div> <div>ACCELERANTS</div> <div>06</div> </div> <div> <div>OTHER (SPECIFY):</div> <div>77</div> <div>_____</div> </div>	

JANUARY 01 JULY 07 FEBRUARY 02 AUGUST 08 MARCH 03 SEPTEMBER 09 APRIL 04 OCTOBER 10 MAY 05 NOVEMBER 11 JUNE 06 DECEMBER 12 NONE OF THE YEAR 00 ALL OF THE YEAR 13	YES 1 NO 5
JANUARY 01 JULY 07 FEBRUARY 02 AUGUST 08 MARCH 03 SEPTEMBER 09 APRIL 04 OCTOBER 10 MAY 05 NOVEMBER 11 JUNE 06 DECEMBER 12 NONE OF THE YEAR 00 ALL OF THE YEAR 13	YES 1 NO 5
USE CONTINUATION SHEET	

<p>A28</p> <p>(Is/Was) any part of the foundation or lower walls of the building built of concrete blocks or cinder blocks?</p>	<p>A28a</p> <p>(Does/Did) this residence have a full or partial basement, cellar, or were one or more walls completely or partially below the ground?</p>	<p>A29</p> <p>Which of the following best describes the construction of most of the <u>lowest floor of the living quarters</u>? Was it:</p>
<p>YES 1</p> <p>NO 5</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 5</p>	<p>Uncovered concrete slab, 01</p> <p>Tile, wood, or carpet over concrete,02</p> <p>Earth, dirt, sand, or rock, or 03</p> <p>Something else?</p> <p>OTHER (SPECIFY): 77</p> <p>_____</p>
<p>YES 1</p> <p>NO 5</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 5</p>	<p>Uncovered concrete slab, 01</p> <p>Tile, wood, or carpet over concrete,02</p> <p>Earth, dirt, sand, or rock, or 03</p> <p>Something else?</p> <p>OTHER (SPECIFY): 77</p> <p>_____</p>
<p>YES 1</p> <p>NO 5</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 5</p>	<p>Uncovered concrete slab, 01</p> <p>Tile, wood, or carpet over concrete,02</p> <p>Earth, dirt, sand, or rock, or 03</p> <p>Something else?</p> <p>OTHER (SPECIFY): 77</p> <p>_____</p>
<p>YES 1</p> <p>NO 5</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 5</p>	<p>Uncovered concrete slab, 01</p> <p>Tile, wood, or carpet over concrete,02</p> <p>Earth, dirt, sand, or rock, or 03</p> <p>Something else?</p> <p>OTHER (SPECIFY): 77</p> <p>_____</p>
<p>USE CONTINUATION SHEET</p>		

	A30	A31	A32	A33
	What (is/was) the major source of energy for the oven at this address? Was it"	What (is/was) the major source of energy for the stove or range top at this address? Was it:	(Do/Did) you or anyone use a grille or barbecue at this address at least three times per year?	What (is/was) the major source of energy for the grille or barbecue at this address? (Is/Was) it:
1	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	YES 1 NO 5 (A34A)	Natural gas 01 Bottled gas 02 Charcoal 03 Wood 04 Electricity 05 OTHER (SPECIFY): 77 _____
2	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	YES 1 NO 5 (A34A)	Natural gas 01 Bottled gas 02 Charcoal 03 Wood 04 Electricity 05 OTHER (SPECIFY): 77 _____
3	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	YES 1 NO 5 (A34A)	Natural gas 01 Bottled gas 02 Charcoal 03 Wood 04 Electricity 05 OTHER (SPECIFY): 77 _____
4	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	Electricity 01 Natural gas 02 Bottled gas 03 Wood fire 04 Coal 05 Propane 06 OTHER (SPECIFY):77 _____	YES 1 NO 5 (A34A)	Natural gas 01 Bottled gas 02 Charcoal 03 Wood 04 Electricity 05 OTHER (SPECIFY): 77 _____
	CONTINUATION SHEET			

A34a	A34b	A34c	A34d	A34e
While you were living at any residence, was paint applied to the walls of any room?	Was the exterior repainted or freshly painted?	Was insulation installed?	Did remodeling involve removing or building walls?	Did you stay in the residence during remodeling?
YES 1 NO 5	YES 1 NO 5	YES 1 NO 5	YES 1 NO 5 (A35)	YES 1 NO 5
YES 1 NO 5	YES 1 NO 5	YES 1 NO 5	YES 1 NO 5 (A35)	YES 1 NO 5
YES 1 NO 5	YES 1 NO 5	YES 1 NO 5	YES 1 NO 5 (A35)	YES 1 NO 5
YES 1 NO 5	YES 1 NO 5	YES 1 NO 5	YES 1 NO 5 (A35)	YES 1 NO 5
YES 1 NO 5	YES 1 NO 5	YES 1 NO 5	YES 1 NO 5 (A35)	YES 1 NO 5
YES 1 NO 5	YES 1 NO 5	YES 1 NO 5	YES 1 NO 5 (A35)	YES 1 NO 5

<p style="text-align: center;">A35</p> <p>Was trash and garbage at this residence picked up or burned on site?</p> <p>(CODE ALL THAT APPLY)</p>	<p style="text-align: center;">A36</p> <p>Was this residence within a <u>half mile</u> or 6 blocks of any of these facilities?</p> <p>(SHOW CARD) (CODE ALL THAT APPLY)</p>
<p>PICKED UP 01</p> <p>BURNED ON SITE 02</p> <p>OTHER (SPECIFY: 77</p> <p>_____)</p>	<p style="text-align: center;">T T T .)))2))) - T T T .)))2))) - T T T .)))2))) -</p> <p style="text-align: center;">(FACILITY CODES)</p> <p>OTHER (SPECIFY: 77</p> <p>_____)</p>
<p>PICKED UP 01</p> <p>BURNED ON SITE 02</p> <p>OTHER (SPECIFY: 77</p> <p>_____)</p>	<p style="text-align: center;">T T T .)))2))) - T T T .)))2))) - T T T .)))2))) -</p> <p style="text-align: center;">(FACILITY CODES)</p> <p>OTHER (SPECIFY: 77</p> <p>_____)</p>
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<p>PICKED UP 01</p> <p>BURNED ON SITE 02</p> <p>OTHER (SPECIFY: 77</p> <p>_____)</p>	<p style="text-align: center;">T T T .)))2))) - T T T .)))2))) - T T T .)))2))) -</p> <p style="text-align: center;">(FACILITY CODES)</p> <p>OTHER (SPECIFY: 77</p> <p>_____)</p>
<p>USE CONTINUATION SHEET</p>	

PESTICIDES

Now I am going to ask you about pesticides that may have been used in or around any of your homes, yards, or vegetable or fruit gardens during your lifetime.

I want to be clear about what I mean when I ask about pesticides. Pesticides are not the same as fertilizers. Pesticides are used on farms to kill unwanted pests and are sometimes called insecticides which are used to kill insects, or herbicides which are used to kill weeds, or fungicides which are used to kill molds that grow on crops, or fumigants which are gases used to kill several pests.

These products could have been used by you, another household member, a professional exterminator, gardeners, or a municipal service.

B1	B2	B3	B4
Did you or others use products to control (PEST) :	Who applied these products? (SHOW CARD) (CIRCLE ALL THAT APPLY)	How was the product used? (SHOW CARD) (CIRCLE ALL THAT APPLY)	Was the (PRODUCT FROM B3) usually used inside, outside, or both?
a. ants, carpenter ants or cockroaches? YES 1 (B2-B7) NO 5 (B1b) DK 8 (B1b)	You 01 Another household member 02 Professional exterminator or gardener 03 Municipal service 04 Other (SPECIFY) : 77 _____	Spray 01 Fogger 02 Powder 03 Pellets 04 Baits or traps 05 Truck or helicopter 06 Other (SPECIFY) : 77 _____	Inside 1 Outside 2 Both 3
b. bees or wasps? YES 1 (B2-B7) NO 5 (B1c) DK 8 (B1c)	You 01 Another household member 02 Professional exterminator or gardener 03 Municipal service 04 Other (SPECIFY) : 77 _____	Spray 01 Fogger 02 Other (SPECIFY) : 77 _____	Inside 1 Outside 2 Both 3
c. flies or mosquitoes? YES 1 (B2-B7) NO 5 (B1d) DK 8 (B1d)	You 01 Another household member 02 Professional exterminator or gardener 03 Municipal service 04 Other (SPECIFY) : 77 _____	Spray 01 Fogger 02 Powder 03 Liquid 07 Other (SPECIFY) : 77 _____	Inside 1 Outside 2 Both 3
d. moths, silverfish or caterpillars? YES 1 (B2-B7) NO 5 (B1e) DK 8 (B1e)	You 01 Another household member 02 Professional exterminator or gardener 03 Municipal service 04 Other (SPECIFY) : 77 _____	Spray 01 Fogger 02 Powder 03 Liquid 07 Mothballs 08 Other (SPECIFY) : 77 _____	Inside 1 Outside 2 Both 3
e. mice, rats, gophers or moles? YES 1 (B2-B7) NO 5 (B1f) DK 8 (B1f)	You 01 Another household member 02 Professional exterminator or gardener 03 Municipal service 04 Other (SPECIFY) : 77 _____	Spray 01 Powder 03 Pellets 04 Glue traps 09 Other (SPECIFY) : 77 _____	Inside 1 Outside 2 Both 3

f. fleas or ticks, except on pets? Yes 1 (B2-B7) No 5 (B1g) DK 8 (B1g)	You 01 Another household member 02 Professional exterminator or gardener 03 Municipal service 04 Other (SPECIFY): 77 _____	Spray 01 Fogger 02 Powder 03 Liquid 07 Other (SPECIFY): 77 _____	Inside 1 Outside 2 Both 3
---	---	--	---

B5	B6	B7
About how old were you when this product was used?	On average, about how many times per week, month, or year was this product used?	About how many years in your lifetime was this product used?
T TT T .))-.))- AGE	T TT T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3	T TT T .))-.))- # OF YEARS
T TT T .))-.))- AGE	T TT T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3	T TT T .))-.))- # OF YEARS
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T T T T .))-.))- AGE		T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3		T T T T .))-.))- # OF YEARS	
T T T T .))-.))- AGE		T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3		T T T T .))-.))- # OF YEARS	
B1 Did you or others use products to control (PEST) :		B2 Who applied these products? (SHOW CARD) (CIRCLE ALL THAT APPLY)		B3 How was the product used? (SHOW CARD) (CIRCLE ALL THAT APPLY)	
B4 Was the (PRODUCT FROM B3) usually used inside, outside, or both?		B5 About how old were you when this product was used?		B6 On average, about how many times per week, month or year was this product used?	
B7 About how many years in your lifetime was this product used?		B8 About how many years in your lifetime was this product used?		B9 About how many years in your lifetime was this product used?	
g. termites? Yes 1 (B2-B7) No 5 (B1h) DK 8 (B1h)		You 01 Another household member 02 Professional exterminator or gardener 03 Municipal service 04 Other (SPECIFY) : 77 _____		Spray 01 Powder 03 Tent fumigant 10 Baits 11 Creosote painting 12 Other (SPECIFY) : 77 _____	
h. spiders? YES 1 (B2-B7) NO 5 (B1i) DK 8 (B1i)		You 01 Another household member 02 Professional exterminator or gardener 03 Municipal service 04 Other (SPECIFY) : 77 _____		Spray 01 Fogger 02 Powder 03 Baits 05 Liquid 07 Other (SPECIFY) : 77 _____	
I. any other type of household pest? YES 1 (B2-B7) (SPECIFY) : _____ NO 5 (B8) DK 8 (B8)		You 01 Another household member 02 Professional exterminator or gardener 03 Municipal service 04 Other (SPECIFY) : 77 _____		Spray 01 Fogger 02 Powder 03 Liquid 07 Other (SPECIFY) : 77 _____	

T T T T .))-.))- AGE	T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3	T T T T .))-.))- # OF YEARS
T T T T .))-.))- AGE	T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3	T T T T .))-.))- # OF YEARS
T T T T .))-.))- AGE	T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3	T T T T .))-.))- # OF YEARS

Now I am going to ask you about some other products including pesticides that may have been used on indoor or outdoor plants or trees by you, another household member, a professional service, gardener, or municipal service.

B8 Did you or others apply (a-g):	B9 Who applied these products? (SHOW CARD) (CIRCLE ALL THAT APPLY)	B10 How was the product used? (SHOW CARD) (CIRCLE ALL THAT APPLY)
a. weed killers? YES 1 (B9-B13) NO 5 (B8b) DK 8 (B8b)	You 01 Another household member 02 Professional service or gardener 03 Municipal service 04 Other (SPECIFY): 77 _____	Spray 01 Liquid 11 Granular 13 Punch-stick or stake 14 Other (SPECIFY): 77 _____
b. lawn insecticides? YES 1 (B9-B13) NO 5 (B8c) DK 8 (B8c)	You 01 Another household member 02 Professional service or gardener 03 Municipal service 04 Other (SPECIFY): 77 _____	Spray 01 Liquid 11 Granular 13 Dust 15 Other (SPECIFY): 77 _____

<p>c. chemicals for insects or diseases of trees?</p> <p>YES 1 (B9-B13)</p> <p>NO 5 (B8d)</p> <p>DK 8 (B8d)</p>	<p>You 01</p> <p>Another household member 02</p> <p>Professional service or gardener 03</p> <p>Municipal service 04</p> <p>Other (SPECIFY): 77</p> <p>_____</p>	<p>Spray 01</p> <p>Granular 13</p> <p>Dust 15</p> <p>Tree wound paint 16</p> <p>Other (SPECIFY): 77</p> <p>_____</p>
<p>d. pesticides on a fruit or vegetable garden?</p> <p>YES 1 (B9-B13)</p> <p>NO 5 (B8e)</p> <p>DK 8 (B8e)</p>	<p>You 01</p> <p>Another household member 02</p> <p>Professional service or gardener 03</p> <p>Municipal service 04</p> <p>Other (SPECIFY): 77</p> <p>_____</p>	<p>Spray 01</p> <p>Fogger 02</p> <p>Powder 03</p> <p>Liquid 07</p> <p>Other (SPECIFY): 77</p> <p>_____</p>
<p>e. chemicals for insects or diseases of other <u>outdoor</u> plants?</p> <p>Yes 1 (B9-B13)</p> <p>(SPECIFY):</p> <p>_____</p> <p>No 5 (B8f)</p> <p>DK 8 (B8f)</p>	<p>You 01</p> <p>Another household member 02</p> <p>Professional service or gardener 03</p> <p>Municipal service 04</p> <p>Other (SPECIFY): 77</p> <p>_____</p>	<p>Spray 01</p> <p>Fogger 02</p> <p>Powder 03</p> <p>Liquid 07</p> <p>Other (SPECIFY): 77</p> <p>_____</p>
<p>f. any other type of pesticides used outdoors?</p> <p>Yes 1 (B9-B13)</p> <p>No 5 (B8g)</p> <p>DK 8 (B8g)</p>	<p>You 01</p> <p>Another household member 02</p> <p>Professional service or gardener 03</p> <p>Municipal service 04</p> <p>Other (SPECIFY): 77</p> <p>_____</p>	<p>Spray 01</p> <p>Fogger 02</p> <p>Powder 03</p> <p>Liquid 07</p> <p>Other (SPECIFY): 77</p> <p>_____</p>
<p>g. chemicals for diseases or bugs of <u>indoor</u> plants?</p> <p>Yes 1 (B9-B13)</p> <p>(SPECIFY):</p> <p>_____</p> <p>No 5 (B14)</p> <p>DK 8 (B14)</p>	<p>You 01</p> <p>Another household member 02</p> <p>Professional service or gardener 03</p> <p>Municipal service 04</p> <p>Other (SPECIFY): 77</p> <p>_____</p>	<p>Spray 01</p> <p>Dust 15</p> <p>Other (SPECIFY): 77</p> <p>_____</p>

<p>B11</p> <p>About how old were you when this product was used?</p>	<p>B12</p> <p>On average, about how many times per week, month or year was this product used?</p>	<p>B13</p> <p>About how many years in your lifetime was this product used?</p>
<p>T T T T .))-.))- AGE</p>	<p>T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3</p>	<p>T T T T .))-.))- # OF YEARS</p>
<p>T T T T .))-.))- AGE</p>	<p>T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3</p>	<p>T T T T .))-.))- # OF YEARS</p>
<p>T T T T .))-.))- AGE</p>	<p>T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3</p>	<p>T T T T .))-.))- # OF YEARS</p>
<p>T T T T .))-.))- AGE</p>	<p>T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3</p>	<p>T T T T .))-.))- # OF YEARS</p>
<p>T T T T .))-.))- AGE</p>	<p>T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3</p>	<p>T T T T .))-.))- # OF YEARS</p>
<p>T T T T .))-.))- AGE</p>	<p>T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3</p>	<p>T T T T .))-.))- # OF YEARS</p>
<p>T T T T .))-.))- AGE</p>	<p>T T T T .))-.))- TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3</p>	<p>T T T T .))-.))- # OF YEARS</p>

T TT T .))-.)) - AGE	T TT T .))-.)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3	T TT T .))-.)) - # OF YEARS
<p>Now I have a few questions about insect repellents and lice control.</p> <p>B14. During your lifetime, did you ever use insect repellents on your skin, hair, or clothing?</p> <p>YES 1</p> <p>NO 5 (B20)</p>		
<p>B15. How often have you used insect repellents on your skin, hair, or clothing? (SHOW CARD)</p> <p>FREQUENTLY YEAR ROUND 1 FREQUENTLY IN A GIVEN SEASON 2 SOMETIMES 3 RARELY 4 (B20) NEVER 5 (B20)</p>		
<p>B16. About how old were you when you used insect repellents?</p> <p>T TT T .))-.)) - AGE</p>		
<p>B17. About how many years have you used insect repellents?</p> <p>T TT T .))-.)) - # OF YEARS</p>		
<p>B18. Were there any years that you used them more than 10 times in a year?</p> <p>Yes 1</p> <p>No 5 (B20)</p>		

B19. How many years did you use them 10 or more times?

T TT T
.)) - .)) -
OF YEARS

B20. During your lifetime, have you ever applied a lice control product on your or someone else's skin, hair, or clothing.

YES 1

NO 5 (B23)

B21. During your lifetime, on the average, approximately how many times have you applied a lice control product on the skin, hair, or clothing of yourself or someone else?

T TT T
.)) - .)) -
OF TIMES

B22. What was the name of the product or products that you used?

(NAME OF PRODUCT)

(NAME OF PRODUCT)

The next few questions concern flea and tick control on dogs and cats.

B23. During your lifetime, did you ever have dogs, cats, other pets, or farm animals that were treated for fleas or ticks by you or by someone else? Treatment could include flea/tick shampoos or dips, powders, sprays, pills, or collars.

YES 1

NO 5 (SECTION C)

B24. Were the treatments usually: **(CIRCLE ALL THAT APPLY)**

Shampoos or dips 01
Powders 02
Sprays 03
Pills 04
Collars 05
Another treatment **(SPECIFY)**: ... 77

B25. Were the treatments usually applied by: **(CIRCLE ALL THAT APPLY)**

You 01
Another household member ... 02
Veterinarian or groomer 03
Another person **(SPECIFY)**: 77

B26. About how old were you when the animals were treated?

T T T
.)) - .)) -
OF YEARS

APPLIANCES

I would like to ask you about some electric appliances or devices that you may have used in the past.

C1 Did you ever use (a/an) (a.-s.) at least 3 times in any one year?	C2 At what age did you <u>first</u> use this (a.-s.) at least 3 times in any one year?	C3 For how many years did you use this (a.-s.) at least 3 times a year?	C4 During these years of use, how often did you use this (a.-r.)?
a. electric blanket YES 1 (C2-C6) NO 5 (C1b)	T T T T (.))-(.))- AGE	T T T T (.))-(.))- (C4-C6) # OF YEARS	T T T T (.))-(.))- TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
b. electric mattress pad YES 1 (C2-C6) NO 5 (C1c)	T T T T (.))-(.))- AGE	T T T T (.))-(.))- (C4-C6) # OF YEARS	T T T T (.))-(.))- TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
c. waterbed with a heater YES 1 (C2-C6) NO 5 (C1d)	T T T T (.))-(.))- AGE	T T T T (.))-(.))- (C4-C6) # OF YEARS	T T T T (.))-(.))- TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
d. electric heating pad YES 1 (C2-C5) NO 5 (C1e)	T T T T (.))-(.))- AGE	T T T T (.))-(.))- (C4, C5) # OF YEARS	T T T T (.))-(.))- TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
e. personal computer or computer with a monitor YES 1 (C2-C5) NO 5 (C1f)	T T T T (.))-(.))- AGE	T T T T (.))-(.))] (C4, C5) # OF YEARS	T T T T (C1i) (.))-(.))- TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
f. electric sewing machine YES 1 (C2-C5) NO 5 (C1g)	T T T T (.))-(.))] - AGE	T T T T (.))-(.))] - (C4, C5) # OF YEAR	T T T T (C1i) (.))-(.))] - TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
g. hair dryer at home YES 1 (C2-C4) NO 5 (C1h)	T T T T (.))-(.))] - AGE	T T T T (.))-(.))] - (C4) # OF YEARS	T T T T (C1i) (.))-(.))] - TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
h. hair dryer in a beauty salon YES 1 (C2-C4) NO 5 (C1i)	T T T T (.))-(.))] - AGE	T T T T (.))-(.))] - (C4) # OF YEARS	T T T T (C1i) (.))-(.))] - TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4

I. electric clock/clock radio (<u>not</u> digital display) within 3 feet of where you sleep YES 1 (C2-C3) NO 5 (C1j)	T T T T .))-.))- AGE	T T T T .))-.))- (C1j) # OF YEARS	
j. curling iron YES 1 (C2-C4) NO 5 (C1k)	T T T T .))-.))- AGE	T T T T .))-.))- (C4) # OF YEARS	T T T T (C1k) .))-.))- TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
C5 Each time you used (<u>a-f.</u>), how many hours did you use it?		C6 Did you use (<u>a-c.</u>) to <u>warm the bed only</u> , or did you use it <u>directly on</u> <u>you</u> ?	
T T T T .))-.))- HOURS/TIME LESS THAN ONE HOUR/TIME 00		WARM BED <u>ONLY</u> 1 (C1b) DIRECTLY ON YOU 5	
T T T T .))-.))- HOURS/TIME LESS THAN ONE HOUR/TIME 00		WARM BED <u>ONLY</u> 1 (C1c) DIRECTLY ON YOU 5	
T T T T .))-.))- HOURS/TIME LESS THAN ONE HOUR/TIME 00		WARM BED <u>ONLY</u> 1 (C1d) DIRECTLY ON YOU 5	
T T T T (C1e) .))-.))- HOURS/TIME LESS THAN ONE HOUR/TIME 00			
T T T T (C1f) .))-.))- HOURS/TIME LESS THAN ONE HOUR/TIME 00			
T T T T (C1g) .))-.))- HOURS/TIME LESS THAN ONE HOUR/TIME 00			

<p>C1</p> <p>Did you ever use (a/an) (a-s.) at least 3 times in any one year?</p>	<p>C2</p> <p>At what age did you <u>first</u> use this (a-s.) at least 3 times in any one year?</p>	<p>C3</p> <p>For how many years did you use this (a-s.) at least 3 times a year?</p>	<p>C4</p> <p>During these years of use, how often did you use this (a-s.)?</p>
<p>k. water pik or electric toothbrush</p> <p>YES 1 (C2-C3)</p> <p>NO 5 (C1l)</p>	<p>T T T T .) - .)) - AGE</p>	<p>T T T T (C4) .)) - .)) - # OF YEARS</p>	<p>T T T T .)) - .)) - TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>
<p>l. vacuum cleaner (any style)</p> <p>YES 1 (C2-C3)</p> <p>NO 5 (C1m)</p>	<p>T T T T .) - .)) - AGE</p>	<p>T T T T (C4) .)) - .)) - # OF YEARS</p>	<p>T T T T .)) - .)) - TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>
<p>m. garbage disposal</p> <p>YES 1 (C2-C3)</p> <p>NO 5 (C1n)</p>	<p>T T T T .)) - .)) - AGE</p>	<p>T T T T (C4) .)) - .)) - # OF YEARS</p>	<p>T T T T .)) - .)) - TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>
<p>n. pop-up toaster</p> <p>YES 1 (C2-C3)</p> <p>NO 5 (C1o)</p>	<p>T T T T .)) - .)) - AGE</p>	<p>T T T T (C4) .)) - .)) - # OF YEARS</p>	<p>T T T T .)) - .)) - TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>
<p>o. electric mixer</p> <p>YES 1 (C2-C3)</p> <p>NO 5 (C1p)</p>	<p>T T T T .)) - .)) - AGE</p>	<p>T T T T (C4) .)) - .)) - # OF YEARS</p>	<p>T T T T .)) - .)) - TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>
<p>p. microwave oven</p> <p>YES 1 (C2-C3)</p> <p>NO 5 (C1q)</p>	<p>T T T T .)) - .)) - AGE</p>	<p>T T T T (C4) .)) - .)) - # OF YEARS</p>	<p>T T T T .)) - .)) - TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>
<p>q. fluorescent desk or table lamp</p> <p>YES 1 (C2-C3)</p> <p>NO 5 (C1r)</p>	<p>T T T T .)) - .)) - AGE</p>	<p>T T T T .)) - .)) - (C4) # OF YEARS</p>	<p>T T T T .)) - .)) - TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>

r. black and white television YES 1 (C2-C3) NO 5 (C1s)	T T T T .))-.))- AGE	T T T T .))-.))- (C4) # OF YEARS	T T T T .))-.))- TIMES: PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4
s. color television YES 1 (C2-C3) NO 5 (D1)	T T T T .))-.))- AGE	T T T T (D1) .))-.))- # OF YEARS	

TELEPHONES

D1. Have you ever used a hand-held cellular telephone (that is, a broadcasting phone that you can carry away from home and that requires a subscription to a cellular service) on a regular basis?

YES 1

NO 5 (SECTION E)

D2. What year did you first start using a cellular telephone?

T T T T T
 .)))2)))2)))2))) -
 YEAR

D3. What year did you stop using a cellular phone?

T T T T T
 .)))2)))2)))2))) -
 YEAR

CURRENT 0095

D4. How many years, in total, did you use a cellular phone?

T TT T
 .)) - .)) -
 # OF YEARS

D5. How many minutes or hours per month (did/do) you use a cellular phone?

T TT T T TT T
 .)) - .)) - .)) - .)) -
 MINUTES OR HOURS

Now I would like to record more detailed information about each of the cellular telephones that you have used. **(SHOW CARD)**

D6	D7	D8	D9	D10
Which brand of cellular telephones did you (first/next) use? *	What model cellular telephone did you (first/next) use? **	What year did you (first/last) <u>start</u> using (brand/model) ?	What year did you (first/next) <u>stop</u> using (brand/model) ?	How many years, in total, did you use (brand/model) ?
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS
_____	_____	T T T T T .)) 2) 2) 2)) - YEAR	T T T T T .)) 2) 2) 2)) - YEAR	T T T T .)) - .)) - # OF YEARS

*List and Codes for Cellular Phone Brands:

01 Motorola	07 NEC
02 AT&T	08 Cellular One
03 Panasonic	09 Audiovox
04 Mitsubishi	10 Fujitsu
05 SUNY	11 GE
06 NYNEX	77 Other (SPECIFY): _____
98 Don't know	

**Examples of specific models include GE CT700 and Motorola Microtac 950.

Section E

HOBBIES

I am interested in any contact you may have had with certain substances during any activities that you have engaged in as hobbies, and not as part of a regular job.

E1	E2	E3	E4
Have you ever worked with (or around) (<u>SUBSTANCE</u>) for 6 months or longer?	In what year did you <u>first</u> work with (or around) (<u>SUBSTANCE</u>)?	In what year did you <u>last</u> work with (or around) (<u>SUBSTANCE</u>)?	On average, about how many hours per week, month, or year did you work with (or around) (<u>SUBSTANCE</u>)?
a. fabric dyes or paints YES 1 (E2-E4) NO 5 (E1b)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	T TT T (E1b) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
b. inks YES 1 (E2-E4) NO 5 (E1c)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	T TT T (E1c) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
c. wood dust or sawdust YES 1 (E2-E4) NO 5 (E1d)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	T TT T (E1d) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
d. wood glues YES 1 (E2-E4) NO 5 (E1e)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	T TT T (E1e) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
e. cotton or other textile fibers or dust YES 1 (E2-E4) NO 5 (E5)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	T TT T (E5) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3

E5 Have you ever participated in (<u>HOBBY</u>) for 6 months or longer?	E6 In what year were you <u>first</u> involved in (<u>HOBBY</u>)?	E7 In what year were you <u>last</u> involved in (<u>HOBBY</u>)?	E8 On average, about how many hours per week, month, or year have you participated in (<u>HOBBY</u>)?
a. needlework or sewing YES 1 (E6-E8) NO 5 (E6b)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	T TT T (E5b) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
b. developing photographs YES 1 (E6-E8) NO 5 (E6c)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	T TT T (E5c) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
c. oil painting YES 1 (E6-E8) NO 5 (E6d)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	T TT T (E5d) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
d. woodworking or refinishing furniture YES 1 (E6-E8) NO 5 (E6e)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	T TT T (E5e) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3
e. ceramics or pottery making YES 1 (E6-E8) NO 5 (E6f)	/___/___/___/___/ YEAR	/___/___/___/___/ YEAR	T TT T (E5f) .)) - .)) - TIMES: PER WEEK 1 PER MONTH 2 PER YEAR 3

<p>f. hobbies using glues</p> <p>YES 1 (E6-E8)</p> <p>NO 5 (E6g)</p>	<p>/__/_/_/_/_/_/</p> <p>YEAR</p>	<p>/__/_/_/_/_/_/</p> <p>YEAR</p>	<p>T TT T (E5g)</p> <p>.)) - .)) -</p> <p>TIMES: PER WEEK 1</p> <p>PER MONTH 2</p> <p>PER YEAR 3</p>
<p>g. leather crafting</p> <p>YES 1 (E6-E8)</p> <p>NO 5 (E6h)</p>	<p>/__/_/_/_/_/_/</p> <p>YEAR</p>	<p>/__/_/_/_/_/_/</p> <p>YEAR</p>	<p>T TT T (E5h)</p> <p>.)) - .)) -</p> <p>TIMES: PER WEEK 1</p> <p>PER MONTH 2</p> <p>PER YEAR 3</p>
<p>h. hobbies involving soldering such as jewelry design or stained glass</p> <p>YES 1 (E6-E8)</p> <p>NO 5 (E6i)</p>	<p>/__/_/_/_/_/_/</p> <p>YEAR</p>	<p>/__/_/_/_/_/_/</p> <p>YEAR</p>	<p>T TT T (E5i)</p> <p>.)) - .)) -</p> <p>TIMES: PER WEEK 1</p> <p>PER MONTH 2</p> <p>PER YEAR 3</p>
<p>I. other activities involving the use of chemicals</p> <p>YES 1 (E6-E8)</p> <p>SPECIFY _____</p> <p>NO 5 (SECTION F)</p>	<p>/__/_/_/_/_/_/</p> <p>YEAR</p>	<p>/__/_/_/_/_/_/</p> <p>YEAR</p>	<p>T TT T (Section F)</p> <p>.)) - .)) -</p> <p>TIMES: PER WEEK 1</p> <p>PER MONTH 2</p> <p>PER YEAR 3</p>

Section F

**SUN EXPOSURE
AND
SUNSCREEN USE**

In the next four questions, I will ask you about your outdoor sun exposure. Please think about your experience over the past five years.

SEASON	F1 During the (SEASON), about how many days per week do you spend 2 hours or more per day outdoors from 10:00 A.M. to 5:00 P.M.?	F2 When you are outside from 10:00 A.M. to 5:00 P.M., how often do you wear protective clothing such as long sleeves and/or a hat? Would you say:	F3 When you are outside from 10:00 A.M. to 5:00 P.M., how often do you use a sunscreen? Would you say:	F4 During the (SEASON), what sunscreen rating do you use?
a. Spring	4-7 DAYS/WEEK 1 1-3 DAYS/WEEK 2 <1 DAY/WEEK 3 NEVER 4	Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5	Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5 (F1b)	_____
b. Summer	4-7 DAYS/WEEK 1 1-3 DAYS/WEEK 2 <1 DAY/WEEK 3 NEVER 4	Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5	Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5 (F1c)	_____
c. Fall	4-7 DAYS/WEEK 1 1-3 DAYS/WEEK 2 <1 DAY/WEEK 3 NEVER 4	Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5	Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5 (F1d)	_____
d. Winter	4-7 DAYS/WEEK 1 1-3 DAYS/WEEK 2 <1 DAY/WEEK 3 NEVER 4	Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5	Always 1 (F4) Usually 2 (F4) Sometimes 3 (F4) Rarely 4 (F4) Never 5 (End)	_____

Geocoding Information

The shaded questions below obtain residential addresses for geocoding purposes and can be included in the residential history section of the Environmental Exposures Questionnaire, or as part of the Sociodemographic and Cultural Factors Questionnaire.

1. To help us determine which neighborhood we've sampled, we would like to know what neighborhood you currently live in. Could you give us your address?

address number

name/number of street

type of street (e.g. street, avenue, boulevard, place)

city

state

zip code

(if respondent answers, go to end)

[] don't know/refused to answer (go to 2)

For Coding:

Division: _____

State: _____

County: _____

Tract: _____ • _____

Block Group: _____

Block: _____

(NB. Latitude and Longitude may also be coded:)

Latitude: _____ • _____

Longitude: _____ • _____

2. a) In that case, could you give us your address range instead, and also tell us whether your address ends in an odd or even number?

_____ to _____
address range

name/number of street

type of street (e.g. street, avenue, boulevard, place)

city

zip code

☐ don't know/refused to answer (go to 3)

b) Does your address end in an odd or even number?

☐ odd (1,3,5,7,9)

☐ even (0,2,4,6,8) (if respondent answers, go to end)

For Coding:

Division: _____

State: _____

County: _____

Tract: _____ • _____

Block Group: _____

Block: _____

(NB. Latitude and Longitude may also be coded:)

Latitude: _____ • _____

Longitude: _____ • _____

3. In that case, could you just tell us the names of the street that intersect at the nearest corner to where you live, plus the name of the city you live in and your zip code?

a) Street 1

name/number of street

type of street (e.g. street, avenue, boulevard, place)

b) Street 2

name/number of street

type of street

city

zip code

☐ don't know/refused to answer

For Coding:

Division: _____

State: _____

County: _____

Tract: _____ • _____

Block Group: _____

Block: _____

(NB. Latitude and Longitude may also be coded:)

Latitude: _____ • _____

Longitude: _____ • _____

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(FAMILY HISTORY OF CANCER-FEMALE RELATIVES)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

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MAY 1998

FAMILY HISTORY OF CANCER: FEMALE RELATIVES

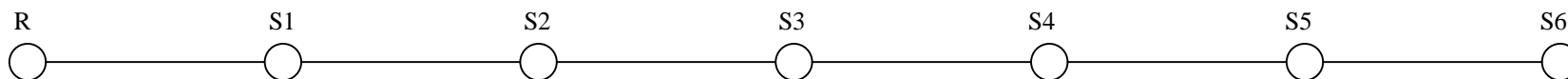
INTRODUCTION: I would like to ask you about your female relatives and whether any have had cancer. We are interested in relatives who are living or dead and who are related to you by blood. (IF RESPONDENT SAYS SHE WAS ADOPTED, ASK IF SHE HAS ANY INFORMATION ON HER BIOLOGICAL FAMILY. IF SO, CONTINUE; OTHERWISE SKIP TO NEXT SECTION.)

Q1. Do you have any sisters?

YES 1 → How many sisters do you have?
NO 5 (Q9)

OF SISTERS

DIRECTIONS IF >1 SISTER: We'll discuss one sister at a time. Let's begin with the older/oldest sister.



Q2. What year was she born?	_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR
Q3. Is she still living?	YES...1 (Q5) NO...5	YES...1 (Q5) NO...5	YES...1 (Q5) NO...5	YES...1(Q5) NO...5	YES...1(Q5) NO...5	YES...1 (Q5) NO...5
Q4. In what year did she die?	_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR
Q5. Did she ever have cancer?	YES...1 NO...5 (Q9) DK...8 (Q9)	YES...1 NO...5 (Q9) DK...8 (Q9)	YES...1 NO...5 (Q9) DK...8 (Q9)	YES...1 NO...5 (Q9) DK...8 (Q9)	YES...1 NO...5 (Q9) DK...8 (Q9)	YES...1 NO...5 (Q9) DK...8 (Q9)
Q6. a. What type of cancer did she have?	_____ TYPE OF CANCER	_____ TYPE OF CANCER	_____ TYPE OF CANCER	_____ TYPE OF CANCER	_____ TYPE OF CANCER	_____ TYPE OF CANCER
Q6. b. In which part of the body was it first diagnosed?	_____ CANCER SITE	_____ CANCER SITE	_____ CANCER SITE	_____ CANCER SITE	_____ CANCER SITE	_____ CANCER SITE
Q7. About how old was she when she diagnosed?	_____ AGE	_____ AGE	_____ AGE	_____ AGE	_____ AGE	_____ AGE
Q8. (IF BREAST CANCER), Was one breast or were both involved at first diagnosis?	ONE.....1 TWO.... 2 DK..... ..8	ONE..... 1 TWO.... 2 DK.....8	ONE..... 1 TWO.... 2 DK..... ..8	ONE..... 1 TWO.... 2 DK..... ..8	ONE..... 1 TWO.... 2 DK..... ..8	ONE..... 1 TWO.... 2 DK..... 8

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did she have any children?	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5
Q.How many children does/did she have?	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN

DIRECTIONS: REPEAT Q2 THROUGH Q8 FOR EACH OF THE SISTER'S FEMALE CHILDREN. REPEAT Q2 THROUGH Q7 AND ASK "DID HE EVER HAVE PROSTATE CANCER?" FOR EACH OF THE SISTER'S MALE CHILDREN.

Q9. Do you have any half- sisters?

YES

1

→

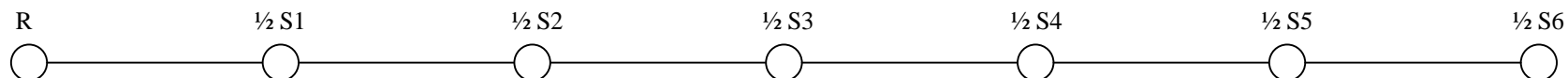
How many half-sisters do you have?

NO

5 (Q17)

OF HALF-SISTERS

DIRECTIONS IF >1 HALF-SISTER: We'll discuss one half-sister at a time. Let's begin with the older/oldest.

[illegible]

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did she have any children?	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	
Q.How many children does/did she have?	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>

DIRECTIONS: REPEAT Q10 THROUGH Q16 FOR EACH OF THE HALF-SISTER'S FEMALE CHILDREN. REPEAT Q10 THROUGH Q15 AND ASK "DID HE EVER HAVE PROSTATE CANCER?" FOR EACH OF THE HALF-SISTER'S MALE CHILDREN.

Q17. Do you have any daughters?

YES	1	→	How many daughters do you have?
NO	5 (Q25)		

1

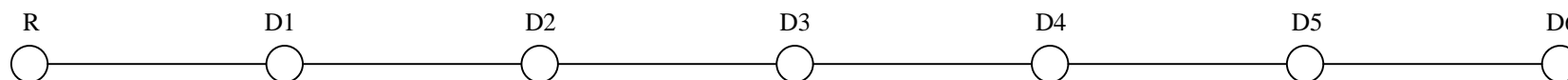
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How many daughters do you have?

|||

OF DAUGHTERS

DIRECTIONS IF >1 DAUGHTER: We'll discuss one daughter at a time. Let's begin with the older/oldest.

[illegible]

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did she have any children?	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5
Q.How many children does/did she have?	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN

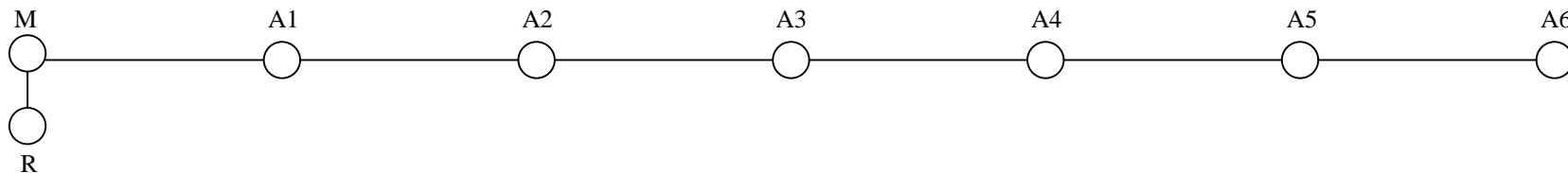
DIRECTIONS: REPEAT Q18 THROUGH Q24 FOR EACH OF THE DAUGHTER'S FEMALE CHILDREN. REPEAT Q18 THROUGH Q23 AND ASK "DID HE EVER HAVE PROSTATE CANCER?" FOR EACH OF THE DAUGHTER'S MALE CHILDREN.

Q25. . Does your mother have any sisters?

YES 1 → How many sisters does your mother have?
NO 5 (Q33)

OF AUNTS

DIRECTIONS IF >1AUNT: We'll discuss one of your aunts at a time. Let's begin with the older/oldest.

[illegible]

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did she have any children?	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	
Q.How many children does/did she have?	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>

DIRECTIONS: REPEAT Q26 THROUGH Q32 FOR EACH OF THE AUNT’S FEMALE CHILDREN. REPEAT Q26 THROUGH Q31 AND ASK “DID HE EVER HAVE PROSTATE CANCER?” FOR EACH OF THE AUNT’S MALE CHILDREN.

YES 1 → How many half-sisters does your mother have?

NO 5 (Q41) # OF HALF-SISTERS

[illegible]

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

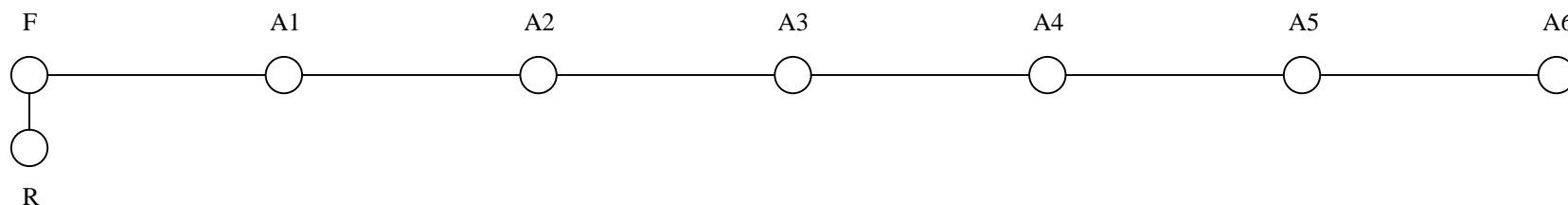
Q. Does/did she have any children?	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5
Q.How many children does/did she have?	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN

DIRECTIONS: REPEAT Q34 THROUGH Q40 FOR EACH OF THE AUNT'S FEMALE CHILDREN. REPEAT Q34 THROUGH Q39 AND ASK "DID HE EVER HAVE PROSTATE CANCER?" FOR EACH OF THE AUNT'S MALE CHILDREN.

Q41. Does your father have any sisters?

YES 1 → How many sisters does your father have?
NO 5 (Q49) # OF SISTERS

DIRECTIONS if >1 “AUNT”: We’ll discuss one of these aunts at a time. Let’s begin with the older/oldest.

[illegible]

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did she have any children?	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	
Q.How many children does/did she have?	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>

DIRECTIONS: REPEAT Q42 THROUGH Q48 FOR EACH OF THE AUNT’S FEMALE CHILDREN. REPEAT Q42 THROUGH Q47 AND ASK “DID HE EVER HAVE PROSTATE CANCER?” FOR EACH OF THE AUNT’S MALE CHILDREN.

Q49. Does your father have any half-sisters?

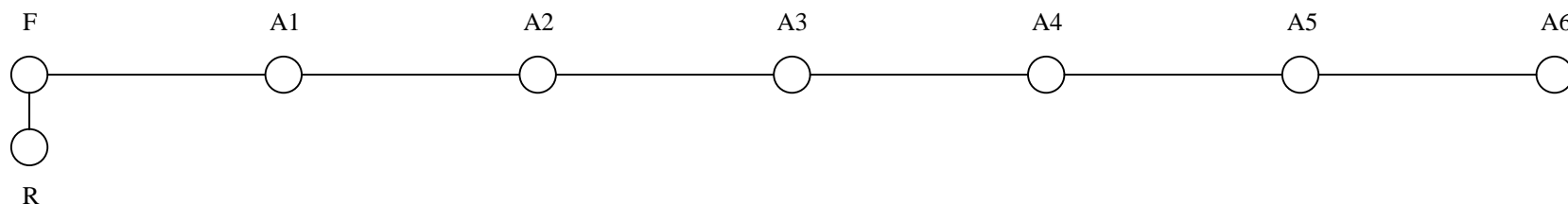
YES
NO

1 → How
5 (NEXT SECTION)

How many half-sisters does your father have?

OF HALF-SISTERS

DIRECTIONS if >1 “HALF-AUNT”: We’ll discuss one of these “half-aunts” at a time. Let’s begin with the older/oldest.

[illegible]

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did she have any children?	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	
Q.How many children does/did she have?	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>

DIRECTIONS: REPEAT Q50 THROUGH Q56 FOR EACH OF THE AUNT’S FEMALE CHILDREN. REPEAT Q50 THROUGH Q55 AND ASK “DID HE EVER HAVE PROSTATE CANCER?” FOR EACH OF THE AUNT’S MALE CHILDREN.

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(FAMILY HISTORY OF CANCER-MALE RELATIVES)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

Janet Daling, Ph.D.
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MAY 1998

FAMILY HISTORY OF CANCER: MALE RELATIVES

INTRODUCTION: I would like to ask you about your male relatives and whether any have had cancer. We are interested in relatives who are living or dead and who are related to you by blood. (IF RESPONDENT SAYS SHE WAS ADOPTED, ASK IF SHE HAS ANY INFORMATION ON HER BIOLOGICAL FAMILY. IF SO, CONTINUE; OTHERWISE SKIP TO NEXT SECTION.)

Q1. Do you have any brothers?

YES 1 → How many brothers do you have?
NO 5 (Q9)

OF BROTHERS

DIRECTIONS IF >1 BROTHER: We'll discuss one brother at a time. Let's begin with the older/oldest brother.

A diagram showing a horizontal sequence of seven rectangular blocks. The first block is labeled 'R' and is white. It is connected by a horizontal line to a second block labeled 'B1', which is black. This pattern continues: 'B1' is connected to 'B2' (white), 'B2' to 'B3' (black), 'B3' to 'B4' (white), 'B4' to 'B5' (black), and 'B5' to 'B6' (white). All blocks are of the same size and are connected by lines of equal length.

[illegible]

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did he have any children?	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	
Q. How many children does/did he have?	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>

DIRECTIONS: REPEAT Q2 THROUGH Q8 FOR EACH OF THE BROTHER'S MALE CHILDREN. REPEAT Q2 THROUGH Q7 AND ASK (IF BREAST CANCER IN Q6) "WAS ONE BREAST OR BOTH INVOLVED AT FIRST DIAGNOSIS?" FOR EACH OF THE BROTHER'S FEMALE CHILDREN.

Q9. Do you have any half-brothers?

YES

1

→

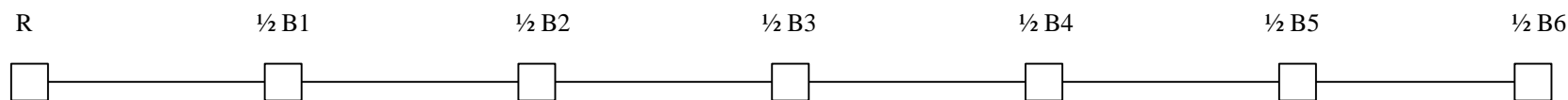
How many half-brothers do you have?

NO

5 (Q17)

OF HALF-BROTHERS

DIRECTIONS IF >1 BROTHER: We'll discuss one half-brother at a time. Let's begin with the older/oldest.

[illegible]

Q. Does/did he have any children?	YES.....1 NO.....6	YES.....1 NO.....6	YES.....1 NO.....6	YES.....1 NO.....6	YES.....1 NO.....6	YES.....1 NO.....6
Q. How many children does/did he have?	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN

DIRECTIONS: REPEAT Q10 THROUGH Q16 FOR EACH OF THE HALF-BROTHER'S MALE CHILDREN. REPEAT Q10 THROUGH Q15 AND ASK (IF BREAST CANCER IN Q14), "WAS ONE BREAST OR BOTH INVOLVED AT FIRST DIAGNOSIS?" FOR EACH OF THE HALF-BROTHER'S FEMALE CHILDREN.

Q17. Do you have any sons?

YES

1

→

How many sons do you have?

NO

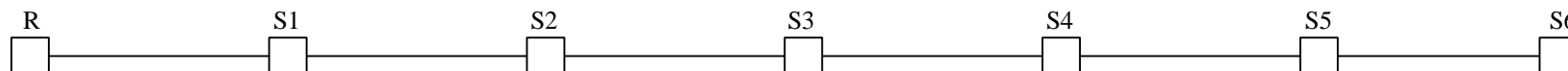
5 (Q25)

OF SONS

DIRECTIONS IF >1 BROTHER: We'll discuss one brother at a time. Let's begin with the older/oldest brother.

How many sons do you have?

$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}$
 # OF SONS

[illegible]

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did he have any children?	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	
Q. How many children does/did he have?	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># CHILDREN</div> </div>

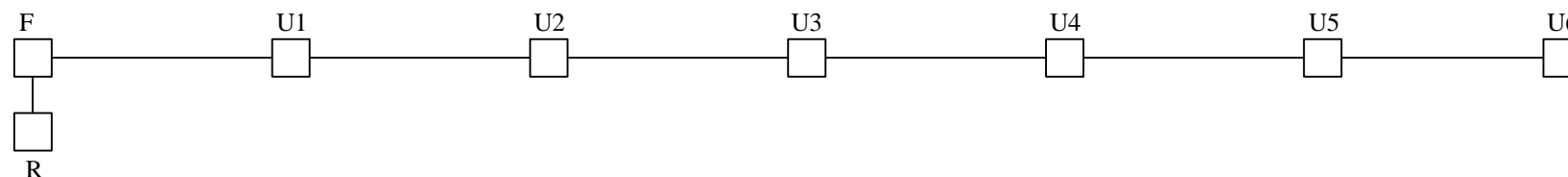
DIRECTONS : REPEAT Q18 THORUGH Q24 FOR EACH OF THE SON’S MALE CHILDREN. REPEAT Q18 THROUGH Q23 AND ASK (IF BREAST CANCER IN Q22), “WAS ONE BREAST OR BOTH INVOLVED AT FIRST DIAGNOSIS?” FOR EACH OF THE SON’S FEMALE CHILDREN.

Q25. Does your father have any brothers?

YES 1 → How many brothers does your father have?
NO 2 (Q33)

OF BROTHERS

DIRECTIONS IF >1 UNCLE: We'll discuss one of your uncles at a time. Let's begin with the older/oldest.

[illegible]

OPTIONAL : FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did he have any children?	YES...1 NO...5	YES...1 NO...5	YES...1 NO...5	YES...1 NO...5	YES...1 NO...5	YES...1 NO...5
Q. How many children does/did he have?	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN

DIRECTIONS: REPEAT Q26 THROUGH Q32 FOR EACH OF THE UNCLE'S MALE CHILDREN. REPEAT Q26 THROUGH Q31 AND ASK (IF BREAST CANCER IN Q30), "WAS ONE BREAST OR BOTH INVOLVED AT FIRST?" FOR EACH OF THE UNCLE' FEMALE CHILDREN.

Q33. Does your father have any half-brothers?

YES
NO

1

→

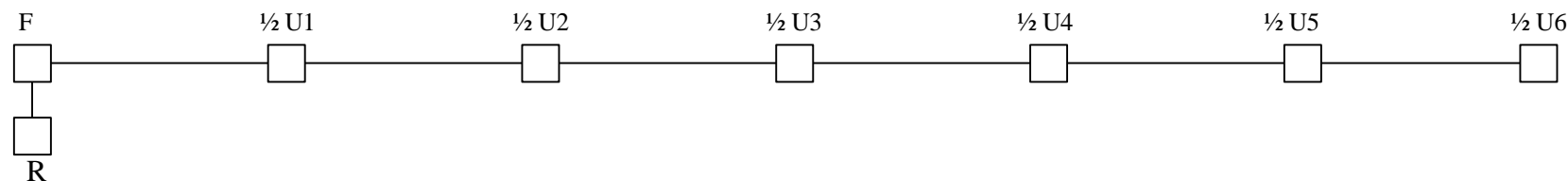
How many half-brothers does your father have?

5 (Q41)

|||

OF HALF-BROTHERS

DIRECTONS IF >1 “HALF-UNCLE:” We’ll discuss one of these uncles at a time. Let’s begin with the older/oldest.

[illegible]

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did he have any children?	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5	YES.....1 NO.....5
Q. How many children did he have?	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN

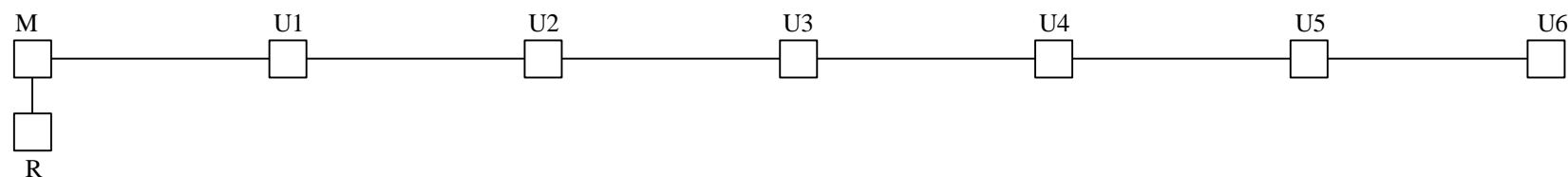
DIRECTIONS: REPEAT Q34 THROUGH Q40 FOR EACH OF THE UNCLE'S MALE CHILDREN. REPEAT Q34 THROUGH Q39 AND ASK (IF BREAST CANCER IN Q38), "WAS ONE BREAST OR BOTH INVOLVED AT FIRST?" FOR EACH OF THE UNCLE'S FEMALE CHILDREN.

Q41. Does your mother have any brothers?

YES 1 → How many brothers does your mother have?
NO 5 (Q49)


 # OF BROTHERS

DIRECTONS IF >1 UNCLE: We'll discuss one uncle at a time. Let's start with the older/oldest.

[illegible]

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did he have any children?	YES...1 NO...5	YES...1 NO...5	YES...1 NO...5	YES...1 NO...5	YES...1 NO...5	YES...1 NO...5
Q. How many children does/did he have?	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN

DIRECTIONS: REPEAT Q42 THROUGH Q48 FOR EACH OF THE UNCLE'S MALE CHILDREN. REPEAT Q42 THROUGH Q47 AND ASK (IF BREAST CANCER IN Q46) "WAS ONE BREAST OR BOTH INVOLVED AT FIRST DIAGNOSIS?" FOR EACH OF THE UNCLE'S FEMALE CHILDREN.

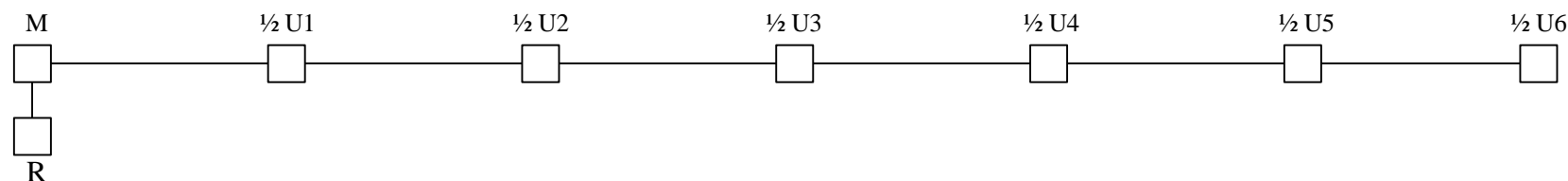
Q49. Does your mother have any half-brothers?

YES
NO

1 → How
5 (NEXT SECTION)

How many half-brothers does your mother have?

OF HALF-BROTHERS

[illegible]

OPTIONAL: FOR STUDIES REQUIRING DETAILED FAMILY HISTORIES

Q. Does/did he have any children?	YES...1 NO... 5	YES...1 NO... 5	YES...1 NO... 5	YES...1 NO... 5	YES...1 NO... 5	YES...1 NO... 5
Q. How many children does/did he have?	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN	<input type="text"/> # CHILDREN

DIRECTIONS: REPEAT Q50 THROUGH A56 FOR EACH OF THE UNCLE'S MALE CHILDREN. REPEAT Q50 THROUGH Q55 AND ASK (IF BREAST CANCER IN Q54) "WAS ONE BREAST OR BOTH INVOLVED AT FIRST DIAGNOSIS?" FOR EACH OF THE UNCLE'S FEMALE CHILDREN.

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

FOOD AND NUTRITION QUESTIONNAIRE

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

Lenore Kohlmeier, Ph.D.
School of Public Health
University of North Carolina

and

Institute for Survey Research
Temple University
of the Commonwealth System of Higher Education
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People often change their diets when there is a major event in their lives, such as moving away from home after school, moving in with relatives or friends, starting college or a new job, or becoming pregnant or ill. After you were 13, was there a time in your life when your diet changed? For example, you might have started eating more fruits and vegetables, grains or fast foods. Do you recall a time in your teens, twenties or later when you changed your usual diet from when you were 13?

YES 1 → How old were you or what stage or decade in your life was this when your usual diet changed? /_____/ OR /_____/

NO 2 (STOP) (AGE) (STAGE/DECADE)

Let's discuss your diet when you were (AGE/STAGE/DECADE). Remember, we are interested in your usual diet which means foods and beverages you ate or drank five or more times a year. Let's start with beverages.

a. (When you were (AGE/STAGE/DECADE)), Did you drink (<u>BEVERAGE</u>):	b. How many servings per day, week, month, or year did you usually drink (<u>BEVERAGE</u>)?	c. What was your typical serving size? (SHOW CARDS)	
1. regular coffee? 1 YES → 5 NO ↓	/_____/_____/_____/_____ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ (SM. CUP, (LG. CUP, 6-8 OZ.) 10-12 OZ.)	
2. hot regular tea? 1 YES → 5 NO ↓	/_____/_____/_____/_____ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ (SM. CUP, (LG. CUP, 6-8 OZ.) 10-12 OZ.)	
3. hot decaffeinated but not herbal tea? 1 YES → 5 NO ↓	/_____/_____/_____/_____ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ (SM. CUP, (LG. CUP, 6-8 OZ.) 10-12 OZ.)	
4. hot herbal tea? 1 YES → 5 NO ↓	/_____/_____/_____/_____ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ (SM. CUP, (LG. CUP, 6-8 OZ.) 10-12 OZ.)	

<p>5. iced regular tea?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ /____/</p> <p>(SM. CUP, (LG. CUP, 6-8 OZ.) 10-12 OZ.)</p>	
<p>a. (When you were (AGE/STAGE/DECADE)), Did you drink (<u>BEVERAGE</u>):</p>	<p>b. How many servings per day, week, month, or year did you usually drink (<u>BEVERAGE</u>)?</p>	<p>c. What was your typical serving size? (SHOW CARDS)</p>	
<p>6. iced decaffeinated tea?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ /____/ /____/</p> <p>(GLASS, (CAN/ (24 OZ. SUPER) 8 OZ.) LG GLASS 12 OZ.)</p>	
<p>7. iced herbal tea?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ /____/ /____/</p> <p>(GLASS, (CAN/ (24 OZ. SUPER) 8 OZ.) LG GLASS 12 OZ.)</p>	
<p>8. fruit or vegetable juice?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ /____/ /____/</p> <p>(SMALL (GLASS, (PINT, GLASS 8 OZ.) 16 OZ.) 4 OZ.)</p>	
<p>9. caffeinated soft drinks (soda or pop, either diet or regular)?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ /____/ /____/</p> <p>(GLASS, (CAN/ (24 OZ. SUPER) 8 OZ.) LG GLASS 12 OZ.)</p>	

<p>10. caffeine-free soft drinks (soda or pop, either diet or regular)?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ /___/ /___/ (GLASS, (CAN/ (24 OZ. SUPER 8 OZ.) LG GLASS 12 OZ.)</p>	
<p>a. (When you were (AGE/STAGE/DECADE)), Did you drink (<u>BEVERAGE</u>):</p>	<p>b. How many servings per day, week, month, or year did you usually drink (<u>BEVERAGE</u>)?</p>	<p>c. What was your typical serving size? (SHOW CARDS)</p>	
<p>11. milk, as a beverage, including chocolate milk, or do you put it on cereal?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ /___/ (GLASS, (SMALL → GLASS, 8 OZ.) 4 OZ.)</p>	<p>d. Was your milk usually:</p> <p>whole 1</p> <p>2% low fat 2</p> <p>1% low fat 3</p> <p>skim (nonfat)? 4</p>
<p>12. whole milk, half-and-half, or add cream with another drink or food, like coffee, tea, sauces, etc.?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ /___/ (TSPS) (TBLS)</p>	
<p>13. non-dairy creamer, dry or powder, with any drinks?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ /___/ (TSPS) (TBLS)</p> <p>LEVEL 1</p> <p>ROUNDED 2</p> <p>HEAPING 3</p>	
<p>14. soy milk?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ /___/ (GLASS, (SMALL 8 OZ.) GLASS, 4 OZ.)</p>	

a. (When you were (AGE/STAGE/DECADE)), Did you drink (BEVERAGE):	b. How many servings per day, week, month, or year did you usually drink (BEVERAGE)?	c. What was your typical serving size? (SHOW CARDS)	
16. light beer , not alcohol-free beer? 1 YES → 5 NO ↓	/___/___/___/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ (HALF-CAN (12-OZ. CAN OR BOTTLE) OR BOTTLE)	
17. alcohol-free beer ? 1 YES → 5 NO ↓	/___/___/___/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ (HALF-CAN (12-OZ. CAN OR BOTTLE) OR BOTTLE)	
18. red wine or sangria ? 1 YES → 5 NO ↓	/___/___/___/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ (HALF-GLASS) (5-OZ. GLASS)	
19. white wine, champagne, or wine coolers ? 1 YES → 5 NO ↓	/___/___/___/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ (HALF-GLASS) (5-OZ. GLASS)	
20. alcohol-free wine or champagne ? 1 YES → 5 NO ↓	/___/___/___/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ (HALF-GLASS) (5-OZ. GLASS)	
a. (When you were (AGE/STAGE/DECADE)), Did you drink (BEVERAGE):	b. How many servings per day, week, month, or year did you usually drink (BEVERAGE)?	c. What was your typical serving size? (SHOW CARDS)	

<p>21. liquor, such as scotch, whiskey, gin, tequilla, rum, vodka, liqueurs, etc.?</p> <p>1 YES →</p> <p>5 NO (NEXT SECTION)</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/___/ (SHOTS, 1 OZ.)</p>	
<p>Next, I'll ask you about meats, fish, dairy, and other foods you ate when you were (AGE/STAGE/DECADE).</p>			
<p>a. (When you were (AGE/STAGE/DECADE),) did you eat (MEAT/FISH/DAIRY/OTHER):</p>	<p>b. How many servings per day, week, month, or year did you usually eat (MEAT/FISH/DAIRY/OTHER)?</p>	<p>c. What was your typical serving size? (SHOW CARDS)</p>	
<p>22. ground beef, including hamburgers, cheeseburgers, meat loaf, and ground beef mixed into dishes like casseroles or lasagna?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/___/ /___/___/ → (4 OZ. (8 OZ. DOUBLE PATTIE) PATTIE)</p>	<p>d. Was the meat usually: regular, or 1 lean? 2</p> <p>e. Was the meat usually: rare, 1 medium, or 2 well-done? 3</p>
<p>23. beef, such as steaks or roasts?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/___/ → (OUNCES)</p>	<p>d. Was the beef usually: regular, or 1 lean? 2</p> <p>e. Was the beef usually: rare, 1 medium, or 2 well-done? 3</p>
<p>24. pork or lamb, such as chops, ribs, or roasts, but not including bacon or sausage?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/___/ → (OUNCES)</p>	

<p>25. chicken?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/ /___/ /___/ → (THIGH (HALF- (WING) OR BREAST) DRUMSTICK)</p>	<p>d. Was your chicken usually fried? YES 1 NO 5</p> <p>e. Did you usually eat the skin? YES 1 NO 5</p> <p>f. Was the chicken usually: light, 1 dark, or 2 light and dark? 3</p>
<p>a. (When you were (AGE/STAGE/DECADE)), Did you eat (MEAT/FISH/DAIRY/OTHER):</p>	<p>b. How many servings per day, week, month, or year did you usually eat (MEAT/FISH/DAIRY/OTHER)?</p>	<p>c. What was your typical serving size? (SHOW CARDS)</p>	
<p>26. turkey?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/ /___/ /___/ → (THIGH (HALF- (WING) OR BREAST) DRUMSTICK)</p>	<p>d. Did you usually eat the skin? YES 1 NO 5</p> <p>e. Was the turkey usually: light, 1 dark, or 2 light and dark? 3</p>
<p>27. duck?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/ /___/ /___/ → (THIGH (HALF- (WING) OR BREAST) DRUMSTICK)</p>	<p>d. Did you usually eat the skin? YES 1 NO 5</p> <p>e. Was the duck usually: light, 1 dark, or 2 light and dark? 3</p>
<p>28. hot dogs or frankfurters, not including sausage?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/ /___/ → (REGULAR (JUMBO SIZE) SIZE)</p>	<p>d. Were they usually made of: beef, 1 pork, or 2 turkey or chicken? 3</p>
<p>29. cold cuts or lunch meats made of ham, pork, or beef?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/ → (1-OZ. SLICE)</p>	<p>d. Were they usually: regular or 1 low fat? 2</p>

<p>30. cold cuts or lunch meats made of chicken or turkey?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/____/____/____/</p> <p>(# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ →</p> <p>(1-OZ. SLICE)</p>	<p>d. Were they usually:</p> <p>regular or 1</p> <p>low fat? 2</p>
<p>31. bacon?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/____/____/____/</p> <p>(# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/</p> <p>(SLICES)</p>	
<p>a. (When you were (AGE/STAGE/DECADE)), Did you eat (MEAT/FISH/DAIRY/OTHER):</p>	<p>b. How many servings per day, week, month, or year did you usually eat (MEAT/FISH/DAIRY/OTHER)?</p>	<p>c. What was your typical serving size? (SHOW CARDS)</p>	
<p>32. sausage, including kielbasa and half-smokes?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/____/____/____/</p> <p>(# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ /____/ /____/ →</p> <p>(LINKS) (PATTIES) (SLICES)</p>	<p>d. Was it usually made of:</p> <p>beef, 1</p> <p>pork, 2</p> <p>turkey or chicken, or 3</p> <p>combination of meat? 4</p>
<p>33. canned tuna?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/____/____/____/</p> <p>(# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ →</p> <p>(OUNCES OR QUARTER CUPS)</p>	<p>d. Was it usually packed in:</p> <p>oil or 1</p> <p>water? 2</p>
<p>34. fresh or frozen fish, including seafood and shellfish?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/____/____/____/</p> <p>(# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ →</p> <p>(4 OZ. OR 1 SANDWICH)</p>	<p>d. Was it usually:</p> <p>grilled or fried, 1</p> <p>steamed, baked, or broiled, 2</p> <p>raw, or 3</p> <p>smoked? 4</p>

<p>35. whole eggs, not including egg substitutes or egg whites only?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/___/ (EGG)</p>	
<p>a. (When you were (AGE/STAGE/DECADE)), Did you eat (MEAT/FISH/DAIRY/OTHER):</p>	<p>b. How many servings per day, week, month, or year did you usually eat (MEAT/FISH/DAIRY/OTHER)?</p>	<p>c. What was your typical serving size? (SHOW CARDS)</p>	
<p>36. peanut butter and other nut butters?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/___/ (TSPS) /___/___/ (TBLS)</p> <p>LEVEL 1</p> <p>ROUNDED 2</p> <p>HEAPING 3</p>	
<p>37. mayonnaise or miracle whip?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/___/ (TSPS) /___/___/ (TBLS) →</p> <p>LEVEL 1</p> <p>ROUNDED 2</p> <p>HEAPING 3</p>	<p>d. Was it usually:</p> <p>regular, 1</p> <p>low-fat, or 2</p> <p>fat-free? 3</p>
<p>38. salad dressings, tartar sauce, sandwich spreads?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/___/ (TSPS) /___/___/ (TBLS) →</p> <p>LEVEL 1</p> <p>ROUNDED 2</p> <p>HEAPING 3</p>	<p>d. Was it usually made of mostly:</p> <p>corn oil, 1</p> <p>soy oil, 2</p> <p>olive oil, or 3</p> <p>another oil? 4</p>
<p>39. margarine (on bread, added to vegetables, potatoes, pasta, etc.)?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/___/ (TSPS) /___/___/ (TBLS) →</p> <p>LEVEL 1</p> <p>ROUNDED 2</p> <p>HEAPING 3</p>	<p>d. Was it usually:</p> <p>regular, 1</p> <p>low-fat, or 2</p> <p>fat-free? 3</p>

<p>40. butter (on bread, added to vegetables, potatoes, pasta, etc.)?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/____/____/____/</p> <p>(# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ (PATs) /____/ (TSPS) /____/ (TBLS) →</p> <p>LEVEL 1</p> <p>ROUNDED 2</p> <p>HEAPING 3</p>	<p>d. Was it usually:</p> <p>regular or 1</p> <p>a combination of butter and oil? 2</p>
<p>a. (When you were (AGE/STAGE/DECADE)), Did you eat (MEAT/FISH/DAIRY/OTHER):</p>	<p>b. How many servings per day, week, month, or year did you usually eat (MEAT/FISH/DAIRY/OTHER)?</p>	<p>c. What was your typical serving size? (SHOW CARDS)</p>	
<p>41. sour cream?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/____/____/____/</p> <p>(# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ (TSPS) /____/ (TBLS) →</p> <p>LEVEL 1</p> <p>ROUNDED 2</p> <p>HEAPING 3</p>	<p>d. Was it usually:</p> <p>regular, 1</p> <p>low-fat, or 2</p> <p>fat-free? 3</p>
<p>42. Did you use fats in cooking?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>b. How many servings per day, week, month or year did you usually use fat in cooking?</p> <p>/____/____/____/</p> <p>(# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ (TSPS) /____/ (TBLS) →</p> <p>LEVEL 1</p> <p>ROUNDED 2</p> <p>HEAPING 3</p>	<p>d. Did you usually use:</p> <p>olive oil, 1</p> <p>canola oil (rapeseed oil), 2</p> <p>lard, 3</p> <p>other oils, 4</p> <p>margarine or vegetable shortening, or 5</p> <p>butter? 6</p>
<p>43. olives?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/____/____/____/</p> <p>(# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ (TSPS) /____/ (TBLS) →</p> <p>SMALL 1</p> <p>MEDIUM 2</p> <p>LARGE 3</p>	
<p>44. cheese, cheese spread, or cream cheese?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/____/____/____/</p> <p>(# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ →</p> <p>(OUNCES)</p> <p>(One ounce is about one slice)</p>	<p>d. Was it usually:</p> <p>regular, 1</p> <p>low-fat, or 2</p> <p>non-fat? 3</p>

45. crackers?		/___/___/___/ (# OF SERVINGS)		/___/ → (# OF CRACKERS)		d. Were they usually:	
1	YES →	PER DAY	1	SMALL	1	regular,	1
5	NO	PER WEEK	2	MEDIUM SQUARE	2	low-fat, or	2
	↓	PER MONTH	3	MEDIUM ROUND	3	non-fat?	3
		PER YEAR	4	LARGE	4		

a. (When you were (AGE/STAGE/DECADE)), Did you eat (MEAT/FISH/DAIRY/OTHER):	b. How many servings per day, week, month, or year did you usually eat (MEAT/FISH/DAIRY/OTHER)?	c. What was your typical serving size? (SHOW CARDS)	
46. chips , including potato chips, corn chips, tortilla chips, fruit chips, and vegetable chips? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/ ____/ → (OUNCES) (SMALL BAG) (10 CHIPS TO AN OUNCE)	d. Were they usually: regular, 1 low-fat, or 2 non-fat? 3
47. popcorn? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/ → (CUPS OF POPPED CORN)	d. Was it usually: regular microwaved, 1 low-fat microwaved, 2 fat-free microwaved, 3 popped in oil, 4 air-popped with no butter, 5 air-popped with butter, 6 popped with butter, or 7 pre-popped? 8
48. ice cream? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/ ____/ → (HALF-CUPS) (CUPS)	d. Was it usually: regular, 1 low-fat, or 2 non-fat? 3
49. frozen yogurt? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/ ____/ → (HALF-CUPS) (CUPS)	d. Was it usually: regular, 1 low-fat, or 2 non-fat? 3
50. doughnuts? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 3	____/ → (# OF DOUGHNUTS)	d. Were they usually: regular, 1 reduced fat, or 2 non-fat? 3

a. (When you were (AGE/STAGE/DECADE)), Did you eat (MEAT/FISH/DAIRY/OTHER):	b. How many servings per day, week, month, or year did you usually eat (MEAT/FISH/DAIRY/OTHER)?	c. What was your typical serving size? (SHOW CARDS)	
51. cookies? 1 YES → 5 NO ↓	/____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ → (1- TO 2-IN.) (4- TO 5-IN.)	d. Were they usually: regular, 1 reduced fat, or 2 non-fat? 3
52. pastries, danish, small pies, or pie pieces? 1 YES → 5 NO ↓	/____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ → (SLICES OF PIE) (PASTRIES) REGULAR 1 LARGE 2	d. Were they usually: regular, 1 reduced fat, or 2 non-fat? 3
53. cake? 1 YES → 5 NO ↓	/____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ → (PIECES OF CAKE) REGULAR 1 LARGE 2	d. Were they usually: regular, 1 reduced fat, or 2 non-fat? 3
54. granola-type cereal? 1 YES → 5 NO ↓	/____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ /____/ (1/4 CUP) (1/2 CUP) (3/4 CUP)	d. Was it usually: regular or 1 low-fat? 2
55. macaroni and cheese? 1 YES → 5 NO ↓	/____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ /____/ (1/4 CUP) (1/2 CUP) (3/4 CUP)	

a. (When you were (AGE/STAGE/DECADE)), Did you eat (MEAT/FISH/DAIRY/OTHER):	b. How many servings per day, week, month, or year did you usually eat (MEAT/FISH/DAIRY/OTHER)?	c. What was your typical serving size? (SHOW CARDS)	
56. pizza? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/____/ (# OF SLICES) SMALL 1 REGULAR 2	
57. french fries? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/____/ → (# OF CUPS) SMALL 1 REGULAR 2	d. Were they usually: fried or 1 heated in the oven? 2
We'll discuss vegetables now. Some of the questions ask about cooked and raw vegetables separately.			
a. (When you were (AGE/STAGE/DECADE)), Did you eat (VEGETABLE):	b. How many servings per day, week, month, or year did you usually eat (VEGETABLE)?	c. What was your typical serving size? (SHOW CARDS)	
58. cooked broccoli? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/____/ ____/____/ ____/____/ (1/4 CUP) (1/2 CUP) (CUPS)	
59. raw broccoli? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/____/ ____/____/ ____/____/ (1/4 CUP) (1/2 CUP) (CUPS)	

<p>60. sauerkraut?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ (1/4 CUP) /___/ (1/2 CUP) /___/ (CUPS)</p>	
<p>61. cooked cabbage?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ (1/4 CUP) /___/ (1/2 CUP) /___/ (CUPS)</p>	
<p>62. raw cabbage or cole slaw (not including kim chee)?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ (1/4 CUP) /___/ (1/2 CUP) /___/ (CUPS)</p>	
<p>a. (When you were (AGE/STAGE/DECADE)), Did you eat (<u>VEGETABLE</u>):</p>	<p>b. How many servings per day, week, month, or year did you usually eat (<u>VEGETABLE</u>)?</p>	<p>c. What was your typical serving size? (SHOW CARDS)</p>	
<p>63. oriental pickled vegetables, such as salted cabbage or kim chee?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ (1/4 CUP) /___/ (1/2 CUP) /___/ (CUPS)</p>	
<p>64. cooked cauliflower?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF SERVINGS)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ (1/4 CUP) /___/ (1/2 CUP) /___/ (CUPS)</p>	

<p>65. raw cauliflower?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/____/ (1/4 CUP) /____/ (1/2 CUP) /____/ (CUPS)</p>	
<p>66. cooked brussel sprouts?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/____/ (1/4 CUP) /____/ (1/2 CUP) /____/ (CUPS)</p>	
<p>67. cooked mustard greens, spinach, kale or collard greens?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/____/ (1/4 CUP) /____/ (1/2 CUP) /____/ (CUPS)</p>	
<p>68. avocado, including guacamole?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/____/ (TBLS) /____/ (1/2 CUP) /____/ (AVOCADO HALVES)</p>	
<p>a. (When you were (AGE/STAGE/DECADE)), Did you eat <u>VEGETABLE</u>):</p>	<p>b. How many servings per day, week, month, or year did you usually eat (<u>VEGETABLE</u>)?</p>	<p>c. What was your typical serving size? (SHOW CARDS)</p>	
<p>69. raw watercress?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF SERVINGS)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/____/ (1/4 CUP) /____/ (1/2 CUP) /____/ (CUPS)</p>	

a. (When you were (AGE/STAGE/DECADE)), Did you eat (FOOD):	b. How many servings per day, week, month, or year did you usually eat (FOOD)?	c. What was your typical serving size? (SHOW CARDS)	
70. steamed or fresh tofu , either plain in Asian dishes or in salads? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/ ____/ ____/ (1/3 (1/4 (1/2 BLOCK BLOCK BLOCK OR OR 1/2 CUP) OR 1 CUP) 2 SMALL CUBES)	
71. fried tofu , such as tau foo pok? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/ ____/ ____/ (1/4 CUP) (1/2 CUP) (CUPS)	
72. tau foo kwa, tofu gan, or pressed tofu? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/ ____/ ____/ (1/4 CUP) (1/2 CUP) (CUPS)	
73. western vegetarian meats made with soy products or soyburgers? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/ ____/ ____/ (1 (1 PATTY (1 LARGE MEAT- OR 1 SLICE PATTY) BALL) MEATLOAF)	
74. soy beans? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	____/ ____/ ____/ (1/4 CUP) (1/2 CUP) (CUPS)	

a. (When you were (AGE/STAGE/DECADE)), Did you eat (FOOD):	b. How many servings per day, week, month, or year did you usually eat (FOOD)?	c. What was your typical serving size? (SHOW CARDS)	
75. miso soup? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	_____ (4-6 OZ. OR ABOUT 1/2 CUP)	
76. soy sauce or shoyu? 1 YES → 5 NO ↓	____/____/____/ (# OF SERVINGS) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	_____ (TSPS) ____/ (TBLS)	

USE CONTINUATION FORMS AS NECESSARY FOR ALL STAGES WHEN RESPONDENT'S DIET CHANGED.

I'm going to ask questions about your drinking and eating habits during your lifetime. We'll start with your diet when you were in your teens, then we'll talk about periods in your life when your diet changed. Think back to your early teens, specifically when you were 13 years old, and answer these questions about the foods and beverages you typically ate and drank then. We are interested in your usual diet in when you were 13. "Typical" and "usual" means foods and beverages you ate or drank five or more times a year.

Let's start with beverages.

A. (When you were 13), Did you drink (BEVERAGE):	B. How many times per day, week, month, or year did you usually drink (BEVERAGE)?	C. What was your typical serving size? (SHOW CARDS)	
1. regular coffee? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ (SM. CUP, (LG. CUP, 6-8 OZ.) 10-12 OZ.)	
2. hot regular tea? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ (SM. CUP, (LG. CUP, 6-8 OZ.) 10-12 OZ.)	
3. hot decaffeinated but not herbal tea? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ (SM. CUP, (LG. CUP, 6-8 OZ.) 10-12 OZ.)	
4. hot herbal tea? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ (SM. CUP, (LG. CUP, 6-8 OZ.) 10-12 OZ.)	

<p>5. iced regular tea?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF TIMES)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ (SM. CUP, 6-8 OZ.)</p> <p>/___/ (LG. CUP, 10-12 OZ.)</p>	
<p>A. (When you were 13), Did you drink (BEVERAGE):</p>	<p>B. How many times per day, week, month, or year did you usually drink (BEVERAGE)?</p>	<p>C. What was your typical serving size? (SHOW CARDS)</p>	
<p>6. iced decaffeinated tea?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF TIMES)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ (GLASS, 8 OZ.)</p> <p>/___/ (CAN/ LG GLASS 12 OZ.)</p> <p>/___/ (24 OZ. SUPER)</p>	
<p>7. iced herbal tea?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF TIMES)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ (GLASS, 8 OZ.)</p> <p>/___/ (CAN/ LG GLASS 12 OZ.)</p> <p>/___/ (24 OZ. SUPER)</p>	
<p>8. fruit or vegetable juice?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF TIMES)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ (SMALL GLASS 4 OZ.)</p> <p>/___/ (GLASS, 8 OZ.)</p> <p>/___/ (PINT, 16 OZ.)</p>	
<p>9. caffeinated soft drinks (soda or pop, either diet or regular)?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF TIMES)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ (GLASS, 8 OZ.)</p> <p>/___/ (CAN/ LG GLASS 12 OZ.)</p> <p>/___/ (24 OZ. SUPER)</p>	

<p>10. caffeine-free soft drinks (soda or pop, either diet or regular)?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/____/____/____/</p> <p>(# OF TIMES)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/____/ /____/ /____/</p> <p>(GLASS, (CAN/ (24 OZ. SUPER)</p> <p>8 OZ.) LG GLASS</p> <p> 12 OZ.)</p>	
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A. (When you were 13), Did you drink (<u>BEVERAGE</u>):	B. How many times per day, week, month, or year did you usually drink (<u>BEVERAGE</u>)?	C. What was your typical serving size? (SHOW CARDS)	
11. milk , as a beverage, including chocolate milk, or do you put it on cereal? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (SMALL (GLASS, → GLASS, 8 OZ.) 4 OZ.)	D. Was your milk usually: whole 1 2% low fat 2 1% low fat 3 skim (nonfat)? 4
12. whole milk, half-and-half, or add cream with another drink or food, like coffee, tea, sauces, etc.? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (TSPS) (TBLS)	
13. non-dairy creamer , dry or powder, with any drinks? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (TSPS) (TBLS) LEVEL 1 ROUNDED 2 HEAPING 3	
14. soy milk ? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (SMALL (GLASS, GLASS, 8 OZ.) 4 OZ.)	
15. regular beer , not light beer? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (HALF-CAN (12-OZ. CAN OR BOTTLE) OR BOTTLE)	

A. (When you were 13), Did you drink (<u>BEVERAGE</u>):	B. How many times per day, week, month, or year did you usually drink (<u>BEVERAGE</u>)?	C. What was your typical serving size? (SHOW CARDS)	
21. liquor , such as scotch, whiskey, gin, tequilla, rum, vodka, liqueurs, etc.? 1 YES → 5 NO (NEXT SECTION)	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ (SHOTS, 1 OZ.)	

Next, I'll ask you about meats, fish, dairy, and other foods you ate when you were 13 years old.

A. (When you were 13) Did you eat (<u>MEAT/FISH/DAIRY/OTHER</u>):	B. How many times per day, week, month, or year did you usually eat (<u>MEAT/FISH/DAIRY/OTHER</u>)?	C. What was your typical serving size? (SHOW CARDS)	
22. ground beef , including hamburgers, cheeseburgers, meat loaf, and ground beef mixed into dishes like casseroles or lasagna? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ → (4 OZ. (8 OZ. PATTIE) DOUBLE PATTIE)	D. Was the meat usually: regular, or 1 lean? 2 E. Was the meat usually: rare, 1 medium, or 2 well-done? 3
23. beef , such as steaks or roasts? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ → (OUNCES)	D. Was the beef usually: regular, or 1 lean? 2 E. Was the beef usually: rare, 1 medium, or 2 well-done? 3
24. pork or lamb , such as chops, ribs, or roasts, but not including bacon or sausage? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ → (OUNCES)	
25. chicken ? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ → (THIGH (HALF- (WING) OR BREAST) DRUMSTICK)	D. Was your chicken usually fried? YES 1 NO 5 E. Did you usually eat the skin? YES 1 NO 5 F. Was the chicken usually: light, 1 dark, or 2 light and dark? 3

A. (When you were 13), Did you eat (<u>MEAT/FISH/DAIRY/OTHER</u>):	B. How many times per day, week, month, or year did you usually eat (<u>MEAT/FISH/DAIRY/OTHER</u>)?	C. What was your typical serving size? (SHOW CARDS)	
26. turkey? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ /____/ → (THIGH (HALF- (WING) OR BREAST) DRUMSTICK)	D. Did you usually eat the skin? YES 1 NO 5 E. Was the turkey usually: light, 1 dark, or 2 light and dark? 3
27. duck? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ /____/ → (THIGH (HALF- (WING) OR BREAST) DRUMSTICK)	D. Did you usually eat the skin? YES 1 NO 5 E. Was the duck usually: light, 1 dark, or 2 light and dark? 3
28. hot dogs or frankfurters , not including sausage? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ → (REGULAR (JUMBO SIZE) SIZE)	D. Were they usually made of: beef, 1 pork, or 2 turkey or chicken? 3
29. cold cuts or lunch meats made of ham, pork, or beef? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ → (1-OZ. SLICE)	D. Were they usually: regular or 1 low fat? 2
30. cold cuts or lunch meats made of chicken or turkey? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ → (1-OZ. SLICE)	D. Were they usually: regular or 1 low fat? 2

<p>31. bacon?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF TIMES)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/____/ (SLICES)</p>	
<p>A. (When you were 13), Did you eat (<u>MEAT/FISH/DAIRY/OTHER</u>):</p>	<p>B. How many times per day, week, month, or year did you usually eat (<u>MEAT/FISH/DAIRY/OTHER</u>)?</p>	<p>C. What was your typical serving size? (SHOW CARDS)</p>	
<p>32. sausage, including kielbasa and half-smokes?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF TIMES)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/____/ /___/____/ /___/____/ → (LINKS) (PATTIES) (SLICES)</p>	<p>D. Was it usually made of:</p> <p>beef, 1 pork, 2 turkey or chicken, or 3 combination of meat? 4</p>
<p>33. canned tuna?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF TIMES)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/____/ → (OUNCES OR QUARTER CUPS)</p>	<p>D. Was it usually packed in:</p> <p>oil or 1 water? 2</p>
<p>34. fresh or frozen fish, including seafood and shellfish?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF TIMES)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/____/ → (4 OZ. OR 1 SANDWICH)</p>	<p>D. Was it usually:</p> <p>grilled or fried, 1 steamed, baked, or broiled, 2 raw, or 3 smoked? 4</p>
<p>35. whole eggs, not including egg substitutes or egg whites only?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/___/___/___/ (# OF TIMES)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/___/____/ (EGG)</p>	

A. (When you were 13), Did you eat (<u>MEAT/FISH/DAIRY/OTHER</u>):	B. How many times per day, week, month, or year did you usually eat (<u>MEAT/FISH/DAIRY/OTHER</u>)?	C. What was your typical serving size? (SHOW CARDS)	
36. peanut butter and other nut butters? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ (TSPS) (TBLS) LEVEL 1 ROUNDED 2 HEAPING 3	
37. mayonnaise or miracle whip? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ → (TSPS) (TBLS) LEVEL 1 ROUNDED 2 HEAPING 3	D. Was it usually: regular, 1 low-fat, or 2 fat-free? 3
38. salad dressings, tartar sauce, sandwich spreads? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ → (TSPS) (TBLS) LEVEL 1 ROUNDED 2 HEAPING 3	D. Was it usually made of mostly: corn oil, 1 soy oil, 2 olive oil, or 3 another oil? 4
39. margarine (on bread, added to vegetables, potatoes, pasta, etc.)? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ → (TSPS) (TBLS) LEVEL 1 ROUNDED 2 HEAPING 3	D. Was it usually: regular, 1 low-fat, or 2 fat-free? 3
40. butter (on bread, added to vegetables, potatoes, pasta, etc.)? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ → (PATS) (TSPS) (TBLS) LEVEL 1 ROUNDED 2 HEAPING 3	D. Was it usually: regular or 1 a combination of butter and oil? 2

A. (When you were 13), Did you eat (<u>MEAT/FISH/DAIRY/OTHER</u>):	B. How many times per day, week, month, or year did you usually eat (<u>MEAT/FISH/DAIRY/OTHER</u>)?	C. What was your typical serving size? (SHOW CARDS)	
41. sour cream? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ → (TSPS) (TBLS) LEVEL 1 ROUNDED 2 HEAPING 3	D. Was it usually: regular, 1 low-fat, or 2 fat-free? 3
42. Did you use fats in cooking? 1 YES → 5 NO ↓	B. How many times per day, week, month or year did you usually use fat in cooking? /____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ → (TSPS) (TBLS) LEVEL 1 ROUNDED 2 HEAPING 3	D. Did you usually use: olive oil, 1 canola oil (rapeseed oil), 2 lard, 3 other oils, 4 margarine or vegetable shortening, or 5 butter? 6
43. olives? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ (# OF OLIVES) SMALL 1 MEDIUM 2 LARGE 3	
44. cheese, cheese spread, or cream cheese? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ → (OUNCES) (One ounce is about one slice)	D. Was it usually: regular, 1 low-fat, or 2 non-fat? 3
45. crackers? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ → (# OF CRACKERS) SMALL 1 MEDIUM SQUARE 2 MEDIUM ROUND 3 LARGE 4	D. Were they usually: regular, 1 low-fat, or 2 non-fat? 3

A. (When you were 13), Did you eat (<u>MEAT/FISH/DAIRY/OTHER</u>):	B. How many times per day, week, month, or year did you usually eat (<u>MEAT/FISH/DAIRY/OTHER</u>)?	C. What was your typical serving size? (SHOW CARDS)	
46. chips , including potato chips, corn chips, tortilla chips, fruit chips, and vegetable chips? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ → (OUNCES) (SMALL BAG) (10 CHIPS TO AN OUNCE)	D. Were they usually: regular, 1 low-fat, or 2 non-fat? 3
47. popcorn? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ → (CUPS OF POPPED CORN)	D. Was it usually: regular microwaved, 1 low-fat microwaved, 2 fat-free microwaved, 3 popped in oil, 4 air-popped with no butter, 5 air-popped with butter, 6 popped with butter, or 7 pre-popped? 8
48. ice cream? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ → (HALF-CUPS) (CUPS)	D. Was it usually: regular, 1 low-fat, or 2 non-fat? 3
49. frozen yogurt? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ → (HALF-CUPS) (CUPS)	D. Was it usually: regular, 1 low-fat, or 2 non-fat? 3
50. doughnuts? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 3	/_____/ → (# OF DOUGHNUTS)	D. Were they usually: regular, 1 reduced fat, or 2 non-fat? 3

A. (When you were 13), Did you eat (<u>MEAT/FISH/DAIRY/OTHER</u>):	B. How many times per day, week, month, or year did you usually eat (<u>MEAT/FISH/DAIRY/OTHER</u>)?	C. What was your typical serving size? (SHOW CARDS)	
51. cookies? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ → (1- TO 2-IN.) (4- TO 5-IN.)	D. Were they usually: regular, 1 reduced fat, or 2 non-fat? 3
52. pastries, danish, small pies, or pie pieces? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ → (SLICES OF PIE) (PASTRIES) REGULAR 1 LARGE 2	D. Were they usually: regular, 1 reduced fat, or 2 non-fat? 3
53. cake? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ → (PIECES OF CAKE) REGULAR 1 LARGE 2	D. Were they usually: regular, 1 reduced fat, or 2 non-fat? 3
54. granola-type cereal? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (1/4 CUP) (1/2 CUP) (3/4 CUP)	D. Was it usually: regular or 1 low-fat? 2
55. macaroni and cheese? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (1/4 CUP) (1/2 CUP) (3/4 CUP)	

A. (When you were 13), Did you eat (MEAT/FISH/DAIRY/OTHER):	B. How many times per day, week, month, or year did you usually eat (MEAT/FISH/DAIRY/OTHER)?	C. What was your typical serving size? (SHOW CARDS)	
56. pizza? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ (# OF SLICES) SMALL 1 REGULAR 2	
57. french fries? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ → (# OF CUPS) SMALL 1 REGULAR 2	D. Were they usually: fried or 1 heated in the oven? 2

We'll discuss vegetables now. Some of the questions ask about cooked and raw vegetables separately.

A. (When you were 13), Did you eat (<u>VEGETABLE</u>):	B. How many times per day, week, month, or year did you usually eat (<u>VEGETABLE</u>)?	C. What was your typical serving size? (SHOW CARDS)	
58. cooked broccoli? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (1/4 CUP) (1/2 CUP) (CUPS)	
59. raw broccoli? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (1/4 CUP) (1/2 CUP) (CUPS)	
60. sauerkraut? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (1/4 CUP) (1/2 CUP) (CUPS)	
61. cooked cabbage? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (1/4 CUP) (1/2 CUP) (CUPS)	
62. raw cabbage or cole slaw (not including kim chee)? 1 YES → 5 NO ↓	/___/___/___/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/___/ /___/ /___/ (1/4 CUP) (1/2 CUP) (CUPS)	

A. (When you were 13), Did you eat (<u>VEGETABLE</u>):	B. How many times per day, week, month, or year did you usually eat (<u>VEGETABLE</u>)?	C. What was your typical serving size? (SHOW CARDS)	
63. oriental pickled vegetables , such as salted cabbage or kim chee? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ /_____/ (1/4 CUP) (1/2 CUP) (CUPS)	
64. cooked cauliflower? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ /_____/ (1/4 CUP) (1/2 CUP) (CUPS)	
65. raw cauliflower? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ /_____/ (1/4 CUP) (1/2 CUP) (CUPS)	
66. cooked brussel sprouts? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ /_____/ (1/4 CUP) (1/2 CUP) (CUPS)	
67. cooked mustard greens, spinach, kale or collard greens? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/_____/ /_____/ /_____/ (1/4 CUP) (1/2 CUP) (CUPS)	

<p>68. avocado, including guacamole?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF TIMES)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/____/ /____/ /____/ (TBLS) (1/2 CUP) (AVOCADO HALVES)</p>	
<p>A. (When you were 13), Did you eat <u>VEGETABLE</u>):</p>	<p>B. How many times per day, week, month, or year did you usually eat (<u>VEGETABLE</u>)?</p>	<p>C. What was your typical serving size? (SHOW CARDS)</p>	
<p>69. raw watercress?</p> <p>1 YES →</p> <p>5 NO ↓</p>	<p>/____/____/____/ (# OF TIMES)</p> <p>PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4</p>	<p>/____/ /____/ /____/ (1/4 CUP) (1/2 CUP) (CUPS)</p>	

A. (When you were 13), Did you eat (FOOD):	B. How many times per day, week, month, or year did you usually eat (FOOD)?	C. What was your typical serving size? (SHOW CARDS)	
70. steamed or fresh tofu , either plain in Asian dishes or in salads? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ /____/ (1/3 (1/4 (1/2 BLOCK BLOCK BLOCK OR OR 1/2 CUP) OR 1 CUP) 2 SMALL CUBES)	
71. fried tofu , such as tau foo pok? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ /____/ (1/4 CUP) (1/2 CUP) (CUPS)	
72. tau foo kwa, tofu gan, or pressed tofu? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ /____/ (1/4 CUP) (1/2 CUP) (CUPS)	
73. western vegetarian meats made with soy products or soyburgers? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ /____/ (1 (1 PATTY (1 LARGE MEAT- OR 1 SLICE PATTY) BALL) MEATLOAF)	
74. soy beans? 1 YES → 5 NO ↓	/____/____/____/ (# OF TIMES) PER DAY 1 PER WEEK 2 PER MONTH 3 PER YEAR 4	/____/ /____/ /____/ (1/4 CUP) (1/2 CUP) (CUPS)	

A. (When you were 13), Did you eat (FOOD):	B. How many times per day, week, month, or year did you usually eat (FOOD)?	C. What was your typical serving size? (SHOW CARDS)	
<p>75. miso soup?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/</p> <p>(# OF TIMES)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/</p> <p>(4-6 OZ. OR ABOUT 1/2 CUP)</p>	
<p>76. soy sauce or shoyu?</p> <p>1 YES →</p> <p>5 NO</p> <p>↓</p>	<p>/___/___/___/</p> <p>(# OF TIMES)</p> <p>PER DAY 1</p> <p>PER WEEK 2</p> <p>PER MONTH 3</p> <p>PER YEAR 4</p>	<p>/___/ /___/</p> <p>(TSPS) (TBLS)</p>	

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(INFERTILITY HISTORY)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

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MAY 1998

INFERTILITY HISTORY

INTRODUCTION: I'll ask you some questions about times in your life when you could have become pregnant but did not. Those would have been times when you had heterosexual sexual intercourse on a regular basis without using birth control or after a tubal ligation or hysterectomy. A regular basis means about 3 or more times per month.

Q1. Were there periods of at least 12 months when you had heterosexual sexual intercourse regularly without using birth control and did not become pregnant?

YES...1

NO...5 (NEXT SECTION)

	Q2. What was the month and year of the (first/next) period of time when you had regular intercourse without becoming pregnant?	Q3. What was the month and year when this period of time ended?
1ST INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>
2ND INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>
3RD INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>
4TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>
5TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>
6TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>
7TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>
8TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>
9TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>
10TH INTERVAL	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>MONTH YEAR</div>

Q3. Before _____(REFERENCE DATE), did you or your male partner ever visit a doctor, clinic, or hospital because of a problem becoming pregnant or to seek help in becoming pregnant?

YES...1

NO...5

Q4. Before _____(REFERENCE DATE), did you or your male partner ever have tests done _____ for infertility or because you were having a problem becoming pregnant?

YES...1

NO...5

Q5. How many times were you and your partner tested?

|_|_|
TESTS

	<div>Q6. What was the result of the (1st/2nd/3rd/4th/5th) test? (CODE ALL THAT APPLY)</div> <div>SHOW CARD</div>	<div>Q7. How old were you when you were told this test result?</div>
1ST TEST	<div> _ _ RESULT CODE</div>	<div> _ _ AGE</div>
2ND TEST	<div> _ _ RESULT CODE</div>	<div> _ _ AGE</div>
3RD TEST	<div> _ _ RESULT CODE</div>	<div> _ _ AGE</div>
4TH TEST	<div> _ _ RESULT CODE</div>	<div> _ _ AGE</div>
5TH TEST	<div> _ _ RESULT CODE</div>	<div> _ _ AGE</div>

Q8. Before _____(REFERENCE DATE), were you prescribed any medications to help you become pregnant?

YES...1

NO...5 (Q13)

	Q9. What was the name of the (1st/next) medication? <div>SHOW CARD</div>	Q10. In what month and year did you start taking (DRUG)?	Q11. In what month and year did you stop taking (DRUG)?	Q12. For how many cycles did you take (DRUG)?
1ST	_____/____/____/ FERTILITY DRUG CODE	____ ____ ____ ____ MONTH YEAR	____ ____ ____ ____ MONTH YEAR	____ ____ # OF CYCLES
2ND	_____/____/____/ FERTILITY DRUG CODE	____ ____ ____ ____ MONTH YEAR	____ ____ ____ ____ MONTH YEAR	____ ____ # OF CYCLES
3RD	_____/____/____/ FERTILITY DRUG CODE	____ ____ ____ ____ MONTH YEAR	____ ____ ____ ____ MONTH YEAR	____ ____ # OF CYCLES
4TH	_____/____/____/ FERTILITY DRUG CODE	____ ____ ____ ____ MONTH YEAR	____ ____ ____ ____ MONTH YEAR	____ ____ # OF CYCLES

Q13. Before _____(REFERENCE DATE), did you ever have infertility surgery or any other procedures to help you become pregnant?

YES...1

NO...5 (NEXT SECTION)

	<div>Q14. What was the name of the (1st/next) procedure?</div> <div>SHOW CARD</div>	<div>Q15. How old were you when you <u>first</u> had this surgery or procedure?</div>
1ST TEST	<div><div></div><div>PROC CODE</div></div>	<div><div></div><div>AGE</div></div>
2ND TEST	<div><div></div><div>PROC CODE</div></div>	<div><div></div><div>AGE</div></div>
3RD TEST	<div><div></div><div>PROC CODE</div></div>	<div><div></div><div>AGE</div></div>
4TH TEST	<div><div></div><div>PROC CODE</div></div>	<div><div></div><div>AGE</div></div>
5TH TEST	<div><div></div><div>PROC CODE</div></div>	<div><div></div><div>AGE</div></div>

Procedures To Help You Become Pregnant

PELVIC ADHESION REMOVAL

ARTIFICIAL INSEMINATION

IN VITRO FERTILIZATION

GAMETE INTRA-FALLOPIAN TRANSFER (GIFT)

ZYGOTE INTRA-FALLOPIAN TRANSFER (ZIFT)

TUBOPLASTY

TUBAL LIGATION REVERSAL

VASECTOMY REVERSAL

Test Results

1. Nothing found
2. Partner had problem(s), such as low sperm count or other problem with sperm
3. Problem with cervical mucous
4. Problem with tubes, such as blocked tubes
5. Problem with ovary(ies), such as cysts or did not produce eggs
6. Endocrine problem or problem with hormones, such as luteal phase defect
7. Problem with womb or uterus
8. Endometriosis
- 88 Other (SPECIFY)

Medications To Help You Become Pregnant

Clomid

Clomiphene Citrate

Danazol

Danocrine

HCG

Lupron Depot

Milophene

Nolvadex (Tamoxifen)

Pergonal

Serophene

Synarel Nasal Solution

Other (SPECIFY)

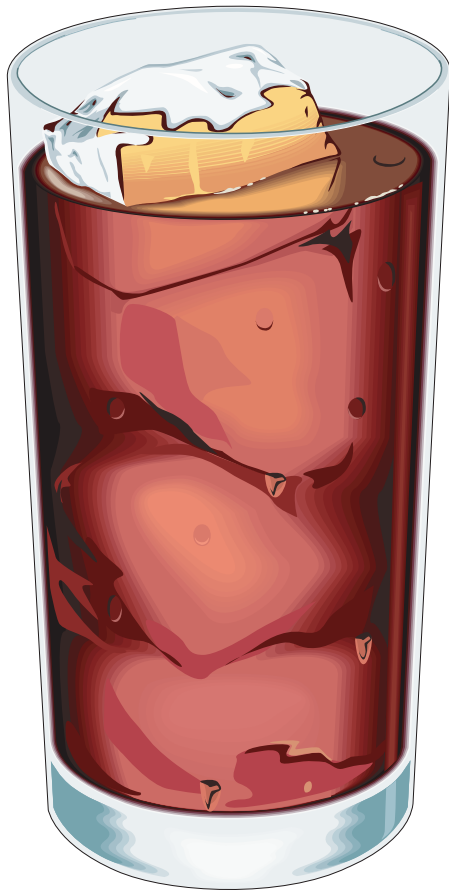
*Use of trade names is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services or the Public Health Service.



Small: 6 – 8 oz.



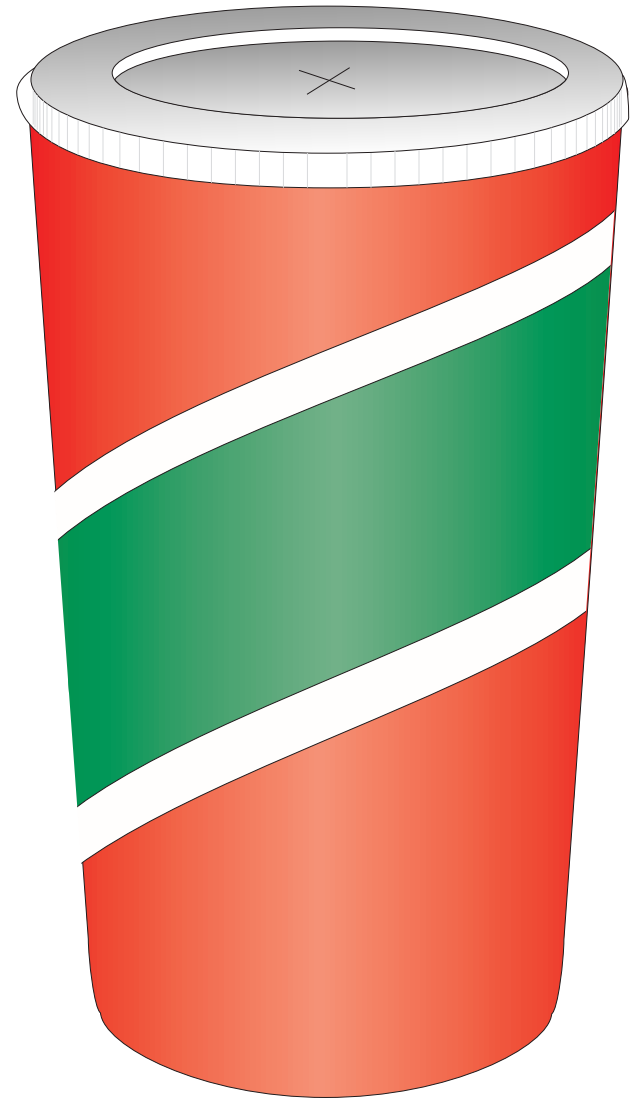
Large: 10 – 12 oz.



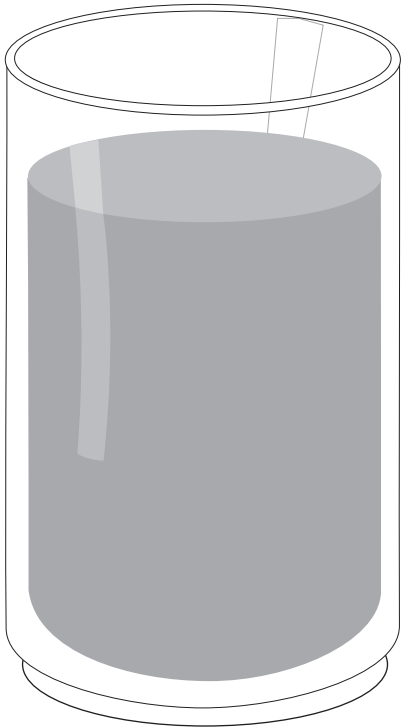
8 oz



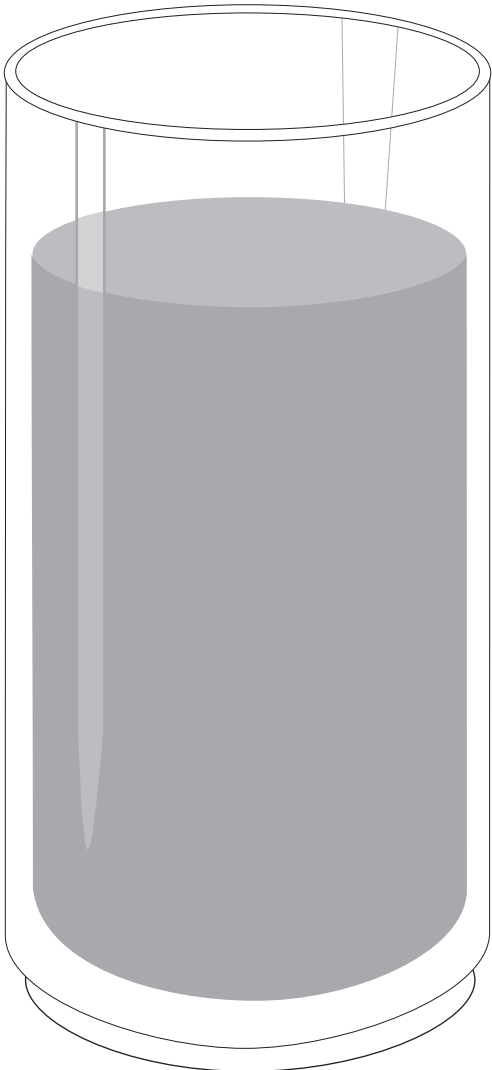
12 oz



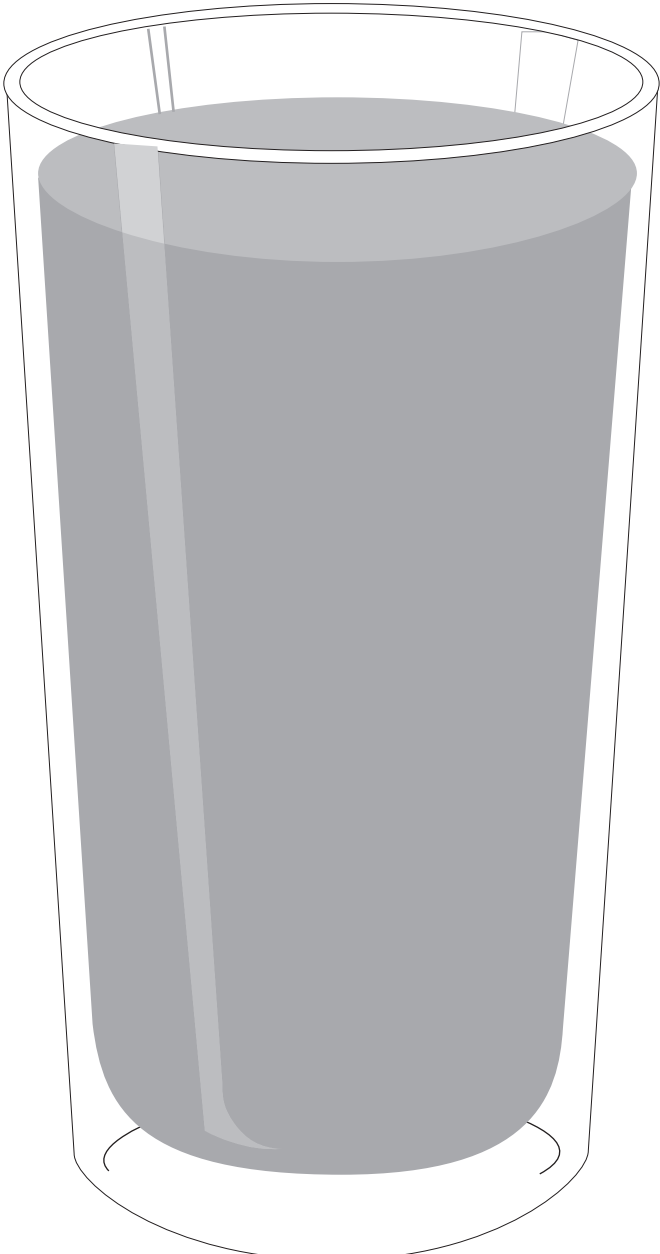
24 oz



4 oz



8 oz

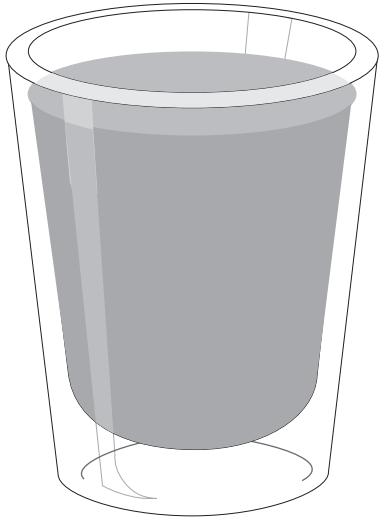


12 oz



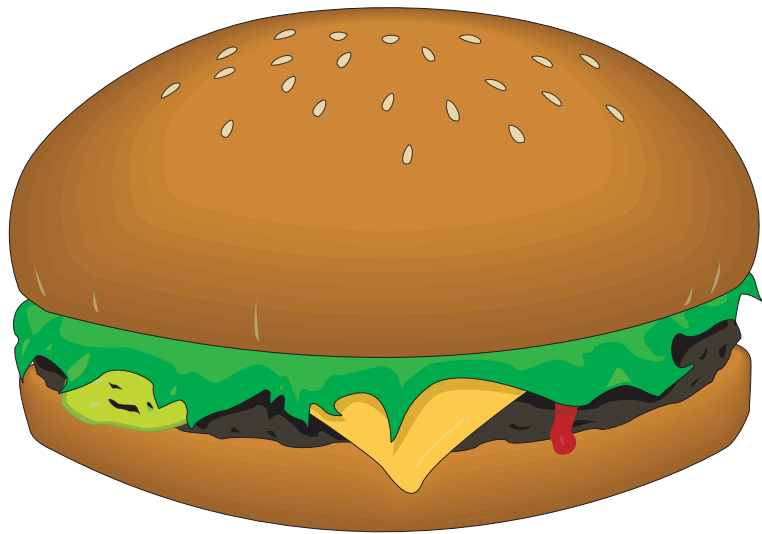
5 oz glass



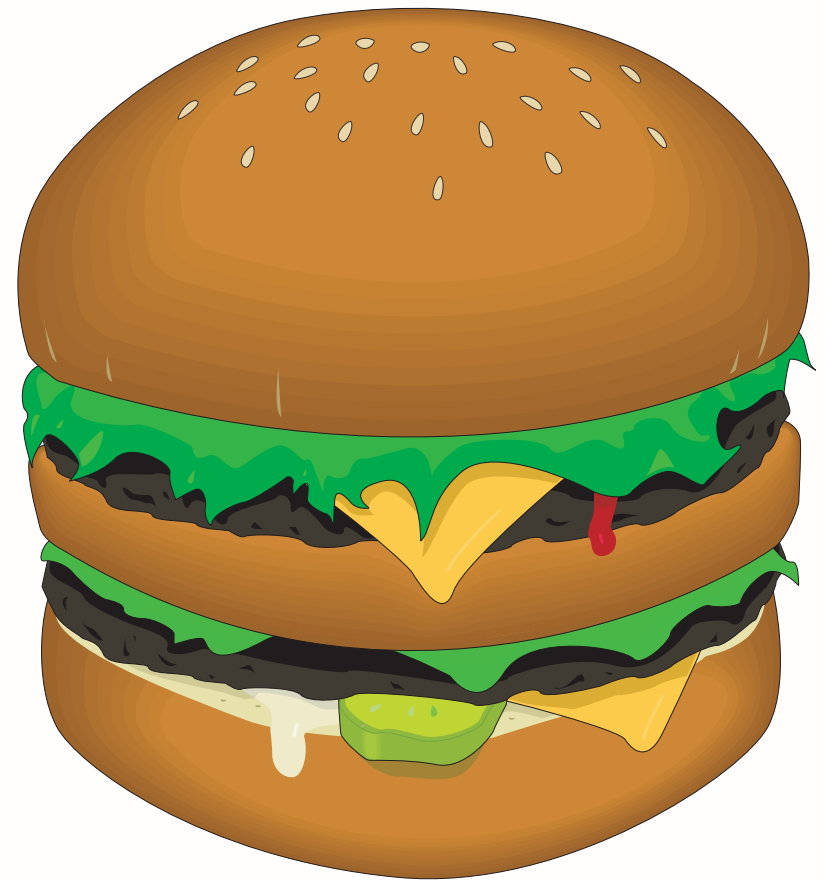


1 oz



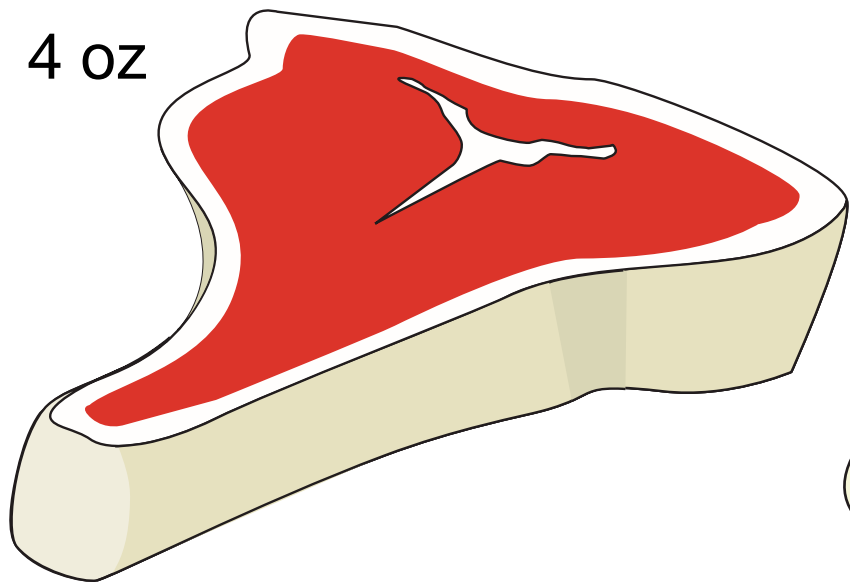


4 oz. pattie

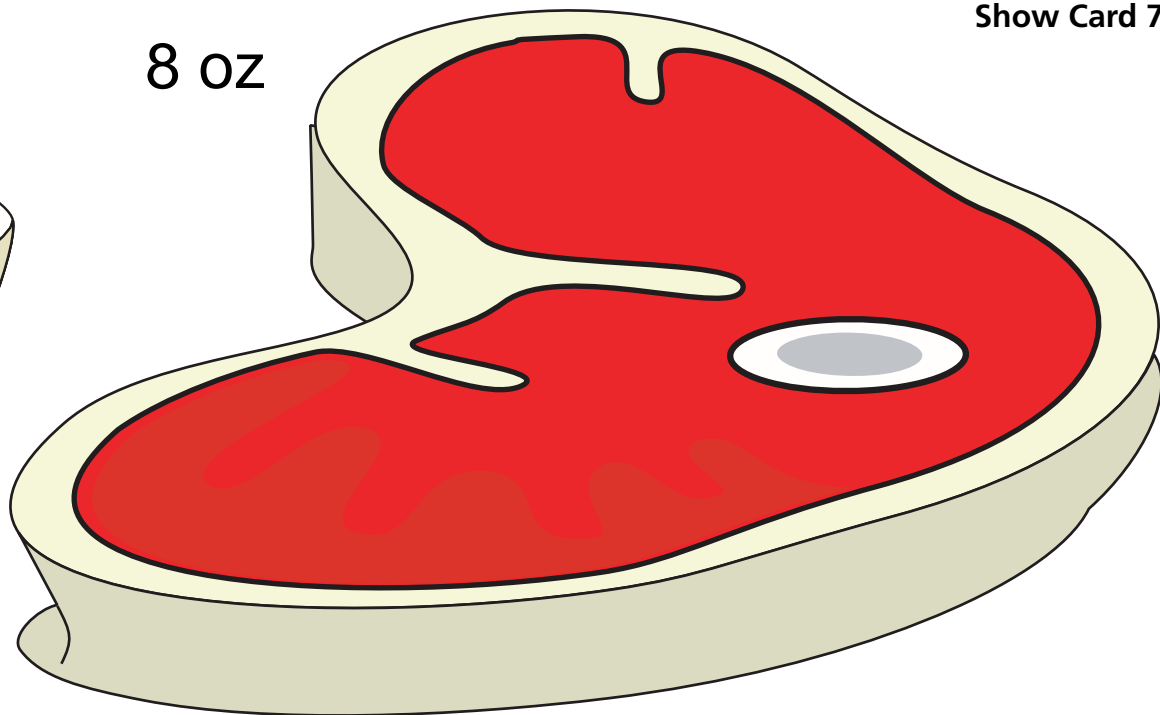


8 oz. double pattie

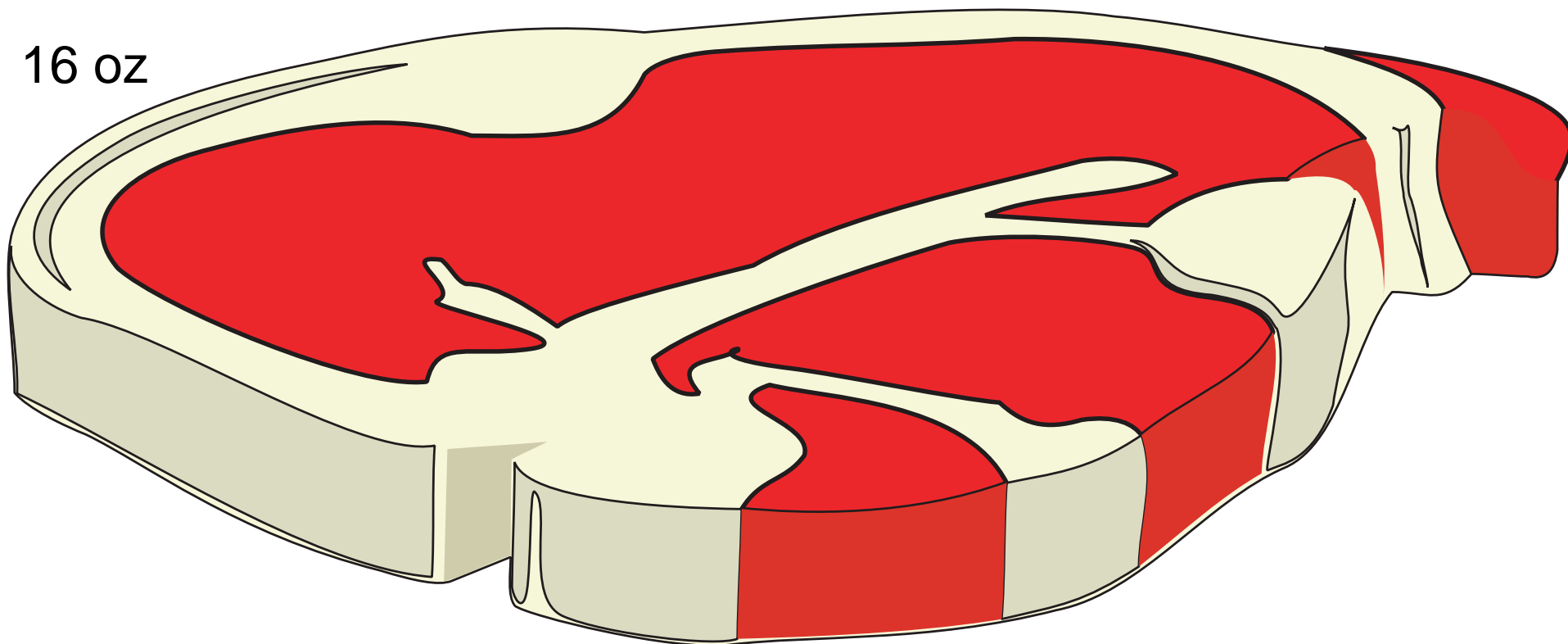
4 oz

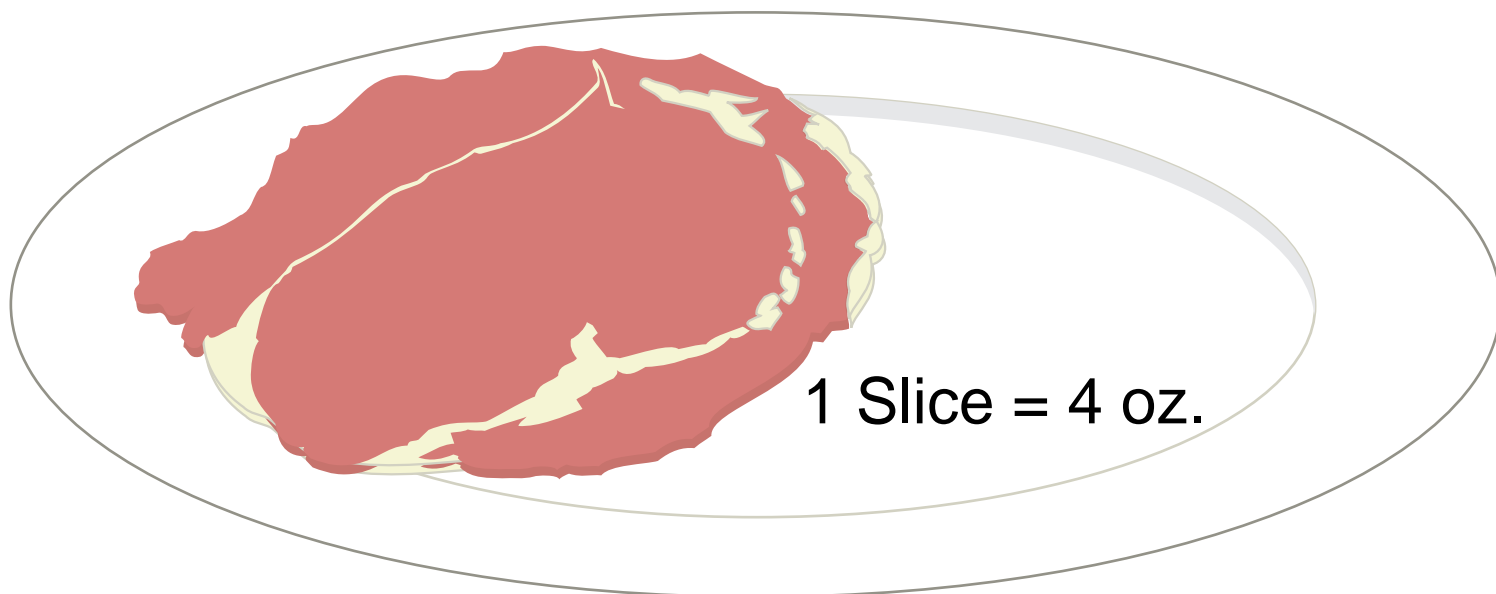
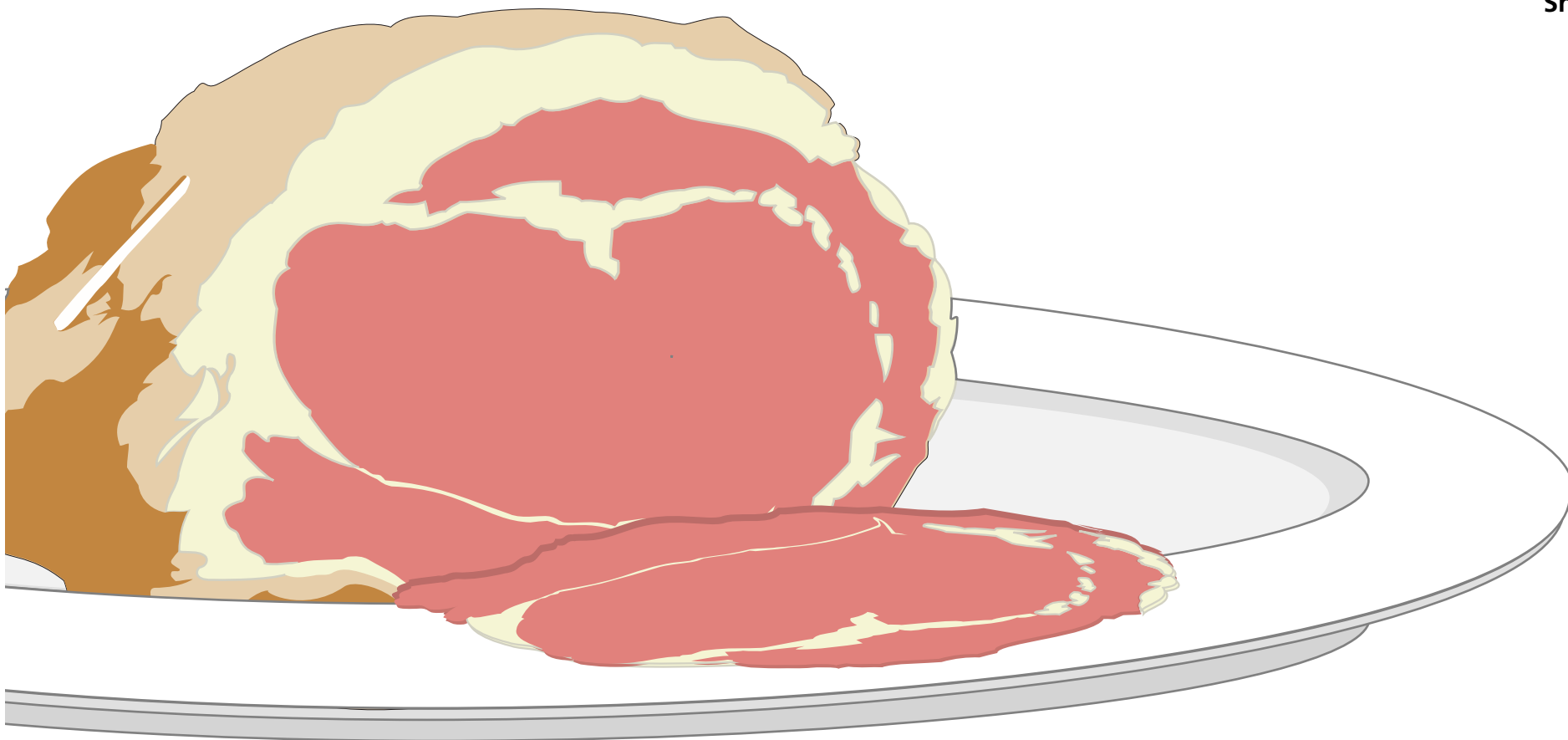


8 oz

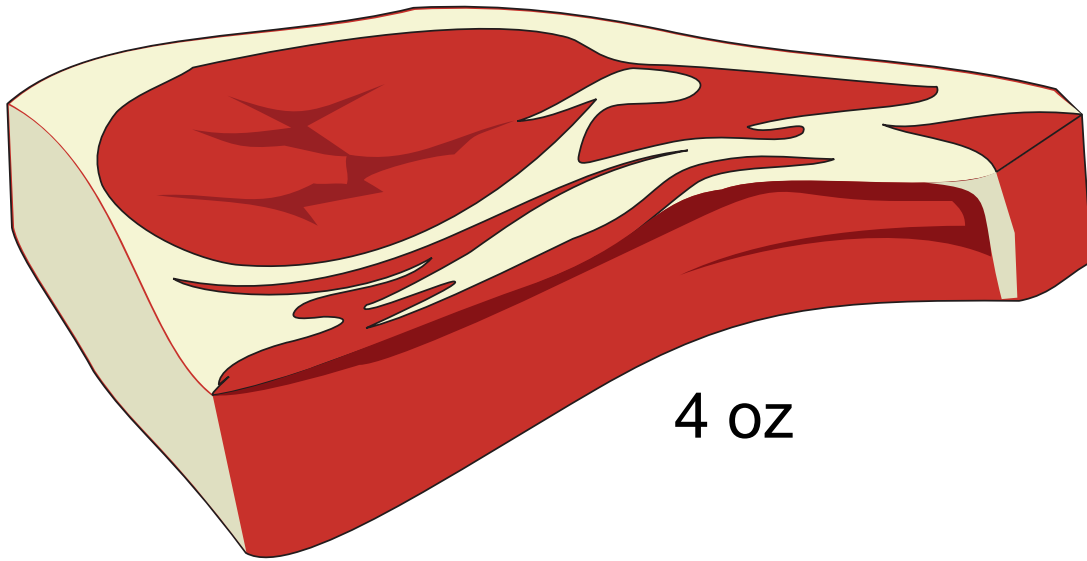


16 oz

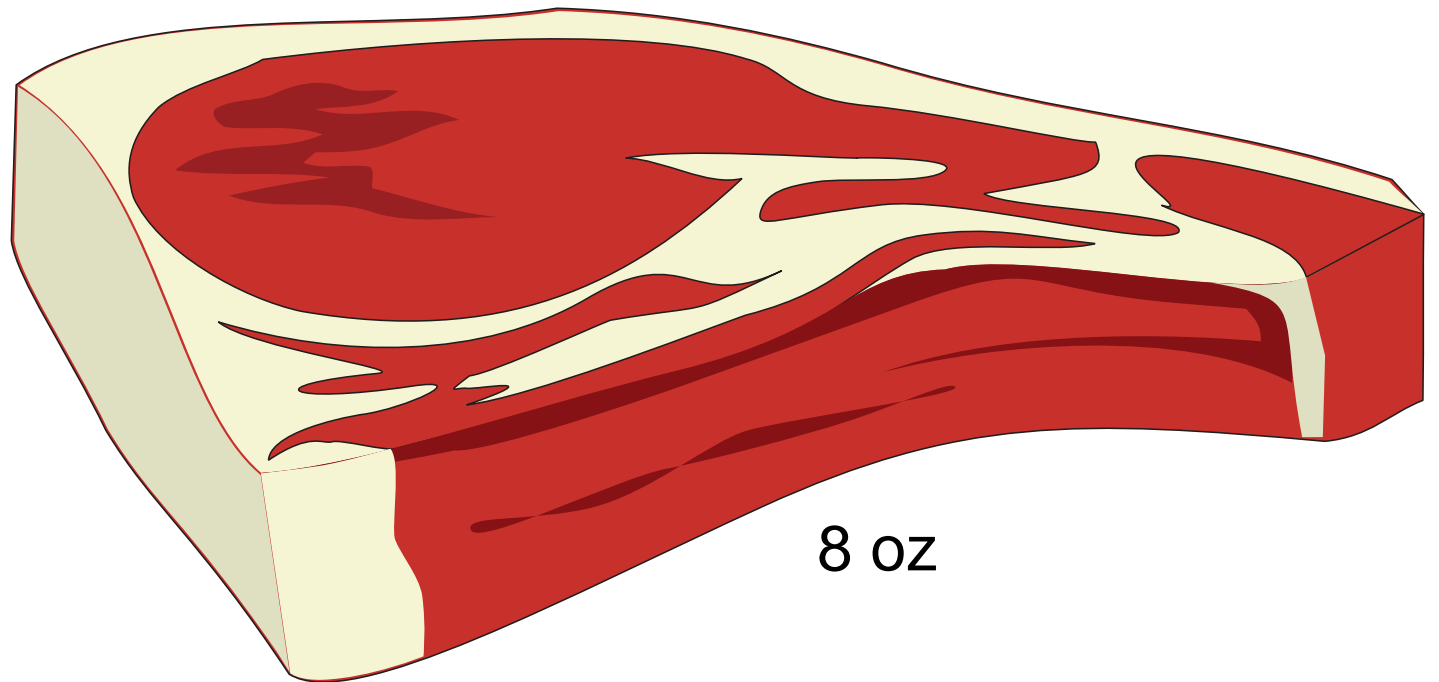




1 Slice = 4 oz.

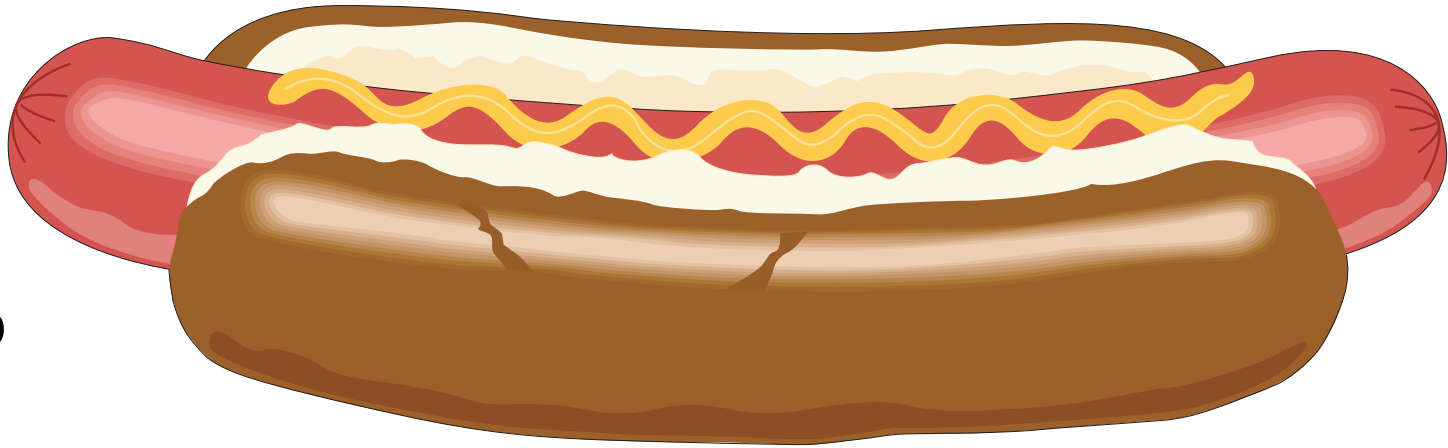


4 oz

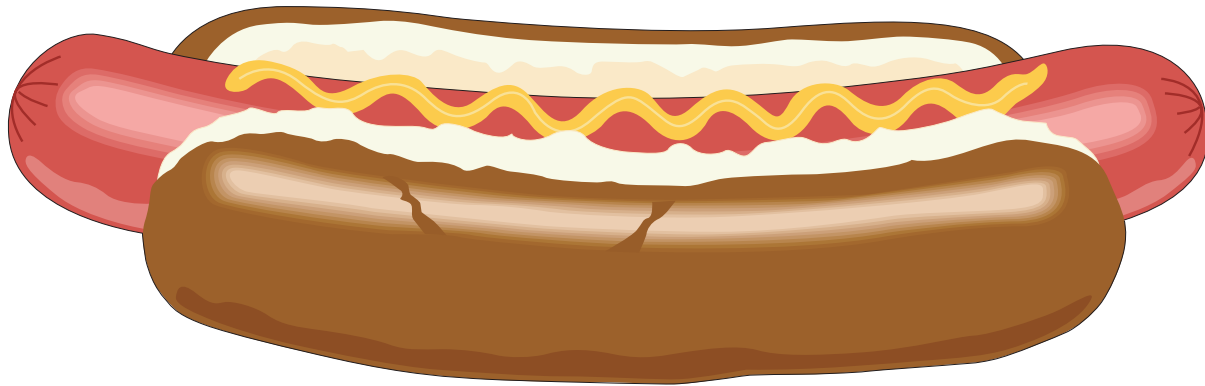


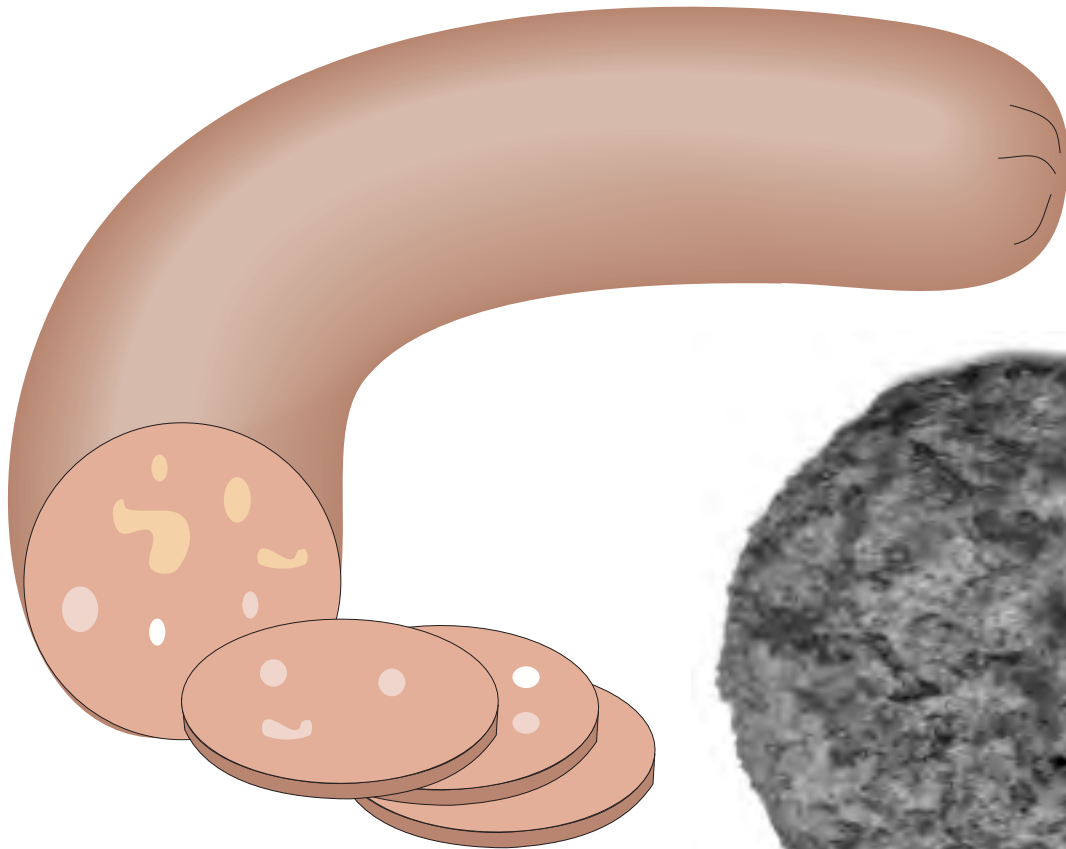
8 oz

Jumbo

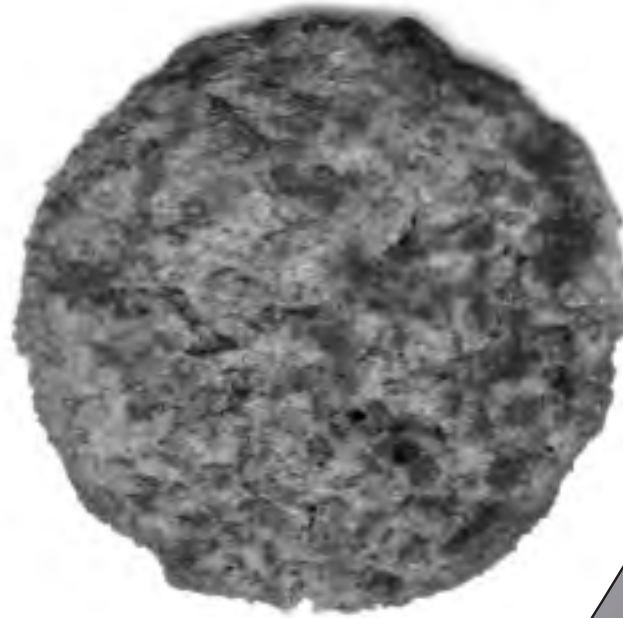


Regular

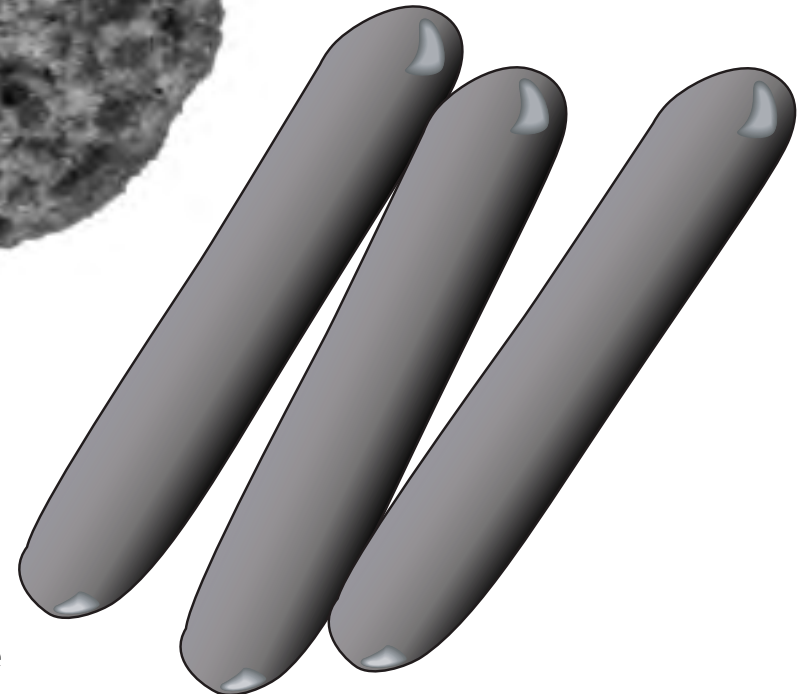




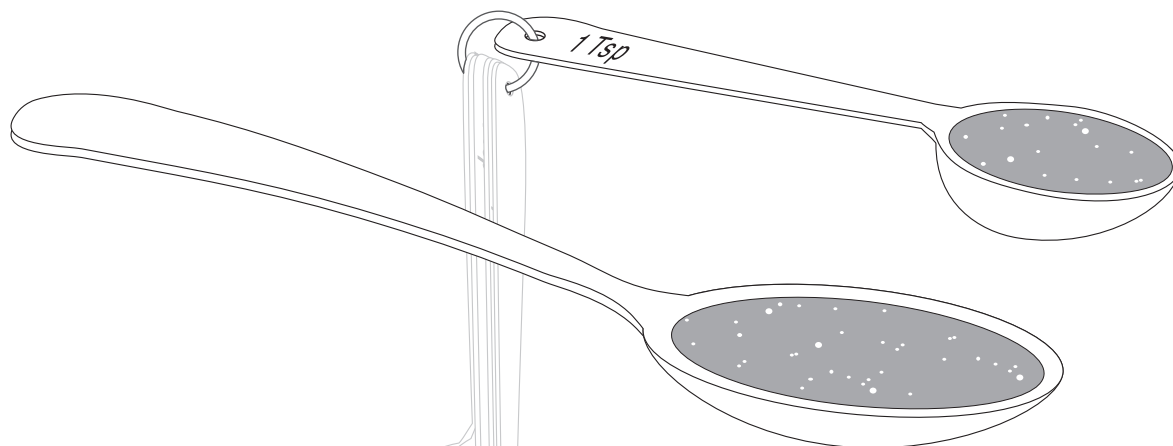
Kielbasa



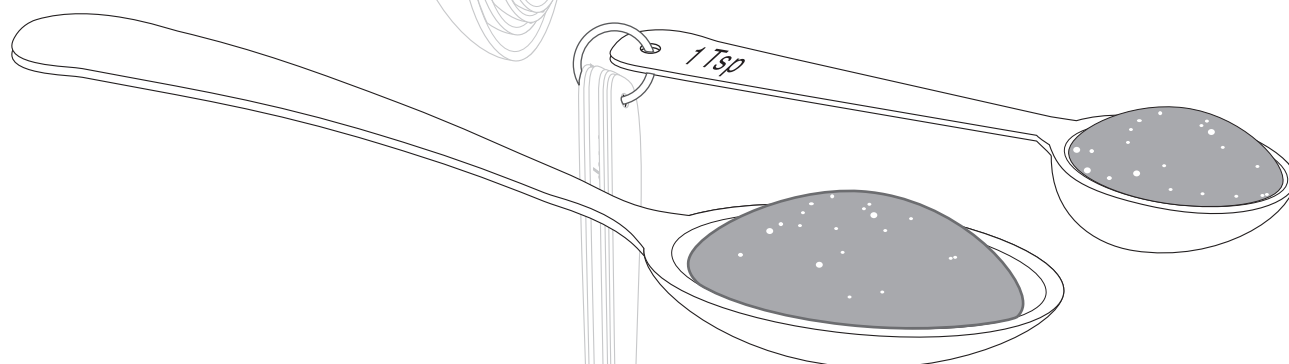
Sausage Patty



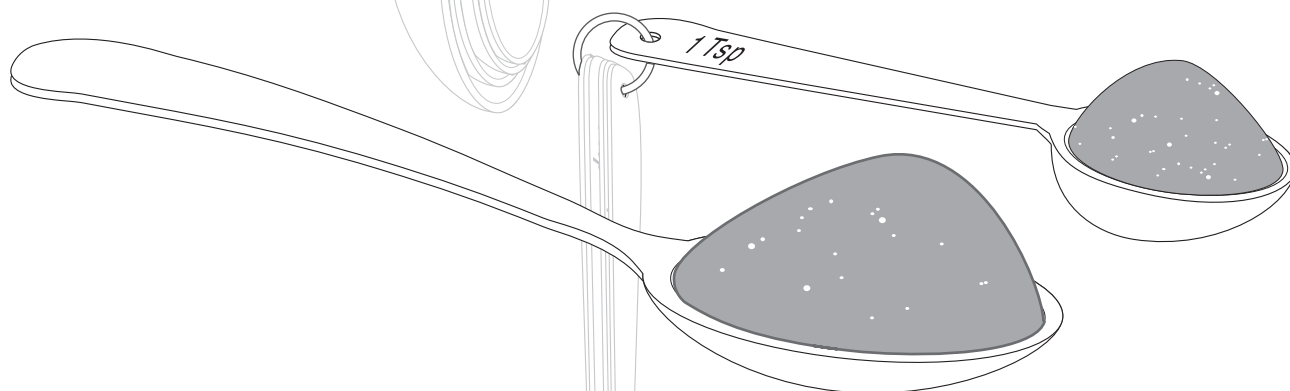
Link Sausage



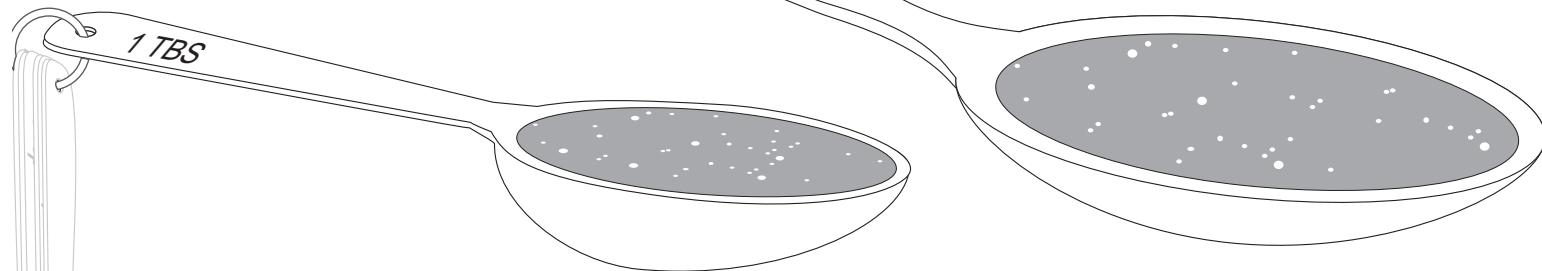
Level Teaspoons



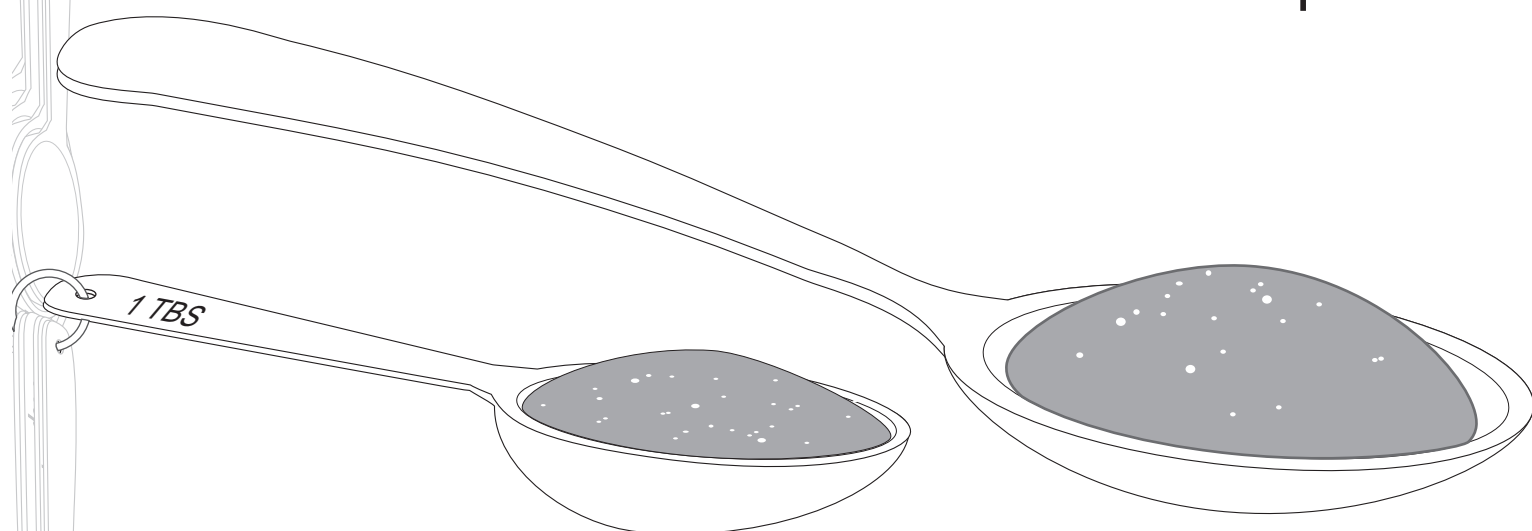
Rounded Teaspoons



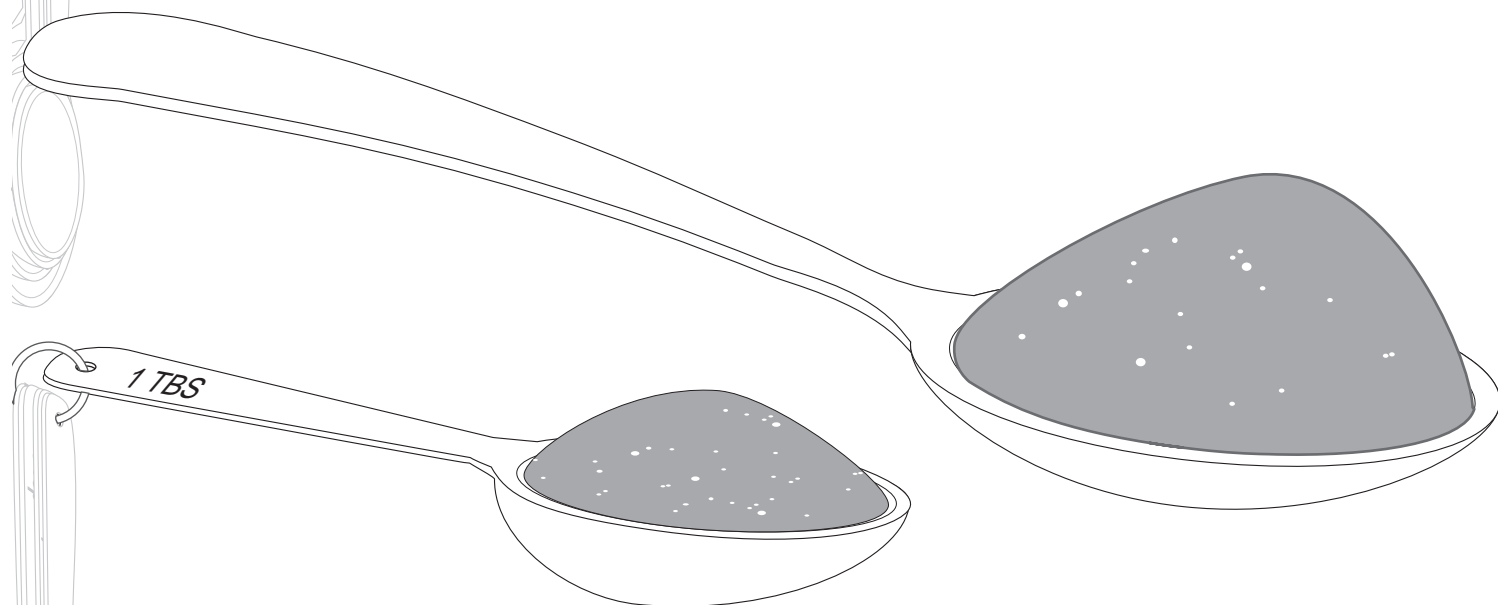
Heaping Teaspoons



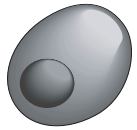
Level Tablespoons



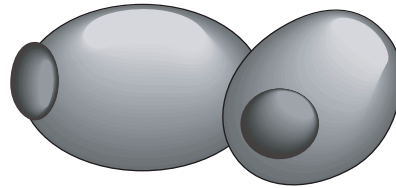
Rounded Tablespoons



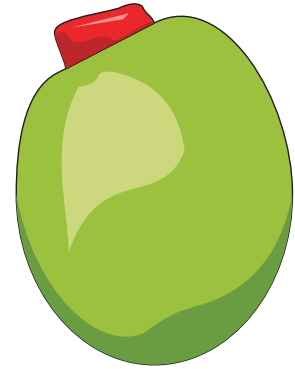
Heaping Tablespoons



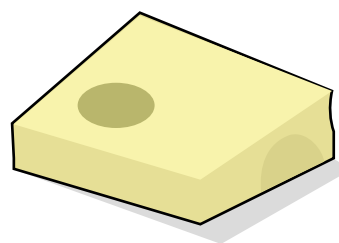
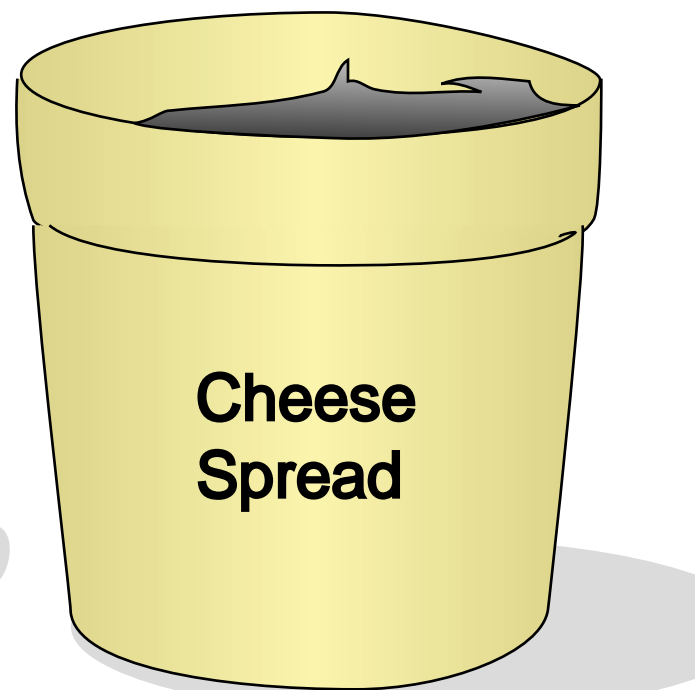
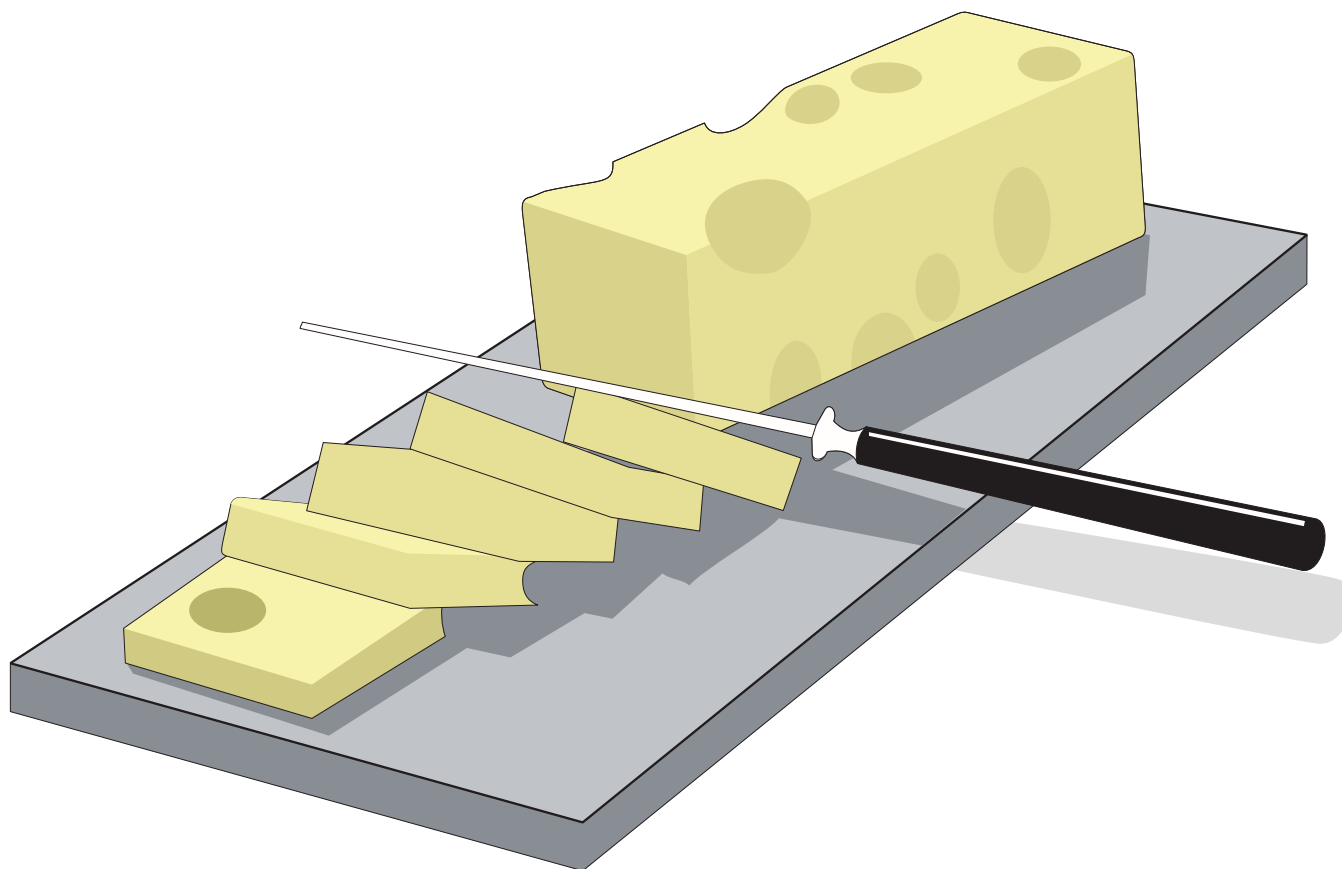
Small



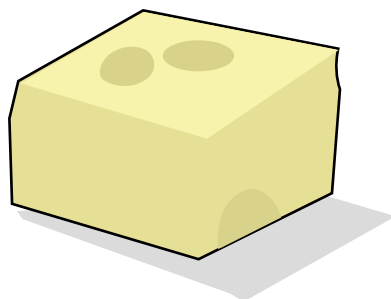
Medium



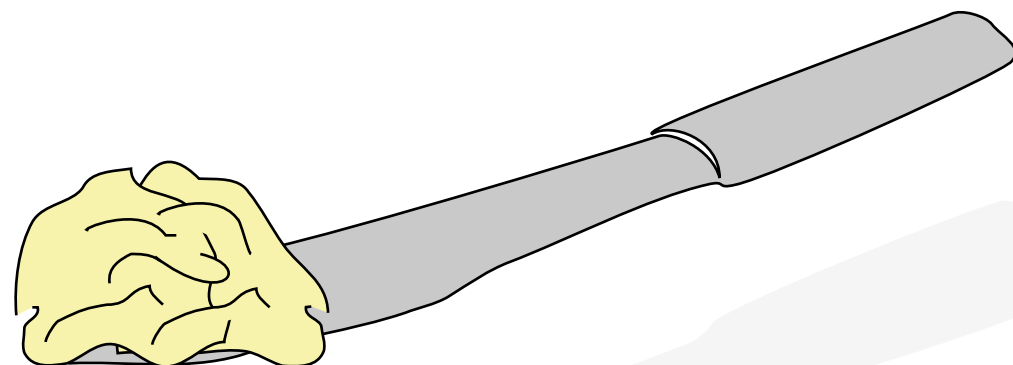
Large

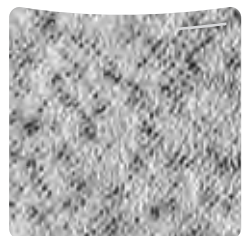


1 oz

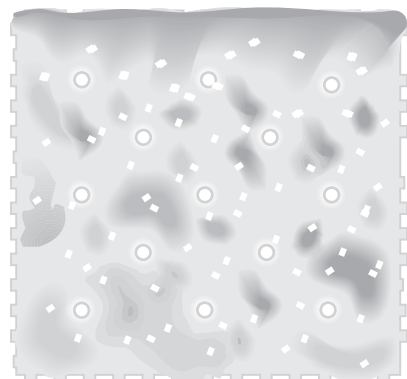


2 oz

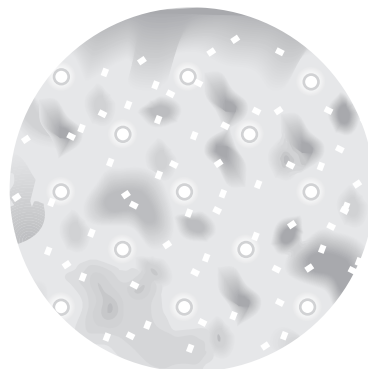




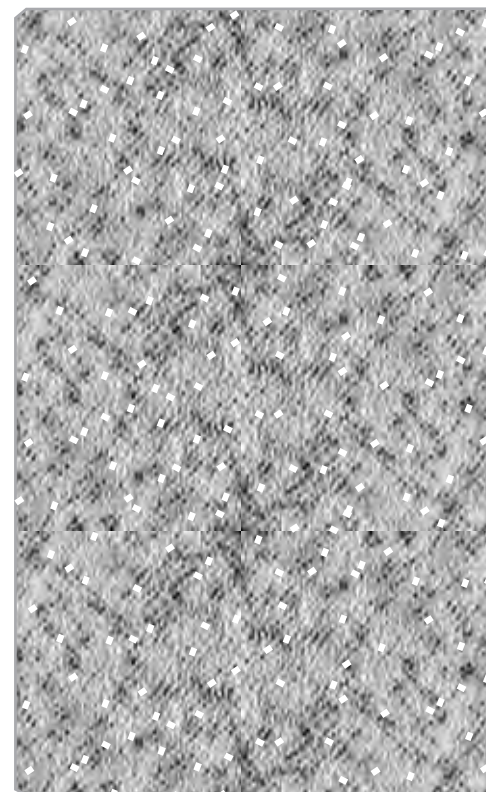
Small



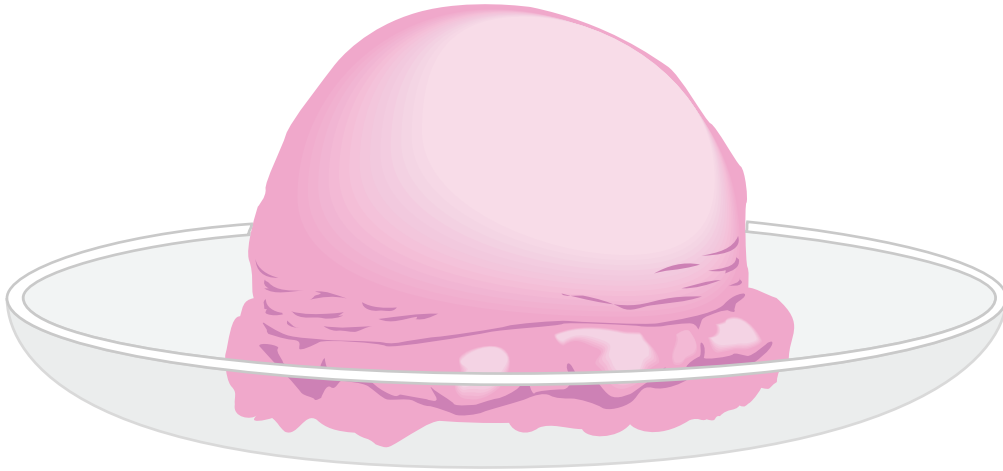
Medium square



Medium round



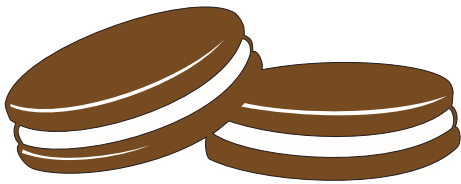
Large



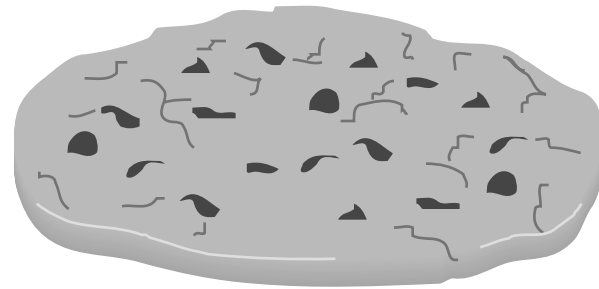
1/2 cup (1 scoop)



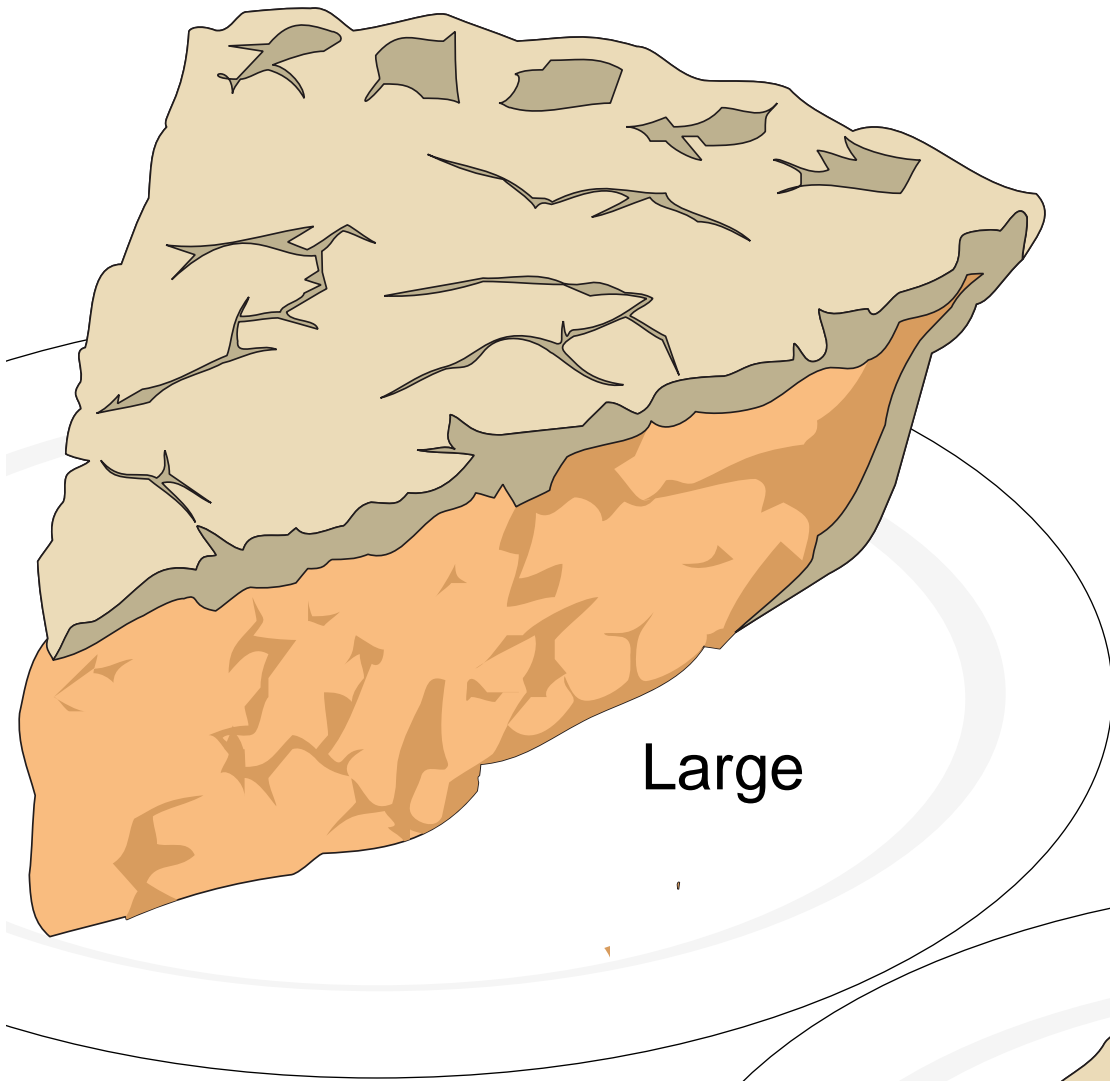
1 cup (6-7 tablespoon "scoops")



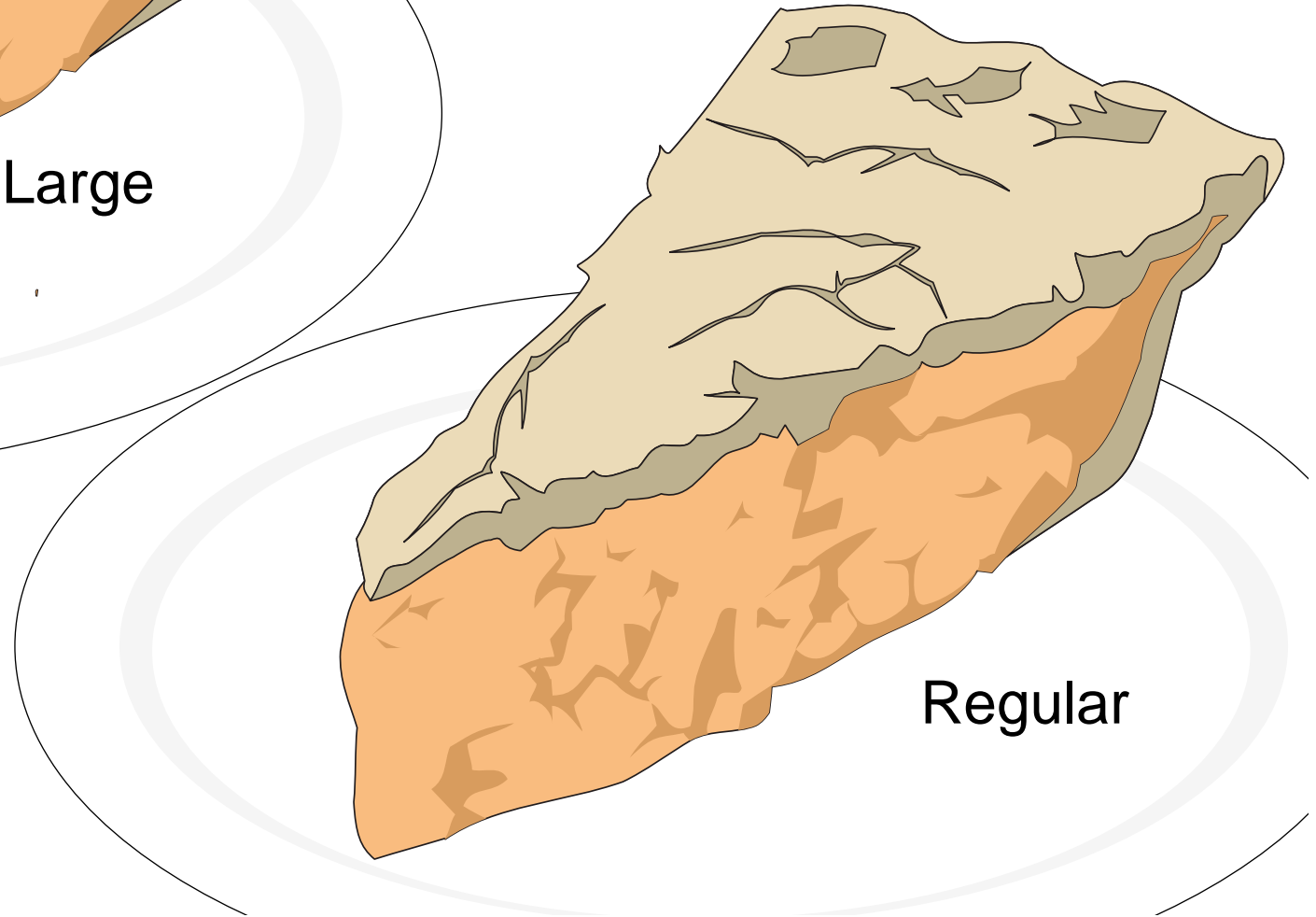
1-2 inch cookie



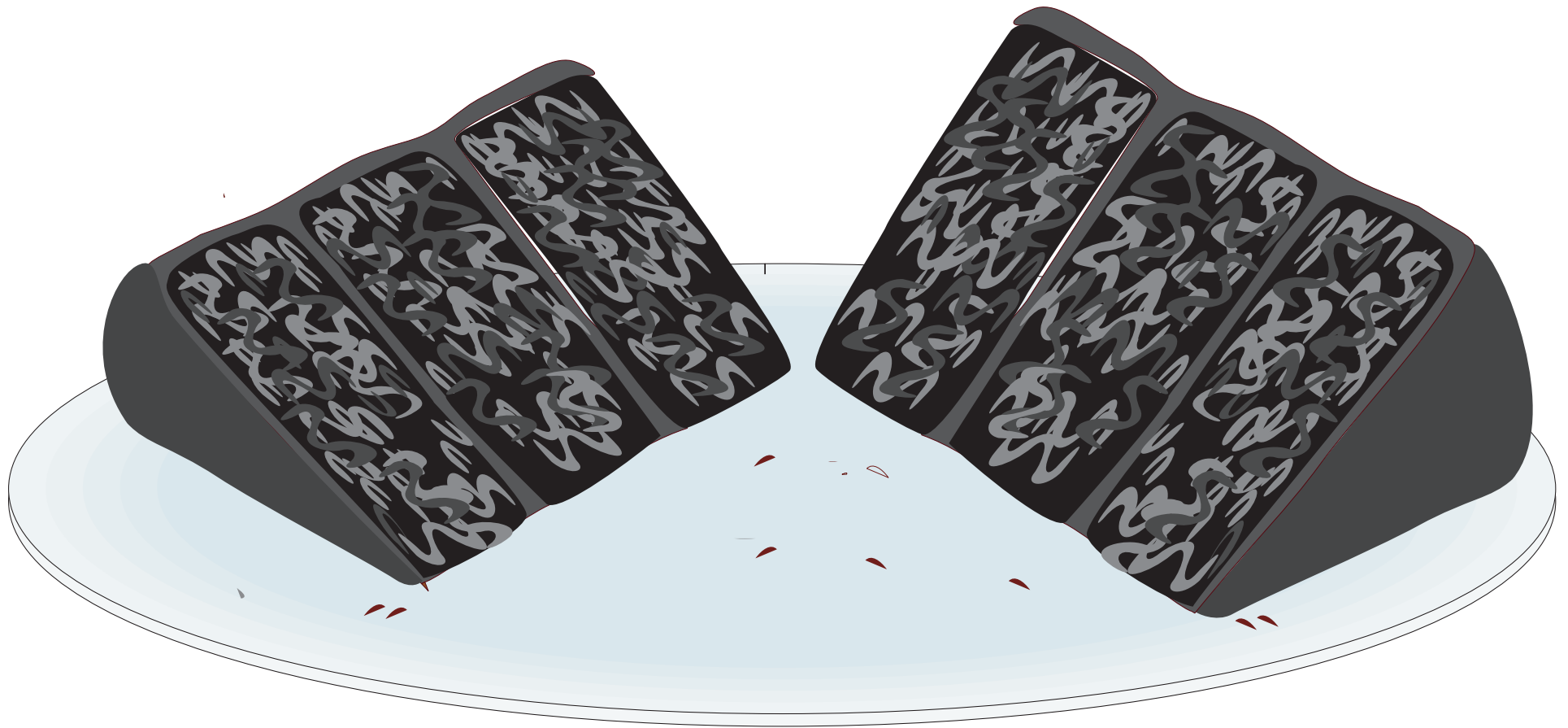
4-5 inch cookie



Large

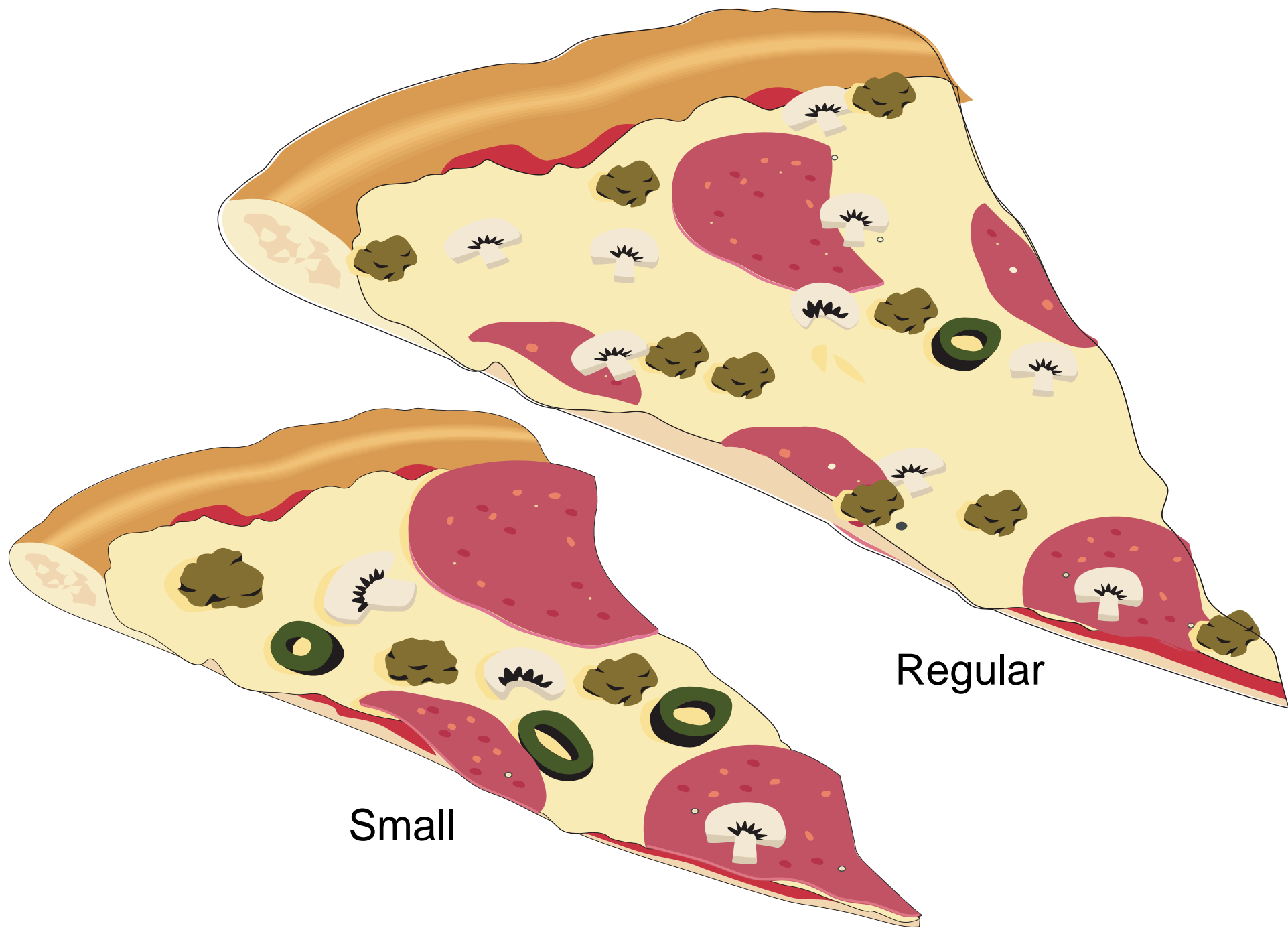


Regular



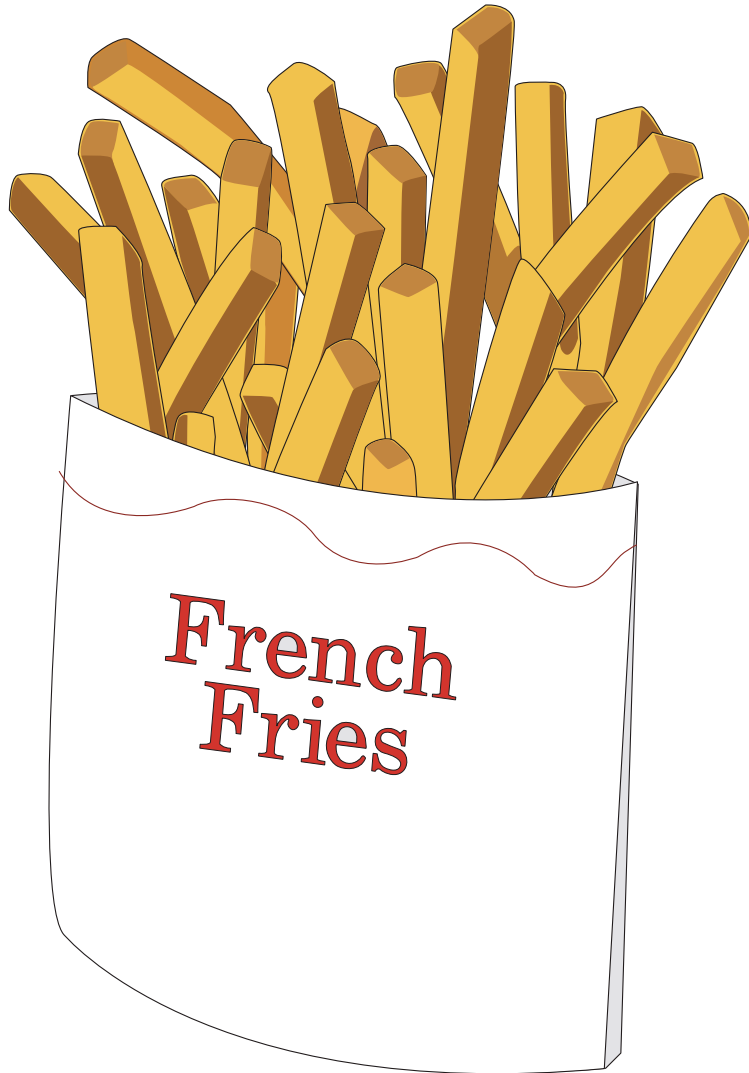
Regular

Large

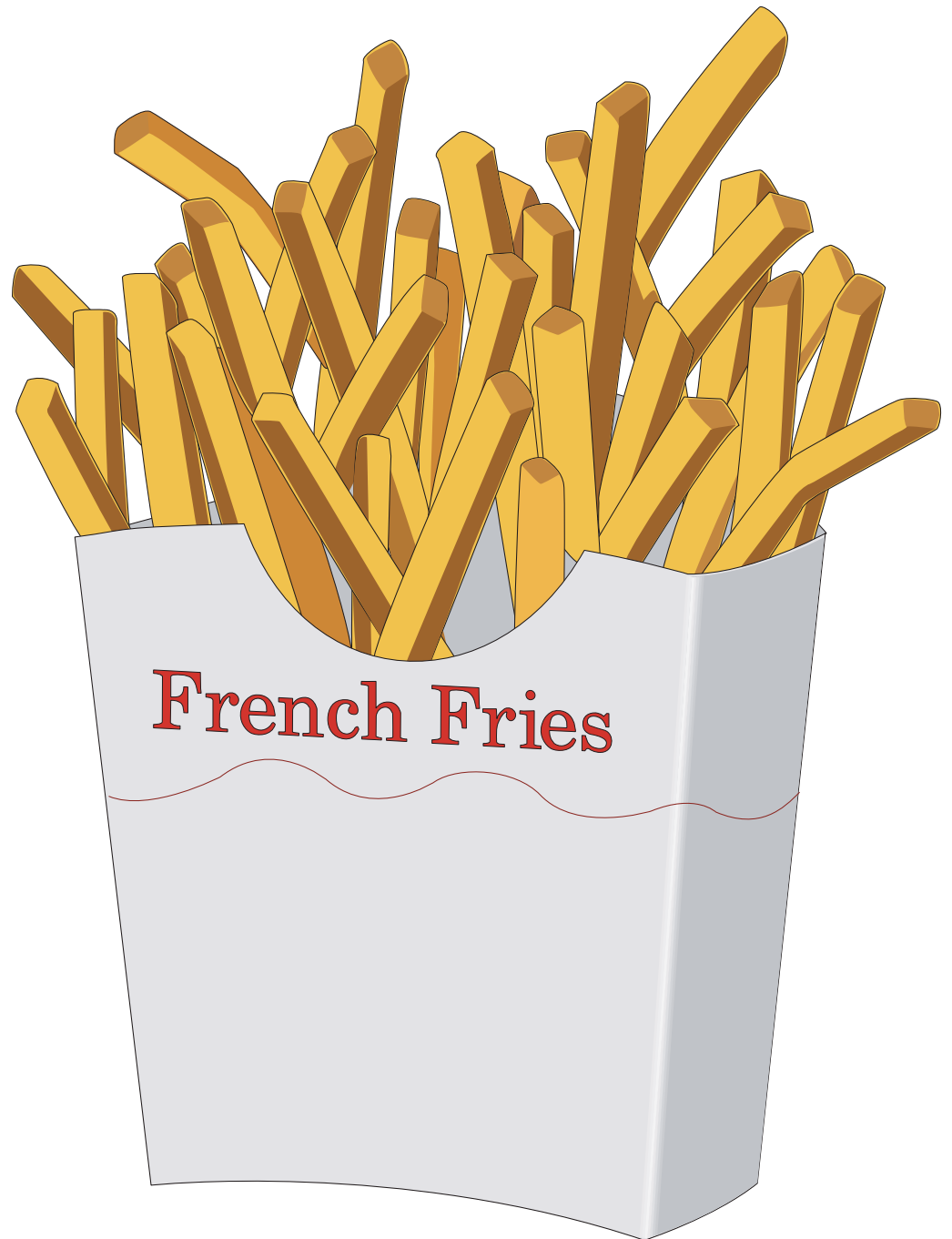


Regular

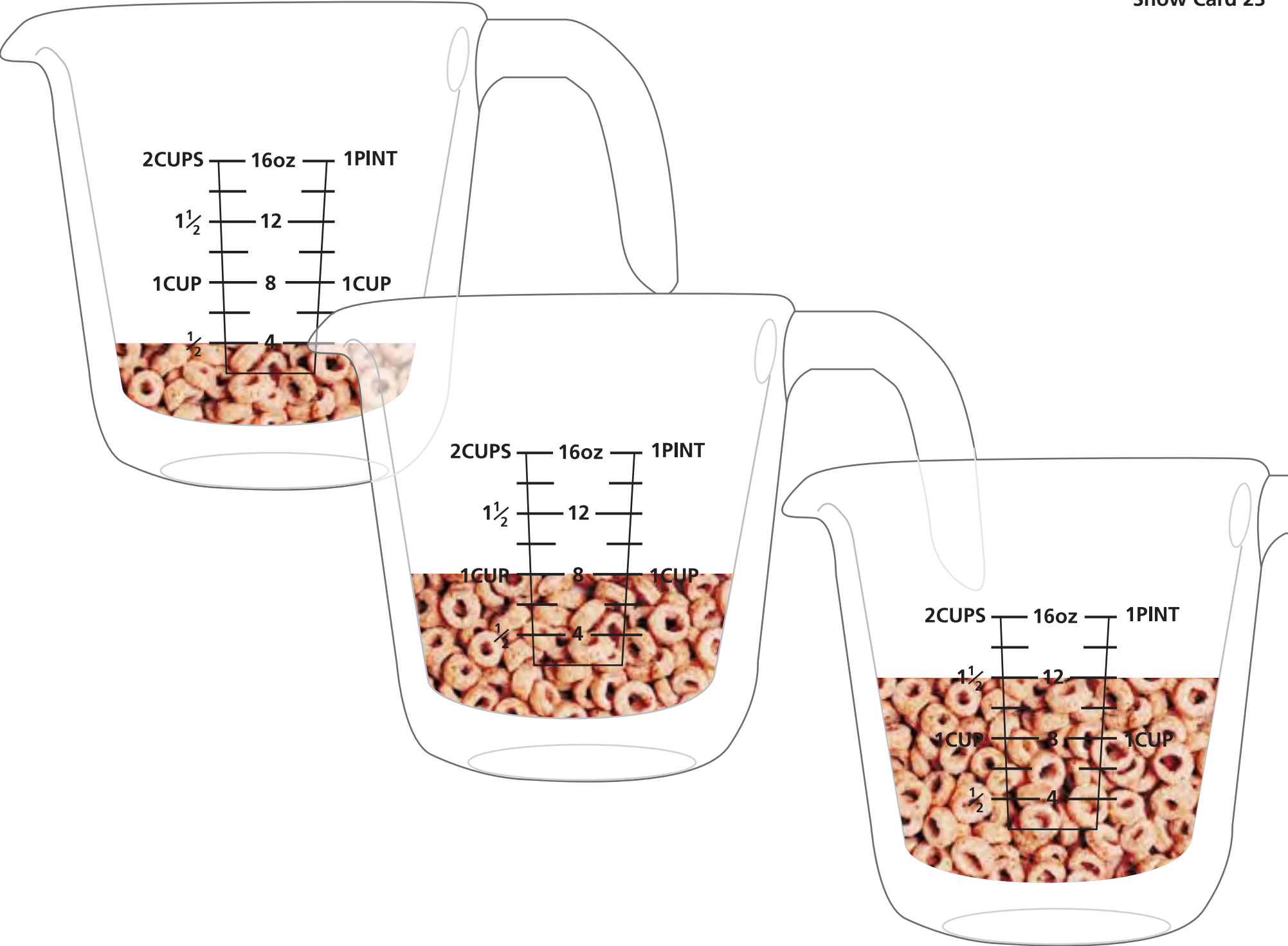
Small



Small



Regular



Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(HEIGHT AND WEIGHT)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

Janet Daling, Ph.D.
And
Linda Cook, Ph.D.,
Fred Hutchinson Cancer Research Center

and

Institute for Survey Research
Temple University
of the Commonwealth System of Higher Education
1601 North Broad Street
Philadelphia, PA 19122

MAY 1998

SECTION: HEIGHT AND WEIGHT

INTRODUCTION: In this section, we'll discuss your height and weight since you were a child. I'll ask several questions about how your weight has changed during different stages of your life.

Q1. What is the tallest you have ever been without shoes?

|_|_|
FT AND |_|_|
INCHES

OR

|_|
METERS

Q2. How old were you when you first reached this height?

|_|
AGE

Q3. How much did you weigh when you first menstruated (had your period/monthly)?

|_|_|
POUNDS

OR

|_|_|
KILOGRAMS

Q4. Which picture looks most like you did then? (SHOW CARD)

|_|_|
DIAGRAM CODE

Q5. How much did you weigh when you were 18 years old and not pregnant or nursing?

|_|_|
POUNDS

OR

|_|_|
KILOGRAMS

Q6. Which picture looks most like you did then? (SHOW CARD)

|_|_|_|
DIAGRAM CODE

Q7. What was your bra size when you were 18 years old and not pregnant or nursing?

|_|_| | |_|_|_|
AND LETTER

OR

|_|_|_| _____
SIZE AND SYSTEM

DIRECTIONS: (IF RESPONDENT COMPLETED BIRTH CONTROL SECTION AND TOOK BIRTH CONTROL PILLS FOR 3 MONTHS OR MORE, ASK Q8. OR, ASK "Did you ever take birth control pills for 3 consecutive months or more?"

YES	1
NO	5 (Q10)

Q8. Just before you first used the birth control pill for 3 months or more, how much did you weigh?

|_|_|_|
POUNDS

OR

|_|_|_|
KILOGRAMS

Q9. During that first year that you used the pill for 3 months or more, how much weight did you gain or lose?

|_|_|_|
POUNDS

OR

|_|_|_|
KILOGRAMS

NO CHANGE.....0
GAINED.....1
LOST.....2
DK.....8

Q10. (IF RESPONDENT IS 30 YEARS OF AGE OR GREATER AT REFERENCE DATE), how much did you weigh when you were 30 years old and not pregnant or nursing?

|_|_|_|
POUNDS

OR

|_|_|_|
KILOGRAMS

Q11. Which picture looks most like you did then? (SHOW CARD)

|_|_|_|
DIAGRAM CODE

Q12. When you were age _____ (REFERENCE AGE MINUS 1 YEAR), how much did you weigh when you were not pregnant or nursing?

|_|_|_|
POUNDS

OR

|_|_|_|
KILOGRAMS

Q13. Which picture looks most like you did then? (SHOW CARD)

|_|_|_|
DIAGRAM CODE

Q14. When you were age _____ (REFERENCE AGE MINUS 1 YEAR), what was your bra size when you were not pregnant or nursing?

|_|_| - |_|_|_|
AND LETTER

OR

|_|_|_| _____
SIZE AND SYSTEM

Q15. Before _____ (REFERENCE DATE), what is the most you have ever

weighed when you were not pregnant, nursing, or in the six months after pregnancy or nursing?

|_|_|_|

POUNDS

OR

|_|_|_|

KILOGRAMS

Q16. How old were you when you first weighed _____ (WEIGHT IN Q15)?

|_|_|

(AGE)

Q17. Before _____ (REFERENCE DATE), when you were not pregnant or nursing and you gained weight, where on your body did you gain the weight? [CODE ALL THAT APPLY.]

DIDN'T GAIN WEIGHT [1]
AROUND THE CHEST OR SHOULDERS [2]
AROUND THE WAIST OR STOMACH [3]
AROUND THE HIPS OR THIGHS [4]
AROUND THE BUTTOCKS [5]
EQUALLY ALL OVER [6]
OTHER (SPECIFY) _____ [____]
DK.....[8]

Q18. Before _____ (REFERENCE DATE), when you were not pregnant, how many times in your life have you lost 15 pounds or more, and then later gained all the weight back?

|_|_|

TIMES

(OPTIONAL): MEASUREMENTS DURING IN-PERSON INTERVIEW.

Q19. Measurement of sitting height

|_|_|

INCHES

Q20. Measurement of waist

|_|_|

INCHES

Q21. Measurement of hips

|_|_|

INCHES

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(HORMONE MEDICATION HISTORY)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

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1601 North Broad Street
Philadelphia, PA 19122

MAY 1998

HORMONE MEDICATION HISTORY

Now I have some questions about hormone medications that you many have used before, during, or after menopause. Do not include any birth control pills, shots, or implants we've already discussed.

Q1. Before (REFERENCE DATE), did you ever use any prescription medications for (SYMPTOM)?	Q2. What was the name of the hormone medication you used? (SHOW CARD)	Q3. What was the month and year when you first used (HORMONE)?	Q4. Did you take (HORMONE) as a pill, shot, skin patch, or vaginal cream or suppository?	Q5. If Q4=1, Did you take (HORMONE) ever day or in cycles?	Q6. If Q4=2, How many times per week, month, or year, did you get a shot?	Q7. If Q4=3, How many times per week, month, or year, did you change your patch?
a. Irregular menstrual bleeding? YES ... 1 → NO ... 5 (Q1b.)	_____ HORMONE	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/ SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3
b. heavy menstrual bleeding? YES ... 1 → NO ... 5 (Q1c.)	_____ HORMONE	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/ SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3
c. delay of menopause or the change of life? YES ... 1 → NO ... 5 (Q1d.)	_____ HORMONE	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/ SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3
d. hot flashes? YES ... 1 → NO ... 5 (Q1e.)	_____ HORMONE	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/ SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3

Q1. Before (REFERENCE DATE), did you ever use any prescription medications for (SYMPTOM)?	Q2. What was the name of the hormone medication you used? (SHOW CARD)	Q3. What was the month and year when you first used (HORMONE)?	Q4. Did you take (HORMONE) as a pill, shot, skin patch, or vaginal cream or suppository?	Q5. If Q4=1, Did you take (HORMONE) ever day or in cycles?	Q6. If Q4=2, How many times per week, month, or year, did you get a shot?	Q7. If Q4=3, How many times per week, month, or year, did you change your patch?
e. sweating? YES ... 1 → NO ... 5 (Q1f.)	_____ HORMONE	<div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/ SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div> </div> <div> </div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div> </div> <div> </div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3
f. vaginal dryness? YES ... 1 → NO ... 5 (Q1g.)	_____ HORMONE	<div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/ SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div> </div> <div> </div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div> </div> <div> </div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3
g. bladder problems? YES ... 1 → NO ... 5 (Q1h.)	_____ HORMONE	<div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/ SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div> </div> <div> </div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div> </div> <div> </div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3
h. depression, anxiety, or emotional distress? YES ... 1 → NO ... 5 (Q1i.)	_____ HORMONE	<div> <div> </div> <div> </div> </div> <div> <div> </div> <div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/ SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div> </div> <div> </div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div> </div> <div> </div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3

Q1. Before (REFERENCE DATE), did you ever use any prescription medications for (SYMPTOM)?	Q2. What was the name of the hormone medication you used? (SHOW CARD)	Q3. What was the month and year when you first used (HORMONE)?	Q4. Did you take (HORMONE) as a pill, shot, skin patch, or vaginal cream or suppository?	Q5. If Q4=1, Did you take (HORMONE) ever day or in cycles?	Q6. If Q4=2, How many times per week, month, or year, did you get a shot?	Q7. If Q4=3, How many times per week, month, or year, did you change your patch?
i. a medication after hysterectomy or removal of the ovaries? YES ... 1 → NO ... 5 (Q1j.)	_____ HORMONE	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/ SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3
j. prevention or treatment of bone loss or osteoporosis? YES ... 1 → NO ... 5 (Q1k.)	_____ HORMONE	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/ SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3
k. prevention or treatment of heart disease or cardiovascular disease? YES ... 1 → NO ... 5 (Q1l.)	_____ HORMONE	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3
l. other uses just before menopause, during menopause, or after menopause? YES ... 1 → NO ... 5 (Q1m.)	_____ HORMONE	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> MONTH YEAR	PILL ... 1 SHOT ... 2 SKIN PATCH ... 3 VAG. CREAM/SUPP. ... 4	EVERYDAY ... 1 IN CYCLES ... 2 (SPECIFY) _____ _____	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3	<div> <div></div> <div></div> </div> NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3

HORMONE MEDICATION HISTORY

Now I have some questions about hormone medications that you many have used before, during, or after menopause. Do not include any birth control pills, shots, or implants we've already discussed.

Q8. If Q4=4, How many times per week, month, or year did you use (HORMONE)?	Q9. And, how many applicatorfuls did you use each time? Was it less than, equal to or greater than 1 applicator?	Q10. In what month and year did you stop using (HORMONE), or change its dose or pattern of use?	Q11. Why did you stop using (HORMONE)?	Q12. Did you have any complications or side effects when using (HORMONE)?	Q13. If Q4=1, Did you use (HORMONE) in combination with one of these other hormones?
<div> <div></div> <div></div> </div> <p>NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3</p>	<p>LESS THAN 1.....1 GREATER THAN 1...2 EQUAL TO 1.....3</p>	<div> <div></div> <div></div> </div> <p>MONTH YEAR</p> <p>CURRENT...95 (Q12)</p>	<p>COMPL/SIDE EFFECTS..... 1 FEAR.....2 NO LONGER NEEDED/ TREATMENT COMPLETED.... 3 TOO EXPENSIVE/NO LONGER AVAILABLE.....4 DISEASE (SPECIFY)..... 5 DIDN'T LIKE..... 6 NEEDED DIFFERENT DOSAGE OR BRAND.....7 OTHER (SPECIFY)..... 88 _____ [_ _] DK.....99</p>	<p>NO COMPL/SIDE EFFECTS..... 1 VAGINAL BLEEDING..... 2 BREAST TENDER/ DISCHARGE... 3 HEADACHE/DIZZY..... 4 WEIGHT CHANGES..... 5 DEPRESSION/IRRITABILITY 6 WATER RETEN/SWELLING IN HANDS/FEET/FACE..... 7 NAUSEA..... 8 OTHER (SPECIFY).....88 _____ [_ _] DK.....99</p>	<p>YES...1 → Which one? _____ HORMONE (COMPLETE ATTACHED CHART) NO...5</p>
<div> <div></div> <div></div> </div> <p>NO. TIMES PER WEEK ... 1 PER MONTH ... 2 PER YEAR ... 3</p>	<p>LESS THAN 1.....1 GREATER THAN 1...2 EQUAL TO 1.....3</p>	<div> <div></div> <div></div> </div> <p>MONTH YEAR</p> <p>CURRENT...95 (Q12)</p>	<p>COMPL/SIDE EFFECTS..... 1 FEAR.....2 NO LONGER NEEDED/ TREATMENT COMPLETED.... 3 TOO EXPENSIVE/NO LONGER AVAILABLE.....4 DISEASE (SPECIFY)..... 5 DIDN'T LIKE..... 6 NEEDED DIFFERENT DOSAGE OR BRAND.....7 OTHER (SPECIFY)..... 88 _____ [_ _] DK.....99</p>	<p>NO COMPL/SIDE EFFECTS..... 1 VAGINAL BLEEDING..... 2 BREAST TENDER/ DISCHARGE... 3 HEADACHE/DIZZY..... 4 WEIGHT CHANGES..... 5 DEPRESSION/IRRITABILITY 6 WATER RETEN/SWELLING IN HANDS/FEET/FACE..... 7 NAUSEA..... 8 OTHER (SPECIFY).....88 _____ [_ _] DK.....99</p>	<p>YES...1 → Which one? _____ HORMONE (COMPLETE ATTACHED CHART) NO...5</p>
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MONTHLY CYCLE CALENDAR

Q14. ASK FOR EACH Q13 = 1 (YES). During the (first/next) time period when you were using two hormones during the same month, on which days did you usually use the (ESTROGEN) and on which days did you usually use the (PROGESTIN)? CIRCLE FIRST AND LAST LETTERS FOR EACH HORMONE. THEN CONNECT FIRST TO LAST WITH A LINE.

DAY OF THE MONTH	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">ESTROGEN</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">CODE</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">PROGESTIN</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">CODE</div>	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">ESTROGEN</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">CODE</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">PROGESTIN</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">CODE</div>	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">ESTROGEN</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">CODE</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">PROGESTIN</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">CODE</div>	<div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">ESTROGEN</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">CODE</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">PROGESTIN</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">CODE</div>
	CONTIN E P USE DAY: BEGIN ____ ____ ____ ____ END ____ ____ ____ ____	CONTIN E P USE DAY: BEGIN ____ ____ ____ ____ END ____ ____ ____ ____	CONTIN E P USE DAY: BEGIN ____ ____ ____ ____ END ____ ____ ____ ____	CONTIN E P USE DAY: BEGIN ____ ____ ____ ____ END ____ ____ ____ ____
1	E P	E P	E P	E P
2	E P	E P	E P	E P
3	E P	E P	E P	E P
4	E P	E P	E P	E P
5	E P	E P	E P	E P
6	E P	E P	E P	E P
7	E P	E P	E P	E P
8	E P	E P	E P	E P
9	E P	E P	E P	E P
10	E P	E P	E P	E P
11	E P	E P	E P	E P
12	E P	E P	E P	E P
13	E P	E P	E P	E P
14	E P	E P	E P	E P
15	E P	E P	E P	E P
16	E P	E P	E P	E P
17	E P	E P	E P	E P
18	E P	E P	E P	E P
19	E P	E P	E P	E P
20	E P	E P	E P	E P
21	E P	E P	E P	E P
22	E P	E P	E P	E P
23	E P	E P	E P	E P
24	E P	E P	E P	E P
25	E P	E P	E P	E P
26	E P	E P	E P	E P
27	E P	E P	E P	E P
28	E P	E P	E P	E P
29	E P	E P	E P	E P
30	E P	E P	E P	E P
31	E P	E P	E P	E P

HORMONE MEDICATIONS*

Amen	Estratest	Norlutin
Amnestrogen	Estrocon	Nor-Q-D
Aygestin	Estrogen	Ogen
Conjugated estrogen	Estrovis	Ortho-Est
Curretab	Evex	PMB
Cycrin	Gynetone	Premarin
Delalutin	Gynorest	Progesterone
Depo-provera (DMPA)	Hormonin	Provera
DES (Diethylstilbestrol)	Mediatric	Provest
Estinyl	Medroxyprogesterone (MPA)	SK-Estrogen
Estrace	Menest	Stilbestrol
Estraderm	Menrium	Tace
Estratab	Norlutate	Zeste
		Other hormone (SPECIFY)

*Use of trade names is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services or the Public Health Service.

Medications To Help You Become Pregnant

Clomid

Clomiphene Citrate

Danazol

Danocrine

HCG

Lupron Depot

Milophene

Nolvadex (Tamoxifen)

Pergonal

Serophene

Synarel Nasal Solution

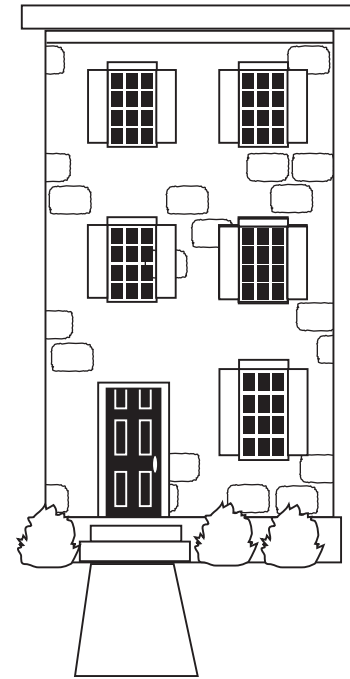
Other (SPECIFY)

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Show Card 1



Single-family home

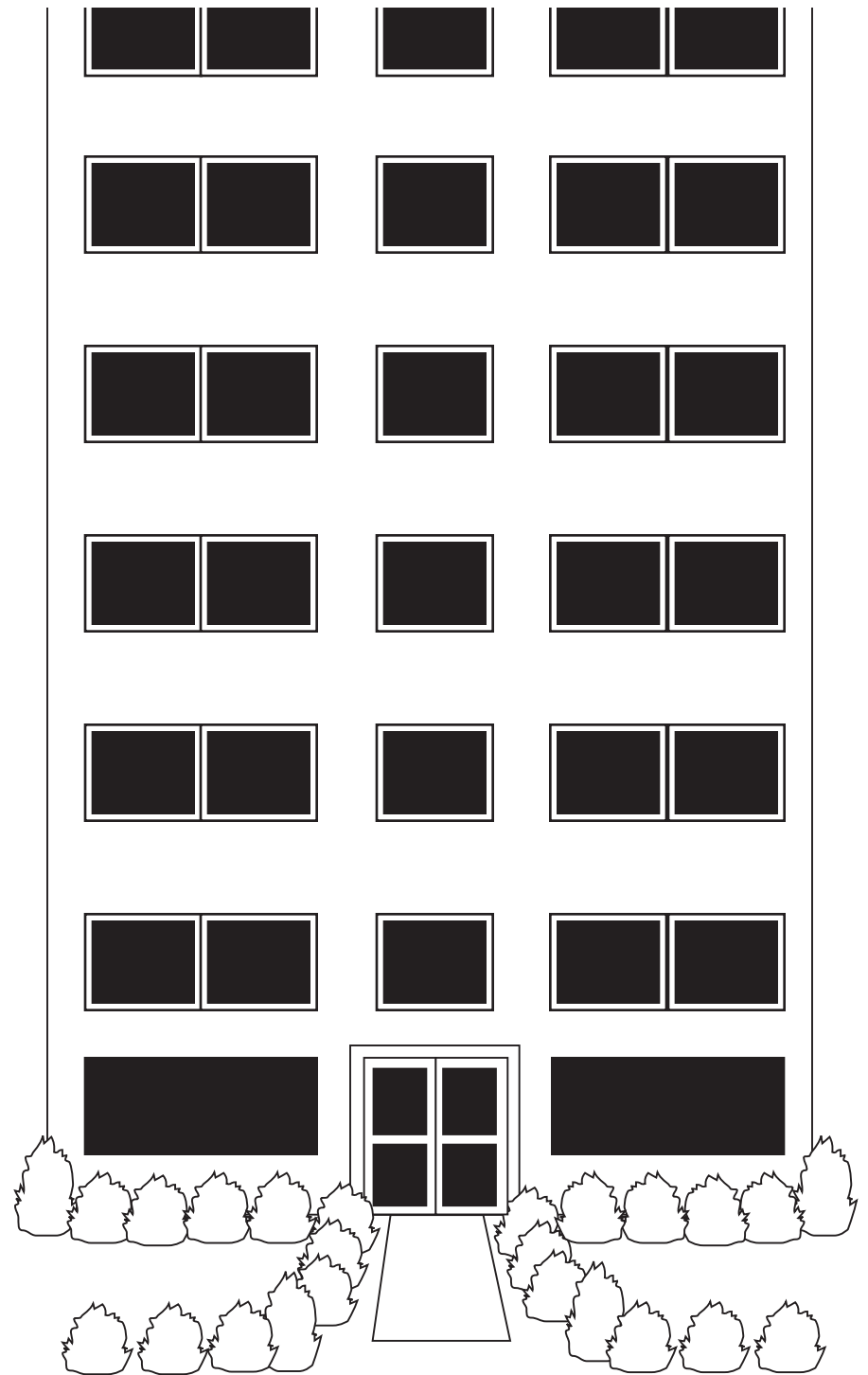


Townhome

Show Card 3



Lo-rise apartment



Hi-rise apartment

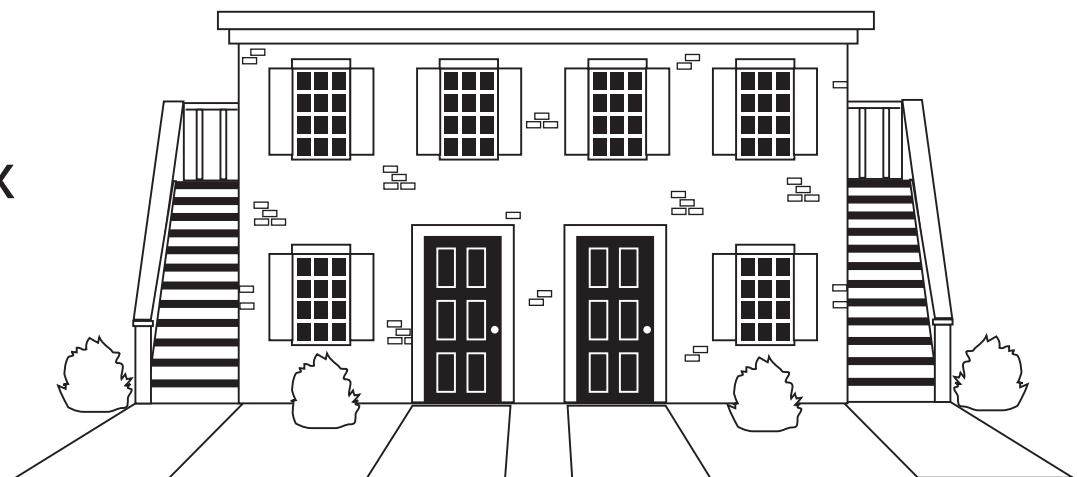
Duplex,
side-by-side



Duplex,
Top-bottom



Fourplex



Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

PERSONAL BEHAVIORS AND LIFESTYLE QUESTIONNAIRE

(PART 1)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

Leslie Bernstein, Ph.D.
and
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and

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Philadelphia, PA 19122

MAY 1998

SECTION A. EXERCISE AND PHYSICAL ACTIVITY

I'm going to ask you questions about exercise and physical activity. We're interested only in exercise or activities that you've done on a regular basis. By regular, we mean exercise for at least **two hours a week** for four **months** or more in **one year**. This is exercise you do during leisure time and does not include activities you do at your job.

A1. Before _____ had you ever participated in exercise, physical activity or sports on a regular basis? Remember, regular means
(REFERENCE DATE)
at least **two hours a week** for four **months** or more in **one year**.

YES 1

NO 5 (SECTION B)

Let's go through these activities beginning with the first activity you participated in at the youngest age. This could have been when you were a child.

A C T I V I T Y	A2. What was the (1st/2nd/3rd/4th/5th/6th) activity you participated in on a regular basis? (2 hours a week for 4 months or more in one year.)	A3. At what age did you start participating in this activity?	A4. At what age did you stop participating in this activity?	A5. How many years did you participate in this activity? (IF CURRENT): How many years have you participated in this activity? A6. How many months a year (did/do) you participate in this activity?	A7. On average, about how many hours per week (did/do) you participate in this activity?
1st	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/
2nd	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/
3rd	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/
4th	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/
5th	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/
6th	NAME _____ CODE /___/___/___/	AGE /___/___/	AGE /___/___/ CURRENT 995	YEARS /___/___/ MOS./YR/___/___/	HRS /___/___/ MINS /___/___/

A8a.	Since you were _____, have there been any periods in your life when you did not do any (AGE AT FIRST ACTIVITY) leisure-time exercise or physical activity for three months or longer?	YES	1	
		NO	5	(SECTION B)

A9a.	How old were you when you were first inactive for three months or longer?	/___/___/ (AGE)
------	---	--------------------

A10a.	How many months or years did this period of inactivity last?	/___/___/ OR /___/___/ (MONTHS) (YEARS)
-------	--	--

A8b.	Since you were _____, was there another period in your life when you did not do any (AGE WHEN FIRST INACTIVE) leisure-time exercise or physical activity for three months or longer?	YES	1	
		NO	5	(SECTION B)

A9b.	How old were you when you during this next period when you were inactive for three months or longer?	/___/___/ (AGE)
------	---	--------------------

A10b.	How many months or years did this period of inactivity last?	/___/___/ OR /___/___/ (MONTHS) (YEARS)
-------	--	--

REPEAT A8-A10 FOR ADDITIONAL PERIODS OF INACTIVITY. USE CONTINUATION SHEET.

SECTION B. TOBACCO USE

Now I would like to ask you some questions about cigarettes and other tobacco products you might have used before (you were diagnosed with breast cancer/REFERENCE DATE)_____).

B1. Before _____did you ever smoke at least one cigarette, cigar or pipe a day for six months or longer?
(REFERENCE DATE)

YES	1	
NO	5	(SECTION C)

B2. How old were you when you started smoking tobacco on a regular basis, that is, at least one cigarette a day for six months or longer?

/____/____/
(AGE)

B3. Were you smoking on a regular basis in _____?
(REFERENCE DATE)

YES	1	(GO TO B5)
NO	5	

B4. How old were you when you stopped smoking on a regular basis?

/____/____/
(AGE)

B5. Until _____, how many years total did you smoke on a regular basis? (REFERENCE DATE) <div style="text-align: right;"> /___/___/ (# OF YEARS) </div>				
TYPE OF TOBACCO PRODUCT	B6. How many years did you smoke (A/B/C/D)?	B7. How old were you when you began smoking (A/B/C/D)?	B8. How old were you when you stopped smoking (A/B/C/D)?	B9. Before _____, how many (A/B/C/D) did you usually smoke in a day? (REF.DATE)
A.Nonfiltered cigarettes	YEARS /___/___/ NONE 95 (B6B)	AGE /___/___/	AGE /___/___/ CURRENT 995	/___/___/___/ # CIGARETTES
B. Low-tar cigarettes	YEARS /___/___/ NONE 95 (B6C)	AGE /___/___/	AGE /___/___/ CURRENT 995	/___/___/___/ # CIGARETTES
C. Filtered cigarettes	YEARS /___/___/ NONE 95 (B6D)	AGE /___/___/	AGE /___/___/ CURRENT 995	/___/___/___/ # CIGARETTES
D. Cigars	YEARS /___/___/ NONE 95 (B6E)	AGE /___/___/	AGE /___/___/ CURRENT 995	/___/___/___/ # CIGARS
E. A pipe	YEARS /___/___/ NONE 95 (B6E)	AGE /___/___/	AGE /___/___/ CURRENT 995	/___/___/___/ # PIPES

SECTION C. PASSIVE SMOKING

Now I would like to ask you about any period in your life when you lived with someone who smoked. Let's start with people who smoked in your presence until you were 20 years old.

RELATIVE	C1. Did your (<u>A/B</u>) smoke cigarettes, cigars, or pipes in your presence when you were growing up?	C2. How old were you when you were first exposed to your (<u>A/B</u>)'s tobacco smoke?	C3. How old were you when you were no longer exposed to your (<u>A/B</u>)'s tobacco smoke?	C4. On average, about how many times a day did your (<u>A/B</u>) smoke in your presence?
A. Father	CIGARETTES 1 CIGARS 2 PIPES 3 NO 5 (C1B)	AGE /___/___/	AGE /___/___/	/___/___/ # TIMES
B. Mother	CIGARETTES 1 CIGARS 2 PIPES 3 NO 5 (C5)	AGE /___/___/	AGE /___/___/	/___/___/ #TIMES

C5. Did you live with any other person who smoked in your presence until you were 20 years old? This might be a grandparent, stepparent, uncle, aunt, brother, sister, or any other person.

YES 1
NO 5 (GO TO C12)

C6. Was there more than one person you lived with who smoked in your presence?

YES 1
NO 5

C7. Which relative(s) smoked in your presence when you were growing up?

A. _____

D. _____

B. _____

E. _____

C. _____

F. _____

RELATIVE	C8. Did your (A/B/C/D/E/F) smoke cigarettes, cigars, or pipes in your presence when you were growing up?	C9. How old were you when you were first exposed to your (A/B/C/D/E/F)'s tobacco smoke?	C10. How old were you when you were no longer exposed to your (A/B/C/D/E/F)'s tobacco smoke?	C11. On average, about how many times a day did your (A/B/C/D/E/F) smoke in your presence?
A. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
B. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
C. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
D. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
E. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
F. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES

C12. As an adult, have you ever lived for one year or more with anyone who smoked in your presence? This could be a spouse, partner, child, in-law, roommate, or another person.

YES 1

NO 5 (GO TO C19)

C13. Has more than one person smoked in your presence?

YES 1

NO 5

C14 What is (their/his or her) relationship to you?

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

RELATION	C15. Did your (A/B/C/D/E/F/G/H/I) smoke cigarettes, cigars, or pipes in your presence when you lived together?	C16. How old were you when you were first exposed to your (A/B/C/D/E/F/G/H/I)'s tobacco smoke?	C17. How old were you when you were no longer exposed to your (A/B/C/D/E/F/G/H/I)'s tobacco smoke?	C18. On average, about how many times a day did your (A/B/C/D/E/F/G/H/I) smoke in your presence?
A. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
B. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
C. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
D. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
E. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
F. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
G. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
H. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES
I. (SPECIFY): _____	CIGARETTES 1 CIGARS 2 PIPES 3	AGE /____/____/	AGE /____/____/	/____/____/ # TIMES

We've finished talking about exposure to tobacco smoke in the house. Now I'd like to talk about other areas where you were exposed to tobacco smoke for two or more hours a week for one year or more. These areas could be a restaurant, airport, subway, or place of work, or other places where you spent a lot of time.

DECADE	C19. Were you exposed to tobacco smoke for a total of two or more hours a week for one year or more when you were (A/B/C/D/E/F/G):	C20. How many hours a week were you exposed to tobacco smoke when you were (A/B/C/D/E/F/G):	C21. How many years were you exposed to tobacco smoke when you were (A/B/C/D/E/F/G):
A. 0 to 19-years-old?	YES 1 NO 5 (C19B)	/___/___/ HRS/WK	/___/___/ YRS
B. In your 20s?	YES 1 NO 5 (C19C)	/___/___/ HRS/WK	/___/___/ YRS
C. In your 30s?	YES 1 NO 5 (C19D)	/___/___/ HRS/WK	/___/___/ YRS
D. In your 40s?	YES 1 NO 5 (C19E)	/___/___/ HRS/WK	/___/___/ YRS
E. In your 50s?	YES 1 NO 5 (C19F)	/___/___/ HRS/WK	/___/___/ YRS
F. In your 60s?	YES 1 NO 5 (C19G)	/___/___/ HRS/WK	/___/___/ YRS
G. In your 70s?	YES 1 NO 5 (SECTION D)	/___/___/ HRS/WK	/___/___/ YRS

SECTION D. RECREATIONAL DRUG USE

The next questions concern the use of “street drugs” or other substances. I realize this is a sensitive topic. I want to remind you that all information you give will be kept strictly confidential. Your answers to these questions are very important.

DRUG	D1. Have you ever used (A/B/C/D/E/F/G/H/I) before _____? (REFERENCE DATE)	D2. How did you use (A/B/C/D/E/F/G/H/I)? Did you use it:	D3. How old were you when you first used (A/B/C/D/E/F/G/H/I)?	D4. How old were you when you last used (A/B/C/D/E/F/G/H/I)?	45. How many months or years did you use (A/B/C/D/E/F/G/H/I)?
A. Marijuana (Grass, Pot)	<p>YES 1</p> <p>NO 5 (D1B)</p>	<p>Orally, 1</p> <p>By injection, 2</p> <p>By inhaling, 3</p> <p>By another method, or 4</p> <p>By multiple methods? 5</p> <p>Unsure 9</p>	<p>/____/____/</p> <p>AGE</p>	<p>/____/____/</p> <p>AGE</p> <p>CURRENT 995</p>	<p>/____/____/</p> <p>MONTHS 1</p> <p>YEARS 2</p>
B. Cocaine	<p>YES 1</p> <p>NO 5 (D1C)</p>	<p>Orally, 1</p> <p>By injection, 2</p> <p>By inhaling, 3</p> <p>By another method, or 4</p> <p>By multiple methods? 5</p> <p>Unsure 9</p>	<p>/____/____/</p> <p>AGE</p>	<p>/____/____/</p> <p>AGE</p> <p>CURRENT 995</p>	<p>/____/____/</p> <p>MONTHS 1</p> <p>YEARS 2</p>
C. Heroin	<p>YES 1</p> <p>NO 5 (D1D)</p>	<p>Orally, 1</p> <p>By injection, 2</p> <p>By inhaling, 3</p> <p>By another method, or 4</p> <p>By multiple methods? 5</p> <p>Unsure 9</p>	<p>/____/____/</p> <p>AGE</p>	<p>/____/____/</p> <p>AGE</p> <p>CURRENT 995</p>	<p>/____/____/</p> <p>MONTHS 1</p> <p>YEARS 2</p>
D. Amphetamines (Speed)	<p>YES 1</p> <p>NO 5 (D1E)</p>	<p>Orally, 1</p> <p>By injection, 2</p> <p>By inhaling, 3</p> <p>By another method, or 4</p> <p>By multiple methods? 5</p> <p>Unsure 9</p>	<p>/____/____/</p> <p>AGE</p>	<p>/____/____/</p> <p>AGE</p> <p>CURRENT 995</p>	<p>/____/____/</p> <p>MONTHS 1</p> <p>YEARS 2</p>

E. Barbituates (Downers)	YES 1 NO 5 (D1F)	Orally, 1 By injection, 2 By inhaling, 3 By another method, or 4 By multiple methods? 5 Unsure 9	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2
F. LSD (Acid)	YES 1 NO 5 (D1G)	Orally, 1 By injection, 2 By inhaling, 3 By another method, or 4 By multiple methods? 5 Unsure 9	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2
G. Quaaluds	YES 1 NO 5 (D1H)	Orally, 1 By injection, 2 By inhaling, 3 By another method, or 4 By multiple methods? 5 Unsure 9	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2
H. PCP (Angel Dust)	YES 1 NO 5 (D1I)	Orally, 1 By injection, 2 By inhaling, 3 By another method, or 4 By multiple methods? 5 Unsure 9	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2
I. Hallucinogenic Mushrooms	YES 1 NO 5 (SECTION E)	Orally, 1 By injection, 2 By inhaling, 3 By another method, or 4 By multiple methods? 5 Unsure 9	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

PERSONAL BEHAVIORS AND LIFESTYLE QUESTIONNAIRE

(PART 2)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

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SECTION E. OTHER DRUG USE

This next section refers to nonprescription pain relievers you might have taken before_____.
(REFERENCE DATE)

MEDICATION	E1. Have you ever taken (A-S):	E2. Have you taken this medication at least two or more times a week for one month or longer?	E3. How old were you when you started taking this medication regularly?	E4. How old were you when you stopped taking this medication regularly?
A. Aspirin type pain medication such as aspirin?	YES 1 NO 5 (E1B)	YES 1 NO 5 (E1B)	/___/___/ AGE	/___/___/ AGE CURRENT 995
B. Buffered Aspirin?	YES 1 NO 5 (E1C)	YES 1 NO 5 (E1C)	/___/___/ AGE	/___/___/ AGE CURRENT 995
C. Arthritis Pain Formula, Arthritis Strength Bufferin?	YES 1 NO 5 (E1D)	YES 1 NO 5 (E1D)	/___/___/ AGE	/___/___/ AGE CURRENT 995
D. Anacin?	YES 1 NO 5 (E1E)	YES 1 NO 5 (E1E)	/___/___/ AGE	/___/___/ AGE CURRENT 995
E. APC or PAC Tablets?	YES 1 NO 5 (E1F)	YES 1 NO 5 (E1F)	/___/___/ AGE	/___/___/ AGE CURRENT 995
F. Ascription?	YES 1 NO 5 (E1G)	YES 1 NO 5 (E1G)	/___/___/ AGE	/___/___/ AGE CURRENT 995

G.	Cama?	YES 1 NO 5 (E1H)	YES 1 NO 5 (E1H)	/____/____/ AGE	/____/____/ AGE CURRENT 995
H.	Empirin Compounds without Codeine?	YES 1 NO 5 (E1I)	YES 1 NO 5 (E1I)	/____/____/ AGE	/____/____/ AGE CURRENT 995
I.	Momentum?	YES 1 NO 5 (E1J)	YES 1 NO 5 (E1J)	/____/____/ AGE	/____/____/ AGE CURRENT 995
J.	Compounds with Acetaminophen such as Tylenol?	YES 1 NO 5 (E1K)	YES 1 NO 5 (E1K)	/____/____/ AGE	/____/____/ AGE CURRENT 995
K.	Aspirin Free Anacin 3?	YES 1 NO 5 (E1L)	YES 1 NO 5 (E1L)	/____/____/ AGE	/____/____/ AGE CURRENT 995
L.	Datril?	YES 1 NO 5 (E1M)	YES 1 NO 5 (E1M)	/____/____/ AGE	/____/____/ AGE CURRENT 995
M.	Aminofen?	YES 1 NO 5 (E1N)	YES 1 NO 5 (E1N)	/____/____/ AGE	/____/____/ AGE CURRENT 995
N.	Valadol?	YES 1 NO 5 (E1O)	YES 1 NO 5 (E1O)	/____/____/ AGE	/____/____/ AGE CURRENT 995

O.	Compounds with Ibuprofen such as Advil?	YES 1 NO 5 (E1P)	YES 1 NO 5 (E1P)	/____/____/ AGE	/____/____/ AGE CURRENT 995
P.	Nuprin?	YES 1 NO 5 (E1Q)	YES 1 NO 5 (E1Q)	/____/____/ AGE	/____/____/ AGE CURRENT 995
Q.	Medache?	YES 1 NO 5 (E1R)	YES 1 NO 5 (E1R)	/____/____/ AGE	/____/____/ AGE CURRENT 995
R.	Other compounds such as Arthralgen?	YES 1 NO 5 (E1S)	YES 1 NO 5 (E1S)	/____/____/ AGE	/____/____/ AGE CURRENT 995
S.	Excedrin--PM, Aspirin Free, or Extra Strength?	YES 1 NO 5 (SECT F)	YES 1 NO 5 (SECT F)	/____/____/ AGE	/____/____/ AGE CURRENT 995

E5. How many total months and/or years (have you taken/did you take) this medication regularly?	E6. How much (do/did) you normally take per day, week, or month?	E7. What condition or conditions (do you take/were you taking) this medicine for?
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____

/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____

/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____

/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____
/____/____/ MONTHS 1 YEARS 2	/____/ PILL 01 PER DAY 1 TSP 02 PER WEEK 2 TBSP 03 PER MONTH 3 ML 04	ARTHRITIS (SPECIFY):_____ 1 _____ MENSTRUAL CRAMPS 2 DENTAL PAIN 3 OTHER PAIN 4 OTHER (SPECIFY):_____ 5 _____

SECTION F. COMPLEMENTARY MEDICINE

SELF-CARE TECHNIQUE	F1. Since you were 13-years- old, have you ever done (A-K) on your own?	F2. How old were you when you started doing (A-K)?	F3. How old were you when you stopped doing (A-K)?	F4. How many months or years (did you do/have you done) (A-K)?	F5. How many times per week, month, or year (did/do) you do (A-K)?
A. Relaxation exercises	YES 1 NO 5 (F1B)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
B. Meditation	YES 1 NO 5 (F1C)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
C. Self-Hypnosis	YES 1 NO 5 (F1D)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
D. Yoga	YES 1 NO 5 (F1E)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
E. Tai Chi	YES 1 NO 5 (F1F)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3

F. Qi gong	YES 1 NO 5 (F1G)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
G. Imagery or visualization	YES 1 NO 5 (F1H)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
H. Prayer	YES 1 NO 5 (F1I)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
I. Accupressure or shiatsu	YES 1 NO 5 (F1J)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
J. Self-massage	YES 1 NO 5 (F1K)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
K. Reiki, therapeutic touch or healing touch	YES 1 NO 5 (F6)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3

THERAPY	F6. Since you were 13-years-old, did you have (A-M) done by a practitioner?	F7. How old were you when you started (A-M)?	F8. How old were you when you stopped (A-M)?	F9. How many months or years did you have (A-M)?	F10. How many times per week, month, or year (did/do) you have (A-M)?
A. Biofeedback	YES 1 NO 5 (F6B)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
B. Hypnosis	YES 1 NO 5 (F6C)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
C. Acupuncture	YES 1 NO 5 (F6D)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
D. Acupressure or shiatsu	YES 1 NO 5 (F6E)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
E. Reiki, therapeutic or healing touch	YES 1 NO 5 (F6F)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
F. Chiropractic or osteopathic manipulation	YES 1 NO 5 (F6G)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3

G. Massage	YES 1 NO 5 (F6H)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
H. Craniosacral therapy	YES 1 NO 5 (F6I)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
I. Rolfing or structural integration	YES 1 NO 5 (F6J)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
J. Alexander technique	YES 1 NO 5 (F6K)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
K. Hypnosis	YES 1 NO 5 (F6L)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
L. Feldenkrais	YES 1 NO 5 (F6M)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3
M. Trager	YES 1 NO 5 (F11)	/___/___/ AGE	/___/___/ AGE CURRENT 995	/___/___/ MONTHS 1 YEARS 2	/___/___/ TIMES PER WEEK 1 MONTH 2 YEAR 3

<p>F11. Since you were 13-years-old, have you participated in a self-help or support group?</p>	<p>F12. How old were you when you started going to a group?</p>	<p>F13. How old were you when you stopped going to a group?</p>	<p>F14. How many months or years (did/do) you participate in a self-help or support group?</p>	<p>F15. How many times per week, month, or year (did/do) you participate in a self-help group?</p>
<p>YES 1</p> <p>NO 5 (F16A)</p>	<p>/____/____/ AGE</p>	<p>/____/____/ AGE</p> <p>CURRENT 995</p>	<p>/____/____/</p> <p>MONTHS 1</p> <p>YEARS 2</p>	<p>/____/____/ TIMES</p> <p>PER WEEK 1</p> <p>MONTH 2</p> <p>YEAR 3</p>

HERB	F16. Since you were 13-years-old, have you taken (<u>A-T</u>) in tincture, tea, extract, infusion, powered, capsule, or pill form?	F17. How old were you when you started taking (<u>A-T</u>)?	F18. How old were you when you stopped taking (<u>A-T</u>)?
A. Chinese ginseng	YES 1 NO 5 (F16B)	/___/___/ AGE	/___/___/ AGE CURRENT 995
B. Korean ginseng	YES 1 NO 5 (F16C)	/___/___/ AGE	/___/___/ AGE CURRENT 995
C. American ginseng	YES 1 NO 5 (F16D)	/___/___/ AGE	/___/___/ AGE CURRENT 995
D. Siberian ginseng (Eleutherococcus)	YES 1 NO 5 (F16E)	/___/___/ AGE	/___/___/ AGE CURRENT 995
E. An unknown type of ginseng	YES 1 NO 5 (F16F)	/___/___/ AGE	/___/___/ AGE CURRENT 995
F. Evening primrose oil	YES 1 NO 5 (F16G)	/___/___/ AGE	/___/___/ AGE CURRENT 995
G. Dong quia (Angelica sinensis)	YES 1 NO 5 (F16H)	/___/___/ AGE	/___/___/ AGE CURRENT 995
H. Oat straw	YES 1 NO 5 (F16I)	/___/___/ AGE	/___/___/ AGE CURRENT 995

I. Licorice	YES 1 NO 5 (F16J)	/___/___/ AGE	/___/___/ AGE CURRENT 995
J. Vitex (Chaste-tree berry)	YES 1 NO 5 (F16K)	/___/___/ AGE	/___/___/ AGE CURRENT 995
K. Sage	YES 1 NO 5 (F16L)	/___/___/ AGE	/___/___/ AGE CURRENT 995
L. Black cohosh	YES 1 NO 5 (F16M)	/___/___/ AGE	/___/___/ AGE CURRENT 995
M. Red clover	YES 1 NO 5 (F16N)	/___/___/ AGE	/___/___/ AGE CURRENT 995
N. Burdock	YES 1 NO 5 (F16O)	/___/___/ AGE	/___/___/ AGE CURRENT 995
O. Chinese herb mixture	YES 1 NO 5 (F16P)	/___/___/ AGE	/___/___/ AGE CURRENT 995
P. Ayurvedic herb mixture	YES 1 NO 5 (F16Q)	/___/___/ AGE	/___/___/ AGE CURRENT 995
Q. Kampo (Japanese) herb mixture	YES 1 NO 5 (F16R)	/___/___/ AGE	/___/___/ AGE CURRENT 995

R. Tibetan herb mixture	YES 1 NO 5 (F16S)	/___/___/ AGE	/___/___/ AGE CURRENT 995
S. Western herb mixture	YES 1 NO 5 (F16T)	/___/___/ AGE	/___/___/ AGE CURRENT 995
T. Other herb (SPECIFY): _____ _____	YES 1 NO 5 (F19A)	/___/___/ AGE	/___/___/ AGE CURRENT 995
VITAMIN SUPPLEMENT	F19. Since you were 13-years-old, have you taken (A-R)?	F20. How old were you when you started taking (A-R)?	F21. How old were you when you stopped taking (A-R)?
A. Multivitamin	YES 1 NO 5 (F19B)	/___/___/ AGE	/___/___/ AGE CURRENT 995
B. Vitamin A	YES 1 NO 5 (F19C)	/___/___/ AGE	/___/___/ AGE CURRENT 995
C. Vitamin C	YES 1 NO 5 (F19D)	/___/___/ AGE	/___/___/ AGE CURRENT 995
D. Vitamin D	YES 1 NO 5 (F19E)	/___/___/ AGE	/___/___/ AGE CURRENT 995
E. Vitamin E	YES 1 NO 5 (F19F)	/___/___/ AGE	/___/___/ AGE CURRENT 995

F. Calcium	YES 1 NO 5 (F19G)	/___/___/ AGE	/___/___/ AGE CURRENT 995
G. Magnesium	YES 1 NO 5 (F19H)	/___/___/ AGE	/___/___/ AGE CURRENT 995
H. Iron	YES 1 NO 5 (F19I)	/___/___/ AGE	/___/___/ AGE CURRENT 995
I. Selenium	YES 1 NO 5 (F19J)	/___/___/ AGE	/___/___/ AGE CURRENT 995
J. Zinc	YES 1 NO 5 (F19K)	/___/___/ AGE	/___/___/ AGE CURRENT 995
K. Coenzyme Q10	YES 1 NO 5 (F19L)	/___/___/ AGE	/___/___/ AGE CURRENT 995
L. DHEA	YES 1 NO 5 (F19M)	/___/___/ AGE	/___/___/ AGE CURRENT 995
M. Melatonin	YES 1 NO 5 (F19N)	/___/___/ AGE	/___/___/ AGE CURRENT 995
N. Adrenal extract	YES 1 NO 5 (F19O)	/___/___/ AGE	/___/___/ AGE CURRENT 995

O. Pancreatic enzymes	YES 1 NO 5 (F19P)	/___/___/ AGE	/___/___/ AGE CURRENT 995
P. Homeopathic remedies	YES 1 NO 5 (F19Q)	/___/___/ AGE	/___/___/ AGE CURRENT 995
Q. Bach flower remedies	YES 1 NO 5 (F19R)	/___/___/ AGE	/___/___/ AGE CURRENT 995
R. Other (SPECIFY): _____ _____	YES 1 NO 5 (STOP)	/___/___/ AGE	/___/___/ AGE CURRENT 995

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(MENSTRUATION AND MENOPAUSE)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

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MAY 1998

MENSTRUATION AND MENOPAUSE

INTRODUCTION: I'm going to ask questions about menstruation and your monthly periods.

Q1. How old were you when you had your first (menstrual period/monthly)? (PROBE): What was your grade in school?

/_____/_____/ **OR** /_____/_____/

(AGE)

(GRADE)

NEVER 9 (Q7)

Q2. Did your periods ever become regular? That is, could you ever predict within one week when your next menstrual period would begin and you were not using birth control pills, shots, or implants like Norplant?

YES 1

NO 5 (Q4)

Q3. How old were you when your menstrual periods became regular?

/_____/_____/

(AGE)

INTRODUCTION: I'm going to ask about your menstrual periods during each decade of your life under three conditions: when you were **not** using birth control medications or hormones, or fertility drugs, and you were **not** pregnant or nursing. Think about how frequently you had your periods, that is, the number of days between the first day of one period and the first day of the next.

	Q4. On average, how often did you have your menstrual period in your (a.-d.)? Would you say:	Q5. On average, when you had your period in your (a.-d.), how many days did you have to use a pad or other protection?
a. Teens	at least every 24 days, 1 between 25-32 days, 2 between 33-40 days, or 3 after 41 or more days? 4	/_____/_____/
		(# PAD-PROTECT DAYS)
b. 20's	at least every 24 days, 1 between 25-32 days, 2 between 33-40 days, or 3 after 41 or more days? 4	/_____/_____/
		(# PAD-PROTECT DAYS)
c. 30's	at least every 24 days, 1 between 25-32 days, 2 between 33-40 days, or 3 after 41 or more days? 4	/_____/_____/
		(# PAD-PROTECT DAYS)

d. 40's	at least every 24 days, between 25-32 days, between 33-40 days, or after 41 or more days?	1 2 3 4	/____/____/ (# PAD-PROTECT DAYS)
---------	--	------------------	-------------------------------------

INTRODUCTION: I'm going to ask some questions about your (menstrual status/monthly periods) several months before
(REFERENCE DATE).

Q6. (REFERENCE DATE - 3 MONTHS), what was your menstrual status? Were you:

- a. pregnant or nursing, 01
- b. still having periods, 02
- c. not having periods because of natural menopause, 03 (Q8)
- d. not having periods because of surgery to remove the uterus or both ovaries, 04 (Q8)
- e. not having periods because of radiation or chemotherapy, or 05
- f. another reason? (SPECIFY: _____) 06

Q7. (REFERENCE DATE - 1 MONTH), what was your menstrual status? Were you:

- a. not going through menopause or the change of life, 1
- b. possibly beginning menopause or the change of life, or 2
- c. going through menopause or the change of life? 3

Q8. What was the month and year of your last (menstrual/monthly) period before (REFERENCE DATE)?

/____/____/ /____/____/____/____/
(MONTH) (YEAR)

Q9. Before (REFERENCE DATE), did you have hot flashes, night sweats, or other symptoms of menopause?

- YES 1
- NO 5

Q10. Before (REFERENCE DATE), did you use hormones, either after surgery to remove one or both ovaries, or because of menopause or its symptoms?

YES 1

NO 5

Q11. Why did you use hormones? Was it because of:

Surgery to remove one or both ovaries, or 1

Menopause and its symptoms? 5

(IF Q6 = 04, SKIP TO Q13)

Q12. Using these hormones may cause women to keep having periods. What was the date of your last menstrual period before (REFERENCE DATE) and before beginning hormone use?

/____/____/ /____/____/____/____/
(MONTH) (YEAR)

Q13a. Did your doctors or other health care provider ever tell you that you had completed menopause or the change of life before (REFERENCE DATE)?

YES 1

NO 5

Q13b. How old were you when your doctor or other health care provider told you this?

/____/____/
(AGE)

INTRODUCTION: Now I would like to ask you about certain diseases, conditions, and surgeries you may have had.

(ASK Q14 - Q16 FOR ONE CONDITION BEFORE ASKING ABOUT THE NEXT CONDITION.)

CONDITION	Q14. Before (<u>REFERENCE DATE</u>), did a doctor or other health professional ever tell you that you had (<u>a.-d.</u>)?	Q15. At what age did a doctor or other health professional first tell you that you had (<u>a.-d.</u>)?	Q16. Have you ever been hospitalized, had surgery or biopsy, or been prescribed medication for this condition? (CODE ALL THAT APPLY)
a. fibroids, fibroid tumors, or uterine fibroids	YES 1 NO 5 (Q14b)	/____/____/ (AGE)	NO 1 HOSPITALIZED 2 SURGERY/BIOPSY 3 MEDICATION(S) 4
b. cysts on the ovary	YES 1 NO 5 (Q14c)	/____/____/ (AGE)	NO 1 HOSPITALIZED 2 SURGERY/BIOPSY 3 MEDICATION(S) 4
c. Endometriosis	YES 1 NO 5 (Q14d)	/____/____/ (AGE)	NO 1 HOSPITALIZED 2 SURGERY/BIOPSY 3 MEDICATION(S) 4
d. Stein-Leventhal syndrome	YES 1 NO 5 (Q17)	/____/____/ (AGE)	NO 1 HOSPITALIZED 2 SURGERY/BIOPSY 3 MEDICATION(S) 4

Q17. Before (REFERENCE DATE), did you have a hysterectomy (that is, did you have your womb or uterus removed causing your periods to stop)?

YES 1
NO 5 (Q19)

Q18. During what month and year did you have your hysterectomy?

/____/____/____/____/
(MONTH) (YEAR)

Q19. Before (REFERENCE DATE), did you ever have any surgery to remove either part or all of one or both of your ovaries? Surgeries include aspirations, wedge resections on the ovaries, and cysts removed from the ovaries.

YES 1
NO 5 (Q23)

Q20. How many surgeries did you have?

/___/___/
SURGERIES

	Q21. In what month and year did you have the (1st/2nd/3rd) operation?	Q22. What exactly was removed during that operation? (CODE ONLY ONE)
1st	/___/___/ /___/___/___/___/ (MONTH) (YEAR)	ONE OVARY (TOTAL) 1 ONE OVARY (PARTIAL) 2 BOTH OVARIES (TOTAL) 3 BOTH OVARIES (PARTIAL) 4 BOTH OVARIES (ONE TOTAL, ONE PARTIAL) 5 UNKNOWN OVARIAN STATUS 6
2nd	/___/___/ /___/___/___/___/ (MONTH) (YEAR)	ONE OVARY (TOTAL) 1 ONE OVARY (PARTIAL) 2 BOTH OVARIES (TOTAL) 3 BOTH OVARIES (PARTIAL) 4 BOTH OVARIES (ONE TOTAL, ONE PARTIAL) 5 UNKNOWN OVARIAN STATUS 6
3rd	/___/___/ /___/___/___/___/ (MONTH) (YEAR)	ONE OVARY (TOTAL) 1 ONE OVARY (PARTIAL) 2 BOTH OVARIES (TOTAL) 3 BOTH OVARIES (PARTIAL) 4 BOTH OVARIES (ONE TOTAL, ONE PARTIAL) 5 UNKNOWN OVARIAN STATUS 6

DIRECTIONS: DETERMINE NUMBER OF OVARIES AND ASK:

Q23. Therefore, as of (REFERENCE DATE), you had:

One ovary (total)		1
One ovary (partial)	2	
Both ovaries (total)	3	
Both ovaries (partial)	4	
Both ovaries (one total, one partial)		5
Unknown ovarian status	6	

Is that correct?

YES	1	(NEXT SECTION)
-----	---	----------------

NO	5	(Q19)
----	---	-------

CONTINUATION SHEETS: USE THIS FORM TO RECORD INFORMATION ABOUT ALL OTHER JOBS.

Q7_. What was the (next/other) job you had for three months or longer?

(JOB TITLE)

Q8_. (What was the month and year/How old were you) when you started this job?

/__/__/ AND /__/__/__/
(MONTH) (YEAR) OR /__/__/

(AGE)

Q9_. (What was the month and year/How old were you) when you left this job?

/__/__/ AND /__/__/__/
(MONTH) (YEAR) OR /__/__/

(AGE)

CURRENT

95

Q10_. How many hours a week (did/do) you usually work at that job?

/__/__/

(HOURS PER WEEK)

Q11_. (Did/Do) you regularly work after midnight on that job? By regularly, I mean at least four days a month for one year or more.

YES

1

NO

5

Q12_. Which term best describes the organization where you work(s/ed) at this job? Would you say it (is/was) a:

- | | |
|---|---|
| business, | 1 |
| industry | 2 |
| government, | 3 |
| educational institution, | 4 |
| non-profit or charitable organization, or | 5 |
| something else? OTHER (SPECIFY) | 6 |
-

PROBE: What (does/did) the organization do? What products does it produce? What are its activities? What services does it provide?

Q13_. What is the city and state or foreign country where (this/that) job (is/was) located?

(CITY AND STATE/ OR FOREIGN COUNTRY)

Q14_. What sort of work (did/do) you do on that job? What (were/are) your activities and duties on (this/that) job?

(ACTIVITIES AND DUTIES)

Q15_. Which of the following best describes your position in that job? Were you an employee for a wage or salary, self-employed, or did you work without pay, for example in a family business or farm?

- | | |
|--------------------|----------|
| EMPLOYEE | 1 (Q17_) |
| SELF-EMPLOYED | 3 |
| WORKED WITHOUT PAY | 5 (Q17_) |

Q16_. How many employees (did/do) you have, not counting yourself?

/___/___/___/ (Q20_)
(# OF EMPLOYEES)

Q17_. Which of the following best describes the position that you (have) held within the organization?
(Were/Are) you:

managerial,	1
supervisory, or	3
non-management?	5

Q18_. (Did/Do) you supervise anyone at this job?

YES	1
NO	5 (Q20_)

Q19_. (Did/Does) anyone whom you supervised supervise others?

YES	1
NO	5

Q20_. How frequently (were/are) you free to make decisions about how to do your job? Would you say:

usually,	1
sometimes,	3
rarely, or	5
never?	7

Q21_. (Did/Do) you use any tools and equipment on that job?

YES	1
NO	5 (Q23_)

Q22_. What tools and equipment (did/do) you use on that job?

(TOOLS and Equipment)

Q23_. (Did/Do) you use any materials and chemicals on that job?

YES	1	
NO	5	(Q25_)

Q24_. What materials and chemicals (did/do) you use on that job?

(MATERIALS AND CHEMICALS)

Q25_. (Was/Is) there a safety and health or industrial hygiene program at that worksite?

YES	1	
NO	5	(Q27_)

Q26_. (Was/Is) this an active program that (was/is) used by employees and management?

YES	1	
NO	5	

Q27_. (Did/Do) you wear any protective clothing, gloves, or a protective mask on that job?

YES	1	
NO	5	

Q28_. (Were/Are) you regularly exposed to cigarette, cigar, or pipe smoke on that job? By regularly, I mean at least two hours per week on a consistent basis.

YES 1

NO 5

Q29_. (Were/Are) you regularly exposed to sources of pollution on that job? Those sources could be an incinerator, foundry, smokestack, shipyard, or chemicals such as pesticides, fertilizers, dust or smoke.

YES 1 → What (were/are) those pollution sources? _____

NO 5

Q30_. (Were/Are) you regularly exposed to radiation on that job? Sources of radiation could be x-ray equipment, microwaves, a nuclear reactor, computers or electronic equipment?

YES 1 → What (were/are) those radiation sources? _____

NO 5

Q31_. Did you work at another job at the same time you had this job? We've already discussed full-time homemaking, but did you do part-time homemaking, or other paid or unpaid work, or volunteering, such as a summer job, or week-end job?

YES 1 (Let's discuss that job next. CONTINUATION SHEET)

NO 5

Q32_. Did you have another job after that one?

YES 1

NO 5 (Q33)

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

OCCUPATIONAL HISTORY QUESTIONNAIRE

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

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MAY 1998

INTRODUCTION: I'm going to ask you some questions about jobs you've had for three months or more since you were 13-years-old. This work history includes all full-time and part-time jobs you've had as a paid or unpaid work ,homemaker, volunteer, or student. Please include all work you've done for at least three months total; that means that if you worked at a job for a few weeks each year for several years, you probably worked at that job for three months. We'll discuss full-time homemaking first.

SECTION: FULL-TIME HOME MAKING

Q1. Have you ever been a full-time homemaker?

YES 1

NO 5 (Q6)

Q2. What was the month and year when you first started being a full-time homemaker?

/__/__/ AND /__/__/__/_/ OR /__/___/
(MONTH) (YEAR) (AGE)

Q3. Have you continued to be a full-time homemaker since then until now, have you combined full-time homemaking with other work, or have you stopped being a full-time homemaker?

CONTINUED FT HOME MAKING 1 (Q5)

COMBINED FT HOME MAKING WITH OTHER WK 3

STOPPED FT HOME MAKING 5

Q4. What was the month and year when you (started combining homemaking with other work/stopped being a full-time homemaker)?

/__/__/ AND /__/__/__/_/ OR /__/___/
(MONTH) (YEAR) (AGE)

Q5. In total about how many years (have you spent/did you spend) as a full-time homemaker?

/__/___/
YEARS

Q6. From the time you were 13 until you were (AGE AT REFERENCE DATE) have you had any part-time or full-time jobs (besides homemaking)? This includes summer jobs, week-end jobs, volunteering, and paid or unpaid work around your home, neighborhood, community or family business. Remember, this is work you did for a total of three months or more.

YES 1

NO 5 (Q33)

SECTION: FULL- AND PART-TIME PAID AND UNPAID WORK

Q7. What was the first job you had for three months or longer? What was your job title?

(JOB TITLE)

Q8. (What was the month and year/How old were you) when you started this job?

/__/__/ AND /__/__/__/_/ OR /__/___/
(MONTH) (YEAR) (AGE)

Q9. (What was the month and year/How old were you) when you left this job?

/__/__/ AND /__/__/__/_/ OR /__/___/
(MONTH) (YEAR) (AGE)

CURRENT 95

Q10. How many hours a week (did/do) you usually work at that job?

/__/___/
(HOURS PER WEEK)

Q11. (Did/Do) you regularly work after midnight on that job? By regularly, I mean at least four days a month for one year or more.

YES 1

NO 5

Q12. Which term best describes the organization where you work(s/ed) at this job? Would you say it (is/was) a:

- | | |
|---|---|
| business, | 1 |
| industry | 2 |
| government, | 3 |
| educational institution, | 4 |
| non-profit or charitable organization, or | 5 |
| something else? OTHER (SPECIFY) | 6 |

PROBE: What (does/did) the organization do? What products does it produce? What are its activities? What services does it provide?

Q13. What is the city and state or foreign country where (this/that) job (is/was) located?

(CITY AND STATE/ OR FOREIGN COUNTRY)

Q14. What sort of work (did/do) you do on that job? What (were/are) your activities and duties on (this/that) job?

(ACTIVITIES AND DUTIES)

Q15. Which of the following best describes your employment status in that job? (Were/Are) you an employee for a wage or salary, self-employed, or (did/do) you work without pay, for example in a family business or farm?

- | | |
|--------------------|---------|
| EMPLOYEE | 1 (Q17) |
| SELF-EMPLOYED | 3 |
| WORKED WITHOUT PAY | 5 (Q17) |

Q16. How many employees (did/do) you have, not counting yourself?

/ ___ / ___ / ___ / (Q20)
(# OF EMPLOYEES)

Q17. Which of the following best describes the position that you (have) held within the organization?
(Were/Are) you:

managerial,	1
supervisory, or	3
non-management?	5

Q18. (Did/Do) you supervise anyone at this job?

YES	1
NO	5 (Q20)

Q19. (Did/Does) anyone, whom you supervise, supervise someone else?

YES	1
NO	5

Q20. How frequently (were/are) you free to make decisions about how to do your job? Would you say:

usually,	1
sometimes,	3
rarely, or	5
never?	7

Q21. (Did/Do) you use any tools and equipment on that job?

YES	1
NO	5 (Q 23)

Q22. What tools and equipment (did/do) you use on that job?

(TOOLS AND EQUIPMENT)

Q23. (Did/Do) you use any materials and chemicals on that job?

YES	1	
NO	5	(Q25)

Q24. What materials and chemicals (did/do) you use on that job?

(MATERIALS AND CHEMICALS)

Q25. (Was/Is) there a safety and health or industrial hygiene program at that worksite?

YES	1	
NO	5	(Q27)

Q26. (Was/Is) this an active program that (was/is) used by employees and management?

YES	1	
NO	5	

Q27. (Did/Do) you wear any protective clothing, gloves, or a protective mask on that job?

YES	1	
NO	5	

INTRODUCTION: I'm going to ask about substances, pollution and radiation you may have been exposed to at work. We're interested in whether you were regularly exposed at work. Regularly means at least two hours per week all or almost all the time you worked at this job.

Q28. (Were/Are) you regularly exposed to cigarette, cigar, or pipe smoke on that job?

YES	1	
NO	5	

Q29. (Were/Are) you regularly exposed to sources of pollution on that job? Those sources could be an incinerator, foundry, smokestack, shipyard, or chemicals such as pesticides, fertilizers, dust or smoke.

YES

1 → What (were/are) those pollution sources? _____

NO

5

Q30. (Were/Are) you regularly exposed to radiation on that job? Sources of radiation could be x-ray equipment, microwaves, a nuclear reactor, computers or electronic equipment?

YES

1 → What (were/are) those radiation sources? _____

NO

5

Q31. Did you work at another job at the same time you had this job? We've already discussed full-time homemaking, but did you do part-time homemaking, or other paid or unpaid work, or volunteering, such as a summer job, or week-end job?

YES

1

(Let's discuss that job next. CONTINUATION SHEET)

NO

5

Q32 Did you have another job after that one?

YES

1

NO

5

(Q33)

USE CONTINUATION SHEETS TO ASK Q8 THROUGH Q32 ABOUT THE NEXT AND ALL SUCCEEDING JOBS.

SECTION: SCHOOL

Q33. Since you've been an adult, have you gone back to school, either full- or part-time?

YES	1
NO	5 (Q48)

Q34 (What was the month and year/How old were you) when you left school for the first time as a child or teenager, or because you graduated?

/__/_/ AND /__/_/_/_/ OR /__/_/
(MONTH) (YEAR) (AGE)

Q35. (What was the month and year/How old were you) when you went back to school as an adult?

/__/_/ AND /__/_/_/_/ OR /__/_/
(MONTH) (YEAR) (AGE)

Q36. (What was the month and year/How old were you) when you left or graduated school as an adult?

/__/_/ AND /__/_/_/_/ OR /__/_/
(MONTH) (YEAR) (AGE)

CURRENT 95

Q37. What was your major course or courses of study?

1. _____ 3. _____

2. _____ 4. _____

[MAJOR COURSE(S) OF STUDY]

Q38. (Did/Do) you use any tools and equipment in your studies?

YES	1
NO	5 (Q 40)

Q39. What tools and equipment (did/do) you use in your studies?

(TOOLS AND EQUIPMENT)

Q40. (Did/Do) you use any materials and chemicals in your studies?

YES	1	
NO	5	(Q42)

Q41. What materials and chemicals (did/do) you use in your studies?

(MATERIALS AND CHEMICALS)

Q42. (Was/Is) there a safety and health or industrial hygiene program at the school or in the classrooms?

YES	1	
NO	5	(Q44)
DK	9	(Q44)

Q43. (Was/Is) this an active program that (was/is) used by students and the faculty?

YES	1	
NO	5	

Q44. (Did/Do) you wear any protective clothing, gloves, or a protective mask in your studies?

YES	1	
NO	5	

Q45. (Were/Are) you regularly exposed to cigarette, cigar, or pipe smoke in your studies? By regularly, I mean at least two hours per week on a consistent basis.

YES 1

NO 5

Q46. (Were/Are) you regularly exposed to sources of pollution in your studies? Those sources could be an incinerator, foundry, smokestack, shipyard, or chemicals such as pesticides, fertilizers, dust or smoke.

YES 1 → What (were/are) those pollution sources? _____

NO 5 _____

Q47. (Were/Are) you regularly exposed to radiation in your studies? Sources of radiation could be x-ray equipment, microwaves, a nuclear reactor, computers or electronic equipment?

YES 1 → What (were/are) those radiation sources? _____

NO 5 _____

Q48. Is there anything else you would like us to know about your work history or things you might have been exposed to at work?

Thank you for your help and participation in this study.

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(PERSONAL MEDICAL HISTORY)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

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Philadelphia, PA 19122

MAY 1998

PERSONAL MEDICAL HISTORY

INTRODUCTION: These next questions ask about certain tests, diseases, conditions, and surgeries you may have had.

Q1. Before (REFERENCE DATE), how long had it been since you had a routine check-up by a doctor or other health care provider? (DO NOT READ CODE RESPONSE)

NEVER	0
LESS THAN ONE YEAR BEFORE (<u>REF DATE</u>)	1
AT LEAST ONE YEAR, BUT LESS THAN TWO YEARS BEFORE (<u>REF DATE</u>)	2
AT LEAST TWO YEARS, BUT LESS THAN THREE YEARS BEFORE (<u>REF DATE</u>)	3
AT LEAST THREE YEARS, BUT LESS THAN FOUR YEARS BEFORE (<u>REF DATE</u>)	4
FOUR OR MORE YEARS BEFORE (<u>REF DATE</u>)	5

Q2. Six months before (REFERENCE DATE), did you ever have a pelvic exam? (PROBE)

YES	1
NO	5 (Q5)

Q3. Did you have (this/these) pelvic exam(s) because of a:

	<u>YES</u>	<u>NO</u>
routine health care visit, including a Pap smear?	1	5
follow-up of previous gynecologic problems?	1	5
new gynecologic symptom?	1	5
medical problem, not gynecologic?	1	5
pregnancy check-up?	1	5
prescription for birth control pills, shots, or implants?	1	5
prescription for some other type of birth control, such as IUD?	1	5
prescription for female hormones, but not for birth control?	1	5
menopause		
or because of another reason? (SPECIFY: _____)	1	5

Q4. How many pelvic exams did you have before (REFERENCE DATE)?

/____/____/
(# OF EXAMS)

MEDICAL CONDITION	Q5. Before (<u>REFERENCE DATE</u>), did a doctor or other health care provider ever tell you that you had (<u>a.-I</u>):	Q6. In what year did a doctor or other health care provider first tell you that you had (<u>a.-I</u>)?	Q7. Did you ever have treatments for this condition, including hospitalization, surgery or medication?
a. hypertension or high blood pressure?	YES 1 NO 5 (Q5b)	/ _ / _ / _ / _ / (YEAR)	YES 1 NO 5
b. myocardial infarction or heart attack?	YES 1 NO 5 (Q5c)	/ _ / _ / _ / _ / (YEAR)	YES 1 NO 5
c. any other types of heart disease?	YES (SPECIFY: _____) 1 NO 5 (Q5d)	/ _ / _ / _ / _ / (YEAR)	YES 1 NO 5
d. stroke?	YES 1 NO 5 (Q5e)	/ _ / _ / _ / _ / (YEAR)	YES 1 NO 5
e. high cholesterol?	YES 1 NO 5 (Q5f)	/ _ / _ / _ / _ / (YEAR)	YES 1 NO 5
f. migraine headaches?	YES 1 NO 5 (Q5g)	/ _ / _ / _ / _ / (YEAR)	YES 1 NO 5
g. peptic, stomach, gastric, or duodenal ulcer?	YES 1 NO 5 (Q5h)	/ _ / _ / _ / _ / (YEAR)	YES 1 NO 5
h. epileptic seizures?	YES 1 NO 5 (Q5i)	/ _ / _ / _ / _ / (YEAR)	YES 1 NO 5

MEDICAL CONDITION	Q5. Before (<u>REFERENCE DATE</u>), did a doctor or other health care provider ever tell you that you had (<u>a-I</u>):	Q6. In what year did a doctor or other health care provider first tell you that you had (<u>a.-I.</u>)?	Q7. Did you ever have treatments for this condition, including hospitalization, surgery or chemotherapy, other medication, or radiation?																																																												
I. cancer?	<p>Yes 1 (Q5A)</p> <p>No 5 (Q8)</p> <p>Q5A. Were you diagnosed with:</p> <table> <thead> <tr> <th></th> <th><u>YES</u></th> <th><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. Breast cancer?</td> <td></td> <td>15</td> </tr> <tr> <td>b. Ovarian cancer?</td> <td>1</td> <td>5</td> </tr> <tr> <td>c. Cervical cancer?</td> <td>1</td> <td>5</td> </tr> <tr> <td>d. Uterine cancer?</td> <td>1</td> <td>5</td> </tr> <tr> <td>e. Another cancer of the female genital organs?</td> <td></td> <td>15</td> </tr> <tr> <td>f. Colon cancer?</td> <td>1</td> <td>5</td> </tr> <tr> <td>g. Melanoma?</td> <td>1</td> <td>5</td> </tr> <tr> <td>h. Lung cancer?</td> <td>1</td> <td>5</td> </tr> <tr> <td>I. Another (SPECIFY: _____)</td> <td>1</td> <td>5</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. Breast cancer?		15	b. Ovarian cancer?	1	5	c. Cervical cancer?	1	5	d. Uterine cancer?	1	5	e. Another cancer of the female genital organs?		15	f. Colon cancer?	1	5	g. Melanoma?	1	5	h. Lung cancer?	1	5	I. Another (SPECIFY: _____)	1	5	<p>a. /_/_/_/_/_/</p> <p>b. /_/_/_/_/_/</p> <p>c. /_/_/_/_/_/</p> <p>d. /_/_/_/_/_/</p> <p>e. /_/_/_/_/_/</p> <p>f. /_/_/_/_/_/</p> <p>g. /_/_/_/_/_/</p> <p>h. /_/_/_/_/_/</p> <p>I. /_/_/_/_/_/</p> <p>(YEAR)</p>	<table> <thead> <tr> <th></th> <th><u>YES</u></th> <th><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1</td> <td>5</td> </tr> <tr> <td>b.</td> <td>1</td> <td>5</td> </tr> <tr> <td>c.</td> <td>1</td> <td>5</td> </tr> <tr> <td>d.</td> <td>1</td> <td>5</td> </tr> <tr> <td>e.</td> <td>1</td> <td>5</td> </tr> <tr> <td>f.</td> <td>1</td> <td>5</td> </tr> <tr> <td>g.</td> <td>1</td> <td>5</td> </tr> <tr> <td>h.</td> <td>1</td> <td>5</td> </tr> <tr> <td>I.</td> <td>1</td> <td>5</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a.	1	5	b.	1	5	c.	1	5	d.	1	5	e.	1	5	f.	1	5	g.	1	5	h.	1	5	I.	1	5
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Q8. Before (REFERENCE DATE), did a doctor or other health care provider tell you that you had a thyroid condition?

YES	1	
NO	5	(Q16)

Q9. What thyroid condition were you told you had? (SHOW CARD #4)

a. Graves' disease	01
b. Hashimoto's disease (chronic thyroiditis)	02
c. Overactive (<u>hyperactive</u>) thyroid	03
d. Underactive (<u>hypoactive</u>) thyroid	04
e. Goiter	05
f. Nodules	06
g. Cancer	07
h. Low metabolism	08
I. Overweight	09
j. Other (SPECIFY: _____)	77
k. Don't know	98

Q10. In what year did a doctor or other health care provider first tell you that you had (THYROID CONDITION)?

/ _ / _ / _ / _ /
(YEAR)

Q11. Did you ever take medication for (THYROID CONDITION)?

Yes	1	
No	5	(Q14)

Q12. Which medication did you take? (SHOW CARD #5)

a. Thyroid USP or equivalent (Levothyroxine, Thyroxine, Desiccated thyroid) (SPECIFY: _____)	1
b. Synthroid or equivalent (SPECIFY: _____)	2
c. Thyroid gland inhibitor (SPECIFY: _____)	3
d. Other (SPECIFY: _____)	4

Q13. For how many months or years altogether did you take (MEDICINE IN Q12)?

/___/___/

MONTHS 1
YEARS 5

Q14. Did you ever have a procedure, such as surgery or radiation, e for (THYROID CONDITION)?

YES 1
NO 5 (Q16)

Q15. Did you have:

	<u>YES</u>	<u>NO</u>
a. Thyroid surgery?	1	5
b. Radioactive iodine treatment?	1	5
c. X-ray or radiation treatment?	1	5
d. Another procedure? (SPECIFY: _____)	1	5

Q16. Before (REFERENCE DATE), did a doctor or health care provider ever tell you that you have diabetes, or high sugar in your blood or urine?

YES 1
NO 5 (NEXT SECTION)

Q17. Did you have diabetes only during pregnancy, or did you have diabetes at other times?

Only during pregnancy,	1
At other times, or	2
Both during pregnancy and at other times?	3

D18. In what year did a doctor first tell you that you had diabetes other than during pregnancy?

/___/___/___/___/
(YEAR)

Q19. Did you ever take prescribe medicine or insulin for your diabetes?

YES 1

NO 5 (NEXT SECTION)

Q20. Did you take?

Pills only,	1
Insulin only, or	2
Insulin and pills?	3
OTHER (SPECIFY:_____)	4

Q21. How old were you when you started taking medication for diabetes?

/__/_/
(AGE)

MEDICATIONS AND PROCEDURES

<p>Q22. Before (<u>REFERENCE DATE</u>), did you ever take any medication for high blood pressure or fluid retention at least <u>once a week</u> for <u>one month</u> or longer?</p>									
		YES		1					
		NO		5		(Q26)			
<p>Here is a list of some of the most commonly prescribed medications taken for high blood pressure and fluid retention. (SHOW CARD #6)</p>									
	Q23. Did you take (1st/2nd/etc., GENERIC OR BRAND MEDICATION) at least once a week for one month or longer?			Q24. What was the month and year when you started taking (1st/2nd/etc., GENERIC OR BRAND MEDICATION) at least once a week for one month or longer?			Q25. For how many weeks, months, or years, did you take (1st/2nd/etc., GENERIC OR BRAND MEDICATION) for one month or longer?		
1ST MED	YES	1		/ / / (MONTH)	/ / / / / (YEAR)	/ / / (#)	WKS	1	
	NO	5 (2ND MED)					MOS	2	
2ND MED	YES	1		/ / / (MONTH)	/ / / / / (YEAR)	/ / / (#)	WKS	1	
	NO	5 (3RD MED)					MOS	2	
3RD MED	YES	1		/ / / (MONTH)	/ / / / / (YEAR)	/ / / (#)	WKS	1	
	NO	5 (4TH MED)					MOS	2	
4TH MED	YES	1		/ / / (MONTH)	/ / / / / (YEAR)	/ / / (#)	WKS	1	
	NO	5 (5TH MED)					MOS	2	
5TH MED	YES	1		/ / / (MONTH)	/ / / / / (YEAR)	/ / / (#)	WKS	1	
	NO	5 (6TH MED)					MOS	2	
6TH MED	YES	1		/ / / (MONTH)	/ / / / / (YEAR)	/ / / (#)	WKS	1	
	NO	5 (7TH MED)					MOS	2	
7TH MED	YES	1		/ / / (MONTH)	/ / / / / (YEAR)	/ / / (#)	WKS	1	
	NO	5 (8TH MED)					MOS	2	
8TH MED	YES	1		/ / / (MONTH)	/ / / / / (YEAR)	/ / / (#)	WKS	1	
	NO	5 (Q26)					MOS	2	
							YRS	3	

Q26. Did you ever take any medication for ulcers, heartburn, or other stomach condition at least once a week for one month or longer before (REFERENCE DATE)?

YES 1
NO 5 (Q 30)

Here is a list of some medications taken for ulcers, heartburn, and other stomach problems.
(SHOW CARD #7)

	Q27. Did you take (1st/2nd/etc., GENERIC OR BRAND MEDICATION) at least once a week for one month or longer?	Q28. What was the month and year when you started taking (1st/2nd/etc., GENERIC OR BRAND MEDICATION) at least once a week for one month or longer?	Q29. For how many weeks, months, or years, did you take (1st/2nd/etc., GENERIC OR BRAND MEDICATION) for one month or longer?
1ST MED	YES 1 NO 5 (2ND MED)	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3
2ND MED	YES 1 NO 5 (3RD MED)	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3
3RD MED	YES 1 NO 5 (4TH MED)	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3
4TH MED	YES 1 NO 5 (Q30)	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3

Q30. Did you ever take any medication for depression, anxiety, stress, or grief at least once a week for one month or longer before (REFERENCE DATE)?

YES 1
NO 5 (Q34)

Q31. Here is a list of some medications taken for severe or intense depression, anxiety, stress, or grief. (SHOW CARD #8) Did you ever take any of these medications at least once a week for one month or longer?

YES 1
NO 5 (Q34)

	Q31. Which one of these did you take (1st/2nd/etc.) ?	Q32. What was the month and year when you started taking (1st/2nd/etc., GENERIC OR BRAND MEDICATION) at least once a week for one month or longer?	Q33. For how many weeks, months, or years, did you take (1st/2nd/etc., GENERIC OR BRAND MEDICATION) for one month or longer?
1ST MED	_____ MEDICATION	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3
2ND MED	_____ MEDICATION	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3
3RD MED	_____ MEDICATION	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3
4TH MED	_____ MEDICATION	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3
5TH MED	_____ MEDICATION	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3
6TH MED	_____ MEDICATION	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3
7TH MED	_____ MEDICATION	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3
8TH MED	_____ MEDICATION	/__/_/ (MONTH) /__/_/_/_/ (YEAR)	/__/_/ (#) WKS 1 MOS 2 YRS 3

Q34. Before (REFERENCE DATE), did you ever take tamoxifen or Nolvadex?

YES	1	
NO	5	(Q39)

Q35. What was the month and year when you started taking tamoxifen or Nolvadex?

/__/__/	/__/__/__/_/
(MONTH)	(YEAR)

Q36. What was the month and year when you stopped taking tamoxifen or Nolvadex?

/__/__/	/__/__/__/_/
(MONTH)	(YEAR)

Q37. Before (REFERENCE DATE), for how many weeks, months, or years, total, did you take tamoxifen or Nolvadex? Include only the times you were actually taking the medicine.

/__/__/	WEEKS	1
(#)	MONTHS	2
	YEARS	3

Q38. Before (REFERENCE DATE), how many tamoxifen or Nolvadex tablets did you usually take each day?

/__/__/	PER	DAY	1
(# OF TABLETS)		WEEK	2
		MONTH	3

Q39. Did you take any other prescription medications for **six months or longer** from (TWENTY YEARS BEFORE REFERENCE DATE) to (REFERENCE DATE)? These are medications we have not already discussed.

Yes	1	
No	5	(Q43)

Q40. What is the name of the medication? (Did you take any other medication for six months or longer between [DATES]?)	Q41. How old were you when you started taking (<u>MEDICATION FROM Q40</u>)?	Q42. How old were you when you stopped taking (<u>MEDICATION FROM Q.40</u>)?
a. _____ (MEDICATION)	/__/_/ (AGE)	/__/_/ (AGE) CURRENT 95
b. _____ (MEDICATION)	/__/_/ (AGE)	/__/_/ (AGE) CURRENT 95
c. _____ (MEDICATION)	/__/_/ (AGE)	/__/_/ (AGE) CURRENT 95
d. _____ (MEDICATION)	/__/_/ (AGE)	/__/_/ (AGE) CURRENT 95
e. _____ (MEDICATION)	/__/_/ (AGE)	/__/_/ (AGE) CURRENT 95
f. _____ (MEDICATION)	/__/_/ (AGE)	/__/_/ (AGE) CURRENT 95
g. _____ (MEDICATION)	/__/_/ (AGE)	/__/_/ (AGE) CURRENT 95
h. _____ (MEDICATION)	/__/_/ (AGE)	/__/_/ (AGE) CURRENT 95
I. _____ (MEDICATION)	/__/_/ (AGE)	/__/_/ (AGE) CURRENT 95
j. _____ (MEDICATION)	/__/_/ (AGE)	/__/_/ (AGE) CURRENT 95

k. _____ (MEDICATION)	/__/_/ (AGE)	/__/_/ (AGE)
		CURRENT 95

Q43. Before (<u>REFERENCE DATE</u>), did you ever have a physical breast exam by a doctor or other health care provider?	YES 1
	NO 5 (Q45)
Q44. How old were you when you first had a physical breast exam?	
/__/_/ (AGE)	
Q45. Before (<u>REFERENCE DATE</u>), did you ever have a mammogram?	
YES 1	
NO (Q49)	
Q46. How old were you when you had your first mammogram?	
/__/_/ (AGE)	
Q47. Approximately how many mammograms have you had in your whole life?	
/__/_/ (Number)	
Q48. How old were you when you had your (<u>2nd, 3rd, etc.</u>) mammogram?	
<u>AGE</u>	
2ND	/__/_/
3RD	/__/_/
4TH	/__/_/
5TH	/__/_/
6TH	/__/_/
7TH	/__/_/
8TH	/__/_/
9TH	/__/_/
10TH	/__/_/

Q49. Have you ever had any type of breast surgery or procedure for any reason?

YES 1
NO 5 (NEXT SECTION)

	Q50. What was the (1st/next) procedure or surgery you had?	Q51. In what month and year did you have this procedure?	(IF Q50=04,05,06,07, 08 SKIP TO NEXT SECTION; IF Q50=01,02,03 ASK:) Q52. How was the problem with your breast first discovered?	Q53. Which breast was involved?	Q54. Was cancer found?
1ST	TOTAL REMOVAL OF BREAST 01 CYST REMOVAL, BIOPSY, LUMPECTOMY, PARTIAL REMOVAL OF BREAST 02 ASPIRATION OR NEEDLE BIOPSY 03 IMPLANT SURGERY (TISSUE) 04 IMPLANT SURGERY (SILICONE) 05 IMPLANT SURGERY (SALINE) 06 IMPLANT (TYPE UNKNOWN) 07 REDUCTION SURGERY 08	/__/__/ __/__/__/__/ (MONTH) (YEAR) OR /__/__/ (AGE)	ROUTINE SELF-BREAST EXAM 01 ACCIDENTAL SELF-DISCOVERY 02 PARTNER DISCOVERED 03 ROUTINE BREAST EXAM BY DOCTOR OR OTHER PROVIDER 04 ROUTINE SCREENING MGRAM 05 FOLLOW-UP MAMMOGRAM FOR A PRIOR BREAST PROBLEM 06 OTHER (SPECIFY: _____) 07	LEFT 1 RIGHT 2 BOTH 3	YES 1 NO 5 (Q50)
2ND	TOTAL REMOVAL OF BREAST 01 CYST REMOVAL, BIOPSY, LUMPECTOMY, PARTIAL REMOVAL OF BREAST 02 ASPIRATION OR NEEDLE BIOPSY 03 IMPLANT SURGERY (TISSUE) 04 IMPLANT SURGERY (SILICONE) 05 IMPLANT SURGERY (SALINE) 06 IMPLANT (TYPE UNKNOWN) 07 REDUCTION SURGERY 08	/__/__/ __/__/__/__/ (MONTH) (YEAR) OR /__/__/ (AGE)	ROUTINE SELF-BREAST EXAM 01 ACCIDENTAL SELF-DISCOVERY 02 PARTNER DISCOVERED 03 ROUTINE BREAST EXAM BY DOCTOR OR OTHER PROVIDER 04 ROUTINE SCREENING MGRAM 05 FOLLOW-UP MAMMOGRAM FOR A PRIOR BREAST PROBLEM 06 OTHER (SPECIFY: _____) 07	LEFT 1 RIGHT 2 BOTH 3	YES 1 NO 5 (Q50)

3RD	TOTAL REMOVAL OF BREAST 01	/___/___/ /___/___/___/ (MONTH) (YEAR)	ROUTINE SELF-BREAST EXAM 01	LEFT 1 RIGHT 2 BOTH 3	YES 1 NO 5 (Q50)
	CYST REMOVAL, BIOPSY, LUMPECTOMY,		ACCIDENTAL SELF-DISCOVERY 02		
	PARTIAL REMOVAL OF BREAST 02	PARTNER DISCOVERED 03			
	ASPIRATION OR NEEDLE BIOPSY 03	OR	ROUTINE BREAST EXAM BY DOCTOR OR OTHER PROVIDER 04		
	IMPLANT SURGERY (TISSUE) 04		ROUTINE SCREENING MGRAM 05		
	IMPLANT SURGERY (SILICONE) 05		FOLLOW-UP MAMMOGRAM FOR A PRIOR BREAST PROBLEM 06		
	IMPLANT SURGERY (SALINE) 06		OTHER (SPECIFY: _____) 07		
	IMPLANT (TYPE UNKNOWN) 07				
REDUCTION SURGERY 08					

	Q50. What was the (1st/next) procedure or surgery you had?	Q51. In what month and year did you have this procedure?	(IF Q50=04,05,06,07, 08 SKIP TO NEXT SECTION; IF Q50=01,02,03 ASK:) Q52. How was the problem with your breast first discovered?	Q53. Which breast was involved?	Q54. Was cancer found?
4TH	TOTAL REMOVAL OF BREAST 01	/___/___/ /___/___/___/ (MONTH) (YEAR)	ROUTINE SELF-BREAST EXAM 01	LEFT 1 RIGHT 2 BOTH 3	YES 1 NO 5 (Q50)
	CYST REMOVAL, BIOPSY, LUMPECTOMY,		ACCIDENTAL SELF-DISCOVERY 02		
	PARTIAL REMOVAL OF BREAST 02	PARTNER DISCOVERED 03			
	ASPIRATION OR NEEDLE BIOPSY 03	OR	ROUTINE BREAST EXAM BY DOCTOR OR OTHER PROVIDER 04		
	IMPLANT SURGERY (TISSUE) 04		ROUTINE SCREENING MGRAM 05		
	IMPLANT SURGERY (SILICONE) 05		FOLLOW-UP MAMMOGRAM FOR A PRIOR BREAST PROBLEM 06		
	IMPLANT SURGERY (SALINE) 06		OTHER (SPECIFY: _____) 07		
	IMPLANT (TYPE UNKNOWN) 07				
REDUCTION SURGERY 08					

5TH	TOTAL REMOVAL OF BREAST	01	/___/___/ /___/___/___/___/ (MONTH) (YEAR)	OR	/___/___/ (AGE)	ROUTINE SELF-BREAST EXAM	01	LEFT 1 RIGHT 2 BOTH 3	YES 1 NO 5 (Q50)
	CYST REMOVAL, BIOPSY, LUMPECTOMY,					ACCIDENTAL SELF-DISCOVERY	02		
	PARTIAL REMOVAL OF BREAST	02				PARTNER DISCOVERED	03		
	ASPIRATION OR NEEDLE BIOPSY	03				ROUTINE BREAST EXAM BY			
	IMPLANT SURGERY (TISSUE)	04				DOCTOR OR OTHER PROVIDER	04		
	IMPLANT SURGERY (SILICONE)	05				ROUTINE SCREENING MGRAM	05		
	IMPLANT SURGERY (SALINE)	06				FOLLOW-UP MAMMOGRAM FOR A			
	IMPLANT (TYPE UNKNOWN)	07				PRIOR BREAST PROBLEM			
	REDUCTION SURGERY	08					06		
						OTHER (SPECIFY: _____)	07		
6TH	TOTAL REMOVAL OF BREAST	01	/___/___/ /___/___/___/___/ (MONTH) (YEAR)	OR	/___/___/ (AGE)	ROUTINE SELF-BREAST EXAM	01	LEFT 1 RIGHT 2 BOTH 3	YES 1 NO 5 (Q50)
	CYST REMOVAL, BIOPSY, LUMPECTOMY,					ACCIDENTAL SELF-DISCOVERY	02		
	PARTIAL REMOVAL OF BREAST	02				PARTNER DISCOVERED	03		
	ASPIRATION OR NEEDLE BIOPSY	03				ROUTINE BREAST EXAM BY			
	IMPLANT SURGERY (TISSUE)	04				DOCTOR OR OTHER PROVIDER	04		
	IMPLANT SURGERY (SILICONE)	05				ROUTINE SCREENING MGRAM	05		
	IMPLANT SURGERY (SALINE)	06				FOLLOW-UP MAMMOGRAM FOR A			
	IMPLANT (TYPE UNKNOWN)	07				PRIOR BREAST PROBLEM			
	REDUCTION SURGERY	08					06		
						OTHER (SPECIFY: _____)	07		

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(PREGNANCY HISTORY)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

Janet Daling, Ph.D.
And
Linda Cook, Ph.D.,
Fred Hutchinson Cancer Research Center

and

Institute for Survey Research
Temple University
of the Commonwealth System of Higher Education
1601 North Broad Street
Philadelphia, PA 19122

MAY 1998

PREGNANCY HISTORY

INTRODUCTION: The next questions ask about your pregnancy history. This includes live births, stillbirths, miscarriages, abortions, and tubal, molar, and other ectopic pregnancies.

Q1. On or before (REFERENCE DATE), were you ever pregnant?

YES

1

NO

5

(NEXT SECTION)

Q2. Before (REFERENCE DATE), how many times have you been pregnant? Be sure to count your current pregnancy if you were pregnant on (REFERENCE DATE), and include all pregnancies even if they did not result in a live birth.

/___/___/

(# OF PREGNANCIES)

P R E G N A N C Y	<p>Let's start with your first pregnancy.</p> <p>Q3. What was the outcome of your (1st/2nd/3rd/etc.) pregnancy: (SHOW CARD)</p>	<p>(ASK ONLY IF Q3 = 05)</p> <p>Q4. I am interested in knowing how that pregnancy was confirmed. Was it confirmed by a doctor, home test, or some other method?</p>	<p>(IF Q3 = 05, 06, OR 07, THEN ASK):</p> <p>Q5. Counting from your last menstrual period, how many weeks did that pregnancy last?</p> <p>(IF Q3 = 01, 02, 03, 04, OR 77, THEN ASK):</p> <p>How many months did that pregnancy last?</p> <p>(IF Q3 = 08, THEN ASK):</p> <p>How long have you been pregnant prior to (REFERENCE DATE)?</p>
1st	<p>SINGLE LIVE BIRTH? 01 (Q5)</p> <p>MULTI. BIRTH, ANY LIVING? 02 (Q5)</p> <p>MULTI. BIRTH, NONE LIVING? 03 (Q5)</p> <p>STILLBIRTH? 04 (Q5)</p> <p>MISCARRIAGE? 05</p> <p>INDUCED ABORTION? 06 (Q5)</p> <p>ECTOPIC OR TUBAL? 07 (Q5)</p> <p>CURRENTLY PREGNANT (ON REFERENCE DATE)? 08 (Q5)</p> <p>OTHER? (SPECIFY):_____ 77 (Q5)</p>	<p>DOCTOR/LAB TEST 1</p> <p>HOME TEST 2</p> <p>OTHER (SPECIFY):_____ 7</p> <p>NOT CONFIRMED 0</p>	<p>/____/____/</p> <p># OF</p> <p>WEEKS 1</p> <p>MONTHS 2</p>
2nd	<p>SINGLE LIVE BIRTH? 01 (Q5)</p> <p>MULTI. BIRTH, ANY LIVING? 02 (Q5)</p> <p>MULTI. BIRTH, NONE LIVING? 03 (Q5)</p> <p>STILLBIRTH? 04 (Q5)</p> <p>MISCARRIAGE? 05</p> <p>INDUCED ABORTION? 06 (Q5)</p> <p>ECTOPIC OR TUBAL? 07 (Q5)</p> <p>CURRENTLY PREGNANT (ON REFERENCE DATE)? 08 (Q5)</p> <p>OTHER? (SPECIFY):_____ 77 (Q5)</p>	<p>DOCTOR/LAB TEST 1</p> <p>HOME TEST 2</p> <p>OTHER (SPECIFY):_____ 7</p> <p>NOT CONFIRMED 0</p>	<p>/____/____/</p> <p># OF</p> <p>WEEKS 1</p> <p>MONTHS 2</p>
3rd	<p>SINGLE LIVE BIRTH? 01 (Q5)</p> <p>MULTI. BIRTH, ANY LIVING? 02 (Q5)</p> <p>MULTI. BIRTH, NONE LIVING? 03 (Q5)</p> <p>STILLBIRTH? 04 (Q5)</p> <p>MISCARRIAGE? 05</p> <p>INDUCED ABORTION? 06 (Q5)</p> <p>ECTOPIC OR TUBAL? 07 (Q5)</p> <p>CURRENTLY PREGNANT (ON REFERENCE DATE)? 08 (Q5)</p> <p>OTHER? (SPECIFY):_____ 77 (Q5)</p>	<p>DOCTOR/LAB TEST 1</p> <p>HOME TEST 2</p> <p>OTHER (SPECIFY):_____ 7</p> <p>NOT CONFIRMED 0</p>	<p>/____/____/</p> <p># OF</p> <p>WEEKS 1</p> <p>MONTHS 2</p>

(DO NOT ASK IF Q3 = 08) Q6. On what date did that pregnancy end?	Q7. During this pregnancy, did you develop high blood pressure, diabetes, toxemia, eclampsia or pre-eclampsia, or frequent nausea?	(IF Q3=01 OR 02, CONTINUE. OTHERWISE SKIP TO Q3 OR NEXT SEC) Q8. (Was this baby/ Were any of these babies) delivered by a Cesarean section, or C-section	Q9. What is the sex of the (baby/babies)?	Q10. How much did (this baby/ these babies) weigh at birth?	Q11. Did you breast feed (this baby/ any of these babies) for at least two weeks or longer?
/__/_/ (MONTH) /__/_/____/ (YEAR)	YES 1 NO 5	YES 1 NO 5	MALE 1 FEMALE 2 BOTH (MULTIPLE) 3	/__/_/____/ (POUNDS) /__/_/____/ (OUNCES) OR /__/_/____/ (KILOGRAMS)	YES 1 NO 5 (Q15)
/__/_/____/ (MONTH) /__/_/____/____/ (YEAR)	YES 1 NO 5	YES 1 NO 5	MALE 1 FEMALE 2 BOTH (MULTIPLE) 3	/__/_/____/ (POUNDS) /__/_/____/ (OUNCES) OR /__/_/____/ (KILOGRAMS)	YES 1 NO 5 (Q15)
/__/_/____/ (MONTH) /__/_/____/____/ (YEAR)	YES 1 NO 5	YES 1 NO 5	MALE 1 FEMALE 2 BOTH (MULTIPLE) 3	/__/_/____/ (POUNDS) /__/_/____/ (OUNCES) OR /__/_/____/ (KILOGRAMS)	YES 1 NO 5 (Q15)

Q12. How old (was the baby/were the babies) when you stopped breast-feeding (him or her/them)?	Q13. How old (was the baby/were the babies) when (he/she/they) began to take any food, formula, or milk other than breast milk regularly?	Q14. Why did you stop breast-feeding?	Q15. Did you ever receive a shot or pill to dry up your milk?
<div> <div>/___/___/</div> <div>AGE</div> </div> <div> <div>WEEKS</div> <div>1</div> </div> <div> <div>MONTHS</div> <div>3</div> </div> <div> <div>YEARS</div> <div>5</div> </div>	<div> <div>/___/___/</div> <div>AGE</div> </div> <div> <div>WEEKS</div> <div>1</div> </div> <div> <div>MONTHS</div> <div>3</div> </div> <div> <div>YEARS</div> <div>5</div> </div>	<div> <div>NORMAL WEANING</div> <div>1</div> </div> <div> <div>INSUFFICIENT MILK</div> <div>2</div> </div> <div> <div>PAINFUL NURSING</div> <div>3</div> </div> <div> <div>BREAST INFECTION OR MASTITIS</div> <div>4</div> </div> <div> <div>WENT TO WORK/INCONVENIENCE</div> <div>5</div> </div> <div> <div>OTHER (SPECIFY):</div> <div>8</div> </div> <div>_____</div>	<div> <div>YES</div> <div>1</div> </div> <div> <div>NO</div> <div>5</div> </div>
<div> <div>/___/___/</div> <div>AGE</div> </div> <div> <div>WEEKS</div> <div>1</div> </div> <div> <div>MONTHS</div> <div>3</div> </div> <div> <div>YEARS</div> <div>5</div> </div>	<div> <div>/___/___/</div> <div>AGE</div> </div> <div> <div>WEEKS</div> <div>1</div> </div> <div> <div>MONTHS</div> <div>3</div> </div> <div> <div>YEARS</div> <div>5</div> </div>	<div> <div>NORMAL WEANING</div> <div>1</div> </div> <div> <div>INSUFFICIENT MILK</div> <div>2</div> </div> <div> <div>PAINFUL NURSING</div> <div>3</div> </div> <div> <div>BREAST INFECTION OR MASTITIS</div> <div>4</div> </div> <div> <div>WENT TO WORK/INCONVENIENCE</div> <div>5</div> </div> <div> <div>OTHER (SPECIFY):</div> <div>8</div> </div> <div>_____</div>	<div> <div>YES</div> <div>1</div> </div> <div> <div>NO</div> <div>5</div> </div>

/___/___/ AGE	/___/___/ AGE	NORMAL WEANING INSUFFICIENT MILK PAINFUL NURSING BREAST INFECTION OR MASTITIS WENT TO WORK/INCONVENIENCE OTHER (SPECIFY): _____	1 2 3 4 5 8	YES 1 NO 5
WEEKS 1	WEEKS 1			
MONTHS 3	MONTHS 3			
YEARS 5	YEARS 5			

P R E G N A N C Y	Q3. What was the outcome of your (1st/2nd/3rd/etc.) pregnancy: (SHOW CARD)	(ASK ONLY IF Q3 = 05) Q4. I am interested in knowing how that pregnancy was confirmed. Was it confirmed by a doctor, home test, or some other method?	(IF Q3 = 05, 06, OR 07, THEN ASK): Q5. Counting from your last menstrual period, how many weeks did that pregnancy last? (IF Q3 = 01, 02, 03, 04, OR 77, THEN ASK): How many months did that pregnancy last? (IF Q3 = 08, THEN ASK): How long have you been pregnant prior to (REFERENCE DATE)?
4th	SINGLE LIVE BIRTH? 01 (Q5) MULTI. BIRTH, ANY LIVING? 02 (Q5) MULTI. BIRTH, NONE LIVING? 03 (Q5) STILLBIRTH? 04 (Q5) MISCARRIAGE? 05 INDUCED ABORTION? 06 (Q5) ECTOPIC OR TUBAL? 07 (Q5) CURRENTLY PREGNANT (ON REFERENCE DATE)? 08 (Q5) OTHER? (SPECIFY):_____ 77 (Q5)	DOCTOR/LAB TEST 1 HOME TEST 2 OTHER (SPECIFY):_____ 7 NOT CONFIRMED 0	/___/___/ # OF WEEKS 1 MONTHS 2

5th	SINGLE LIVE BIRTH?	01 (Q5)	DOCTOR/LAB TEST	1	/___/___/ # OF		
	MULTI. BIRTH, ANY LIVING?	02 (Q5)					
	MULTI. BIRTH, NONE LIVING?	03 (Q5)					
	STILLBIRTH?	04 (Q5)					
	MISCARRIAGE?	05					
	INDUCED ABORTION?	06 (Q5)					
	ECTOPIC OR TUBAL?	07 (Q5)					
	CURRENTLY PREGNANT (ON REFERENCE DATE)?	08 (Q5)				NOT CONFIRMED	0
OTHER? (SPECIFY):_____	77 (Q5)						
6th	SINGLE LIVE BIRTH?	01 (Q5)	DOCTOR/LAB TEST	1	/___/___/ # OF		
	MULTI. BIRTH, ANY LIVING?	02 (Q5)					
	MULTI. BIRTH, NONE LIVING?	03 (Q5)					
	STILLBIRTH?	04 (Q5)					
	MISCARRIAGE?	05					
	INDUCED ABORTION?	06 (Q5)					
	ECTOPIC OR TUBAL?	07 (Q5)					
	CURRENTLY PREGNANT (ON REFERENCE DATE)?	08 (Q5)				NOT CONFIRMED	0
OTHER? (SPECIFY):_____	77 (Q5)						

(DO NOT ASK IF Q3 = 08)	Q7. During this pregnancy, did you develop high blood pressure, diabetes, toxemia, eclampsia or pre-eclampsia, or frequent nausea?	Q8. (Was this baby/ Were any of these babies) delivered by a Cesarean section, or C-section?	Q9. What is the sex of the (baby/babies)?	Q10. How much did (this baby/ these babies) weigh at birth?	Q11. Did you breast feed (this baby/ any of these babies) for at least two weeks or longer?
Q6. On what date did that pregnancy end?					
/___/___/ (MONTH) /___/___/___/___/ (YEAR)	YES 1 NO 5	YES 1 NO 5	MALE 1 FEMALE 2 BOTH (MULTIPLE) 3	/___/___/ (POUNDS) /___/___/ (OUNCES) OR /___/___/ (KILOGRAMS)	YES 1 NO 5 (Q15)

Q12. How old (was the baby/were the babies) when you stopped breast-feeding (him or her/them)?	Q13. How old (was the baby/were the babies) when (he/she/they) began to take any food, formula, or milk other than breast milk regularly?	Q14. Why did you stop breast-feeding?	Q15. Did you ever receive a shot or pill to dry up your milk?
<div>/___/___/</div> <div>AGE</div> <div>WEEKS 1</div> <div>MONTHS 3</div> <div>YEARS 5</div>	<div>/___/___/</div> <div>AGE</div> <div>WEEKS 1</div> <div>MONTHS 3</div> <div>YEARS 5</div>	<div>NORMAL WEANING 1</div> <div>INSUFFICIENT MILK 2</div> <div>PAINFUL NURSING 3</div> <div>BREAST INFECTION OR MASTITIS 4</div> <div>WENT TO WORK/INCONVENIENCE 5</div> <div>OTHER (SPECIFY): 8</div> <div>_____</div>	<div>YES 1</div> <div>NO 5</div>
<div>/___/___/</div> <div>AGE</div> <div>WEEKS 1</div> <div>MONTHS 3</div> <div>YEARS 5</div>	<div>/___/___/</div> <div>AGE</div> <div>WEEKS 1</div> <div>MONTHS 3</div> <div>YEARS 5</div>	<div>NORMAL WEANING 1</div> <div>INSUFFICIENT MILK 2</div> <div>PAINFUL NURSING 3</div> <div>BREAST INFECTION OR MASTITIS 4</div> <div>WENT TO WORK/INCONVENIENCE 5</div> <div>OTHER (SPECIFY): 8</div> <div>_____</div>	<div>YES 1</div> <div>NO 5</div>

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(PRENATAL HISTORY)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

Janet Daling, Ph.D.
And
Linda Cook, Ph.D.,
Fred Hutchinson Cancer Research Center

and

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Temple University
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1601 North Broad Street
Philadelphia, PA 19122

MAY 1998

PRENATAL HISTORY

INTRODUCTION: Now I am going to ask you some questions about your mother's pregnancy history. First of all, were you adopted? IF RESPONDENT ANSWERS "YES," ASK IF SHE KNOWS ABOUT HER BIOLOGICAL MOTHER'S PREGNANCY. IF SO, CHECK HERE ☐ AND CONTINUE. OTHERWISE, SKIP TO NEXT SECTION.

Q1. How old was your mother when you were born?

AGE

Q2. Before you were born, did your mother have any pregnancies that resulted in a live birth?

YES.....1
NO.....5
DK.....8

Q3. Were any of these live births twins or multiple births?

YES..... 1
NO.....5 (Q5)
DK.....8 (Q5)

Q4. How many of these births before you were twins or multiple births?

TWIN OR MULT. BIRTHS

Q5. Did your mother have any live births before you that were single births?

YES.....1
NO.....5 (Q7)
DK.....8 (Q7)

Q6. How many single births did she have before you?

SINGLE BIRTHS

Q7. Did your mother have any pregnancies, before you were born, that resulted in a stillbirth?

YES.....1
NO.....5 (Q9)
DK.....8 (Q9)

STILLBIRTHS

YES.....1 (Q11)
NO.....5
DK.....8

YES.....1
NO.....5 (Q13)
DK.....8 (Q13)

YES.....1
NO.....5
DK.....8

YES.....1
NO.....5
DK.....8

____/____/____/____/____/____
POUNDS AND OUNCES (Q14)

OR
/ _ / _ /
KG
DK.....8

YES.....1
NO.....5
DK.....8

YES.....1
NO.....5
DK.....8

Q14. Did your mother smoke cigarettes during her pregnancy with you? PROBE: Did your mother ever talking about giving up smoking or continuing to smoke when she was pregnant with you?

YES.....1
NO.....5
DK.....8

Q15. Did your mother drink alcohol during her pregnancy with you? your mother ever talking about giving up drinking or continuing to drink when she was pregnant with you?

YES.....1
NO.....5
DK.....8

Q16. Did your mother take DES while she was pregnant with you?

YES.....1
NO.....5
DK.....8

Q17. Did your mother take hormones or hormone medication while she was pregnant with you?

YES..... 1
NO.....5
DK.....8

DIRECTIONS: IF ANY OF THE ANSWERS TO Q13 THROUGH Q17 ARE "DON'T KNOW," ASK "Is your mother still living?" IF YES, ASK Q18. IF NO, SKIP TO THE NEXT SECTION.

Q18. Would you be willing to contact your mother to find out (your birthweight/ whether she smoked cigarettes during her pregnancy/if she used DES or other hormones during her pregnancy with you)?

YES.....1
NO.....5

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

SOCIODEMOGRAPHIC AND CULTURAL FACTORS QUESTIONNAIRE
OF THE
BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

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MAY 1998

Question A43 is missing from the following questionnaire. The following should be inserted as question A43 of this questionnaire:

A43. Because of your race, have you ever experienced discrimination, been prevented from doing something, or been made to feel inferior in any of the following situations:

	<u>Yes</u>	<u>No</u>
At school?	1	5
Getting a job?	1	5
At work?	1	5
Getting housing?	1	5
Getting medical care?	1	5
On the street or in a public setting?	1	5
From the police or in the courts?	1	5

INTRODUCTION: I'm going to ask you some questions about your family's background.

A. Social and Demographic Characteristics

A1. What is your date of birth?

_____/_____/_____
(MONTH) (DAY) (YEAR)

A2. What do you consider to be your race or ethnic group? If you belong to more than one group, please tell me all the groups you belong to. (SHOW CARD)

- | | |
|--|----|
| White or European-American | 01 |
| Black, African American, or African Ancestry | 02 |
| Latino/Latina or Hispanic (not including European Spanish or Portuguese) | 03 |
| Native American, Alaskan Native, or Indigenous People | 04 |
| Asian or Pacific Islander | 05 |
| Other (SPECIFY:_____) | 06 |
| REFUSED (INTRODUCTION, A 4) | 07 |
| DON'T KNOW (INTRODUCTION, A 4) | 08 |

INTRODUCTION: I'm now going to ask some questions about your family and where you and they are from.

A4. In which U.S. state, territory, or foreign country were you born?

____ (A6) ____ (A6) ____
(U.S. STATE) OR (U.S. TERRITORY) OR (FOREIGN COUNTRY)

A5. In what year did you come to the United States to stay?

/ ____ / ____ / ____ / ____ /
(YEAR)

A6. Are you a citizen of the United States?

YES	1	(IF A4=US STATE OR TERR., SKIP TO A8; IF FOREIGN COUNTRY, A7)
NO	5	(A8)

A7. Was one or both of your parents U.S. citizens or are you a citizen by naturalization?

PARENTS WERE U.S. CITIZENS	1
CITIZEN BY NATURALIZATION	5

A8. Were you adopted?

YES	1
NO	5 (A10)

A9. Do you know where your biological parents or relatives were born?

YES	1
NO	5 (A11)

A10. In which U.S. state, territory, or foreign country was your (RELATIVE) born?

	US STATE	OR U.S. TERR.	OR FOREIGN COUNTRY
mother	_____	_____	_____
father	_____	_____	_____
mother's mother	_____	_____	_____
mother's father	_____	_____	_____
father's mother	_____	_____	_____
father's father	_____	_____	_____

A11. Do you speak a language other than English at home?

YES	1	
NO	5	(A 13)

A12. Which language or languages do you speak at home?

(LANGUAGE(S))

A13. Do you live alone?

YES	1
NO	5

(IF CONDUCTING INTERVIEW IN LANGUAGE OTHER THAN ENGLISH, ASK A14-A28; OTHERWISE SKIP TO A29)

A14. How well do you speak English? Would you say:

very well,	1
well, or	3
not well?	5

A15. Do you read English?			
YES	1		
NO	5	(A 17)	
A16. How well do you read English? Would you say:			
very well,	1		
well, or	3		
not well?	5		
A17. Do you write English?			
YES	1		
NO	5	(A 19)	
A18. How well do you write English? Would you say:			
very well,	1		
well, or	3		
not well?	5		
A19. Does anyone in your household speak English?			
YES	1		
NO	5	(A 21)	
A20. In general, how well do they speak English? Would you say:			
very well,	1		
well, or	3		
not well?	5		

A21. Does anyone in your household read English?		
YES	1	
NO	5	(A 23)

A22. In general, how well do they read English? Would you say:		
very well,	1	
well, or	3	
not well?	5	

A23. Does anyone in your household write English?		
YES	1	
NO	5	(A 25)

A24. In general, how well do they write English? Would you say:		
very well,	1	
well, or	3	
not well?	5	

A25. When you were 13-years-old, did you speak a language at home other than English?		
YES	1	
NO	5	(A 27)

A26. Which language or languages did you speak at home when you were 13?		
<div style="border-bottom: 1px solid black; width: 200px; margin: 0 auto;"></div> (LANGUAGE(S))		

A27. Did anyone in your household speak English?		
YES	1	
NO	5	(A 29)

A28. How well did (you/they) speak English? Would you say:

very well,	1
well, or	3
not well?	5

A29. What is the highest year or level of school you completed? (SHOW CARD)

No years of school completed	01
Nursery school	02
Kindergarten	03
1st, 2nd, 3rd or 4th grade	04
5th, 6th, 7th or 8th grade	05
9th grade	06
10th grade	07
11th grade	08
12th grade, no diploma	09
GED	10
High school graduate (high school diploma)	11
Technical school graduate	12
Some college but no degree	13
Associate degree in college - occupational program	14
Associate degree in college - academic program	15
Bachelor's degree (e.g., BA, BS, BSN)	16
Master's degree (e.g., MA, MS, MEng, MEd, MSW, MSN)	17
Professional school degree (e.g., MD, DDS, DVM, LLB, JD)	18
Doctorate degree (e.g., PhD, EdD)	19
Other (SPECIFY: _____)	20

A30. What is your marital status? Are you currently:			
married,		1	
living together with a partner ,		2	
widowed,		3	
divorced,		4	
separated, or		5	
single and were never married or in a living-as-married relationship?		6	(A 32)

A31. What is the gender of your current or last spouse or partner? (DO NOT READ)			
MALE		1	
FEMALE		5	
OTHER (SPECIFY_____)		7	

A32. How often, if ever, do you participate in religious or spiritual activities, including prayer?			
	DAY	1	
	WEEK	2	
/____/____/____/	PER MONTH	3	
TIMES	YEAR	4	
	NEVER	999	

A33. How often do you attend religious or spiritual services at a church, synagogue, mosque, or other religious or spiritual meeting place?

/____/____/____/ TIMES	PER	DAY	1
		WEEK	2
		MONTH	3
		YEAR	4
		NEVER	999

A34. At age 13, how often did you participate in religious or spiritual activities, including prayer?

/____/____/____/ TIMES	PER	DAY	1
		WEEK	2
		MONTH	3
		YEAR	4
		NEVER	999

A35. At age 13, how often did you attend religious or spiritual services at a church, synagogue, mosque, or other religious or spiritual meeting place?

/____/____/____/ TIMES	PER	DAY	1
		WEEK	2
		MONTH	3
		YEAR	4
		NEVER	999

A36. What is the religion or spiritual tradition in which you were raised? Tell me all that apply. (SHOW CARD)

Christian

- 1 = Baptist
- 2 = Christian Church (Disciples of Christ) and Churches of Christ
- 3 = Episcopal
- 4 = Lutheran
- 5 = Methodist
- 6 = Presbyterian
- 7 = Roman Catholic
- 8 = Eastern Rite Catholic
- 9 = United Church of Christ (Congregationalist)
- 10 = Seventh-Day Adventist
- 11 = Moravian
- 12 = Pentecostal
- 13 = Reformed
- 14 = Orthodox (e.g., Russian, Greek, Ukrainian, Ethiopian; SPECIFY: _____)
- 15 = Quaker
- 16 = Christian Scientist
- 17 = Church of Latter-Day Saints (Mormon)
- 18 = Other (SPECIFY: _____)

Judaism

What is your ancestry?

- 19 = Orthodox
- 20 = Conservative
- 21 = Reform
- 22 = Reconstructionist
- 23 = Ashkenazi
- 24 = Sephardic
- 25 = Other (SPECIFY: _____)

Islam

- 26 = Sunni
- 27 = Shi'ite
- 28 = Other (SPECIFY: _____)

Buddhist

- 29 = Sect (SPECIFY: _____)

Hindu

- 30 = Sect (SPECIFY: _____)

Shinto

Wiccan

Santeria, Voodoo, or Candomble (SPECIFY: _____)

Pagan or other earth-centered religion (SPECIFY: _____)

Other (SPECIFY: _____)

Atheist

Agnostic

A37. What is your present religion or spiritual affiliation, if any? Tell me all that apply. (SHOW CARD)

Christian

- 1 = Baptist
- 2 = Christian Church (Disciples of Christ) and Churches of Christ
- 3 = Episcopal
- 4 = Lutheran
- 5 = Methodist
- 6 = Presbyterian
- 7 = Roman Catholic
- 8 = Eastern Rite Catholic
- 9 = United Church of Christ (Congregationalist)
- 10 = Seventh-Day Adventist
- 11 = Moravian
- 12 = Pentecostal
- 13 = Reformed
- 14 = Orthodox (e.g., Russian, Greek, Ukrainian, Ethiopian; SPECIFY: _____)
- 15 = Quaker
- 16 = Christian Scientist
- 17 = Church of Latter-Day Saints (Mormon)
- 18 = Other (SPECIFY: _____)

Judaism

What is your ancestry?

- 19 = Orthodox
- 20 = Conservative
- 21 = Reform
- 22 = Reconstructionist
- 23 = Ashkenazi
- 24 = Sephardic
- 25 = Other (SPECIFY: _____)

Islam

- 26 = Sunni
- 27 = Shi'ite
- 28 = Other (SPECIFY: _____)

Buddhist

- 29 = Sect (SPECIFY: _____)

Hindu

- 30 = Sect (SPECIFY: _____)

Shinto

Wiccan

Santeria, Voodoo, or Candomble (SPECIFY: _____)

Pagan or other earth-centered religion (SPECIFY: _____)

Other (SPECIFY: _____)

Atheist

Agnostic

A38. Do you consider yourself to be religious or spiritual?		
YES	1	
NO	5	

We are going to ask you a number of questions related to discrimination. Please select only one response to these questions.		
A39. If you feel you have been treated unfairly, which of these do you usually do? Do you:		
accept it as a fact of life, or do you	1	
try to do something about it?	5	

A40. And if you have been treated unfairly, which of these do you usually do? Do you:		
talk to other people about it, or do you	1	
keep it to yourself?	5	

A41. Because you are a (<u>woman/man</u>), have you ever experienced discrimination, been prevented from doing something, or been made to feel inferior in any of the following situations:		
	<u>YES</u>	<u>NO</u>
From your family or relatives while you were growing up?	1	5
From your family or relatives since you've been an adult?	1	5
At school?	1	5
Getting a job?	1	5
At work?	1	5
Getting medical care?	1	5
On the street or in a public setting?	1	5

A42. Because of your sexual preference or the sexual preference of someone in your family, have you ever experienced discrimination, been prevented from doing something, or been made to feel inferior in any of the following situations:

	<u>YES</u>	<u>NO</u>
From your family or relatives while you were growing up?	1	5
From your family or relatives since you've been an adult?	1	5
At school?	1	5
Getting a job?	1	5
At work?	1	5
Getting medical care?	1	5
On the street or in a public setting?	1	5
From the police or in the courts?	1	5

A44. Because of your socioeconomic position or social class, have you ever experienced discrimination, been prevented from doing something, or been made to feel inferior in any of the following situations:

	<u>YES</u>	<u>NO</u>
At school?	1	5
Getting a job?	1	5
At work?	1	5
Getting housing?	1	5
Getting medical care?	1	5
On the street or in a public setting?	1	5
From the police or in the courts?	1	5

A45. Because of your religion, have you ever experienced discrimination, been prevented from doing something, or been made to feel inferior in any of the following situations:

	<u>YES</u>	<u>NO</u>
At school?	1	5
Getting a job?	1	5
At work?	1	5
From your family or relatives since you've been an adult?	1	5
Getting housing?	1	5
Getting medical care?	1	5
On the street or in a public setting?	1	5

B. RESPONDENT'S OCCUPATION

INTRODUCTION: These questions ask about your usual occupation, that is the job you've held the longest, including homemaking, volunteering or being a student or retired.

B1. What is your usual occupation that is, the most typical or longest held job that best describes the kind of work you do?

(OCCUPATION)

(IF HOMEMAKER, STUDENT, VOLUNTEER, RETIREE, OR UNEMPLOYED, SKIP TO B17)

B2. How many years have you worked in that occupation?

/____/____/
(# OF YEARS)

B3. Do you currently have a job working in that occupation?

YES 1

NO 5

B4. How many hours a week (do/did) you usually work at (this/that) job?

/____/____/
(# HRS/WK)

B5. (Do/Did) you regularly work after midnight on (this/that) job? By regularly, I mean at least four days a month for one year or more.

YES 1

NO 5

B6. Which term best describes the organization where you work(ed) at this job? Would you say it (is/was) a:

Business,	1
Industry,	2
Governmental agency,	3
Educational institution,	4
Non-profit or charitable organization, or	5
something else? OTHER (SPECIFY)	6

PROBE: What (does/did) the organization do? What products does it produce? What are its activities? What services does it provide?

B7. What was the city and state or foreign country where (this/that) job (is/was) located?

(CITY AND STATE/ OR FOREIGN COUNTRY)

B8. What sort of work (do/did) you do on that job? What (are/were) your activities and duties on (this/that) job?

(ACTIVITIES AND DUTIES)

B9. (Are/Were) you an employee of a firm or organization for a wage or salary, self-employed, or (do/did) you work without pay, for example in a family business or farm?

EMPLOYEE 1 (B11)

SELF-EMPLOYED 3

WORK WITHOUT PAY 5 (B11)

B10. How many employees (do/did) you have, not counting yourself?

/____/____/____/____/ (B14)
(# OF EMPLOYEES)

B11. Which of the following best describes the position that you (have) held within the organization? (Are/Were) you:

Managerial 1

Supervisory 2

Non-management 3

B12. (Do/Did) you supervise anyone at this job?

YES 1

NO 5 (B14)

B13. (Does/Did) anyone whom you supervise(d) supervise other employees?

YES 1

NO 5

B14. How frequently (are/were) you free to make decisions about your job? Would you say:

Usually 1

Sometimes 2

Rarely, or 3

Never 4

B15. (Do/Did) you work at another job at the same time you (have/had) this job? This does not include homemaking, volunteer work, or going to school.

YES 1

NO 5

B16. Approximately how many hours per week (do/did) you work at this second job?

/ ____ / ____ /
(# HRS/WK)

B17. Approximately how many hours per week (do/did) you work at housework, home maintenance, volunteering or going to school?

/ ____ / ____ /
(# HRS/WK)

C. SPOUSE'S/PARTNER'S OCCUPATION

(IF A30=1, 2, OR 3 CONTINUE. OTHERWISE SKIP TO NEXT SECTION.)

INTRODUCTION: These questions ask about your (spouse's/partner's) usual occupation. This is the job (he/she) has held the longest, including homemaking, volunteering, or being a student or retired.

C1. What is (his/her) usual occupation that is, the most typical or longest held job that best describes the kind of work (he/she) usually did?

(OCCUPATION)

(IF HOMEMAKER, STUDENT, VOLUNTEER, RETIREE, OR UNEMPLOYED, SKIP TO C16)

C2. How many years has (he/she) worked in that occupation?

/____/____/
(# OF YEARS)

C3. Does (he/she) currently have a job working in that occupation?

YES 1

NO 5

C4. How many hours a week (does/did) (he/she) usually work (this/that) job?

/____/____/
(# HRS/WK)

C5. (Do/Did) (he/she) regularly work after midnight on (this/that) job? By regularly, I mean at least four days a month for one year or more.

YES 1

NO 5

C6. Which term best describes the organization where (he/she) work(s/ed) at this job? Would you say it (is/was) a:

Business,	1
Industry,	2
Government,	3
Educational institution,	4
Non-profit or charitable organization, or	5
something else? OTHER (SPECIFY)	6

PROBE: What (does/did) the organization do? What products does it produce? What are its activities? What services does it provide?

C7. What was the city and state or foreign country where (this/that) job (is/was) located?

(CITY AND STATE/ OR FOREIGN COUNTRY)

C8. What sort of work (do/did) (he/she) do on that job? What (are/were) (his/her) activities and duties on (this/that) job?

(ACTIVITIES AND DUTIES)

C9. (Is/Was) (he/she) an employee of a firm or organization for a wage or salary, self-employed, or (does/did) (he/she) work without pay, for example for a family business or farm?

EMPLOYEE 1 (C11)

SELF-EMPLOYED 3

WORK WITHOUT PAY 5 (C11)

C10. How many employees (do/did) (he/she) have, not counting (himself/herself)?

/____/____/____/____/ (C14)
(# OF EMPLOYEES)

C11. Which of the following best describes the position that (he/she) has held within the business or organization? (Is/Was) (he/she):	
Managerial	1
Supervisory, or	3
Non-management	5
C12. (Do/Did) you supervise anyone at this job?	
YES	1
NO	5 (C14)
C13. (Does/Did) anyone whom you supervise(d) supervise other employees?	
YES	1
NO	5
C14. How frequently (is/was) (he/she) free to make decisions about his/her job? Would you say:	
Usually	1
Sometimes	2
Rarely, or	3
Never	4
C15. (Do/Did) (he/she) work at another job at the same time (he/she) (has/had) this job? This does not includes homemaking, volunteer work, or going to school.	
YES	1
NO	5 (C17)

C16. Approximately how many hours per week (does/did) he/she work at this second job?

/ ____ / ____ /
(# HRS/WK)

C17. Approximately how many hours per week (does/did) he/she work at housework, home maintenance, volunteering or going to school?

/ ____ / ____ /
(# HRS/WK)

CONTINUATION:

C15b. (Do/Did) (he/she) work at another job at the same time (he/she) (has/had) these jobs? This does not includes homemaking, volunteer work, and going to school.

YES	1
NO	5 (C17)

C16b. Approximately how many hours per week (does/did) he/she work at this third job?

/ ____ / ____ /
(# HRS/WK)

C15c. (Do/Did) (he/she) work at another job at the same time (he/she) (has/had) these jobs? This does not includes homemaking, volunteer work, and going to school.

YES	1
NO	5 (C17)

C16c. Approximately how many hours per week (does/did) he/she work at this fourth job?

/ ____ / ____ /
(# HRS/WK)

C18. What is the highest year or level of school (he/she) completed? (SHOW CARD)

No years of school completed	01
Nursery school	02
Kindergarten	03
1st, 2nd, 3rd or 4th grade	04
5th, 6th, 7th or 8th grade	05
9th grade	06
10th grade	07
11th grade	08
12th grade, no diploma	09
GED	10
High school graduate (high school diploma)	11
Technical school graduate	12
Some college but no degree	13
Associate degree in college - occupational program	14
Associate degree in college - academic program	15
Bachelor's degree (e.g., BA, BS, BSN)	16
Master's degree (e.g., MA, MS, MEng, MEd, MSW, MSN)	17
Professional school degree (e.g., MD, DDS, DVM, LLB, JD)	18
Doctorate degree (e.g., PhD, EdD)	19
Other (SPECIFY:_____)	20

D. ECONOMIC RESOURCES

Sometimes when relatives or friends live in the same household, they pool their income and contribute to each other's support. Other times, the individuals or families keep their money separate from the rest of the

household. I'll ask you questions about your family, that is, people in your household whom you support or who help to support you or your family.

D 1. How many people, including yourself, live in your household as members of your family (meaning that they are related to you by marriage, partnership, blood, or adoption) and whom you either support or help to support you or your family? (IF A13=YES, THEN ASK: In a previous question you said that you live alone. Is that correct, or do you live with anyone else? IF R CHANGES HER ANSWER, RECODE THE ANSWER TO A13 AND CONTINUE WITH THESE QUESTIONS. OTHERWISE, SKIP TO D12.)

/ ____ / ____ /
PEOPLE

(PROBE: Did you include yourself?)

D 2. How many of these people are under 18-years-old?

/ ____ / ____ /
PEOPLE

D 3. How many are between 18- and 64-years-old?

/ ____ / ____ /
PEOPLE

D4. How many are 65-years-old or older?

/ ____ / ____ /
PEOPLE

D5. Do any other people live in your household?

YES 1

NO 5 (D 12)

D6. How many other people live in your household?

/ ____ / ____ /
PEOPLE

D7. How many of these people are under 18-years-old?

/____/____/
PEOPLE

D8. How many are between 18- and 64-years-old?

/____/____/
PEOPLE

D9. How many are 65-years-old or older?

/____/____/
PEOPLE

D10. Do any of these other people help support you or your family?

YES 1

NO 5

D11. Do you or your family help support any of these other people?

YES 1

NO 5

D12. Do you have any relatives who do not live in your household but whom you or your household family help support?

YES 1

NO 5 (D 14)

D13. How many non-household relatives do you or your family help support?

/____/____/
PEOPLE

D14. Do you have any relatives who do not live in your household but who help support you or your household family?

YES 1

NO 5 (D 16)

D15. How many non-household relatives help support you or your household family?

/____/____/
PEOPLE

INTRODUCTION: I'm about to ask some questions about income. I realize that this is sensitive information, but it is very important to this study. All your answers will be kept strictly confidential.

D16. What is your annual family income? That is, the total income from all sources before taxes earned in the past year by all family members in your household. (SHOW CARD) (RECORD OR CIRCLE RESPONDENT'S ANSWER)

\$ / ____ / ____ / ____ / ____ /

OR

less than \$1000	01
\$1000 to \$1999	02
\$2000 to \$2999	03
\$3000 to \$3999	04
\$4000 to \$4999	05
\$5000 to \$5999	06
\$6000 to \$6999	07
\$7000 to \$7999	08
\$8000 to \$8999	09
\$9000 to \$9999	10
\$10,000 to \$10,999	11
\$11,000 to \$11,999	12
\$12,000 to \$12,999	13
\$13,000 to \$13,999	14
\$14,000 to \$14,999	15
\$15,000 to \$15,999	16
\$16,000 to \$16,999	17
\$17,000 to \$17,999	18
\$18,000 to \$18,999	19
\$19,000 to \$19,999	20
\$20,000 to \$24,999	21
\$25,000 to \$29,999	22
\$30,000 to \$34,999	23
\$35,000 to \$39,999	24
\$40,000 to \$44,999	25
\$45,000 to \$49,999	26
\$50,000 to \$74,999	27
\$75,000 to \$99,999	28
\$100,000 or greater	29

D17. Did any of these sources of income contribute to your family's support in (PAST YEAR)? (SHOW CARD)

	<u>YES</u>	<u>NO</u>
a. Your main job or business	1	5
b. Your additional jobs or businesses	1	5
c. Another family member's job or business	1	5
d. Social Security or Railroad Retirement	1	5
e. Social Security Income (SSI)	1	5
f. Other survivor benefits or pensions	1	5
g. Public assistance or state (or local) welfare, including AFDC	1	5
h. Food stamps	1	5
I. Unemployment	1	5
j. Child support	1	5
k. Alimony	1	5
l. Interest or dividends	1	5
m. Rent from properties which you own	1	5
n. Illegal activities	1	5
o. Other sources	1	5

D18. Did you have any other sources of income, such as gifts of money from family members?

YES 1

NO 5 (D 20)

D19. How much money did you receive from other sources of income, such as gifts?

\$/____/____/____/____/

INTRODUCTION: Please answer the following questions for your household family we just discussed. We're including those people who are related to you by marriage, partnership, blood or adoption, and whom you support or who help to support your family.

D20. This first question asks about interest from savings accounts, money market funds, treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds, or any other investments that earn interest. Do you and family members earn interest from any of these accounts?

YES	1	
NO	5	(D22)
DK	9	(D22)

D21. How much interest did you and they earn in the past month, quarter, or year?

	MONTH	1
\$ / ____ / ____ / ____ / ____ /	PER	QUARTER 2
	YEAR	3

D22. Does anyone in your family receive dividend from stocks or mutual funds, or income from rental property, royalties, estates, or trusts?

YES	1	
NO	5	(D 24)
DK	9	(D24)

D23. How much total dividend income did you and your family earn in the past month, quarter, or year?

	MONTH	1
\$ / ____ / ____ / ____ / ____ /	PER	QUARTER 2
	YEAR	3

D24. Do you currently:

- | | | |
|--|----|--------|
| own the home you live in, | 01 | (D 26) |
| pay a mortgage on the home you live in, | 02 | |
| rent the home you live in (from someone outside your home) , | 03 | |
| pay rent to someone who lives in your home, | 04 | |
| pay no rent for the home you live in, | 05 | (D 27) |
| or do you live in a foster home, | 06 | (D 30) |
| in a school dormitory, | 07 | (D 30) |
| in a military barracks, | 08 | (D 30) |
| or somewhere else? (SPECIFY: _____) | 09 | (D 30) |
| (DO NOT READ) | | |
| DON'T KNOW | 98 | (D 30) |
| REFUSED | 10 | (D 30) |

D25. What is the monthly (rent /mortgage) payment?

\$/____/____/____/____/

PROBE: Would you say:

- | | |
|------------------------|---|
| less than \$500, | 1 |
| \$500 to \$999, | 2 |
| \$1,000 to \$1,999, or | 3 |
| \$2,000 or more? | 4 |

(IF D24=01 OR 02, ASK; OTHERWISE SKIP TO D27)

D26. About how much is this home worth on today's market?

\$/____/____/____/____/

PROBE: Would you say:

less than \$25,000	1
\$25,000 to \$49,999	2
\$50,000 to \$99,999	3
\$100,000 to \$199,999	4
\$200,000 to \$299,999	5
\$300,000 to \$499,999	6
\$500,000 or more	7

D27. How many rooms do you have in your home? Include the kitchen, living room, dining room, bedrooms, dens and family rooms, but do not include bathrooms, porches, balconies, foyers, halls, unfinished half-rooms, attics or basement space you don't use.

/____/____/
(# OF ROOMS)

D28. Do you or does your immediate family own other property, such as another home, rental property, or land?

YES	1	
NO	5	(D 30)
DON'T KNOW	8	(D 30)

D29. If you or your family sold this other property now and paid off any debts on it, about how much would you or your family get?

\$/____/____/____/____/

PROBE: Would you say:

less than \$25,000	1
\$25,000 to \$49,999	2
\$50,000 to \$99,999	3
\$100,000 to \$199,999	4
\$200,000 to \$299,999	5
\$300,000 to \$499,999	6
\$500,000 or more	7

D30. Do you or does your household family own part or all of a business, farm, or professional practice?

YES	1	
NO	5	(D 32)
DON'T KNOW	8	(D 32)

D31. (If you/If your family) sold this business, farm, or professional practice now and paid off any debts on it, about how much would (you/your family) get?

\$/____/____/____/____/

PROBE: Would you say:

less than \$25,000	1
\$25,000 to \$49,999	2
\$50,000 to \$99,999	3
\$100,000 to \$199,999	4
\$200,000 to \$299,999	5
\$300,000 to \$499,999, or	6
\$500,000 or more?	7

D32. Altogether, what is the present value of your total savings, assets, and property including home?
(SHOW CARD)

LESS THAN \$500	01
\$500 TO \$4,999	02
\$5,000 TO \$9,999	03
\$10,000 TO \$24,999	04
\$25,000 TO \$49,999	05
\$50,000 TO \$99,999	06
\$100,000 TO \$199,999	07
\$200,000 TO \$299,999	08
\$300,000 TO \$499,999	09
\$500,000 OR MORE	10

INTRODUCTION: These next questions ask about motor vehicles that you and your family keep at home for personal use. These include cars, vans, motorcycles and trucks of one-ton capacity or less.

D33. How many of these vehicles do you and your family keep at home for personal use?

NONE	1	(D 36)
ONE	2	
TWO	3	
THREE OR MORE	4	
DON'T KNOW	8	(D 36)

D34. How much (is this/is the combined worth of all these) motor vehicle(s)?

\$/____/____/____/____/

PROBE: Would you say:

less than \$2,000	1
\$2,000 to \$4,999	2
\$5,000 to \$9,999	3
\$10,000 to \$19,999	4
\$20,000 to \$49,999	5
\$50,000 to \$99,999, or	6
\$100,000 or greater?	7

D35. What (is/are) your monthly payment(s), if any, on (this/these) vehicle(s)?

\$ /____/____/____/____/
(MONTHLY PAYMENT[S])

D36. What is the approximate amount of debt you and your household family are responsible for paying off? Include student loans, credit card charges, medical or legal bills, and loans from relatives, but do not include mortgage or car loans. Would you say the total debt is:

\$/____/____/____/____/

PROBE: Would you say:

- | | |
|-----------------------|---|
| less than \$2,000? | 1 |
| \$2,000 to \$4,999? | 2 |
| \$5,000 to \$9,999? | 3 |
| \$10,000 to \$19,999? | 4 |
| \$20,000 to \$49,999? | 5 |
| \$50,000 to \$99,999? | 6 |
| \$100,000 or greater? | 7 |

E. FLUCTUATIONS IN INCOME AND FINANCIAL SITUATION

INTRODUCTION: Frequently, people's income and financial situation change over the years. I'm going to ask you questions about how your and your family's financial situation may have fluctuated over five years. I realize that this is sensitive information, but it is important in this study of women's health and breast cancer. All of your answers will be kept completely confidential.

E1. Compared to this year, would you say that your finances (one/two/three/four/five) year(s) ago, were better than this year, the same as this year, or worse than this year?

	Better than this year	Same as this year	Worse than this year
a. one year ago	1	2	3
b. two years ago	1	2	3
c. three years ago	1	2	3
d. four years ago	1	2	3
e. five years ago	1	2	3

E2. (One/Two/Three/Four /Five) year(s) ago, did you have a hard time paying rent or the mortgage, buying food or clothing, or paying for household utilities?

	YES	NO
a. one year ago	1	5
b. two years ago	1	5
c. three years ago	1	5
d. four years ago	1	5
e. five years ago	1	5

E3. If you lost your current source of income and had to rely on savings or other resources, how long could you continue to live at your current address and standard of living:

<1 MONTH,	1
1-2 MONTHS,	2
3-6 MONTHS,	3
7-12 MONTHS, OR	4
MORE THAN 1 YEAR?	5

F. HEAD OF HOUSEHOLD WHEN RESPONDENT WAS AGE 13

INTRODUCTION: Please answer the following questions about the primary wage earner in your household when you were 13-years-old.

F1. Who was the primary wage earner in your home when you were 13-years-old?

PARENT	1
STEPPARENT	2
GRANDPARENT	3
GUARDIAN	4
OTHER (SPECIFY: _____)	7

F2. What is the gender of this person?

MALE	1
FEMALE	5
OTHER (SPECIFY: _____)	7

F3. What was (his/her) usual occupation that is, the most typical or longest held job that best describes the kind of work (he/she) usually did?

(OCCUPATION)

(IF HOMEMAKER, STUDENT, VOLUNTEER, RETIREE, OR UNEMPLOYED, SKIP TO F18)

F4. How many years did (he/she) work in that occupation?

/____/____/
(# OF YEARS)

F5. How many hours a week did (he/she) usually work at jobs in that occupation?

/____/____/
(# HRS/WK)

F6. Did (he/she) regularly work after midnight at jobs in that occupation? By regularly, I mean at least four days a month for one year or more.

YES 1

NO 5

F7. Which one or more terms best describe the organizations where (he/she) worked at jobs in this occupation? Please tell me all types of organizations where (he/she) worked. Did (he/she) work at a:

	<u>YES</u>	<u>NO</u>
Business,	1	5
Industry,	1	5
Government,	1	5
Educational institution,	1	5
Non-profit or charitable organization, or 1	5	
Another organization? (SPECIFY)	1	5

PROBE: What (does/did) the organization do? What products does it produce? What are its activities? What services does it provide?

F8. What were the cities and states or foreign countries where the jobs in this occupation were located?

(CITY/STATE OR FOREIGN COUNTRY)

(CITY/STATE OR FOREIGN COUNTRY)

(CITY/STATE OR FOREIGN COUNTRY)

(CITY/STATE OR FOREIGN COUNTRY)

F9. What sort of work did (he/she) do on that job? What were (his/her) activities and duties on that job?

(ACTIVITIES AND DUTIES)

F10. Was (he/she) usually an employee of a firm or organization for a wage or salary or was (he/she) usually self-employed?

EMPLOYEE 1 (F12)

SELF-EMPLOYED 5

F11. How many employees did (he/she) have, not counting (himself/herself)?

/___/___/___/___/ (F14)
(# OF EMPLOYEES)

F12. Which of the following best describes the position that (he/she) has held within the business or organization? Was (he/she):

Managerial 1

Supervisory, or 2

Non-management 3

F13. Did (he/she) ever supervise anyone while working in this occupation?

YES 1

NO 5 (F15)

F14. Did anyone whom (he/she) supervise supervise others?

YES 1

NO 5

F15. How frequently was (he/she) free to make decisions while working at jobs in this occupation?
Would you say:

Usually 1

Sometimes 2

Rarely, or 3

Never 4

F16. Did (he/she) ever work at a second job at the same time (he/she) had a job in this occupation?
This does not include homemaking, volunteer work, or going to school.

YES 1

NO 5 (F16)

F17. Approximately how many hours per week did (he/she) work at this second job?

/___/___/
(# HRS/WK)

F18. Approximately how many hours per week did (he/she) work at housework, home maintenance,
volunteering or going to school?

/___/___/
(# HRS/WK)

CONTINUATION:

F19. Did (he/she) work at a third job at the same time (he/she) had these jobs? This does not includes homemaking, volunteer work, and going to school.

YES 1

NO 5 (F21)

F20. Approximately how many hours per week did he/she work at this third job?

/____/____/
(# HRS/WK)

F21. What is the highest year or level of school (he/she) completed? (SHOW CARD)

No years of school completed	01
Nursery school	02
Kindergarten	03
1st, 2nd, 3rd or 4th grade	04
5th, 6th, 7th or 8th grade	05
9th grade	06
10th grade	07
11th grade	08
12th grade, no diploma	09
GED	10
High school graduate (high school diploma)	11
Technical school graduate	12
Some college but no degree	13
Associate degree in college - occupational program	14
Associate degree in college - academic program	15
Bachelor's degree (e.g., BA, BS, BSN)	16
Master's degree (e.g., MA, MS, MEng, MEd, MSW, MSN)	17
Professional school degree (e.g., MD, DDS, DVM, LLB, JD)	18
Doctorate degree (e.g., PhD, EdD)	19
Other (SPECIFY:_____)	20

G. ECONOMIC RESOURCES FOR RESPONDENT'S HOUSEHOLD AT AGE 13

INTRODUCTION: Please answer the following questions about the household where you lived when you were 13-years-old.

G 1. Which adults did you live with when you were 13-years-old?

ONE PARENT	01
TWO PARENTS	02
ONE PARENT AND ONE STEPPARENT	03
ONE GRANDPARENT	04
TWO GRANDPARENTS	05
ONE GUARDIAN	06
TWO GUARDIANS	07
OTHER (SPECIFY:_____)	08

G2. What was the gender of (this person/these persons)?

	<u>MALE</u>	<u>FEMALE</u>
PERSON 1	1	2
PERSON 2	1	2
PERSON 3	1	2

I'll ask some questions about these adults and other household members of your family when you were 13-years-old. These questions concern sources of income and living situations.

- G3. Please look at this card and tell me all the sources of income that contributed to your family's income when you were 13-years-old. (SHOW CARD)

Head of household's main job or business	01
Head of household's additional jobs or businesses	02
Another family member's job or business	03
Social Security or Railroad Retirement	04
Social Security Income (SSI)	05
Other survivor benefits or pensions	06
Public assistance or state (or local) welfare, including AFDC	07
Food stamps	08
Unemployment	09
Child support	10
Alimony	11
Interest and dividends	12
Rent from properties owned by your family	13
Illegal activities	14
Other sources (SPECIFY: _____ _____)	15

G4. When you were 13, did your family own or rent their home?

OWN	1	
RENT	5	(Q 6)
OTHER (SPECIFY:_____)	7	

G5. Did your family pay a mortgage or was the mortgage paid off?

DID PAY A MORTGAGE	1
MORTGAGE PAID OFF	5

G6. Did your family own other property when you were 13-years-old, such as another home, rental property, or land?

YES	1
NO	5

G7. When you were 13, did your family own a part of a business, farm, or professional firm?

YES	1
NO	5

G8. When you were 13, how many automobiles, vans, and trucks of one ton capacity or less were kept for use by members of your household?

NONE	1
ONE	2
TWO	3
THREE OR MORE	4

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

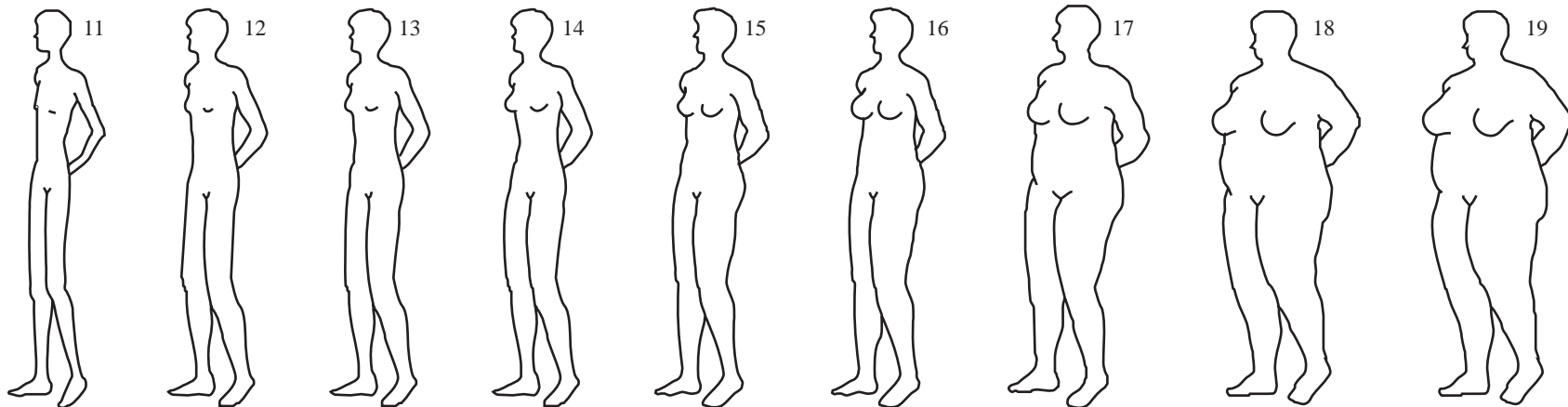
SHOW CARD 1

White or European-American	01
Black, African American, or African Ancestry	02
Latino/Latina or Hispanic (not including European Spanish or Portuguese)	03
Native American, Alaskan Native, or Indigenous People	04
Asian or Pacific Islander	05

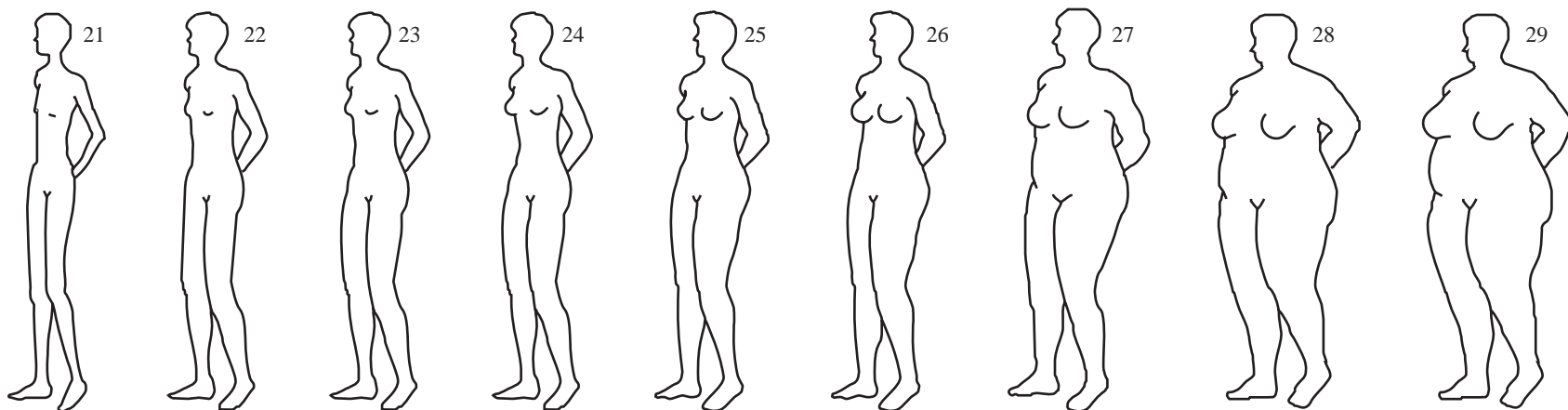
SHOW CARD 2

No years of school completed	01
Nursery school	02
Kindergarten	03
1st, 2nd, 3rd or 4th grade	04
5th, 6th, 7th or 8th grade	05
9th grade	06
10th grade	07
11th grade	08
12th grade, no diploma	09
GED	10
High school graduate (high school diploma)	11
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Professional school degree (e.g., MD, DDS, DVM, LLB, JD)	18
Doctorate degree (e.g., PhD, EdD)	19
Other (SPECIFY: _____)	20

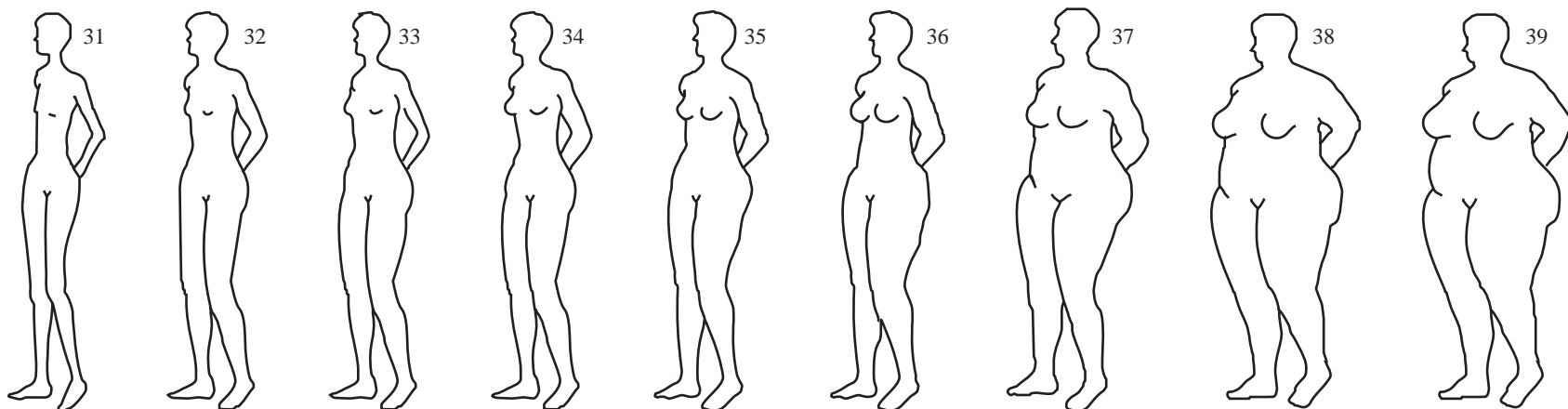
Apple-shaped:
Waist 4" – 8"
smaller than hips



Standard:
Waist 9" – 11"
smaller than hips



Pear-shaped:
Waist 12" – 16"
smaller than hips



SHOW CARD #1

METHOD CODES:

- | | |
|--|--|
| 01 - Birth Control Pills
(oral contraceptive, "The Pill") | 14 - "Morning after" pill |
| 02 - Intrauterine device
(IUD, loop, coil) | 16 - Diaphragm alone |
| 03 - Douching | 17 - Diaphragm with foam or jelly |
| 04 - Foam alone | 18 - Sterilization - Male
(vasectomy, radiation, etc.) |
| 05 - Jelly, cream, suppositories | 19 - Nursing |
| 06 - Condom alone | 20 - Cervical cap alone |
| 07 - Condom with foam or jelly | 21 - Cervical cap with foam or jelly |
| 08 - Shots (monthly, bi-monthly) | 22 - Film |
| 09 - Sponge | 23 - Hysterectomy |
| 10 - Rhythm (calendar, temperature
or Billings method) | 24 - Sterilization - Female
(tubal ligation) |
| 11 - Abstinence - not having intercourse to
avoid pregnancy | 25 - Norplant (under the skin) |
| 12 - Withdrawal | 26 - Female Condom |
| 13 - Abortion | 77 - If something else, please tell interviewer
what that is. |

SHOW CARD #2

SOME REASONS FOR USING ORAL CONTRACEPTIVES:

- 01 - Birth control
- 02 - To regulate periods
- 03 - To control menstrual pain
- 04 - To dry up milk
- 05 - To test for pregnancy
- 06 - To prevent miscarriage
- 07 - To treat infertility
- 08 - To alleviate acne
- 09 - To stop irregular bleeding
- 10 - To reduce discomfort during intercourse from dry vagina
- 11 - To treat ovarian cyst
- 12 - To treat endometriosis
- 13 - If something else, please tell interviewer what that is.

**SHOW CARD #6 - MEDICATIONS FOR HIGH BLOOD PRESSURE
AND FLUID RETENTION**

GENERIC

1. Spironolactone
2. Methyldopa
3. Hydralazine
4. Reserpine
5. Hydrochlorothiazide
(HCTZ)
6. Potassium tablets

BRAND

1. Aldactone, Aldactazide
2. Aldomet, Aldoril
3. Apresoline, Ser-Ap-Es
4. Serpasil, Ser-Ap-Es
5. Aldactazide, Aldoril,
Dyazide, Esidrix,
Hydrodiuril, Maxzide
Moduretic, Ser-Ap-Es
Vaseretic

**SHOW CARD #7 - MEDICATIONS FOR ULCERS, HEARTBURN, AND OTHER
STOMACH PROBLEMS**

GENERIC		BRAND	
1.	Nizatidine	1.	Axid
2.	Cimetidine	2.	Tagamet
3.	Famotidine	3.	Pepcid
4.	Ramitidine	4.	Zantac

SHOW CARD #8 - MEDICATIONS FOR DEPRESSION, ANXIETY, AND STRESS

- | | | | |
|-----|------------|-----|--|
| 1. | Atarx | 21. | Nardil |
| 2. | Vistaril | 22. | Parnate |
| 3. | BuSpar | 23. | Effexor |
| 4. | Librium | 24. | Paxil |
| 5. | Librax | 25. | Prozac |
| 6. | Libritabs | 26. | Other (Please tell interviewer what that is) |
| 7. | Limbitrol | 27. | Zoloft |
| 8. | Mebaral | 28. | Adapin |
| 9. | Miltown | 29. | Sinequan |
| 10. | PMB | 30. | Asendin |
| 11. | Trancopal | 31. | Elavil |
| 12. | Xanax | 32. | Endep |
| 13. | Vivactil | 33. | Etrafon |
| 14. | Desyrel | 34. | Norpramin |
| 15. | Wellbutrin | 35. | Pamelor |
| 16. | Ativan | 36. | Surmontil |
| 17. | Serax | 37. | Tofranil |
| 18. | Tranxene | 38. | Traivil |
| 19. | Valium | | |
| 20. | Valrelease | | |

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(X-RAY HISTORY)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

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MAY 1998

SECTION: X-RAY HISTORY

INTRODUCTION: X-rays have been used to diagnose and treat many health problems. I'm going to ask several questions about x-rays you have had. Let's start with dental x-rays.

Q1. Before you were 18-years-old, did you ever have **dental x-rays** during a routine dental check-up or cleaning, or for dental or orthodontic work?

YES 1

NO 5

Q2. When you were 18 years of age or older, did you ever have **dental x-rays** for a routine dental check-up or orthodontic work?

YES 1

NO 5

Q3. Before (REFERENCE DATE), have you ever had any **chest x-rays** for any reason, including screening for tuberculosis and lung cancer? Do not include mammograms.

YES 1

NO 5 (Q5)

Q4. How many **chest x-rays** have you had during your lifetime?

/__/_/_____
(NUMBER)

Q5. Before (REFERENCE DATE), have you ever had a "cat-scan?"

YES 1

NO 5 (Q 7)

Q6. How many **cat-scans** have you had during your lifetime?

/__/_/_____
(NUMBER)

INTRODUCTION: Fluoroscopy is a type of moving x-ray that displays parts of the body on a fluorescent screen. This is not an ultrasound or sonogram. Fluoroscopy has been used to diagnose and treat conditions, and to help in fitting shoes.

Q7. Before (REFERENCE DATE), did you ever have **fluoroscopy** for any reason?

YES	1	
NO	5	(Q 14)

Q8. Did you have more than one **fluoroscopy** during your lifetime?

YES	1
NO	5

	Q 9. What was (one/another) part of your body that was fluoroscoped?	Q10. Why was this part of your body fluoroscoped?	Q11. How old were you when your <u>(BODY PART RECORDED IN Q9.)</u> was first fluoroscoped?	Q12. How many fluoroscopes did you have to your <u>(BODY PART RECORDED IN Q9.)</u> ?	Q13. How old were you when you had your last fluoroscopy to the <u>(BODY PART RECORDED IN Q9.)</u> ?
1ST	HEAD 01 NECK 02 CHEST 03 FEET 04 OTHER (SPECIFY: 05 _____)	DIAGNOSIS 1 TREATMENT 3 SHOE FITTING 5 OTHER 8 (SPECIFY)_____	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (AGE)
2ND	HEAD 01 NECK 02 CHEST 03 FEET 04 OTHER (SPECIFY: 05 _____)	DIAGNOSIS 1 TREATMENT 3 SHOE FITTING 5 OTHER 8 (SPECIFY)_____	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (AGE)
3RD	HEAD 01 NECK 02 CHEST 03 FEET 04 OTHER (SPECIFY: 05 _____)	DIAGNOSIS 1 TREATMENT 3 SHOE FITTING 5 OTHER 8 (SPECIFY)_____	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (AGE)
4TH	HEAD 01 NECK 02 CHEST 03 FEET 04 OTHER (SPECIFY: 05 _____)	DIAGNOSIS 1 TREATMENT 3 SHOE FITTING 5 OTHER 8 (SPECIFY)_____	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (AGE)

INTRODUCTION: IN the past, **x-ray treatments** were given during infancy and childhood for a number of health problems, such as enlarged thymus, tonsillitis, scalp conditions, acne, and psoriasis.

Q14. Before (REFERENCE DATE), have you ever had **x-ray treatments** to the head, neck, back, or chest?

YES

1

NO

5 (NEXT SECTION)

Q15. Did you have more than one **x-ray treatment** during your lifetime?

YES

1

NO

5

	Q16. What part of your body was treated by x-rays (<u>1st/2nd/3rd/4th</u>)?	Q17. What health problem was being treated with x-rays ?	Q18. How old were you when you were first treated for (<u>HEALTH PROBLEM RECORDED IN Q 17.</u>)?	Q19. How many x-ray treatments did you have for (<u>HEALTH PROBLEM RECORDED IN Q16.</u>)?	Q20. How old were you when you had your last x-ray treatment for (<u>HEALTH PROBLEM RECORDED IN Q 17.</u>)?
1ST	HEAD 01 NECK 02 CHEST 03 BACK 04 OTHER (SPECIFY: 05 _____)	ENLARGED THYMUS 01 TONSILLITIS 02 PSORIASIS 03 OTHER SCALP PROBLEM 04 (SPECIFY:_____) 05 ACNE 06 OTHER (SPECIFY: 07 _____)	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (AGE)
2ND	HEAD 01 NECK 02 CHEST 03 BACK 04 OTHER (SPECIFY: 05 _____)	ENLARGED THYMUS 01 TONSILLITIS 02 PSORIASIS 03 OTHER SCALP PROBLEM 04 (SPECIFY:_____) 05 ACNE 06 OTHER (SPECIFY: 07 _____)	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (Age)

3RD	HEAD 01 NECK 02 CHEST 03 BACK 04 OTHER (SPECIFY: 05 _____)	ENLARGED THYMUS 01 TONSILLITIS 02 PSORIASIS 03 OTHER SCALP PROBLEM 04 (SPECIFY:_____) 05 ACNE 06 OTHER (SPECIFY: 07 _____)	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (Age)
	Q16. What part of your body was treated by x-rays (1st/2nd/3rd/4th)?	Q17. What health problem was being treated with x-rays ?	Q18. How old were you when you were first treated for (HEALTH PROBLEM <u>RECORDED IN Q 17.</u>)?	Q19. How many x-ray treatments did you have for (HEALTH PROBLEM <u>RECORDED IN</u> <u>Q16.</u>)?	Q20. How old were you when you had your last x-ray treatment for (HEALTH PROBLEM <u>RECORDED IN</u> <u>Q 17.</u>)?
4TH	HEAD 01 NECK 02 CHEST 03 BACK 04 OTHER (SPECIFY: 05 _____)	ENLARGED THYMUS 01 TONSILLITIS 02 PSORIASIS 03 OTHER SCALP PROBLEM 04 (SPECIFY:_____) 05 ACNE 06 OTHER (SPECIFY: 07 _____)	/____/____/ (AGE)	/____/____/ (NUMBER)	/____/____/ (Age)