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Site Name:			

Female Questionnaire (OHF)

Version: 1.02; 01-19-06

OMB# 0925-0543
Exp. 06/30/2010

Thank you for agreeing to participate in the LIFE Study. As you know, this important study focuses on the effects of lifestyle and the environment on reproductive health. Your participation is voluntary and you are free to withdraw from the study at any time for whatever reason. We do, however, hope that you will want to continue to participate. As a reminder, all information that you provide will be kept strictly confidential and used for medical research purposes only. It is our duty to ensure your privacy.

I am first going to ask you some questions about your occupation and then I will ask some questions about your medical and pregnancy history, and finally some questions about your lifestyle.

Occupational History

1. ☐ Are you currently employed? This includes part-time and full-time jobs, jobs at home, on a farm, or outside your home that are paid or military service.
   Interviewer, read if necessary: *Students, homemakers/parents, temporarily unemployed and the disabled are not considered "currently employed".*
   ☐ 0-No ☐ 1-Yes

   Does your current job involve any of the following:

   a. ☐ Night work:
      Interviewer, read if necessary: *Work schedule in which most hours (>50%) are in the evening (between 4pm and midnight) or at night (between midnight and 8am).*
      ☐ 0-No ☐ 1-Yes

   b. ☐ Rotating shifts:
      Interviewer, read if necessary: *Work schedule in which the work time changes between days, evenings and/or nights.*
      ☐ 0-No ☐ 1-Yes

   c. ☐ Whole body vibration:
      Interviewer, read if necessary: *Vibration associated with driving a car, truck, bus, van, fork lift, earth moving equipment, tractor, train, helicopter, etc.*
      ☐ 0-No ☐ 1-Yes

   d. ☐ Noise:
      Interviewer, read if necessary: *Loud or very loud noise experienced in the work environment while performing job (for example: lawn equipment, large earth-moving equipment, jack hammer work, airport*
      ☐ 0-No ☐ 1-Yes

field area, rock concert stage) or (if you have to shout to be heard by a person 3 feet away from you) generally >85 decibels.

e. ☐ Extreme heat: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *A work environment that is warmer than 100^{O} F. Examples include kitchen jobs, jobs in the dry cleaning industry, and summer construction work.*

f. ☐ Heavy exertion or lifting: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Exerting in excess of 50 pounds of force occasionally, and/or in excess of 25 pounds of force frequently, and/or in excess of 10 pounds of force constantly to move objects. Force may involve lifting, carrying, pushing, or pulling.*

g. ☐ Prolonged standing: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Remaining on one's feet in an upright position at a workstation with little or no movement for 4 or more hours per day.*

Female Medical History A (FMA)

Version: 1.03; 08-15-06

The next few questions ask about your overall medical history.

1. Have you ever been told by a doctor that you have any of the following health conditions:

a. ☐ Hypothyroid disease *(under-active thyroid)* : ☐ 0-No ☐ 1-Yes

☐ Are you currently receiving medical treatment for this condition? ☐ 0-No ☐ 1-Yes

b. ☐ Hyperthyroid disease *(over-active thyroid)* : ☐ 0-No ☐ 1-Yes

☐ Are you currently receiving medical treatment for this condition? ☐ 0-No ☐ 1-Yes

c. ☐ High blood pressure when you were not pregnant: ☐ 0-No ☐ 1-Yes

☐ Are you currently receiving medical treatment for this condition? ☐ 0-No ☐ 1-Yes

d. ☐ High cholesterol: ☐ 0-No ☐ 1-Yes

☐ Are you currently receiving medical treatment for this condition? ☐ 0-No ☐ 1-Yes

e. ☐ Diabetes *(also known as 'sugar')* when you were not pregnant: ☐ 0-No ☐ 1-Yes

☐ Are you currently receiving medical treatment for this condition? ☐ 0-No ☐ 1-Yes

Does the treatment include:

☐ Diet: ☐ 0-No ☐ 1-Yes

☐ Pills: ☐ 0-No ☐ 1-Yes

☐ Insulin: ☐ 0-No ☐ 1-Yes

f. ☐ Gestational diabetes - diabetes when you were pregnant: ☐ 0-No ☐ 1-Yes

g. ☐ Kidney condition: ☐ 0-No ☐ 1-Yes

☐ What specific kidney condition do you have?

☐ Are you currently receiving medical treatment for this condition? ☐ 0-No ☐ 1-Yes

h. ☐ Liver condition: ☐ 0-No ☐ 1-Yes

☐ What specific liver condition do you have?

☐ Are you currently receiving medical treatment for this condition? ☐ 0-No ☐ 1-Yes

i. ☐ Eating disorder such as anorexia nervosa, bulimia, or binge eating disorder: ☐ 0-No ☐ 1-Yes

☐ Are you currently receiving medical treatment for this condition? ☐ 0-No ☐ 1-Yes

j. ☐ Anxiety disorder: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Anxiety Disorders are defined as a group of disorders characterized by persistent anxiety that is severe enough to interfere with a person's daily activities.*

Do you have:

☐ Agoraphobia: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available.*

☐ Obsessive-compulsive disorder (OCD): ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Obsessive-Compulsive Disorder is characterized by uncontrollable obsessions and compulsions which the sufferer usually recognizes as being excessive or unreasonable. Obsessions are recurring thoughts or impulses that are intrusive or inappropriate and cause the sufferer anxiety*

☐ Panic disorder: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Panic Disorder is defined as condition in which individuals experience recurrent panic attacks. Panic attacks are characterized by the abrupt onset of an episode of intense fear or discomfort.*

☐ Post traumatic stress disorder (PTSD): ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Posttraumatic Stress Disorder is a disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged.*

☐ Social anxiety disorder: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Social Anxiety Disorder is characterized by an intense fear of situations, usually social or performance situations, where embarrassment may occur.*

☐ Generalized anxiety disorder: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Generalized anxiety disorder is characterized by a pattern of frequent, persistent worry and anxiety for six months or more, about several different events or activities.*

☐ Are you currently receiving medical treatment for any of these conditions? ☐ 0-No ☐ 1-Yes

k. ☐ Mood disorder: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Mood Disorders are defined as a group of disorders characterized by a disturbance in one's emotional state.*

Do you have:

☐ Major depression: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Major depression is defined as a period of at least two weeks during which a person loses pleasure in nearly all activities and/or exhibits a depressed mood.*

☐ Bipolar disorder: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Bipolar Disorder is characterized by the occurrence of one or more major depressive episodes accompanied by at least one manic episode.*

☐ Other: ☐ 0-No ☐ 1-Yes

☐ Are you currently receiving medical treatment for any of these conditions? ☐ 0-No ☐ 1-Yes

l. ☐ Uterine fibroids: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Uterine fibroids are benign (not cancerous) tumors growing in or around a woman's uterus/womb*

☐ Are you currently receiving medical treatment for this condition? ☐ 0-No ☐ 1-Yes

m. ☐ Polycystic ovarian syndrome: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *This condition is characterized by irregular menstrual cycles, body hair, multiple small cysts on the ovaries (polycystic ovaries), and infertility. Many women who have this condition also have diabetes with insulin resistance.*

☐ Are you currently receiving medical treatment for this condition? ☐ 0-No ☐ 1-Yes

n. ☐ Endometriosis: ☐ 0-No ☐ 1-Yes
Interviewer, read if necessary: *Endometriosis is a condition where the uterine lining attaches to other places, such as the ovaries, fallopian tubes, or abdominal cavity.*

☐ Are you currently receiving medical treatment for this condition? ☐ 0-No ☐ 1-Yes

LIFE			
$sitecode	User:	System Date:	Mode: Production
Site Name:			

Female Medical History B (FMB)

Version: 1.02; 01-19-06

1. ☐ Have you ever had pelvic inflammatory disease (PID) or an infection in your pelvis involving your tubes or other female organs? ☐ 0-No ☐ 1-Yes

   a. ☐ How many times have you been diagnosed with PID in your lifetime? ____

Now I am going to ask you about each infection, starting with the last one you experienced.

Infection Number	In what year was the infection diagnosed?	How was this infection treated?	
1	☐ ____ *(yyyy)*	Treated without hospitalization:	☐ ☐ 0-No ☐ 1-Yes
		Hospitalized for medical treatment:	☐ ☐ 0-No ☐ 1-Yes
		Hospitalized for surgical treatment:	☐ ☐ 0-No ☐ 1-Yes
2	☐ ____ *(yyyy)*	Treated without hospitalization:	☐ ☐ 0-No ☐ 1-Yes
		Hospitalized for medical treatment:	☐ ☐ 0-No ☐ 1-Yes
		Hospitalized for surgical treatment:	☐ ☐ 0-No ☐ 1-Yes
3	☐ ____ *(yyyy)*	Treated without hospitalization:	☐ ☐ 0-No ☐ 1-Yes
		Hospitalized for medical treatment:	☐ ☐ 0-No ☐ 1-Yes
		Hospitalized for surgical treatment:	☐ ☐ 0-No ☐ 1-Yes
4	☐ ____ *(yyyy)*	Treated without hospitalization:	☐ ☐ 0-No ☐ 1-Yes
		Hospitalized for medical treatment:	☐ ☐ 0-No ☐ 1-Yes
		Hospitalized for surgical treatment:	☐ ☐ 0-No ☐ 1-Yes
5	☐ ____ *(yyyy)*	Treated without hospitalization:	☐ ☐ 0-No ☐ 1-Yes
		Hospitalized for medical treatment:	☐ ☐ 0-No ☐ 1-Yes
		Hospitalized for surgical treatment:	☐ ☐ 0-No ☐ 1-Yes

2. ☐ Have you ever had gynecological surgery or surgery ☐ 0-No ☐ 1-Yes

on your female organs, other than for PID?

a. ☐ How many gynecological surgeries have you had? ☐

Now I am going to ask you about each surgery, starting with the last one that you had.

Surgery Number	What was the surgery for?	When did you have this surgery?
1	☐	☐ *(yyyy)*
2	☐	☐ *(yyyy)*
3	☐	☐ *(yyyy)*

3. ☐ Have you ever been diagnosed with cancer? ☐ 0-No ☐ 1-Yes

a. ☐ With how many types of cancer have you been diagnosed? ☐

Now I am going to ask you about each cancer diagnosis, starting with the last one with which you were diagnosed.

Cancer Number	With what type of cancer were you diagnosed?	In what year were you diagnosed?
1	☐	☐ *(yyyy)*
2	☐	☐ *(yyyy)*
3	☐	☐ *(yyyy)*

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$sitecode	User:	System Date:	Mode: Production

Site Name:

Female Medical History C (FMC)

Version: 2.01; 08-15-06

1. ☐ Are you currently taking any prescription medications, including prescription vitamins? ☐ 0-No ☐ 1-Yes

   a. ☐ How many prescription medications? ____

May I please see your prescription medication bottles so that I can record the names of the medications that you are taking?

	Prescription Medication	Prescription Bottle Available for Confirmation
1	☐	☐ ☐ 0-No ☐ 1-Yes
2	☐	☐ ☐ 0-No ☐ 1-Yes
3	☐	☐ ☐ 0-No ☐ 1-Yes
4	☐	☐ ☐ 0-No ☐ 1-Yes
5	☐	☐ ☐ 0-No ☐ 1-Yes
6	☐	☐ ☐ 0-No ☐ 1-Yes
7	☐	☐ ☐ 0-No ☐ 1-Yes
8	☐	☐ ☐ 0-No ☐ 1-Yes
9	☐	☐ ☐ 0-No ☐ 1-Yes

Interviewer: *Advise the woman that she may want to discuss her current medication use with her doctor in relation to becoming pregnant.*

Generic Name	Brand Name
Bismuth Subsalicylate Metronidazole Tetracycline hydrochloride	Helidac
Demeclocycline hydrochloride	Declomycin
Meclocycline sulfosalicylate	Meclan
Minocycline hydrochloride	Arestin, Dynacin, Minocin, Vectrin

Tetracycline hydrochloride	Achromycin, Achromycin V, Actisite, Ala-Tet, Aureomycin, Bristacycline, Brodspec, Cyclopar, Emtet-500, Panmycin, Retet, Robitet, Sumycin, Tetra 500, Tetracap, Tetrachel, Tetracon, Tetracyn, Tetramed, Tetrex, Topicycline

b. ☐ ***Interviewer:*** *Is the woman taking any of the tetracyclines listed above that are contraindicated for the fertility monitor?* ☐ 0-No ☐ 1-Yes

c. ☐ Specify how many: ☐

d. I see you are currently taking (specify drug name from list), can you please tell me what month and year you began taking this medication?

Interviewer: *Be sure to inform the woman that her fertility monitor may not work correctly while she is taking this medication. Advise the woman that she may want to dicuss her current medication use with her doctor in relation to becoming pregnant.*

	Tetracycline Drug Name	Month Initiated	Year Initiated
1	☐	☐ *(mm)*	☐ *(yyyy)*
2	☐	☐ *(mm)*	☐ *(yyyy)*
3	☐	☐ *(mm)*	☐ *(yyyy)*
4	☐	☐ *(mm)*	☐ *(yyyy)*
5	☐	☐ *(mm)*	☐ *(yyyy)*

2. ☐ In the past 3 months, did you take a multivitamin such as One-a-Day, Theragran-M, or Centrum (as pills, liquids, or packets) more than once a week? ☐ 0-No ☐ 1-Yes

3. In the past 3 months, did you take any of the following supplements more than once a week?
Interviewer: *Hand show card to participant.*

a. ☐ Fish oil (omega-3 fatty acids): ☐ 0-No ☐ 1-Yes

b. ☐ Echinacea: ☐ 0-No ☐ 1-Yes

c. ☐ Ginko biloba: ☐ 0-No ☐ 1-Yes

d. ☐ Kava, Kava: ☐ 0-No ☐ 1-Yes

e. ☐ St. John's Wort: ☐ 0-No ☐ 1-Yes

f. ☐ Protein shakes: ☐ 0-No ☐ 1-Yes

g. ☐ Steroids: ☐ 0-No ☐ 1-Yes

h. ☐ Creatine: ☐ 0-No ☐ 1-Yes

i. ☐ Other supplements: ☐ 0-No ☐ 1-Yes

☐ What supplements are you taking? ☐
Note to Interviewer: *Up to seven other supplements may be entered as needed.*
☐ ☐

☐

☐

☐

☐

☐

Now I'd like to ask you a few questions about your body shape and weight over the years.

4. ☐ What is your current age?

a. Not including pregnancies, which of the body shapes (1 through 9) on this card do you feel most resembles your body shape when you were:

Interviewer: *Hand show card to participant*

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Age	Shape Number
15 to 19 years old	☐
20 to 24 years old	☐
25 to 29 years old	☐
30 to 34 years old	☐
35 to 40 years old	☐

b. Not including pregnancies, what was your average weight when you were:

Age	Weight
15 to 19 years old	☐ *(lbs)*
20 to 24 years old	☐ *(lbs)*
25 to 29 years old	☐ *(lbs)*
30 to 34 years old	☐ *(lbs)*
35 to 40 years old	☐ *(lbs)*

5. ☐ What is the most you weighed in the past 12 months? _____ *(lbs)*

6. ☐ What is the least you weighed in the past 12 months? _____ *(lbs)*

Gynecologic History (GHF)

Version: 1.02; 08-15-06

The next few questions relate to your gynecologic history. If you're not sure of an answer, please tell me your best estimate.

1. ☐ How old were you when you had your first menstrual period? _____ *(yrs)*
   a. ☐ ***Interviewer, if unknown ask:*** What grade of school were you in when you had your first menstrual period? _____

2. ☐ When was the first day of your last menstrual period? _____ *(mm/dd/yyyy)*
   Interviewer: *Provide calendar, as needed.*

3. ☐ In the past 12 months, which of the following best describes the regularity of your menstrual periods?
   - ☐ 1-Regular - can predict within a few days
   - ☐ 2-Not regular - hard to predict
   - ☐ 3-It varies

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Site Name:

Female Reproductive History (RF2)

Version: 2.00; 04-28-06

The next few questions ask about your reproductive history.

1. ☐ Have you ever been pregnant, regardless of the outcome of a particular pregnancy? ☐ 0-No ☐ 1-Yes
   a. ☐ How many times have you been pregnant? _____

Note to Interviewer: *Ask the following question if there was at least one live birth.*

2. ☐ Are you currently breastfeeding? ☐ 0-No ☐ 1-Yes

3. ☐ Are you currently using *any form* of birth control (for example, pills, IUDs, condoms, or withdrawl)? ☐ 0-No ☐ 1-Yes

☐

- 01-Birth control pills
- 02-Birth control patch
- 03-Intrauterine device (IUD)
- 04-Condoms
- 05-Diaphragm
- 06-Cervical cap
- 07-NuvaRing
- 08-Spermicidal foam or jelly
- 09-Vaginal sponge
- 10-Withdrawal
- 11-Abstinence
- 12-Rhythm/natural family planning
- 13-Monitoring your temperature
- 14-Monitoring your cervical mucus
- 15-Morning after pill
- 16-Other method

☐ What other method are you using? _____

4. ☐ In which month and year did you or your husband/partner *last* use *any form* of birth control? _____ month *(mm)* ☐ _____ year *(yyyy)*

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$sitecode	User:	System Date:	Mode: Production
Site Name:			

Female Pregnancy (PRF)

Version: 2.01; 08-15-06

Pregnancy Number:

This form is to be completed each time there is a pregnancy reported on the Female Reproductive History section.

1. ☐ Age at beginning of pregnancy: ______ *(yrs)*
2. ☐ Was this a planned pregnancy: ☐ 0-No ☐ 1-Yes
   a. ☐ How many months did it take for you to achieve pregnancy: ______
3. ☐ Was this a multiple pregnancy? ☐ 0-No, singleton pregnancy ☐ 1-Yes, multiple pregnancy
   a. ☐ How many babies were there? ______ *(babies)*
4. ☐ How much weight did you gain during the pregnancy? ______ *(lbs)*

	What was the outcome of this pregnancy? **1**-Live Birth **2**-Miscarriage **3**-Stillbirth **4**-Abortion **5**-Ectopic/tubal **6**-Molar pregnancy	**Date of Birth or Loss** *(mm/dd/yyyy)*	**How many weeks did you carry this pregnancy? *** *(wks)*	**Was the baby a girl or boy?** **1**-Male **2**-Female	**How much did this child weigh?** *(lbs)*	**How much did this child weigh?** *(oz)*	**Which of the following best describes how the baby was delivered?** **1**-Vaginal birth after natural onset of labor **2**-Vaginal birth after labor induction **3**-Planned c-section **4**-Unplanned c-section	**Did You Breastfeed This Child?** **0**-No **1**-Yes	**For how long?** *(months)*
Fetus A	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fetus B	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fetus C	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fetus D	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fetus E	☐	☐	☐	☐	☐	☐	☐	☐	☐

*** Interviewer:** *Number of weeks the fetus was carried prior to outcome; the average is 40 weeks long.*

5. ☐ What is the name of the hospital or birthing center at which you delivered? ______
6. ☐ In which city and state is that hospital or birthing center located? city: ______ ☐ state: ______ *(xx)*

Comments:

Female Family Health History (FHF)

Version: 1.01; 01-19-06

The next few questions relate to your birth. Please answer these questions to the best of your knowledge.

1. ☐ How much did you weigh when you were born? _____ *(lbs)* ☐ _____ *(oz)*

2. ☐ When you were born, were you:

- ☐ 1-Premature-more than 3 weeks early (<37 weeks gestation)
- ☐ 2-Postterm-more than 2 weeks late (>42 weeks gestation)
- ☐ 3-Full term (37-42 weeks gestation)

3. ☐ Were you a twin or a triplet?

- ☐ 1-No, singleton
- ☐ 2-Yes, twin, triplet, or higher order

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$sitecode	User:	System Date:	Mode: Production
Site Name:			

Female Lifestyle Factors (LFF)

Version: 1.03; 01-19-06

The next set of questions ask about your lifestyle. Please give me your best answer even if you are not entirely sure about your answer.

1. ☐ During the past 12 months, have you followed a regular vigorous exercise program? By vigorous exercise, I mean a leisure time physical activity that made you sweat and your heart beat faster, such as tennis, running, bicycling, aerobics, basketball, swimming, or brisk walking.
   Interviewer: *Regular is defined as at least once a week over the past 12 months.*
   ☐ 0-No ☐ 1-Yes

   a. ☐ How many days on average do you exercise per week? ____

2. ☐ Do you or a member of your household catch fish or shellfish in local waters including lakes, rivers, streams, and the Great Lakes?
   ☐ 0-No ☐ 1-Yes
3. ☐ Do you or a member of your household catch fish or shellfish in local waters including lakes, rivers, bays, ship channels, local ocean waters and the Gulf of Mexico?
   ☐ 0-No ☐ 1-Yes

4. On average, during the past 12 months, how often did you eat each of the following fish or shellfish? As I read each category, please tell me whether you ate fish or shellfish: Never or almost never, Less than once a month, About once or twice a month, About once a week, Two or more times a week.

   a. ☐ Canned tuna fish
   - ☐ 0-Never or almost never
   - ☐ 1-Less than once a month
   - ☐ 2-About once or twice a month
   - ☐ 3-About once a week
   - ☐ 4-Two or more times a week

   b. ☐ Fish caught in an unknown location (other than canned tuna fish) that was given to you or purchased from a vendor, grocery store or restaurant. Please include both fresh and frozen fish.
   - ☐ 0-Never or almost never
   - ☐ 1-Less than once a month
   - ☐ 2-About once or twice a month
   - ☐ 3-About once a week
   - ☐ 4-Two or more times a week

   c. ☐ Crabs, shrimp or other shellfish caught in an unknown location that was given to you or purchased from a vendor, grocery store or restaurant. Please include both fresh and frozen shellfish.
   - ☐ 0-Never or almost never
   - ☐ 1-Less than once a month
   - ☐ 2-About once or twice a month
   - ☐ 3-About once a week

☐ 4-Two or more times a week

d. ☐ Fish caught in this area including lakes, rivers, streams, and the Great Lakes. Please include fish caught by you or someone you know as well as locally-caught fish purchased from grocery stores, vendors, or restaurants.

☐ 0-Never or almost never
☐ 1-Less than once a month
☐ 2-About once or twice a month
☐ 3-About once a week
☐ 4-Two or more times a week

e. ☐ Fish caught in this area including lakes, rivers, bays, ship channels, local ocean waters and the Gulf of Mexico. Please include fish caught by you or someone you know as well as locally-caught fish purchased from grocery stores, vendors, or restaurants.

☐ 0-Never or almost never
☐ 1-Less than once a month
☐ 2-About once or twice a month
☐ 3-About once a week
☐ 4-Two or more times a week

f. ☐ Crabs, shrimp or other shellfish caught in this area including lakes, rivers, streams, and the Great Lakes. Please include fish caught by you or someone you know as well as locally-caught fish purchased from grocery stores, vendors, or restaurants.

☐ 0-Never or almost never
☐ 1-Less than once a month
☐ 2-About once or twice a month
☐ 3-About once a week
☐ 4-Two or more times a week

g. ☐ Crabs, shrimp or other shellfish caught in this area including lakes, rivers, bays, ship channels, local ocean waters and the Gulf of Mexico. Please include fish caught by you or someone you know as well as locally-caught fish purchased from grocery stores, vendors, or restaurants.

☐ 0-Never or almost never
☐ 1-Less than once a month
☐ 2-About once or twice a month
☐ 3-About once a week
☐ 4-Two or more times a week

5. ☐ Out of the past 10 years, how many years have you eaten fish or shellfish that were caught in local waters, including lakes, rivers, streams and the Great Lakes? Please include fish caught by you or someone you know as well as locally-caught fish purchased from grocery stores, vendors or restaurants. _____ *(yrs)*

6. ☐ Out of the past 10 years, how many years have you eaten fish or shellfish that were caught in local waters, including lakes, rivers, bays, ship channels, local ocean waters and the Gulf of Mexico? Please include fish caught by you or someone you know as well as locally-caught fish purchased from grocery stores, vendors or restaurants. _____ *(yrs)*

7. ☐ How many types of fish or shellfish caught from this area did you eat most often over the past 12 months? Please list the top three types and where they were caught. _____
Interviewer: *Provide a reference map to help participant determine where fish were caught.*

Type of Fish or Shellfish	Water Body Where Caught
☐ 1.	☐
☐ 2.	☐

☐ 3. ☐

8. ☐ On average during the past 12 months, approximately how many caffeinated beverages did you drink in a typical day? (One caffeinated beverage equals a small cup of coffee or tea, or a can of cola or other caffeinated soft drink such as Mountain Dew.)
Interviewer: *Fill in "0" if none.*
☐ *(drinks per day)*

I am now going to ask you about your use of tobacco and alcohol products. Please give me your best answer even if you are not entirely sure about your answer.

9. ☐ Have you smoked more than 100 cigarettes (5 packs) during your lifetime?
☐ 0-No ☐ 1-Yes

10. ☐ How old were you when you first started smoking regularly, that is daily or nearly everyday?
Interviewer: *Fill in "99" if participant never smoked regularly.*
☐

11. ☐ Have you smoked in the last 12 months?
☐ 0-No ☐ 1-Yes

12. ☐ Do you smoke now?
☐ 0-No ☐ 1-Yes

a. ☐ Approximately how many cigarettes do you smoke on a typical day?
Interviewer: *If less than one per day, fill in "1".*
☐

13. ☐ When you last smoked, approximately how many cigarettes did you smoke on a typical day?
Interviewer: *If less than one per day, fill in "1".*
☐

14. ☐ How old were you when you quit smoking regularly?
☐

15. Have you used any of the following tobacco products at least 20 times in your entire life?

a. ☐ Smoked a pipe?
☐ 0-No ☐ 1-Yes

b. ☐ Smoked cigars?
☐ 0-No ☐ 1-Yes

c. ☐ Used snuff such as Skoal, Skoal Bandit or Copenhagen?
☐ 0-No ☐ 1-Yes

d. ☐ Used chewing tobacco such as Redman, Levi Garrett or Beechnut?
☐ 0-No ☐ 1-Yes

16. ☐ Do you currently smoke a pipe?
☐ 0-No
☐ 1-Yes, some days
☐ 2-Yes, every day

a. ☐ How many pipefuls of tobacco do you typically smoke per day?
Interviewer: *If less than one per day, fill in "1".*
☐

17. ☐ Do you currently smoke cigars?
☐ 0-No

☐ 1-Yes, some days
☐ 2-Yes, every day

a. ☐ How many cigars do you typically smoke per day?
Interviewer: *If less than one per day, fill in "1".*

18. ☐ Do you currently use snuff?

☐ 0-No
☐ 1-Yes, some days
☐ 2-Yes, every day

a. ☐ How many "pinches", "dips", or "rubs" of snuff do you typically use per day?
Interviewer: *If less than one per day, fill in "1".*

19. ☐ Do you currently use chewing tobacco?

☐ 0-No
☐ 1-Yes, some days
☐ 2-Yes, every day

a. ☐ How many "plugs," "wads," or "chaws" of chewing tobacco do you typically use per day?
Interviewer: *If less than one per day, fill in "1".*

20. ☐ In the past 12 months, have you had at least 12 drinks of any kind of alcoholic beverage?
Interviewer, read if necessary: *Alcoholic beverages include beer, wine, wine coolers, or liquor.*

☐ 0-No ☐ 1-Yes

a. ☐ Approximately how often did you drink some kind of alcoholic beverage?

☐ 1-Less than once a month
☐ 2-Once a month
☐ 3-Two or three days a month
☐ 4-Once a week
☐ 5-Two or three times a week
☐ 6-Four to six times a week
☐ 7-Every day

b. ☐ Approximately how many alcoholic drinks did you have on a typical occasion?
Interviewer, read if necessary: *One drink equals a can or bottle of beer, a glass of wine, a shot of liquor, or a mixed drink.*
Interviewer: *If less than one, fill in "1".*

☐ 1-One drink
☐ 2-Two drinks
☐ 3-Three drinks
☐ 4-Four drinks
☐ 5-Five drinks or more

c. ☐ Was there ever a single occasion during which you drank five or more alcoholic drinks?
Interviewer, read if necessary: *Again, one drink equals a can or bottle of beer, a glass of wine, a shot of liquor, or a mixed drink.*

☐ 0-No ☐ 1-Yes

The next four questions ask about your feelings and thoughts during the last month. In each case, please tell me how often you felt or thought a certain way.

21. ☐ In the last month, how often have you felt that you were unable to control the important things in your life? Did you feel that way...

☐ 0-Never

- [ ] 1-Almost never
- [ ] 2-Sometimes
- [ ] 3-Fairly often
- [ ] 4-Very often

22. ☐ In the last month, how often have you felt confident in your ability to handle your personal problems? Did you feel that way...

- [ ] 0-Never
- [ ] 1-Almost never
- [ ] 2-Sometimes
- [ ] 3-Fairly often
- [ ] 4-Very often

23. ☐ In the last month, how often have you felt that things were going your way? Did you feel that way...

- [ ] 0-Never
- [ ] 1-Almost never
- [ ] 2-Sometimes
- [ ] 3-Fairly often
- [ ] 4-Very often

24. ☐ In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? Did you feel that way...

- [ ] 0-Never
- [ ] 1-Almost never
- [ ] 2-Sometimes
- [ ] 3-Fairly often
- [ ] 4-Very often

Female Demographics (DMF)

Version: 3.00; 08-15-06

Before the end of the interview, I'd like to ask you seven final questions.

1. ☐ What is your date of birth ? _____ *(mm/dd/yyyy)*

2. ☐ Which of the following categories best describes your current level of education?

- ☐ 1-Less than high school graduate
- ☐ 2-High school graduate/GED
- ☐ 3-Some college or technical school
- ☐ 4-College graduate or higher

3. ☐ Which of the following best describes your ethnicity?

- ☐ 1-Hispanic or Latino
- ☐ 2-Not Hispanic or Latino

4. Which of the following best describes your race? *(Please indicate all that apply)*

a. ☐ American Indian or Alaska Native:	☐ 0-No	☐ 1-Yes
b. ☐ Asian:	☐ 0-No	☐ 1-Yes
c. ☐ Black or African American:	☐ 0-No	☐ 1-Yes
d. ☐ Native Hawaiian or Other Pacific Islander:	☐ 0-No	☐ 1-Yes
e. ☐ White:	☐ 0-No	☐ 1-Yes
f. ☐ Other:	☐ 0-No	☐ 1-Yes

☐ What race best describes you? _____

5. Please look at this card and tell me which letter best represents your household income (either annual or monthly) before taxes in the last 12 months, including income from wages, salaries, social security or retirement benefits, help from relatives and other sources of income. This includes income from all individuals living in your home.
Interviewer: *Hand show card to participant.*

☐

a - Less than $10,000 (less than $833 per month)
b - $10,000-$19,999 ($833-$1,666 per month)
c - $20,000-$29,999 ($1,667-$2,499 per month)
d - $30,000-$39,999 ($2,500-$3,332 per month)
e - $40,000-$49,999 ($3,333-$4,166 per month)
f - $50,000-$59,999 ($4,167-$4,999 per month)
g - $60,000-$69,999 ($5,000-$5,832 per month)
h - $70,000-$79,999 ($5,833-$6,666 per month)
i - $80,000-$89,999 ($6,667-$7,499 per month)
j - $90,000-$99,999 ($7,500-$8,332 per month)
k - $100,000 or over ($8,333 and over per month)

6. ☐ How many people live in your household? ☐

7. ☐ Do you currently have a source of health insurance? *(e.g. private health insurance, Medicaid, or military or VA health insurance)* ☐ 0-No ☐ 1-Yes

8. ☐ Do you have access to a computer with an Internet connection? ☐ 0-No ☐ 1-Yes

☐ Please indicate all that apply (read choices):

☐ ☐ at home

☐ ☐ at work

☐ ☐ friend or relative

☐ ☐ library

Now that we have completed the questionnaire, I am going to take your weight and several other body measurements. Later I will instruct you in the use of the fertility monitors and the home pregnancy test kits, as well as your daily diary. Thank you again for your cooperation.

	First Measurement	**Second Measurement**	**Third Measurement**	**Self Reported Weight (If the participant will not stand on the scale or if weight is beyond scale limit of 330 lbs)**
9. Weight: ***(kg)***	☐ ☐ *(xxx.xx)*	☐ ☐ *(xxx.xx)*	☐ ☐ *(xxx.xx)*	☐ ☐ *(xxx lbs)*
10. Height: ***(cm)***	☐ ☐ *(xxx.x)*	☐ ☐ *(xxx.x)*	☐ ☐ *(xxx.x)*	
11. Waist: ***(cm)***	☐ ☐ *(xxx.x)*	☐ ☐ *(xxx.x)*	☐ ☐ *(xxx.x)*	
12. Hip: ***(cm)***	☐ ☐ *(xxx.x)*	☐ ☐ *(xxx.x)*	☐ ☐ *(xxx.x)*	

Thank you for your cooperation in answering all of my questions. For future purposes, such as sending you newsletters and providing you with the results of the study, I would like to get some additional contact information from you.

Thank you.

After saving, be sure to obtain the participant's complete contact information.