Lifestyle and Health History Questionnaire (LHQ)

The LHQ is designed to gather background information about you such as basic family history, your basic medical history, and your lifestyle and habits over the years.

Your answers are completely voluntary. There is no penalty if you choose not to complete the questionnaire. You may skip any questions; however, your answers will help us better understand the factors that may be associated with adverse health outcomes, particularly cancer.

Instructions

You will be presented a series of screens containing one or more questions. After answering the question(s), click the "Next" button at the bottom of the screen to proceed, or the "Previous" button to revisit a question. You may also use the "Go To" function at the bottom of the screen to navigate back and forth between questions you have visited. If you run out of time and need to leave, click the "Finish Later" button. All answers will be saved and you can return within the next 2 weeks to finish.

Click the "Next" button to begin.

Next Finish Later

Please email help@westat.com if you have any questions or comments.

Questions about Health - The following questions ask about your general health. When answering these questions, think about how you feel generally.

In general, how would you describe your health?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know

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Have you ever been told by a doctor that you had any of the following conditions?

	No	Yes
Stroke	○	○
High cholesterol	○	○
Heart Attack	○	○
Diabetes	○	○
Gestational diabetes	○	○
Emphysema	○	○
Osteoporosis	○	○
Bone fracture after age 45	○	○
Rheumatoid arthritis	○	○
Other arthritis (e.g. osteoarthritis)	○	○
Stomach ulcer	○	○
Duodenal ulcer	○	○
Helicobacter pylori infection	○	○
Gastro-Esophageal Reflux Disease (GERD)/heartburn	○	○
Kidney stones	○	○
Pancreatitis	○	○
Gallbladder stone or disease	○	○
Liver disease	○	○
End-stage renal disease	○	○
Urinary incontinence	○	○
Polyps of colon or rectum	○	○
Polycystic ovarian syndrome	○	○
Periodontal disease (gum disease)	○	○
Allergies to plant/animals/molds	○	○
Alcohol dependence problem	○	○

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Have you ever had any of the following procedures performed? (MARK ALL THAT APPLY)

- ☐ Coronary artery bypass or angioplasty
- ☐ Gallbladder removal
- ☐ Cataract extraction

What is your date of birth? (MANDATORY)

MM	DD	YYYY
-- SELECT --	-- SELECT --	-- SELECT --

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Questions about Family History of Cancer - The following questions ask about your family history of cancer.

Have you, or any blood relatives in your immediate family (that includes your parents, full or half brothers/sisters, and children), ever been diagnosed as having any type of cancer (PLEASE EXCLUDE NON-MELANOMA SKIN CANCER)?

- ○ No
- ○ Yes
- ○ Don't Know

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For each type of cancer listed below, please indicate which first-degree blood relative was ever diagnosed with that cancer. (MARK ALL THAT APPLY).

	None	Me	Mother	Father	Siblings (full/half brothers/sisters)	Children (sons/daughters)
Breast cancer	☐	☐	☐	☐	☐	☐
Prostate cancer	☐	☐	☐	☐	☐	☐
Lung cancer	☐	☐	☐	☐	☐	☐
Colon or rectal cancer	☐	☐	☐	☐	☐	☐
Pancreatic cancer	☐	☐	☐	☐	☐	☐
Bladder cancer	☐	☐	☐	☐	☐	☐
Ovarian cancer	☐	☐	☐	☐	☐	☐
Other cancers except non-melanoma skin cancer	☐	☐	☐	☐	☐	☐

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Are you a twin or other multiple?

- ○ No
- ○ Yes, identical
- ○ Yes, fraternal, same sex
- ○ Yes, fraternal, opposite sex
- ○ Yes, type unknown, same sex
- ○ Yes, other multiple
- ○ Don't know

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Please email help@westat.com if you have any questions or comments.

Questions for Women - The following questions are for women only.

When was your last mammogram (an x-ray of the breast to look for breast cancer)? (MAKE YOUR BEST GUESS - ENTER "0" (ZERO) FOR NEVER)

Year(s) ago

During the past 10 years, how many times have you had a breast biopsy (a procedure where a sample of breast tissue is removed and examined to check for cancer)? (MAKE YOUR BEST GUESS)

Time(s)

Have you ever had a colonoscopy or sigmoidoscopy (a test where a tube is inserted into your rectum to view your bowels for signs of pre-cancer, cancer and other health problems)?

- No
- Yes

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Please email help@westat.com if you have any questions or comments.

When did you last have a colonoscopy or sigmoidoscopy? (MAKE YOUR BEST GUESS)

Year(s) ago

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Please email help@westat.com if you have any questions or comments.

When did you last have an ultrasound or scan of your ovaries? (MAKE YOUR BEST GUESS - ENTER "0" (ZERO) FOR NEVER)

Year(s) ago

Have you had a hysterectomy (to remove your uterus)?

- No
- Yes

Have you ever had a surgery on your ovaries?

- No
- Yes, one ovary has been removed
- Yes, both ovaries have been removed
- Yes, I have had other surgeries on my ovaries

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Please email help@westat.com if you have any questions or comments.

How old were you when you had your first menstrual period? (MAKE YOUR BEST GUESS)

Years old

How many live-born children have you had?

Child/Children

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Please email help@westat.com if you have any questions or comments.

How old were you when you gave birth to your first live-born child? (MAKE YOUR BEST GUESS)

Years old

Have you ever breast-fed your children for more than a week?

- No
- Yes

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How many <u>months in total</u> (all births combined) did you breast feed?

- ○ Less than 1 month
- ○ 1-3 months
- ○ 4-6 months
- ○ 7-12 months
- ○ 13-18 months
- ○ 19-24 months
- ○ 25-60 months
- ○ More than 60 months

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Please email help@westat.com if you have any questions or comments.

Are you pregnant or still menstruating?

- No
- Yes

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How old were you when you had your last menstrual period? (MAKE YOUR BEST GUESS)

Years old [ ]

When you stopped menstruating, was this because of natural menopause, surgery, radiation, or chemotherapy?

- ○ Natural menopause
- ○ Surgery
- ○ Radiation or chemotherapy
- ○ Don't know

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Please email help@westat.com if you have any questions or comments.

Have you ever taken oral contraceptives (birth control pills)?

- No
- Yes

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Please email help@westat.com if you have any questions or comments.

How many years did you take oral contraceptives (birth control pills)? (MAKE YOUR BEST GUESS)

Year(s) [ ]

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Please email help@westat.com if you have any questions or comments.

Did you ever take any female hormones, such as estrogen, progesterone, or some other combination for the treatment of menopausal symptoms (e.g., hot flashes or to prevent bone loss) (DO NOT INCLUDE BIRTH CONTROLL PILLS)?

- ○ No
- ○ Yes

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Please email help@westat.com if you have any questions or comments.

Are you currently taking any female hormones, such as estrogen, progesterone, or some other combination for the treatment of menopausal symptoms (e.g., hot flashes or to prevent bone loss) (DO NOT INCLUDE BIRTH CONTROL PILLS)?

- ○ No
- ○ Yes

During the past 10 years, indicate which of the following types of female hormones you have taken for the treatment of menopausal symptoms?

	No	Yes
Pills	○	○
Vaginal creams or suppositories	○	○
Patches	○	○
Shots	○	○

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During the past 10 years, did you take estrogen-only hormone pills (e.g., Premarin, Ogen, Estrace, Estratab, Estratest)? (IF YES, MAKE YOUR BEST GUESS)

- ○ No
- ○ Yes (specify number of years) [ ]

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Please email help@westat.com if you have any questions or comments.

During the past 10 years, what is the name of the estrogen-only hormone pill that you took for the longest period of time?

- Premarin
- Ogen
- Estrace
- Estratab or Estratest
- Other
- Not sure

How often did you usually take the estrogen-only pills you reported in the previous question?

- Every day
- Every other day
- In 5 day cycles followed by 2 days off
- In 6 day cycles followed by 1 day off
- In cycles, 20 days on followed by some days off
- In cycles, 21 days on followed by some days off
- In cycles, 25 days on followed by some days off
- Other
- Not sure

What was the dosage of the estrogen-only pills you reported taking in the previous question? (The dosage of your pills may appear on your prescription bottle. If this dosage has changed, provide the dosage you took for the longest period of time.)

- 0.3 mg
- 0.625 mg
- 1.250 mg
- Other
- Not sure

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Please email help@westat.com if you have any questions or comments.

During the past 10 years, did you take hormone pills containing progesterone or progestin only, such as Provera? (IF YES, MAKE YOUR BEST GUESS)

- No
- Yes (specify number of years)

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Please email help@westat.com if you have any questions or comments.

During the past 10 years, what is the name of the progesterone or progestin hormone pill that you took for the longest period of time?

- Provera
- Medroxyprogesterone
- Cycrin
- Other
- Not sure

How often did you usually take the progesterone or progestin pills you reported in the previous question?

- Less than 10 days per month
- 10 to 14 days per month
- 15 to 19 days per month
- 20 to 25 days per month
- Every day
- Other
- Not sure

What was the dosage of the progesterone or progestin pills you reported taking in the previous question? (The dosage of your pills may appear on your prescription bottle. If this dosage has changed, provide the dosage you took for the longest period of time.)

- Less than 1 mg
- 2.5 mg
- 5.0 mg
- 10.0 mg
- Other
- Not sure

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Please email help@westat.com if you have any questions or comments.

During the past 10 years, did you take hormone pills that contained both estrogen and progesterone or progestin in the same pill, such as Prempro or Premphase? (IF YES, MAKE YOUR BEST GUESS)

- No
- Yes (specify number of years)

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Please email help@westat.com if you have any questions or comments.

During the past 10 years, what is the name of the combination of estrogen and progesterone or progestin pill that you took for the longest period of time?

- Prempro (Pink)
- Prempro (Blue)
- Premphase
- FemHRT
- Other
- Not sure

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Please email help@westat.com if you have any questions or comments.

Questions for Men - The following questions are for men only.

Have you ever had a colonoscopy or sigmoidoscopy (a test where a tube is inserted into your rectum to view your bowels for signs of pre-cancer, cancer and other health problems)?

- No
- Yes

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Please email help@westat.com if you have any questions or comments.

When did you last have a colonoscopy or sigmoidoscopy? (MAKE YOUR BEST GUESS)

Year(s) ago

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Please email help@westat.com if you have any questions or comments.

Have you ever had a digital rectal examination (DRE) of your prostate?

- ○ No
- ○ Yes

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Please email help@westat.com if you have any questions or comments.

When did you last have a DRE of your prostate? (MAKE YOUR BEST GUESS)

Year(s) ago

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Please email help@westat.com if you have any questions or comments.

Have you ever had a prostate-specific antigen (PSA) test (a test that screens your blood for indications of prostate cancer)?

- No
- Yes

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Please email help@westat.com if you have any questions or comments.

When did you last have a PSA test? (MAKE YOUR BEST GUESS)

Year(s) ago

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Please email help@westat.com if you have any questions or comments.

Questions about Height and Weight - The following questions ask about your height and weight at various times in your life. Unless otherwise specified, please provide your best estimate for each question.

What is your current height without shoes on?

Feet	Inches
-- SELECT --	-- SELECT --

What is your current weight?

Pounds	

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Please email help@westat.com if you have any questions or comments.

At about age 18, how tall were you without shoes on?

Feet	Inches
-- SELECT --	-- SELECT --

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Enter your weight in the table below for the specified age.

Age 18?	
Age 35?	
Age 50?	

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Please email help@westat.com if you have any questions or comments.

Did you ever try and succeed in losing as little as 5 pounds? (NOT INCLUDING ANY WEIGHT LOSS DUE TO ILLNESS OR, FOR WOMEN, PREGNANCY)?

- ○ No
- ○ Yes

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Please email help@westat.com if you have any questions or comments.

In each field below, enter the number of times (up to 20) that you purposely lost the amount of weight indicated during the specified age range (DO NOT INCLUDE ANY WEIGHT LOSS DUE TO ILLNESS OR, FOR WOMEN, PREGNANCY).

Number of times Amount of Weight Lost

	5-9 pounds	10-19 pounds	20-35 pounds	36-49 pounds	50 or
18-34 years					
35-49 years					
50+ years					

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Please email help@westat.com if you have any questions or comments.

What was the most you ever weighed since you were 18 years old (WOMEN, EXCLUDE TIMES DURING OR SHORTLY AFTER A PREGNANCY)?

Maximum adult weight (pounds) [ ]

How old were you when you were at your maximum weight (WOMEN, EXCLUDE TIMES DURING OR SHORTLY AFTER A PREGNANCY)?

Years old [ ]

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Please email help@westat.com if you have any questions or comments.

What was the <u>least</u> you ever weighed since you were 18 years old?

Minimum adult weight (pounds)	

How <u>old</u> were you when you first reached your <u>minimum</u> weight since you were 18 years old?

Years old	

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Please email help@westat.com if you have any questions or comments.

Where do you carry most of the excess weight on your body?

- All over
- Around the shoulders
- Around the chest
- Around the stomach
- Around the waist
- Around the hips
- Around the thighs
- Other

If you gained weight when you were between the ages of 40 to 59 years old, where on your body did you mainly add the weight during this time?

- Did not gain weight
- All over
- Around the shoulders
- Around the chest
- Around the stomach
- Around the waist
- Around the hips
- Around the thighs
- Other

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Please email help@westat.com if you have any questions or comments.

If a tape measure is convenient, please record your waist and hip measurements. IF A TAPE MEASURE IS NOT AVAILABLE, LEAVE BLANK. PLEASE DO NOT ESTIMATE.

This information will be more accurate if you follow these suggestions:

a. Take measurements while standing
b. Avoid measuring over bulky clothing
c. Try to record answers to the nearest ¼ inch

WAIST: Place the tape measure around your mid-section one inch above your navel (belly-button).

Inches	

HIP: Place the tape measure around both hips at the widest part of your buttocks.

Inches	

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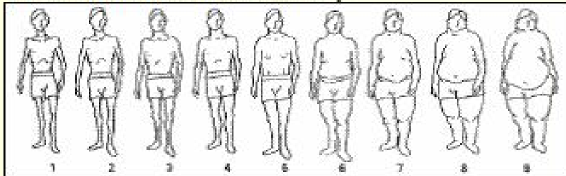
Please email help@westat.com if you have any questions or comments.

For each of the ages shown below, select the image that best describes your body shape at that age. (MARK ONE RESPONSE FOR EACH AGE.)



	1	2	3	4	5	6	7	8	9
Age 18	○	○	○	○	○	○	○	○	○
Age 25	○	○	○	○	○	○	○	○	○
Age 35	○	○	○	○	○	○	○	○	○
Age 50	○	○	○	○	○	○	○	○	○
Age 60	○	○	○	○	○	○	○	○	○
Currently	○	○	○	○	○	○	○	○	○

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Please email help@westat.com if you have any questions or comments.

Questions about Oral Health - The following questions will ask about your oral health.

How often do you brush or clean your teeth?

- Never
- Less than once a week
- Once a week
- 2-6 times per week
- Once a day
- 2 or more times per day

How often do you use mouthwash?

- Never
- Less than once a week
- Once a week
- 2-6 times per week
- Once a day
- 2 or more times per day

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Please email help@westat.com if you have any questions or comments.

During your adult life, have you lost or had extracted any permanent teeth?

- No
- Yes
- Don't Know

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Please email help@westat.com if you have any questions or comments.

Do you have any type of removable partial or full denture (plate)?

- No
- Yes, partial
- Yes, full

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Please email help@westat.com if you have any questions or comments.

How many teeth have you lost in the last 4 years? (MAKE YOUR BEST GUESS)

Teeth	

How many natural teeth do you have? (There are 32 natural teeth in the mouth; 36 with wisdom teeth) (MAKE YOUR BEST GUESS OR USE A MIRROR TO COUNT).)

Teeth	

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Please email help@westat.com if you have any questions or comments.

How many glasses of water do you usually drink per day?

- 3 or less glasses per day
- 4-6 glasses per day
- 7-8 glasses per day
- 8-10 glasses per day
- 10-15 glasses per day
- 16 or more glasses per day

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Please email help@westat.com if you have any questions or comments.

Questions about Vitamin and Medication Use - The following questions ask about your use of vitamins, supplements, and medications.

Do you currently use any single vitamin supplement (e.g., vitamin A, zinc, fish oil, etc.)?

- No
- Yes

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Please email help@westat.com if you have any questions or comments.

Have you ever used any single vitamin supplement (e.g., vitamin A, zinc, fish oil, etc.)?

- No
- Yes

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Please email help@westat.com if you have any questions or comments.

Do you currently take a multivitamin?

- No
- Yes

During the past 12 months, have you taken a multivitamin regularly (i.e., for a period of one month or more)?

- No
- Yes

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Please email help@westat.com if you have any questions or comments.

During the past 12 months, did you regularly take any of the following medications?

	No	Yes
Aspirin (e.g., Bayer, Bufferin, Anacin, baby aspirin, etc.)	○	○
Acetaminophen (e.g., Tylenol, Panadol, etc.)	○	○
Anti-inflammatory pain relievers (e.g., Ibuprofen, Advil, Motrin, Aleve, Anaprox, Clinoril, Relafen, Piroxicam, etc.)	○	○
Prescription anti-inflamatory medications (e.g., Vioxx, Celebrex, Cextra, etc.)	○	○
"Statin" cholesterol-lowering medications (e.g., Mevacor, Zocor, Lescol, Pravachol, Crestor, Lipitor, other statins, etc.)	○	○
Other cholesterol-lowering medications (e.g., Zetia, Questran, Colestid, Lopid, etc.)	○	○
H2 blockers (e.g., Pepcid, Tagamet, Zantac, Axid, etc.)	○	○
Prescription antacids (e.g., Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex, etc.)	○	○
Anti-depressants (e.g., Prozac, Zoloft, Celexa, Lexapro, Paxil, Luvox, etc.)	○	○
Other anti-depressants (e.g., Elavil, Tofranil, Pamelor, etc.)	○	○
Anti-hypertensive medications (e.g., Plavix, Zestril, etc.)	○	○
Diuretics (e.g., Lasix, Bumex, etc.)	○	○
Erectile Dysfunction treatment (e.g. Viagra, Levitra, etc.)	○	○

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Please email help@westat.com if you have any questions or comments.

Questions about Physical Activity - The following questions ask about your physical activity. When answering these questions, think about your physical activities generally.

During the past 12 months, how often did you participate in physical activities at work and/or home that lasted at least 20 minutes and caused increases in breathing or heart rate? Please include sports and activities such as carrying heavy loads.

- Never
- Rarely
- 1 to 3 times per month
- 1 to 2 times per week
- 3 to 4 times per week
- 5 or more times per week

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Please email help@westat.com if you have any questions or comments.

During the past 12 months, approximately how much time per week did you participate in each of the following activities? (FOR EACH ACTIVITY MARK ONLY ONE RESPONSE)

	Average Total Time Per Week									
	None	5 min	15 min	30 min	1 hr	1 hr 30 min	2-3 hrs	4-6 hrs	7-10 hrs	more than 10 hrs
Light household chores (e.g., cooking, cleaning up, laundry, dusting, etc.)	○	○	○	○	○	○	○	○	○	○
Moderate to vigorous household chores (e.g., vacuuming, sweeping, etc.)	○	○	○	○	○	○	○	○	○	○
Moderate outdoor chores (e.g., weeding, raking, mowing the lawn, etc.)	○	○	○	○	○	○	○	○	○	○
Vigorous outdoor chores (e.g., digging, carrying lumber, snow shoveling, etc.)	○	○	○	○	○	○	○	○	○	○
Home repairs (e.g., painting, plumbing, replacing carpeting, etc.)	○	○	○	○	○	○	○	○	○	○
Caring for children (e.g., pushing a stroller, playing, lifting, etc.)	○	○	○	○	○	○	○	○	○	○
Caring for another adult (e.g., lifting, pushing a wheelchair, etc.)	○	○	○	○	○	○	○	○	○	○
Walking for exercise	○	○	○	○	○	○	○	○	○	○
Walking for other daily (but not leisure time) activities (e.g., shopping, getting to and from work, etc.)	○	○	○	○	○	○	○	○	○	○
Jogging or running	○	○	○	○	○	○	○	○	○	○
Playing tennis, squash, or racquetball	○	○	○	○	○	○	○	○	○	○
Playing golf	○	○	○	○	○	○	○	○	○	○
Swimming laps	○	○	○	○	○	○	○	○	○	○
Bicycling (including a stationary bike)	○	○	○	○	○	○	○	○	○	○
Other aerobic exercise (e.g., aerobic class, exercise machines, etc.)	○	○	○	○	○	○	○	○	○	○
Weight training or lifting (include free weights and machines)	○	○	○	○	○	○	○	○	○	○

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During the past 12 months, approximately how many hours per day did you participate in each of the following activities (FOR EACH ACTIVITY MARK ONLY ONE RESPONSE)?

	Average Number of Hours Per Day							
	None	Less than 3 hours	3 to 4 hours	5 to 6 hours	7 to 8 hours	9 to 10 hours	11 to 12 hours	More than 12
Sitting watching television, video, or DVD?	○	○	○	○	○	○	○	○
Sitting or driving in a car, bus or train?	○	○	○	○	○	○	○	○
Other sitting (reading, knitting, using a computer)	○	○	○	○	○	○	○	○
Sleeping at night or napping during the day or early evening?	○	○	○	○	○	○	○	○

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Are any of your activities limited because of emotional or mental conditions?

- No
- Yes

Are any of your activities limited because of physical conditions?

- No
- Yes

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What is your normal walking pace?

- Unable to walk
- Easy (less than 2 miles per hour)
- Normal, average (2 to 2.9 miles per hour)
- Brisk (3 to 3.9 miles per hour)
- Very brisk, striding (4 miles per hour or faster)

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Currently, how many flights of stairs do you climb daily (one flight is about 13 stairs)?

- No flights
- 1 to 2 flights
- 3 to 4 flights
- 5 to 9 flights
- 10 flights or more

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Do you currently have any health condition that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (Include occasional use or use in certain circumstances.)

- No
- Yes

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Questions about Sleeping Habits - The following questions ask about your sleeping habits. When answering these questions, think about your general sleeping patterns.

In a typical 24-hour period, how many hours do you sleep? (MAKE YOUR BEST GUESS)

Hours	

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FOR EACH QUESTION BELOW, MARK ONLY ONE RESPONSE.

	Never	Rarely	Sometimes	Often	Always/Almost Always
Do you have difficulty falling asleep?	○	○	○	○	○
Do you wake up too early and have difficulty falling back to sleep?	○	○	○	○	○
Do you get so sleepy during the day or evening that you have to take a nap?	○	○	○	○	○
Do you feel rested when you wake up in the morning?	○	○	○	○	○
Do you snore?	○	○	○	○	○

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Did you ever have a job where you had to work rotating shifts (at least 3 nights/month in addition to days or evenings in that month)?

- ○ No
- ○ Yes

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When you worked rotating shifts, for how many years did this occur?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-9 years
- 10-14 years
- 15-19 years
- 20-29 years
- 30 or more years

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Questions about Smoking - The following questions ask about your smoking history.

Do you currently smoke cigarettes?

- ○ No
- ○ Yes

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Have you ever smoked cigarettes?

- No
- Yes

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Have you smoked 100 or more cigarettes during your entire life?

- No
- Yes

How long ago did you last stop smoking cigarettes? (MAKE YOUR BEST GUESS)

Year(s) ago	

How old were you when you last stopped smoking cigarettes? (MAKE YOUR BEST GUESS)

Years old	

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How many cigarettes per day do you currently smoke? (MAKE YOUR BEST GUESS)

Cigarettes	

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How old were you when you first started to smoke cigarettes regularly? (MAKE YOUR BEST GUESS)

Years old

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For each age range below, mark the response that best describes the number of cigarettes per day, on average, that you smoked. There are 20 cigarettes in a pack. (MARK ONLY ONE RESPONSE PER AGE CATEGORY UP TO YOUR CURRENT AGE.)

	Average number of cigarettes smoked per day							
	None	**Less than 1 per day**	**1 to 10 per day**	**11 to 20 (1 pack) per day**	**21 to 30 per day**	**31 to 40 (2 packs) per day**	**41 to 60 (3 packs) per day**	**More than 60 per day**
Less than 15 years old	○	○	○	○	○	○	○	○
15 to 19 years old	○	○	○	○	○	○	○	○
20 to 24 years old	○	○	○	○	○	○	○	○
25 to 29 years old	○	○	○	○	○	○	○	○
30 to 39 years old	○	○	○	○	○	○	○	○
40 to 49 years old	○	○	○	○	○	○	○	○
50 to 59 years old	○	○	○	○	○	○	○	○
60 to 69 years old	○	○	○	○	○	○	○	○
70 years old and older	○	○	○	○	○	○	○	○

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Do you currently smoke a pipe and/or cigars?

- No
- Yes

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Please email help@westat.com if you have any questions or comments.

Did you ever smoke a pipe and/or cigars?

- No
- Yes

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Please email help@westat.com if you have any questions or comments.

Did you quit smoking a pipe and/or cigars?

- No
- Yes

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How many years ago did you quit smoking a pipe and/or cigars? (MAKE YOUR BEST GUESS)

Year(s) ago [ ]

Did you ever smoke a pipe or cigars for a year or longer?

- ○ No
- ○ Yes, pipes and cigars
- ○ Yes, pipes only
- ○ Yes, cigars only

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For how many years did/have you smoked a pipe or cigars? (MAKE YOUR BEST GUESS)

Year(s) [ ]

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Have you ever chewed tobacco?

- No
- Yes

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Have you ever chewed tobacco at least once a week for a year?

- No
- Yes

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Did you quit chewing tobacco?

- No
- Yes

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How many years ago did you quit chewing tobacco? (MAKE YOUR BEST GUESS)

Year(s) ago	

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For how many years did/have you chewed tobacco more than once per week? (MAKE YOUR BEST GUESS)

Year(s)

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Are you currently exposed to cigarette smoke from other people at home?

- ○ No
- ○ Yes, occasionally
- ○ Yes, regularly

Are you currently exposed to cigarette smoke from other people at work?

- ○ No, I am not working now
- ○ No exposure at work
- ○ Yes, occasionally
- ○ Yes, regularly

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When you were growing up, did either of your parents, or the adults who raised you, smoke in the house while you were living with them?

- No
- Yes, Mother only
- Yes, Father only
- Yes, Both mother and father
- Yes, Other

As an adult, how many years have you lived with someone who smoked regularly in the house?

- None
- Less than 1 year
- 1-4 years
- 5-9 years
- 10-19 years
- 20-29 years
- 30-39 years
- 40 and more years

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Questions about Alcohol Consumption - The following questions ask you about your alcohol consumption during your lifetime.

Do you currently drink alcohol (i.e., 1-2 drinks of alcohol, wine, or beer per week)?

- No
- Yes

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Have you ever drunk alcohol?

- No
- Yes

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In a typical month, what was/is the most number of drinks of beer, wine and/or liquor you may have had in one week?

- 1-2 drinks/week
- 3-5 drinks/week
- 6-9 drinks/week
- 10-14 drinks/week
- 15 or more drinks/week

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During a typical week during the past year, how many days did you consume at least one drink of any alcoholic beverage?

- Have not consumed alcohol in the past year
- One day/week
- Two days/week
- Three days/week
- Four days/week
- Five days/week
- Six days/week
- Seven days/week

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General Questions - The following questions provide us general information about you.

Which best describes your ethnicity?

- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Which best describes your race? (MARK ALL THAT APPLY)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

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What was your natural hair color at age 18?

- ○ Red
- ○ Blond
- ○ Light Brown
- ○ Dark Brown
- ○ Black

What is your eye color?

- ○ Blue
- ○ Hazel/Green
- ○ Brown

What best describes your skin type?

- ○ Fair (burns easily)
- ○ Fair but somewhat darker (sometimes burns then tans)
- ○ Fair but darker (tans rapidly)
- ○ Brown
- ○ Black

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Indicate the State or Territory (or "Out of U.S.") where you predominately lived at the indicate age.

Age 15?	State/Territory
Age 35?	State/Territory
Age 50?	State/Territory

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Thinking about your childhood, how would you best describe the occupation of the head of your household?

- Professional or technical (for example, doctor, lawyer, scientist, etc.)
- Managerial (for example, plant manager, CEO, etc.)
- Other non-manual (for example, bank teller, secretary, salesperson, etc.)
- Manual, in trade (for example, carpenter, electrician, mechanic, etc.)
- Other manual (for example, farm labor, factory worker, etc.)
- Don't know

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What is your current marital status?

- Married
- Civil union
- Domestic partnership
- Widowed
- Divorced
- Separated
- Single

What is your current living arrangement?

- Alone
- With spouse/partner
- With other family member
- Nursing home/Assisted living facility
- Other

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What is the highest level of education you have completed?

- Completed 8th grade or less
- Some high school but no diploma
- Earned GED (Graduate Equivalency Degree)
- Completed high school (diploma)
- Some college but no degree
- Post high-school training other than college (for example vocational or technical training)
- Completed a two-year college degree (Associates Arts or Associate Sciences Degree)
- Completed a four-year college degree (for example BA, BS, RN degree)
- Some graduate or professional school after college but no degree
- Completed graduate/professional school after college (MA, MS, PhD, MD, DDS, Higher)
- Prefer not to answer

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Are you retired?

- ◯ No
- ◯ Yes

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At what age did you retire?

Years old	

Overall, how would you rate the quality of retired life as it compares to your life when you were working?

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse

Before retirement, what was your annual household income?

- Less than $25,000
- $25,000 - $49,999
- $50,000 - $74,999
- $75,000 - $99,999
- $100,000 - $149,999
- $150,000 and more
- Prefer not to answer

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What is your current annual household income?

- Less than $25,000
- $25,000 - $49,999
- $50,000 - $74,999
- $75,000 - $99,999
- $100,000 - $149,999
- $150,000 and more
- Prefer not to answer

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Please email help@westat.com if you have any questions or comments.

Thank you for your interest in participating in this survey.