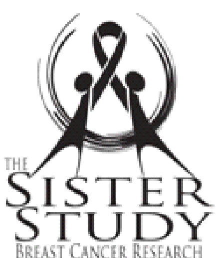
Form: 63 Vers: 01 ID#: SIS OMB No. 0925-0522



The Sister Study

Health and Medical History

A-Version 1

Instructions:

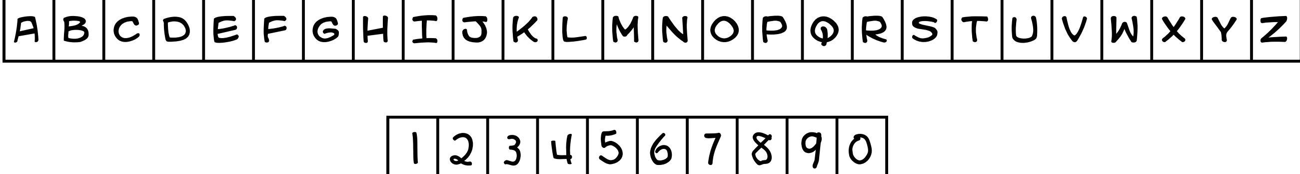
- Please use **DARK BLUE OR BLACK BALLPOINT PEN.**
- Mark only one answer for each question unless otherwise indicated.
- Follow the arrow from your response to find the next question.
- Only write comments in the spaces provided.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

Fill in the bubbles COMPLETELY for each of the questions in this form.

Like this: ⬬ Not like this:

Version 1

Please write responses in all capital letters and numbers without touching the sides of the boxes.



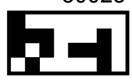
1 2 3 4 5 6 7 8 9 0

When writing dates, please follow this example.

EXAMPLE: June 7, 2012 = 0 6 / 0 7 / 2 0 1 2
(month) *(day)* *(year)*

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0522). Do not return the completed form to this address.

U.S. Department of Health and Human Services / National Institutes of Health / National Institute of Environmental Health Sciences



Your continued participation in the Sister Study is completely voluntary and greatly appreciated. If you are not comfortable answering a question, just skip it and go to the next one. All information you share will be kept confidential.

Today's Date: [ ][ ] / [ ][ ] / [2][0][ ][ ]
MONTH DAY YEAR

GENERAL HEALTH

1. In the past 24 months, would you say your health has generally been…

- O excellent,
- O very good,
- O good,
- O fair, or
- O poor?

2. In the past 24 months, have you...

	No	Yes
a. had a routine physical exam?	○	○
b. been to a dentist for a routine check-up or cleaning?	○	○
c. had a Pap smear?	○	○
d. had a breast exam by a doctor or other health professional?	○	○
e. had a screening mammogram?	○	○
f. had a screening ultrasound of the breast?	○	○
g. had a screening MRI of the breast?	○	○
h. had a bone density scan or osteoporosis screening?	○	○
i. had a screening colonoscopy or sigmoidoscopy exam?	○	○
j. had an ultrasound of the uterus?	○	○
k. had an ultrasound of the ovaries?	○	○
l. had a flu vaccination (either a flu shot or nasal spray)?	○	○
m. had a vaccination for shingles (herpes zoster)?	○	○

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3. Do you have any form of general health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

○ No
○ Yes

4. Was there a time in the past 12 months when you needed to see a doctor but did not because of the cost?

○ No
○ Yes

5. Since January 1, 2012, have you ever been unable to get screening mammography because your insurance doesn't cover it or you don't have access to screening through your work or other sources?

○ No
○ Yes

6. What is your current weight (in pounds)?

POUNDS

7. What is your current height? Please round to the nearest inch.

FEET

INCHES

8. Since January 1, 2012, how many times have you lost 20 pounds (9 kilograms) or more and then later gained all the weight back? *(If none, please enter "00".)*

TIMES

Please use a ballpoint pen for this form

9. Since January 1, 2012, were **any** of your sisters diagnosed with breast cancer **for the first time**?

- ○ No
- ○ Yes

9a. In all, how many of your full or half sisters have ever been diagnosed with breast cancer?

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more

10. Since January 1, 2012, have any **other** close blood relatives of yours been diagnosed with breast cancer **for the first time**?

- ○ No → **GO TO QUESTION 11**
- ○ Yes

10a. What is/are the relative(s)' relationship to you? *(Please mark all that apply.)*

- ○ Mother
- ○ Father
- ○ Brother
- ○ Daughter
- ○ Son
- ○ Grandmother
- ○ Grandfather
- ○ Other relative related to you by blood

11. Since January 1, 2012, have **any** close blood relatives of yours been diagnosed with ovarian cancer **for the first time**?

- ○ No → **GO TO THE NEXT PAGE, QUESTION 12**
- ○ Yes

11a. What is/are the relative(s)' relationship to you? *(Please mark all that apply.)*

- ○ Sister
- ○ Mother
- ○ Daughter
- ○ Grandmother
- ○ Other relative related to you by blood

In previous questionnaires, we have asked whether any of your grandparents have had cancer. However, we did not ask you which grandparent was diagnosed with cancer.

Were any of the following blood relatives **EVER** diagnosed with **BREAST** cancer?			a. If Yes, at what age were they diagnosed?
12. Grandmother on mother's side.	○ No ○ I don't know	○ Yes	[ ][ ] AGE **OR** ○ I don't know
13. Grandmother on father's side.	○ No ○ I don't know	○ Yes	[ ][ ] AGE **OR** ○ I don't know
14. Grandfather on mother's side.	○ No ○ I don't know	○ Yes	[ ][ ] AGE **OR** ○ I don't know
15. Grandfather on father's side.	○ No ○ I don't know	○ Yes	[ ][ ] AGE **OR** ○ I don't know

Were any of the following blood relatives **EVER** diagnosed with **OVARIAN** cancer?			a. If Yes, at what age were they diagnosed?
16. Grandmother on mother's side.	○ No ○ I don't know	○ Yes	[ ][ ] AGE **OR** ○ I don't know
17. Grandmother on father's side.	○ No ○ I don't know	○ Yes	[ ][ ] AGE **OR** ○ I don't know

Please use a ballpoint pen for this form

18. Have **any** close blood relatives of yours **ever** been diagnosed with Parkinson's disease?

○ No → **GO TO QUESTION 19**

○ Yes

18a. What is/are the relative(s)' relationship to you? *(Please mark all that apply.)*

○ Mother
○ Father
○ Sister
○ Brother
○ Daughter
○ Son
○ Other relative related to you by blood

19. Have **any** close blood relatives of yours **ever** been diagnosed with Alzheimer's disease?

○ No → **GO TO QUESTION 20**

○ Yes

19a. What is/are the relative(s)' relationship to you? *(Please mark all that apply.)*

○ Mother
○ Father
○ Sister
○ Brother
○ Daughter
○ Son
○ Other relative related to you by blood

20. Have **any** close blood relatives of yours **ever** been diagnosed with diabetes?

○ No → **GO TO THE NEXT PAGE, QUESTION 21**

○ Yes

20a. What is/are the relative(s)' relationship to you? *(Please mark all that apply.)*

○ Mother
○ Father
○ Sister
○ Brother
○ Daughter
○ Son
○ Other relative related to you by blood

21. Have **any** close blood relatives of yours **ever** been diagnosed with heart disease?

○ No → **GO TO QUESTION 22**

○ Yes

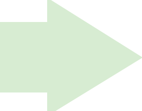
21a. What is/are the relative(s)' relationship to you?
(Please mark all that apply.)

○ Mother
○ Father
○ Sister
○ Brother
○ Daughter
○ Son
○ Other relative related to you by blood

22. Have **any** close blood relatives of yours **ever** had a stroke?

○ No → **GO TO THE NEXT PAGE, QUESTION 23**

○ Yes



22a. What is/are the relative(s)' relationship to you?
(Please mark all that apply.)

○ Mother
○ Father
○ Sister
○ Brother
○ Daughter
○ Son
○ Other relative related to you by blood

Please use a ballpoint pen for this form

PERSONAL MEDICAL HISTORY

We are interested in changes to your health in the past few years. Please think about your medical history **since January 1, 2012.**

Has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
23. breast cancer? Please do **not** include in situ cancer.	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
24. ductal (breast) carcinoma in situ (DCIS)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
25. lobular (breast) carcinoma in situ (LCIS)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
26. lung cancer?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
27. ovarian cancer?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
28. cancer of the uterus or endometrium? Please do **not** include non-cancerous conditions such as fibroids, endometriosis, or pre-cancer.	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
29. cancer of the colon or rectum?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
30. Hodgkin's disease or Hodgkin's lymphoma?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
31. non-Hodgkin's lymphoma?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
32. leukemia?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

Has a doctor or other health professional told you that you had...	NEVER OR BEFORE1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
33. melanoma?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
34. skin cancer (**not** melanoma)?	○ Never diagnosed ○ Diagnosed before January 1, 2012 If diagnosed before January 1, 2012, was it... *(Please mark all that apply.)* ○ basal cell? ○ squamous cell? ○ other?	○ Diagnosed January 1, 2012 or later	a. MONTH/YEAR DIAGNOSED ☐☐ / 2 0 ☐☐ MONTH YEAR b. Was it... *(Please mark all that apply.)* ○ basal cell? ○ squamous cell? ○ other?
35. any other type of cancer not already listed?	○ Never diagnosed ○ Diagnosed before January 1, 2012 If diagnosed before January 1, 2012, please specify what type(s) of cancer: ☐ ☐	○ Diagnosed January 1, 2012 or later	a. MONTH/YEAR DIAGNOSED ☐☐ / 2 0 ☐☐ MONTH YEAR b. Please specify what type of cancer: ☐ c. If you were diagnosed with a second **other** type of cancer January 1, 2012 or later, what month and year were you diagnosed? ☐☐ / 2 0 ☐☐ MONTH YEAR d. Please specify what type of cancer: ☐

Please use a ballpoint pen for this form

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Has a doctor or other health professional **ever** told you that you had...	NO	YES	b. Have you had this condition in the **past 12 months?**
36. hypertension or high blood pressure?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later → a. What month and year were you diagnosed? ☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes
37. angina?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later → a. What month and year were you diagnosed? ☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes
38. cardiac arrhythmia (irregular heartbeat)?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later → a. What month and year were you diagnosed? ☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes
39. congestive heart failure?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later → a. What month and year were you diagnosed? ☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes

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Has a doctor or other health professional told you that you had...	NO	YES	b. Have you had another incident since then?
40. a heart attack or myocardial infarction?	○ No	○ Yes, my first heart attack was before January 1, 2012 ○ Yes, my first heart attack was January 1, 2012 or later ↓ a. What month and year was your first heart attack? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes ↓ c. What month and year was your most recent heart attack? __ __ / __ __ __ __ MONTH YEAR
41. a stroke (this does not include TIA or "mini-stroke")?	○ No	○ Yes, my first stroke was before January 1, 2012 ○ Yes, my first stroke was January 1, 2012 or later ↓ a. What month and year was your first stroke? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes ↓ c. What month and year was your most recent stroke? __ __ / __ __ __ __ MONTH YEAR
42. a mini-stroke or TIA (transient ischemic attack)?	○ No	○ Yes, my first mini-stroke was before January 1, 2012 ○ Yes, my first mini-stroke was January 1, 2012 or later ↓ a. What month and year was your first mini-stroke? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes ↓ c. What month and year was your most recent mini-stroke? __ __ / __ __ __ __ MONTH YEAR

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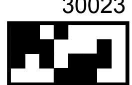

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. How many times has this happened since January 1, 2012?	b. What was the month and year that this **first** happened since January 1, 2012?
43. a hip fracture?	○ Never ○ Before January 1, 2012	○ January 1, 2012 or later	☐ # TIMES	☐☐ MONTH / 2 0 ☐☐ YEAR
44. a wrist fracture?	○ Never ○ Before January 1, 2012	○ January 1, 2012 or later	☐ # TIMES	☐☐ MONTH / 2 0 ☐☐ YEAR
45. a spine (vertebral) fracture?	○ Never ○ Before January 1, 2012	○ January 1, 2012 or later	☐ # TIMES	☐☐ MONTH / 2 0 ☐☐ YEAR
46. a rib fracture?	○ Never ○ Before January 1, 2012	○ January 1, 2012 or later	☐ # TIMES	☐☐ MONTH / 2 0 ☐☐ YEAR

			a. **If yes,** how many times?	b. Age at **first** injury?	c. Age at **most recent** injury?
47. Have you **ever** had a serious head injury that resulted in unconsciousness, coma, or hospitalization?	○ No	○ Yes	☐☐ # TIMES	☐☐ AGE	☐☐ AGE

Has a doctor or other health professional **ever** told you that you had...	**NO**	**YES**
48. diabetes?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later →

a. What month and year were you diagnosed?

MONTH ☐☐ / YEAR 2 0 ☐☐

b. Do you still have this condition?

○ No

○ Yes

c. Do you currently take insulin for diabetes?

○ No → **GO TO 48e**

○ Yes →

d. If yes, when did you **first** use insulin?

MONTH ☐☐ / YEAR ☐☐☐☐

e. Do you currently take other medications for diabetes?

○ No

○ Yes → **(Please report medications in question 174.)**

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Has a doctor or other health professional **ever** told you that you had...	NO	YES	b. Have you had this condition in the **past 12 months?**
49. asthma?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later → a. What month and year were you diagnosed? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes
50. depression?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later → a. What month and year were you diagnosed? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes
51. periodontal (gum) disease?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later → a. What month and year were you diagnosed? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes
52. lost any adult teeth due to disease or decay (please do not count wisdom teeth extractions, or teeth lost due to accidents, violence, or orthodontistry)?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later → a. What month and year were you diagnosed? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes

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Since January 1, 2012, has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
53. allergic rhinitis, hay fever, or seasonal allergies?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
54. emphysema?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
55. chronic obstructive pulmonary disease (COPD)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
56. Graves' disease?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
57. other hyperthyroidism (overactive thyroid)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
58. Hashimoto's thyroiditis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
59. other hypothyroidism (underactive thyroid)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
60. an enlarged thyroid or goiter?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

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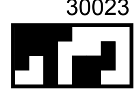
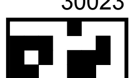


Since January 1, 2012, has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
61. thyroid nodules?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
62. another thyroid problem? Please do **not** include thyroid cancer.	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	a. MONTH/YEAR DIAGNOSED __ __ / 2 0 __ __ MONTH YEAR b. Please specify the problem:
63. osteoporosis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
64. osteopenia, or low bone density?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
65. osteoarthritis (age-related arthritis)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
66. rheumatoid arthritis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
67. multiple sclerosis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
68. scleroderma or systemic sclerosis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR



Since January 1, 2012, has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
69. systemic lupus erythematosus (SLE)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
70. discoid lupus?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
71. Sjögren's syndrome?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
72. Crohn's disease?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
73. ulcerative colitis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
74. shingles?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

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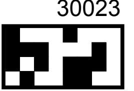

Has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
75. polyps in the colon or rectum?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
76. polycystic ovarian syndrome or PCOS?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
77. ovarian cysts?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
78. uterine fibroids or fibroid tumors?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
79. gallstones or gallbladder disease?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
80. Parkinson's disease?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
81. Alzheimer's disease?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
82. cognitive impairment?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
83. kidney failure requiring dialysis or transplant?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

30023

Has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
84. kidney stones?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
85. gout?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
86. cataracts?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
86a. detached retina?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
87. glaucoma?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
88. macular degeneration?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
89. pulmonary embolism?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
90. deep vein thrombosis, DVT, or deep vein blood clots in your legs or somewhere else?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

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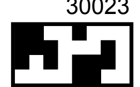

Endometriosis is a health problem in women in which tissue that looks and acts like the lining of the uterus grows outside of the uterus. Endometriosis is different from endometrial polyps or endometrial cancer.

91. Has any doctor told you that you have endometriosis?

○ No → **GO TO THE NEXT PAGE, QUESTION 94**

○ Yes

92. How old were you when you first diagnosed with endometriosis? AGE

Was your endometriosis confirmed by...			Age at procedure?
93a. Laparoscopy (insertion of a thin, lighted tube through a small incision in the abdomen to examine organs)?	○ No	○ Yes	AGE
93b. Laparotomy (traditional abdominal surgery, which requires a larger incision)?	○ No	○ Yes	AGE
93c. Ultrasound?	○ No	○ Yes	AGE
93d. Magnetic Resonance Imaging (MRI)?	○ No	○ Yes	AGE
93e. Hysterectomy for suspected endometriosis?	○ No	○ Yes	AGE
93f. Hysterectomy for other reason?	○ No	○ Yes	AGE
93g. Other, please specify:	○ No	○ Yes	AGE

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94. Some people experience problems with urinary incontinence, the leakage of urine. In the past 12 months, have you accidentally leaked urine?

- ○ No → GO TO THE NEXT PAGE, QUESTION 95
- ○ I don't know
- ○ Yes

94a. How frequently does this happen?

- ○ Every day
- ○ 3 - 6 times per week
- ○ Once or twice per week
- ○ 2 - 3 times per month
- ○ Once per month
- ○ A few times per year

94b. How much of a problem, if any, is/was the urine leakage for you?

- ○ A big problem
- ○ A small problem
- ○ Not a problem

94c. Have you talked with your doctor or other health provider about your urine leakage?

- ○ No
- ○ Yes

94d. Have you taken any medications for your urinary incontinence?

- ○ No
- ○ Yes

94e. Have you had any other treatments for your urinary incontinence?

- ○ No → GO TO QUESTION 95
- ○ Yes

94f. If so, what treatments have you had for your urinary incontinence? *(Please mark all that apply.)*

- ○ Bladder training
- ○ Exercises
- ○ Surgery
- ○ Other, specify:

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95. Have you been told that you have pelvic prolapse? You may have heard it called "cystocele," "rectocele," "urethrocele," or "dropped bladder."

- ○ No → **GO TO THE NEXT PAGE, QUESTION 96**
- ○ Yes

95a. Have you had surgery to correct pelvic prolapse?

- ○ No → **GO TO QUESTION 96**
- ○ Yes

95b. How many surgeries have you had to correct pelvic prolapse?

[|] # SURGERIES

95c. How old were you when you had your **first** surgery?

[|] AGE

95d. How old were you when you had your **second** surgery?

[|] AGE

95e. How old were you when you had your **third** surgery?

[|] AGE

30023

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	HAD PROCEDURE 1/1/2012 OR LATER	a. If you had this procedure January 1, 2012 or later, what was the month and year?
96. gallbladder surgery?	○ Never had procedure ○ Had procedure before January 1, 2012	○ Had procedure January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
97. balloon angioplasty, stent placement, or other procedure to open or widen a heart artery? These procedures are different from the test used to diagnose a blockage.	○ Never had procedure ○ Had procedure before January 1, 2012	○ Had procedure January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
98. coronary artery bypass graft surgery?	○ Never had procedure ○ Had procedure before January 1, 2012	○ Had procedure January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR

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99. Since January 1, 2012, have you experienced any of the following <u>medical symptoms</u>? *(Please mark a response for each item below.)*

	No	Yes
a. swelling in your wrist, finger, elbow, or knee joints **lasting six or more weeks**?	○	○
b. joint stiffness in the mornings, lasting at least one hour, and for more than six weeks (do not include stiffness related or due to an injury or surgery)?	○	○
c. daily, persistent, troublesome dry eyes for more than 3 months, or a recurrent feeling of sand or gravel in your eyes, or use of tear substitutes more than 3 times a day?	○	○
d. a daily feeling of dry mouth for more than 3 months, or frequent drinking of liquids to aid in swallowing dry foods, or recurrently or persistently swollen salivary glands?	○	○
e. a tremor or trembling in either of your hands?	○	○
f. walking or other movements getting noticeably slower?	○	○
g. handwriting getting noticeably smaller?	○	○
h. difficulty getting started when walking or making other movements?	○	○
i. wheezing or whistling in your chest?	○	○
j. shortness of breath when hurrying on level ground, or when walking up a slight hill, or when climbing a flight of stairs at your usual pace?	○	○
k. shortness of breath when at rest?	○	○
l. shortness of breath when lying down?	○	○
m. shortness of breath when walking?	○	○
n. swelling (or edema) in your legs?	○	○
o. excessive sweating other than due to menopause?	○	○
p. unexplained and unintentional weight loss of 10 or more pounds?	○	○
q. A problem with sneezing or a runny nose or blocked nose when you did not have a cold or the flu?	○	○

99. Since January 1, 2012, have you experienced any of the following medical symptoms? *(Please mark a response for each item below.)*

	No	Yes
r. feeling light-headed, dizzy, or weak when standing from sitting or lying down?	○	○
s. getting up regularly at night to pass urine?	○	○
t. unexplained pains (not due to known conditions such as arthritis)?	○	○
u. dribbling of saliva during daytime?	○	○

100. Do you suffer from a decrease in or loss of your sense of smell?

○ No → **GO TO QUESTION 101**

○ Yes

100a. How old were you the **first** time you noticed this problem?

[ ][ ] AGE

100b. Are there any reasons (such as head injury) that explain the decrease in your sense of smell?

○ No

○ Yes, specify:

	NO	YES	a. If yes, for how many years have you had this symptom?
101. Since January 1, 2012, have you experienced coughing on most days for three months or more out of a year?	○ No	○ Yes	○ 1 year ○ 2 or more years
102. Since January 1, 2012, have you brought up phlegm on most days for three months or more out of a year (do not count phlegm from the nose)?	○ No	○ Yes	○ 1 year ○ 2 or more years

Please use a ballpoint pen for this form

103. Since January 1, 2012, have you had a mammogram, breast ultrasound, or breast MRI?

○ No → **GO TO THE NEXT PAGE, QUESTION 104**

○ Yes

103a. How many times did you have a mammogram, breast ultrasound, or breast MRI since January 1, 2012?

[ ][ ] # TIMES

103b. What was the month and year of your most recent mammogram, breast ultrasound, or breast MRI?

[ ][ ] / [2][0][ ][ ]
MONTH YEAR

103c. Since January 1, 2012, have you been told you had abnormal findings on a mammogram, breast ultrasound, or breast MRI?

○ No → **GO TO THE NEXT PAGE, QUESTION 104**

○ Yes ↓

103d. What was the month and year of your most recent test with abnormal findings?

[ ][ ] / [2][0][ ][ ]
MONTH YEAR

103e. Which breast showed abnormal findings at the most recent test?

○ Left breast
○ Right breast
○ Both breasts

103f. Were you told this test showed any of the following? *(Please mark all that apply.)*

○ Breast cysts
○ Fibrocystic breasts
○ Breast calcifications
○ Dense breasts
○ Uneven or one-sided densities
○ Fibroadenoma
○ Other
○ Don't know

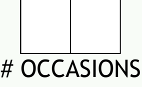
30023

104. Since January 1, 2012, have you had a breast cyst or cysts drained (aspirated) or removed?

○ No → **GO TO QUESTION 105**

○ Yes

104a. On how many occasions have you had this since January 1, 2012?


OCCASIONS

104b. What was the month and year of your most recent procedure?

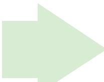
MONTH / YEAR 2 0

104c. On which breast was the most recent cyst aspiration or removal performed?

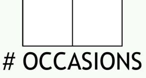
○ Left breast
○ Right breast
○ Both breasts

105. Since January 1, 2012, have you had a needle biopsy to diagnose or rule out a breast condition?

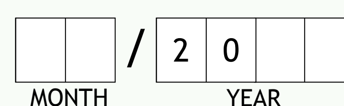
○ No → **GO TO THE NEXT PAGE, QUESTION 106**

○ Yes 

105a. On how many occasions have you had this since January 1, 2012?


OCCASIONS

105b. What was the month and year of your most recent procedure?



105c. On which breast was the most recent needle biopsy performed?

○ Left breast
○ Right breast
○ Both breasts

Please use a ballpoint pen for this form

106. Since January 1, 2012, have you had a surgical biopsy or a biopsy other than a needle biopsy to diagnose or rule out a breast condition?

○ No → **GO TO QUESTION 107**

○ Yes

106a. On how many occasions have you had this since January 1, 2012?

[ ][ ] # OCCASIONS

106b. What was the month and year of your most recent procedure?

[ ][ ] / [2][0][ ][ ]
MONTH YEAR

106c. On which breast was the most recent biopsy performed?

○ Left breast
○ Right breast
○ Both breasts

107. Since January 1, 2012, have you had a breast lump or lumps removed (lumpectomy or excisional biopsy)?

○ No → **GO TO THE NEXT PAGE, QUESTION 108**

○ Yes

107a. On how many occasions have you had this since January 1, 2012?

[ ][ ] # OCCASIONS

107b. What was the month and year of your most recent procedure?

[ ][ ] / [2][0][ ][ ]
MONTH YEAR

107c. On which breast was the most recent lumpectomy or excisional biopsy performed?

○ Left breast
○ Right breast
○ Both breasts

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Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. Why was this done?	b. If you had this procedure January 1, 2012 or later, what was the month and year?
108. a mastectomy of your **left** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	○ To treat breast cancer ○ To prevent breast cancer ○ Both	☐☐ / 2 0 ☐☐ MONTH YEAR
109. a mastectomy of your **right** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	○ To treat breast cancer ○ To prevent breast cancer ○ Both	☐☐ / 2 0 ☐☐ MONTH YEAR

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this procedure January 1, 2012 or later, what was the month and year?	b. Did you have a silicone gel implant?
110. breast reconstruction surgery on your **left** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes
111. breast reconstruction surgery on your **right** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes

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Since January 1, 2012, were you told you had any of the following after a cyst aspiration, cyst removal, needle biopsy, surgical biopsy, lumpectomy, or mastectomy?

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this January 1, 2012 or later, what was the month and year?
112. fibrocystic or **benign nonproliferative** changes within normal range? For example, cysts, mild hyperplasia, benign calcifications, fibrosis, etc.	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	[ ][ ] / 2 0 [ ][ ] MONTH YEAR
113. fibroadenoma?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	[ ][ ] / 2 0 [ ][ ] MONTH YEAR b. What type? ○ Simple fibroadenoma ○ Complex fibroadenoma ○ Both ○ Don't know

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Since January 1, 2012, were you told you had any of the following after a cyst aspiration, cyst removal, needle biopsy, surgical biopsy, lumpectomy, or mastectomy?

	Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this January 1, 2012 or later, what was the month and year?
114.	benign breast disease?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
115.	proliferation **without atypia**? For example, sclerosing adenosis, intraductal papilloma, moderate hyperplasia, suspicious calcifications, etc.	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
116.	atypical hyperplasia?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR b. What type? ○ Atypical ductal hyperplasia ○ Atypical lobular hyperplasia ○ Both ○ Don't know
117.	ductal carcinoma in situ (DCIS)?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
118.	lobular carcinoma in situ (LCIS)?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
119.	breast cancer?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
120.	other changes?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

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121. Regardless of the findings, did you keep a copy of the pathology report(s) from the cyst aspiration, cyst removal, needle biopsy, surgical biopsy, lumpectomy, or mastectomy that you are willing to share with us?

- ○ No
- ○ Yes → **PLEASE INCLUDE A COPY WITH YOUR COMPLETED QUESTIONNAIRE.**
- ○ Not applicable

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this procedure January 1, 2012 or later, what was the month and year?
122. breast reduction surgery on your **left** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
123. breast reduction surgery on your **right** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this procedure January 1, 2012 or later, what was the month and year?	b. Did you have a silicone gel implant?
124. breast enlargement surgery on your **left** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes
125. breast enlargement surgery on your **right** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this procedure January 1, 2012 or later, what was the month and year?	b. Was this a silicone gel implant?
126. a breast implant surgically removed from your **left** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes
127. a breast implant surgically removed from your **right** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes

MENSTRUAL HISTORY

127a. Have you had a menstrual period or pregnancy in the past 10 years?

○ No → **GO TO PAGE 39, QUESTION 128**

○ Yes → **GO TO THE NEXT PAGE, QUESTION 127b1**

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127b1. Are you currently pregnant or breastfeeding?

○ No → **GO TO NEXT QUESTION, 127b2**

○ Yes → **GO TO PAGE 36, QUESTION 127h**

127b2. Have you had a menstrual period in the past 12 months?

○ No → **ANSWER BOX A BELOW**

○ Yes → **ANSWER BOX B ON THE NEXT PAGE**

BOX A

THIS BOX IS FOR WOMEN WHO HAVE NOT HAD A MENSTRUAL PERIOD IN THE PAST 12 MONTHS AND ARE NOT PREGNANT OR BREASTFEEDING. ALL OTHERS GO TO QUESTION 127e.

127c. Why did your periods stop? Please choose one response that best describes your situation.

- ○ My periods stopped on their own (naturally).
- ○ My periods stopped on their own but I began taking hormone replacement therapy before my periods fully stopped.
- ○ My periods stopped after my uterus or ovaries were removed **(be sure to answer questions 147 and 148).**
- ○ My periods stopped due to radiation or chemotherapy.
- ○ My periods stopped due to medicine that causes the ovaries to make less hormones or medicine that has this as a side effect.
- ○ My periods stopped because I am taking the kind of birth control pills that make me not have periods.
- ○ My periods stopped for some other reason, please describe:

127d. What month and year did you have your last menstrual period or how old were you when you had your last menstrual period?

__ __ / __ __ __ __ **OR** __ __

MONTH YEAR AGE

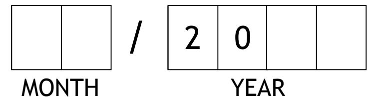
GO TO PAGE 36, QUESTION 127h

30023

BOX B

THIS BOX IS FOR WOMEN WHO HAVE HAD A MENSTRUAL PERIOD IN THE PAST 12 MONTHS.

127e. When was your last menstrual period?



127f. What statement best describes you?

- O My periods have not stopped and I am not taking hormones.
- O My periods have not stopped but I am taking hormones.
- O My periods stopped temporarily but restarted when I stopped taking birth control pills.
- O My periods stopped temporarily, but I have had episodes of bleeding since the time when I started taking hormones.
- O My periods stopped temporarily but restarted when I began taking hormone replacement therapy.

GO TO PAGE 36, QUESTION 127h

OR

- O My periods stopped sometime in the last 12 months. → **GO TO QUESTION 127g**

127g. Why did your periods stop? Please choose one response that best describes your situation.

- O My periods stopped on their own (naturally).
- O My periods stopped on their own but I began taking hormone replacement therapy before my periods fully stopped.
- O My periods stopped after my uterus or ovaries were removed **(be sure to answer questions 147 and 148).**
- O My periods stopped due to radiation or chemotherapy.
- O My periods stopped due to medicine that causes the ovaries to make less hormones or medicine that has this as a side effect.
- O My periods stopped because I am taking the kind of birth control pills that make me not have periods.
- O My periods stopped for some other reason, please describe:

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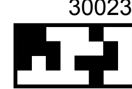

127h. Have you had a pregnancy since January 1, 2012?

○ No → **GO TO PAGE 38, QUESTION 127o**

○ Yes

127h1. Are you currently pregnant?

○ No
○ Yes

127h2. How many times have you been pregnant since January 1, 2012 (including your current pregnancy, if you are pregnant now)?

[ ] # TIMES

30023

THIS SECTION IS FOR WOMEN WHO HAVE BEEN PREGNANT SINCE JANUARY 1, 2012.
ALL OTHERS GO TO THE NEXT PAGE, QUESTION 127o.

	FIRST PREGNANCY (since January 1, 2012)	SECOND PREGNANCY (since January 1, 2012)
127i. How did this pregnancy end?	○ Still pregnant now ○ Single live birth ○ Twins, live births ○ Other multiple live births → ☐ # BABIES ○ Stillbirth(s) ○ Miscarriage ○ Induced abortion ○ Molar or ectopic pregnancy	○ Still pregnant now ○ Single live birth ○ Twins, live births ○ Other multiple live births → ☐ # BABIES ○ Stillbirth(s) ○ Miscarriage ○ Induced abortion ○ Molar or ectopic pregnancy
127j. How many weeks did this pregnancy last (or has it lasted so far, if now pregnant)?	○ Less than 8 weeks ○ 8 to 12 weeks ○ 13 to 16 weeks ○ 17 to 24 weeks ○ 25 to 36 weeks ○ 37 to 41 weeks ○ 42 weeks or more	○ Less than 8 weeks ○ 8 to 12 weeks ○ 13 to 16 weeks ○ 17 to 24 weeks ○ 25 to 36 weeks ○ 37 to 41 weeks ○ 42 weeks or more
127k. What month and year did this pregnancy end?	☐☐ / 2 0 ☐☐ MONTH YEAR **OR** ○ Still pregnant now	☐☐ / 2 0 ☐☐ MONTH YEAR **OR** ○ Still pregnant now
127l. What was the sex of the baby or babies?	○ Single male ○ Single female ○ Multiple → ☐ # MALES ☐ # FEMALES ○ Don't know	○ Single male ○ Single female ○ Multiple → ☐ # MALES ☐ # FEMALES ○ Don't know
127m. How long did you breastfeed (or have you been breastfeeding)?	○ Less than one month ○ 1-3 months ○ 4-6 months ○ 7-12 months ○ 13-24 months ○ More than 24 months } GO TO 127n ○ Did not breastfeed/ not applicable → GO TO NEXT PREGNANCY OR QUESTION 127o	○ Less than one month ○ 1-3 months ○ 4-6 months ○ 7-12 months ○ 13-24 months ○ More than 24 months } GO TO 127n ○ Did not breastfeed/ not applicable → GO TO NEXT PREGNANCY OR QUESTION 127o
127n. Are you still breastfeeding?	○ No ○ Yes	○ No ○ Yes

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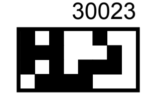
IF YOU HAVE HAD MORE THAN 2 PREGNANCIES SINCE JANUARY 1, 2012, PLEASE ANSWER THE SAME QUESTIONS FOR EACH PREGNANCY AND RECORD YOUR ANSWERS ON A SEPARATE SHEET OF PAPER.

30023



127o. Since January 1, 2012, have you used <u>any hormonal birth control</u>?

○ No → **GO TO THE NEXT PAGE, QUESTION 128**

○ Yes

Since January 1, 2012, have you used...		NO	YES	If yes, how many months in all have you used this since January 1, 2012?	Are you currently using this?
127p.	birth control pills?	○ No	○ Yes	# MONTHS	○ No ○ Yes
127q.	birth control patches?	○ No	○ Yes	# MONTHS	○ No ○ Yes
127r.	a hormonal IUD (intrauterine device)?	○ No	○ Yes	# MONTHS	○ No ○ Yes
127s.	a Norplant implant?	○ No	○ Yes	# MONTHS	○ No ○ Yes
127t.	a Nuva Ring?	○ No	○ Yes	# MONTHS	○ No ○ Yes
127u.	Depo Provera?	○ No	○ Yes	# MONTHS	○ No ○ Yes
127v.	any other hormonal birth control?	○ No	○ Yes	# MONTHS	○ No ○ Yes

The next questions are about **female hormone products** often used for hormone replacement therapy (HRT).

	Since January 1, 2012, have you used...	NO	YES	a. If yes, how many months in all have you used this since January 1, 2012?	b. Do you currently use this female hormone product(s)?
128.	a combined pill containing both estrogen and progesterone (such as Prempro)?	○ No	○ Yes	# MONTHS	○ No ○ Yes
129.	an estrogen-only pill (such as Premarin) with no additional progesterone in any form?	○ No	○ Yes	# MONTHS	○ No ○ Yes
130.	an estrogen pill (such as Premarin) **and** a separate progesterone pill (such as Provera) or progesterone shot?	○ No	○ Yes	# MONTHS	○ No ○ Yes
131.	an estrogen-only patch with no additional progesterone in any form?	○ No	○ Yes	# MONTHS	○ No ○ Yes
132.	a patch containing both estrogen and progesterone (such as Combipatch)?	○ No	○ Yes	# MONTHS	○ No ○ Yes
133.	an estrogen-only patch **and** a separate progesterone pill or progesterone shot?	○ No	○ Yes	# MONTHS	○ No ○ Yes
134.	progesterone alone (not for birth control)?	○ No	○ Yes	# MONTHS	○ No ○ Yes

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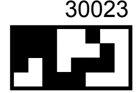

Since January 1, 2012, have you used...	NO	YES	If yes, how many months in all have you used this since January 1, 2012?
135. vaginal estrogen creams, rings, or suppositories?	○ No	○ Yes	a. [ ][ ] # MONTHS b. Do you currently use this female hormone product(s)? ○ No ○ Yes c. Does this product also contain progesterone? ○ No ○ Yes ○ Don't know d. Did you also take progesterone in another form (e.g., patch, pill) during the time you were using vaginal estrogen creams, rings, or suppositories? ○ No ○ Yes
136. any other estrogen products, including "natural" estrogens?	○ No	○ Yes	a. [ ][ ] # MONTHS b. Do you currently use this female hormone product(s)? ○ No ○ Yes c. Which of the following products have you used since January 1, 2012? *(Please mark all that apply.)* ○ Capsules ○ Gel or cream applied to the skin ○ Injection ○ Liquid ○ Troche or lozenge (dissolved under the tongue) ○ Other

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Since January 1, 2012, have you used...	NO	YES	a. If yes, how many months in all have you used this since January 1, 2012?	b. Do you currently use this?	c. Why did you use this?
137. tamoxifen or Nolvadex?	○ No	○ Yes	# MONTHS	○ No ○ Yes	○ Treat breast cancer ○ Prevent breast cancer ○ Another reason
138. ospemifene or Osphena?	○ No	○ Yes	# MONTHS	○ No ○ Yes	○ Treat breast cancer ○ Prevent breast cancer ○ Another reason
139. raloxifene or Evista?	○ No	○ Yes	# MONTHS	○ No ○ Yes	○ Treat breast cancer ○ Prevent breast cancer ○ Another reason
Aromatase inhibitors:					
140. anastrozole or Arimidex?	○ No	○ Yes	# MONTHS	○ No ○ Yes	○ Treat breast cancer ○ Prevent breast cancer ○ Another reason
141. exemestane or Aromasin?	○ No	○ Yes	# MONTHS	○ No ○ Yes	
142. letrozole or Femara?	○ No	○ Yes	# MONTHS	○ No ○ Yes	
143. other aromatase inhibitor? Please specify:	○ No	○ Yes	# MONTHS	○ No ○ Yes	
144. Herceptin?	○ No	○ Yes	# MONTHS	○ No ○ Yes	
145. testosterone?	○ No	○ Yes	# MONTHS	○ No ○ Yes	
146. Estratest?	○ No	○ Yes	# MONTHS	○ No ○ Yes	

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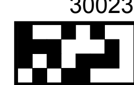

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	HAD PROCEDURE 1/1/2012 OR LATER	If you had this procedure January 1, 2012 or later, what was the month and year?
147. a hysterectomy (surgical removal of the uterus)?	○ Never had procedure ○ Had procedure before January 1, 2012	○ Had procedure January 1, 2012 or later	a. MONTH/YEAR HAD PROCEDURE [ ][ ] / 2 0 [ ][ ] MONTH YEAR b. Did you have all or part of either of your ovaries removed at the same time you had the hysterectomy? ○ No → **GO TO QUESTION 148** ○ Yes c. Did you have... ○ both ovaries completely removed? ○ one ovary and part of the other ovary removed? ○ one ovary removed? ○ part of one or part of both ovaries removed? d. Did you have all or part of either ovary left after this surgery? ○ No ○ Yes
148. a separate surgery to remove part or all of one or both ovaries (but not your uterus)?	○ Never had procedure ○ Had procedure before January 1, 2012	○ Had procedure January 1, 2012 or later	a. MONTH/YEAR HAD PROCEDURE [ ][ ] / 2 0 [ ][ ] MONTH YEAR b. Did you have... ○ both ovaries completely removed? ○ one ovary and part of the other ovary removed? ○ one ovary removed? ○ part of one or part of both ovaries removed? c. Did you have all or part of either ovary left after this surgery? ○ No ○ Yes

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Have you **ever** experienced any of the following menopausal symptoms?	NO	YES	a. On average, how would you rate the severity of your symptom?	b. Have you experienced any symptoms in the **past 12 months?**
149. vaginal dryness	○ No	○ Yes	○ Mild ○ Moderate ○ Severe	○ No ○ Yes
150. night sweats	○ No	○ Yes	○ Mild ○ Moderate ○ Severe	○ No ○ Yes

Have you **ever** experienced any of the following menopausal symptoms?	NO	YES	a. On average, how would you rate the severity of your symptom?	b. How often did/do these occur in a typical week?	
151. hot flashes	○ No	○ Yes	○ Mild ○ Moderate ○ Severe	○ 1 time or less ○ 2-3 times ○ 4 or more times ○ Don't know	c. For about how many total months or years did you have hot flashes? ○ Less than 3 months ○ 3 to less than 6 months ○ 6 months to less than 1 year ○ 1 to less than 2 years ○ 2 to less than 3 years ○ 3 or more years d. Have you experienced any symptoms in the **past 12 months?** ○ No ○ Yes

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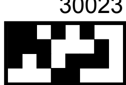

Since January 1, 2012, have you used any prescription medicines to treat or to prevent...		NO	YES	a. If yes, are you currently taking this?
152.	hypertension (high blood pressure)?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
153.	high cholesterol?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
154.	cardiac arrhythmia (irregular heartbeat)?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
155.	congestive heart failure?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
155a.	angina?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
156.	diabetes?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
157.	thyroid disease?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
158.	osteoporosis (bone loss, or bone thinning)? Do not count calcium or Vitamin D.	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed

Since January 1, 2012, have you used any prescription medicines to treat or to prevent...	NO	YES	a. If yes, are you currently taking this?
159. rheumatoid arthritis?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
160. osteoarthritis?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
161. migraines?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
162. depression?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
163. asthma?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
164. Parkinson's disease?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
165. anxiety?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed

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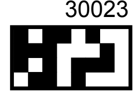

Since January 1, 2012, have you regularly (at least once a week for at least three months in a row) taken...		NO	YES	a. If yes, for about how long have you taken this regularly (at least once a week for at least three months in a row) since January 1, 2012?	
166.	acetaminophen (Tylenol)?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years
167.	"baby aspirin" or low-dose aspirin (100mg/tablet or less)?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years
168.	aspirin or other aspirin containing products (325 mg/tablet or more)?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years
169.	ibuprofen (such as Advil, Motrin, Nuprin, etc.)?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years
170.	Celebrex or other COX-2 inhibitors?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years
171.	Aleve or Naprosyn?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years
172.	Relafen, Ketoprofen, Anaprox, or other non-steroidal anti-inflammatories?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years
173.	antibiotics?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years

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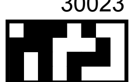

b. On average, how many days per week have you taken this?	c. On days when you take it, how many times do you take it?	d. Are you currently taking this?
○ 1 day per week ○ 2-3 days per week ○ 4-5 days per week ○ 6-7 days per week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ No ○ Yes
○ 1 day per week ○ 2-3 days per week ○ 4-5 days per week ○ 6-7 days per week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ No ○ Yes
○ 1 day per week ○ 2-3 days per week ○ 4-5 days per week ○ 6-7 days per week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ No ○ Yes
○ 1 day per week ○ 2-3 days per week ○ 4-5 days per week ○ 6-7 days per week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ No ○ Yes
○ 1 day per week ○ 2-3 days per week ○ 4-5 days per week ○ 6-7 days per week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ No ○ Yes
○ 1 day per week ○ 2-3 days per week ○ 4-5 days per week ○ 6-7 days per week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ No ○ Yes
○ 1 day per week ○ 2-3 days per week ○ 4-5 days per week ○ 6-7 days per week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ No ○ Yes
○ 1 day per week ○ 2-3 days per week ○ 4-5 days per week ○ 6-7 days per week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ No ○ Yes

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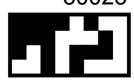

These last questions are about prescription and non-prescription medications that you **currently take regularly, seasonally, or as needed.** This includes all pills, patches, shots, inhaled medicines, vitamins, and herbal supplements. Please include inhalers, nasal sprays, and other medications even if you use them occasionally and include all medicines prescribed in once a month or once a year doses, such as some medicines to prevent osteoporosis, or treat asthma symptoms or migraines.

Do not include:

· Aspirin or other pain medications already reported in previous questions

174. Do you **currently** take any prescription or other medications **regularly, seasonally, or as needed?** Please include all medicines, including inhalers, nasal sprays, and other medications, even if you use them only as needed, for example to treat asthma symptoms or migraines.

○ No → **GO TO END, PAGE 52**

○ Yes

TOTAL #

a. What is/are the name(s) of the prescription or non-prescription medication(s) that you **currently take regularly, seasonally, or as needed?**	b. For how long have you used this regularly, seasonally, or as needed?
1.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
2.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
3.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
4.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
5.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years

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c. How often do you take it?	d. On days when you take it, how many times do you take it?	e. In what form did you take this? *(Please mark all that apply.)*	
○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ Pill ○ Inhaler ○ Cream ○ Liquid	○ Patch ○ Spray ○ Shot ○ Other
○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ Pill ○ Inhaler ○ Cream ○ Liquid	○ Patch ○ Spray ○ Shot ○ Other
○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ Pill ○ Inhaler ○ Cream ○ Liquid	○ Patch ○ Spray ○ Shot ○ Other
○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ Pill ○ Inhaler ○ Cream ○ Liquid	○ Patch ○ Spray ○ Shot ○ Other
○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ Pill ○ Inhaler ○ Cream ○ Liquid	○ Patch ○ Spray ○ Shot ○ Other

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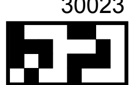

a. What is/are the name(s) of the prescription or non-prescription medication(s) that you **currently take regularly, seasonally, or as needed?** (If you need more space, answer the same questions for each medication and record it on a separate sheet.)	b. For how long have you used this regularly, seasonally, or as needed?
6.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
7.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
8.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
9.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
10.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
11.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
12.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years

c. How often do you take it?	d. On days when you take it, how many times do you take it?	e. In what form did you take this? *(Please mark all that apply.)*
○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ Pill ○ Patch ○ Inhaler ○ Spray ○ Cream ○ Shot ○ Liquid ○ Other
○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ Pill ○ Patch ○ Inhaler ○ Spray ○ Cream ○ Shot ○ Liquid ○ Other
○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ Pill ○ Patch ○ Inhaler ○ Spray ○ Cream ○ Shot ○ Liquid ○ Other
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○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ Pill ○ Patch ○ Inhaler ○ Spray ○ Cream ○ Shot ○ Liquid ○ Other
○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ Pill ○ Patch ○ Inhaler ○ Spray ○ Cream ○ Shot ○ Liquid ○ Other
○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 5 or more times per day	○ Pill ○ Patch ○ Inhaler ○ Spray ○ Cream ○ Shot ○ Liquid ○ Other

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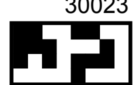


Please check to see that all questions are answered.

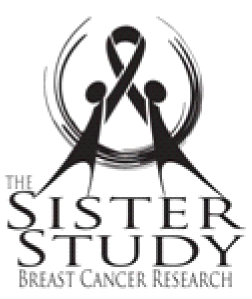
Thank you for completing this questionnaire and for your continued participation in the Sister Study.

Please mail this form to us at the address below.
A postage-paid envelope is provided.

The Sister Study, 1009 Slater Road, Suite 120, Durham, NC 27703
phone: 1-877-4SISTER (1-877-474-7837); email: update@sisterstudy.org

If you have a pathology report from a cyst aspiration, cyst removal, needle biopsy, surgical biopsy, lumpectomy, or mastectomy that you are willing to share with us, please include a copy with your completed questionnaire.

Thank you!



The Sister Study

Lifestyle and Quality of Life

Version 1

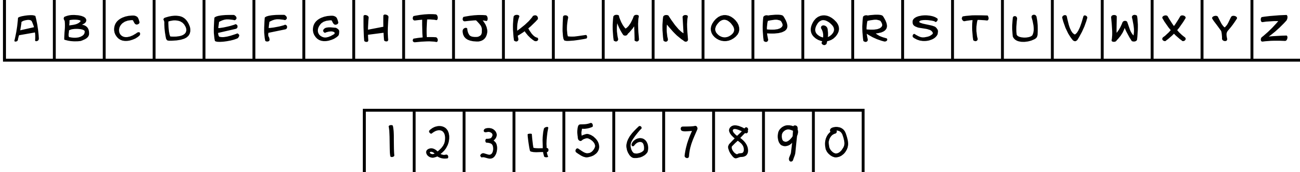
Instructions:

- Please use **DARK BLUE OR BLACK BALLPOINT PEN**.
- Mark only one answer for each question unless otherwise indicated.
- Follow the arrow from your response to find the next question.
- Only write comments in the spaces provided.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

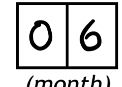
Fill in the bubbles COMPLETELY for each of the questions in this form.

Like this: ⬬ Not like this: ⊗ ✓

Please write responses in all capital letters and numbers without touching the sides of the boxes.



When writing dates, please follow this example.

EXAMPLE: June 7, 2012 = 0 6 /  0 7 / 2 0 1 2
(month) (day) (year)

Version 1

U.S. Department of Health and Human Services / National Institutes of Health / National Institute of Environmental Health Sciences

Your continued participation in the Sister Study is completely voluntary and greatly appreciated. If you are not comfortable answering a question, just skip it and go to the next one. All information you share will be kept confidential.

Today's Date: __ __ / __ __ / 2 0 __ __
(month) *(day)* *(year)*

1. Which of the following best describes your **current** marital status? Please choose the **one** response that best describes your current situation.
   - ○ Never married
   - ○ Widowed
   - ○ Divorced
   - ○ Separated

   → **GO TO QUESTION 2**

   - ○ Married, civil union or living with someone as though married →

   1a. How many years have you been married or living as though married with this spouse/partner?

   __ __ # YEARS OR ○ Less than 1 year

   1b. Is your spouse/partner a man or a woman?
   - ○ Man
   - ○ Woman

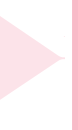
2. Thinking about last year, which of the following best describes your total family income from all household members before taxes? Please include income from all sources such as annuities, social security, stocks, alimony, and child support earned in the past year.
   - ○ Less than $20,000
   - ○ $20,000 to $49,999
   - ○ $50,000 to $99,999
   - ○ $100,000 to $200,000
   - ○ More than $200,000

3. Last year, how many people, including yourself, were supported by that income?
   - ○ 1
   - ○ 2
   - ○ 3-4
   - ○ 5-6
   - ○ 7-8
   - ○ More than 8

4. Have you ever smoked at least 10 cigarettes or more?

○ No → **GO TO QUESTION 5**

○ Yes



4a. What is your current smoking status?
- ○ Former smoker
- ○ Current smoker

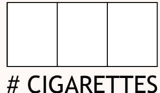
4b. When did you **first** start smoking?
- ○ Before 2012
- ○ 2012
- ○ 2013
- ○ 2014
- ○ 2015

4c. Did you smoke at least 10 cigarettes since January 1, 2012?
- ○ No
- ○ Yes

4d. When did you **last** smoke?
- ○ I am a current smoker
- ○ I last smoked in 2015
- ○ I last smoked in 2014
- ○ I last smoked in 2013
- ○ I last smoked in 2012
- ○ I last smoked before 2012

4e. During the years you smoked, how many days per week do/did you smoke?
- ○ Less than one day per week
- ○ 1-3 days per week
- ○ 4-6 days per week
- ○ Every day

4f. During the years you smoked, how many cigarettes do/did you usually smoke per day on the days you smoked?



CIGARETTES

Please use a ballpoint pen for this form

5. Since January 1, 2012, how many regular smokers have you lived with (not counting yourself, if you smoke)?

- ○ None
- ○ 1
- ○ 2
- ○ 3-4
- ○ 5 or more

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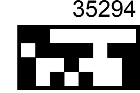

6. About how many hours or minutes per day are you exposed to other people's tobacco smoke (include all locations—home, work, and all other places you spend time where others might smoke)?

- ○ None
- ○ Less than 30 minutes
- ○ 30-59 minutes
- ○ 1-2 hours
- ○ 3-4 hours
- ○ 5-6 hours
- ○ 7-8 hours
- ○ More than 8 hours

6a. Have you ever used an electronic cigarette or e-cigarette, such as NJOY, Blu, or Smoking Everywhere, even one or two times?

- ○ No → **GO TO QUESTION 7**
- ○ Yes

6b. Do you now use e-cigarettes...

- ○ Every day
- ○ Some days
- ○ Not at all

6c. What brand of e-cigarette do/did you use?

BRAND

6d. About how many disposable e-cigarettes or e-cigarette cartridges have you used in the past year?

- ○ None
- ○ 1 or more puffs but never a whole one
- ○ 1-10
- ○ 11-20
- ○ 21-50
- ○ 51-99
- ○ 100 or more

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Since January 1, 2012...	NO	YES	a. IF YES, in which years since January 1, 2012 did you drink alcohol? *(Please mark all that apply.)*	b. About how often did you drink alcohol?	c. On average, how many drinks did you have on the days that you drank alcohol?
7. have you drunk **beer or other malt beverages?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
8. have you drunk **white wine or white wine coolers?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
9. have you drunk **red wine or red wine coolers?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
10. have you drunk **liquor?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

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11. Since January 1, 2012, did you ever drink four or more alcoholic beverages in a row, in one sitting?

○ No → **GO TO QUESTION 12**

○ Yes

11a. How often has this happened since January 1, 2012?

○ More than once a week
○ Once a week
○ More than once a month but less than once a week
○ Once a month
○ 7-11 times a year
○ 4-6 times a year
○ 2-3 times a year
○ Once a year
○ Once or twice

12. Since January 1, 2012, has a doctor or other health professional told you that your drinking was hurting your health?

○ No

○ Yes

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Since January 1, 2012...	NO	YES	a. IF YES, in which years since January 1, 2012 did you drink this? *(Please mark all that apply.)*	b. About how often did you drink this?	c. On average, how many drinks did you have on the days that you drank this?
13. have you drunk **regular coffee?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
14. have you drunk **decaffeinated coffee?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
15. have you drunk **tea or iced tea (not herbal teas)?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
16. have you drunk **decaffeinated tea or decaffeinated iced tea?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

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Since January 1, 2012...	NO	YES	a. IF YES, in which years since January 1, 2012 did you drink this? *(Please mark all that apply.)*	b. About how often did you drink this?	c. On average, how many drinks did you have on the days that you drank this?
17. have you drunk **regular green tea?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
18. have you drunk **decaffeinated green tea?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
19. have you drunk **regular soft drinks?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
20. have you drunk **decaffeinated soft drinks?**	○ No	○ Yes	○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

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In all, how many years did you regularly drink...

20d.	regular coffee?	○ Never ○ Less than one year ○ 1-5 years ○ 6-10 years ○ 11-15 years ○ More than 15 years
20e.	decaffeinated coffee?	○ Never ○ Less than one year ○ 1-5 years ○ 6-10 years ○ 11-15 years ○ More than 15 years
20f.	tea or iced tea (not herbal teas)?	○ Never ○ Less than one year ○ 1-5 years ○ 6-10 years ○ 11-15 years ○ More than 15 years
20g.	decaffeinated tea or decaffeinated iced tea?	○ Never ○ Less than one year ○ 1-5 years ○ 6-10 years ○ 11-15 years ○ More than 15 years

Please use a ballpoint pen for this form

In all, how many years did you regularly drink...

20h.	regular green tea?	○ Never ○ Less than one year ○ 1-5 years ○ 6-10 years ○ 11-15 years ○ More than 15 years
20i.	decaffeinated green tea?	○ Never ○ Less than one year ○ 1-5 years ○ 6-10 years ○ 11-15 years ○ More than 15 years
20j.	regular soft drinks?	○ Never ○ Less than one year ○ 1-5 years ○ 6-10 years ○ 11-15 years ○ More than 15 years
20k.	decaffeinated soft drinks?	○ Never ○ Less than one year ○ 1-5 years ○ 6-10 years ○ 11-15 years ○ More than 15 years

We are interested in finding out about the kinds of **physical activities** that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **past 7 days.** Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise, or sport.

During the **past 7 days,** on how many days did you...		a. How much time did you usually spend doing these physical activities on one of those days?
21. do **vigorous** physical activities? These take hard physical effort and make you breathe much harder than normal, for example running or swimming at a fast pace. Think only about activities that you did for at least 10 minutes at a time.	☐ # DAYS → OR ○ No vigorous physical activity	☐☐ HOURS PER DAY AND ☐☐ MINUTES PER DAY ○ Not sure
22. do **moderate** physical activities? These take moderate physical effort and make you breathe somewhat harder than normal, for example dancing or doing yard work. Think only about those physical activities that you did for at least 10 minutes at a time. Do not include walking.	☐ # DAYS → OR ○ No moderate physical activity	☐☐ HOURS PER DAY AND ☐☐ MINUTES PER DAY ○ Not sure
23. **walk** for at least 10 minutes at a time? This includes walking at work and at home, walking to travel from place to place, and any other walking you might do solely for recreation, sport, exercise, or leisure.	☐ # DAYS → OR ○ No walking for at least 10 mins	☐☐ HOURS PER DAY AND ☐☐ MINUTES PER DAY ○ Not sure

During the **past 7 days,** how much time did you...	
24. usually spend **sitting** on a **weekday**? This includes sitting while at work, at home, while doing course work, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.	☐☐ HOURS PER DAY AND ☐☐ MINUTES PER DAY ○ Not sure
25. usually spend **standing** on a **weekday**? This includes standing while at work, at home, and during leisure time.	☐☐ HOURS PER DAY AND ☐☐ MINUTES PER DAY ○ Not sure

26. How similar was your level of activity this past week to your usual level of activity?

○ Less than usual
○ About the same
○ More than usual

Please use a ballpoint pen for this form

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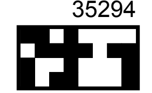


27. What percentage of your head hair is naturally gray right now? If you color your hair, what percentage would be gray if you didn't color it? *(Please mark one.)*

- ○ Not gray at all
- ○ Less than 25%
- ○ 25-49%
- ○ 50-74%
- ○ 75-99%
- ○ 100%
- ○ I don't know

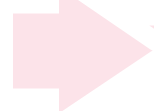
27a. How old were you when your hair turned at least 50% gray? *(Please mark one.)*

- ○ My hair is not gray at all or it is less than 50% gray
- ○ I was younger than 40
- ○ I was between 40 and 49
- ○ I was 50 years of age or older
- ○ I don't know if my hair is 50% gray
- ○ I know my hair is at least 50% gray but I do not know how old I was when it happened
- ○ I don't know

27b. Since January 1, 2012, have you used **hair dye** to color your hair?

○ No → **GO TO THE NEXT PAGE, QUESTION 28**

○ Yes



27c. In what years did you do this? *(Please mark all that apply.)*

○ 2012
○ 2013
○ 2014
○ 2015

27d. What color did you **usually** use?

○ Black
○ Light brown
○ Dark brown
○ Light blonde
○ Dark blonde
○ Light red
○ Dark red
○ Other

27e. What type of hair dye do you use most often?

○ Temporary dyes (wash out with a few shampoos)

○ Semi-permanent dyes (colors are pre-mixed or require mixing but no other chemicals are added; color fades out in about 4-8 weeks)

○ Demi-permanent dyes (other chemicals are mixed with the color; has strong smell; color fades out)

○ Permanent dyes (other chemicals are mixed with the color; has strong smell; color grows out over time, sometimes leaving your "roots" showing)

Please use a ballpoint pen for this form

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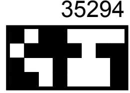

28. Since January 1, 2012, about how often have you used **chemical insect repellents** on your skin, hair, or clothing **in the summer?** Please do not include products that contain only citronella.

- ○ Never
- ○ A few times
- ○ Once per month
- ○ 2-3 times per month
- ○ Once or twice per week
- ○ 3-6 times per week
- ○ Every day

29. Since January 1, 2012, about how often have you used **chemical insect repellents** on your skin, hair, or clothing **the rest of the year?** Please do not include products that contain only citronella.

- ○ Never
- ○ A few times
- ○ Once per month
- ○ 2-3 times per month
- ○ Once or twice per week
- ○ 3-6 times per week
- ○ Every day

30. Since January 1, 2012, about how often have you used an over-the-counter or prescription **lice control product** on yourself, or applied it to someone else's skin, hair, or clothing?

- ○ Never
- ○ Once
- ○ Twice
- ○ Three times
- ○ Four or more times

31. Since January 1, 2012, about how often have you used **chemical products for fleas or ticks** on any pets in your household?

- ○ I don't have any pets
- ○ Never

→ **GO TO QUESTION 32**

- ○ Once
- ○ Twice
- ○ Three times
- ○ Four or more times

31a. Which of the following kinds of chemical flea or tick treatment was used on your pets? *(Please mark all that apply.)*

- ○ Shampoos or dips
- ○ Powders
- ○ Sprays
- ○ Pills
- ○ Collars
- ○ Topical drops applied to skin or fur
- ○ Any other type of chemical product

31b. When flea or tick treatment was used on your pets, how often did you **personally** apply them?

- ○ All of the time
- ○ Most of the time
- ○ About half the time
- ○ Some of the time
- ○ Never
- ○ Not applicable

Please use a ballpoint pen for this form

32. In the **past month**, on average, how much time per day did you usually spend outdoors in daylight?

- ○ Not at all
- ○ Less than 30 minutes
- ○ 30 minutes or more

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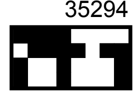


33. Have you moved since January 1, 2012?

○ No → **GO TO QUESTION 34**

○ Yes

33a. What month and year did you move into your current residence?

MONTH | YEAR 2 0

33b. Please write down your current address.

STREET #

STREET NAME

APT #

CITY OR TOWN

STATE

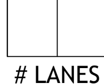
ZIP CODE

COUNTY

33c. Please write down the name of the nearest cross street (the street that intersects with the street where you live):

NAME OF NEAREST CROSS STREET

34. How many lanes of traffic in total does the street where you live have?



LANES

35. Which best describes the traffic condition during rush hour on the road where you live?

○ Little or no traffic
○ Light traffic, moving at or above the speed limit
○ Heavy traffic, moving below the speed limit
○ Congested or "stop and go"
○ Heavy traffic, moving at or above the speed limit

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36. Since January 1, 2012, about how often has your residence been treated with insecticides or pesticides to control insects, rodents, or other pests, either inside or around the foundation?

○ Never → **GO TO THE NEXT PAGE, QUESTION 37**

○ Less than once a year
○ Once a year
○ Every 4-6 months
○ Every 2-3 months
○ Monthly
○ Weekly
○ Daily

36a. For what kinds of pests were pest control chemicals used at your residence? *(Please mark all that apply.)*

○ Ants
○ Cockroaches
○ Bees or wasps
○ Bed bugs
○ Flies
○ Spiders
○ Mosquitoes
○ Fleas or ticks, not on pets
○ Termites
○ Any other pest such as moths, silverfish, caterpillars, mice, rats, gophers, or moles

36b. When pest control chemicals were applied since January 1, 2012, about how often did you **personally** apply them?

○ All of the time
○ Most of the time
○ About half the time
○ Some of the time
○ Never
○ Not applicable

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37. Since January 1, 2012, about how often was the garden or yard around this residence treated with weed killers or insecticides, including those labeled organic such as pyrethrum or rotenone?

- ○ Never
- ○ Not applicable

→ **GO TO QUESTION 38**

- ○ Less than once a year
- ○ Once a year
- ○ Every 4-6 months
- ○ Every 2-3 months
- ○ Monthly
- ○ Weekly
- ○ Daily

→ 37a. When weed killers or insecticides were used in the garden or yard since January 1, 2012, about how often did you **personally** apply them?

- ○ All of the time
- ○ Most of the time
- ○ About half the time
- ○ Some of the time
- ○ Never
- ○ Not applicable

38. Since January 1, 2012, about how often have you personally used household cleaning solutions other than dish washing and laundry detergents?

- ○ Never
- ○ Less than once a year
- ○ Once a year
- ○ Every 4-6 months
- ○ Every 2-3 months
- ○ Monthly
- ○ Weekly
- ○ Daily

39. How much time per day do you spend traveling by car, van, truck, or bus **on most days?**

- ○ Never → **GO TO THE NEXT PAGE, QUESTION 40**

- ○ Less than 15 minutes
- ○ 15-29 minutes
- ○ 30-44 minutes
- ○ 45-59 minutes
- ○ 60-89 minutes
- ○ 90-119 minutes
- ○ 2-3 hours
- ○ 4-5 hours
- ○ More than 5 hours

→ 39a. What is the traffic condition that best describes your travel time (by car, van, truck, or bus) **on most days?**

- ○ Little or no traffic
- ○ Light traffic, moving at or above the speed limit
- ○ Heavy traffic, moving below the speed limit
- ○ Congested or "stop and go"
- ○ Heavy traffic, moving at or above the speed limit

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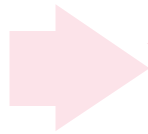
40. How much time per day do you spend traveling by bicycle or motorcycle **on most days?**

○ Never → **GO TO QUESTION 41**

○ Less than 15 minutes
○ 15-29 minutes
○ 30-44 minutes
○ 45-59 minutes
○ 60-89 minutes
○ 90-119 minutes
○ 2-3 hours
○ 4-5 hours
○ More than 5 hours



40a. What is the traffic condition that best describes your travel time by bicycle or motorcycle **on most days?**

○ Little or no traffic
○ Light traffic, moving at or above the speed limit
○ Heavy traffic, moving below the speed limit
○ Congested or "stop and go"
○ Heavy traffic, moving at or above the speed limit

41. How much time per day do you spend traveling by foot **on most days?**

○ Never → **GO TO QUESTION 42**

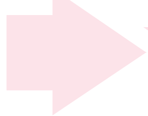
○ Less than 15 minutes
○ 15-29 minutes
○ 30-44 minutes
○ 45-59 minutes
○ 60-89 minutes
○ 90-119 minutes
○ 2-3 hours
○ 4-5 hours
○ More than 5 hours

41a. What is the traffic condition that best describes your travel time by foot **on most days?**

○ Little or no traffic
○ Light traffic, moving at or above the speed limit
○ Heavy traffic, moving below the speed limit
○ Congested or "stop and go"
○ Heavy traffic, moving at or above the speed limit

42. Since January 1, 2012 have you had a full-time or part-time job other than homemaking that you held for at least 12 months (at least 9 months if it was a teaching job)?

○ No



42a. Which of the following **best** describes your current situation?

○ Homemaker
○ Student
○ Unemployed
○ Retired
○ On medical leave
○ Disabled

GO TO PAGE 24, QUESTION 56.

○ Yes → **GO TO THE NEXT PAGE, QUESTION 43**

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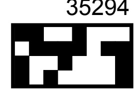

IF YOU DID NOT HAVE A JOB SINCE JANUARY 1, 2012, GO TO PAGE 24, QUESTION 56.

43. How many different jobs have you had since January 1, 2012? [ ][ ] # OF JOBS

Please tell us about the jobs you have had since January 1, 2012, starting with the most recent and working backwards.

	JOB 1	JOB 2
44. When did you first start this job?	○ Before 2012 ○ 2012 ○ 2013 ○ 2014 ○ 2015	○ Before 2012 ○ 2012 ○ 2013 ○ 2014 ○ 2015
45. When did you last have this job?	○ 2012 ○ 2013 ○ 2014 ○ 2015 ○ I still work there	○ 2012 ○ 2013 ○ 2014 ○ 2015 ○ I still work there
46. Where did/do you work? Please write down the name of the company you worked for and the **full street address** of this workplace. Knowing the name and addresses of the places you work will allow us to evaluate the impact of air pollution and other factors in the general environment on your health. We will never use this information for any other purpose and will never contact your employer.	NAME OF COMPANY/PLACE OF WORK STREET # STREET NAME APT # CITY OR TOWN STATE ZIP CODE COUNTY	NAME OF COMPANY/PLACE OF WORK STREET # STREET NAME APT # CITY OR TOWN STATE ZIP CODE COUNTY

SPACE IS PROVIDED FOR TWO JOBS. IF YOU HAVE HAD MORE THAN TWO JOBS LASTING 12 MONTHS OR MORE SINCE JANUARY 1, 2012, PLEASE ANSWER THE SAME QUESTIONS FOR EACH JOB AND RECORD YOUR ANSWERS ON A SEPARATE SHEET OF PAPER.

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	JOB 1	JOB 2
47. On a scale from 1 to 5, how **physically demanding** was/is this job?	○ 1 Not demanding ○ 2 ○ 3 ○ 4 ○ 5 Extremely demanding	○ 1 Not demanding ○ 2 ○ 3 ○ 4 ○ 5 Extremely demanding
48. On a scale from 1 to 5, how **emotionally demanding** was/is this job?	○ 1 Not demanding ○ 2 ○ 3 ○ 4 ○ 5 Extremely demanding	○ 1 Not demanding ○ 2 ○ 3 ○ 4 ○ 5 Extremely demanding
49. What was/is your job title?	JOB TITLE	JOB TITLE
50. What type of company or organization did/do you work for? (What do they make or what services do they provide?)	INDUSTRY	INDUSTRY
51. What are the specific tasks that you usually did/do in your job?	JOB DUTIES	JOB DUTIES

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	JOB 1	JOB 2
52. How many hours per week did/do you usually work at this job?	○ Less than 10 ○ 11-20 ○ 21-30 ○ 31-40 ○ More than 40	○ Less than 10 ○ 11-20 ○ 21-30 ○ 31-40 ○ More than 40
53. What hours of the day did/do you usually work at this job?	START TIME: [ ][ ] : [ ][ ] (hr) (min) *(mark one)* ○ AM ○ PM STOP TIME: [ ][ ] : [ ][ ] (hr) (min) *(mark one)* ○ AM ○ PM **OR** ○ I work(ed) irregular hours ○ I work(ed) rotating shifts	START TIME: [ ][ ] : [ ][ ] (hr) (min) *(mark one)* ○ AM ○ PM STOP TIME: [ ][ ] : [ ][ ] (hr) (min) *(mark one)* ○ AM ○ PM **OR** ○ I work(ed) irregular hours ○ I work(ed) rotating shifts
54. How many times per month did/do you work at night? "Work at night" means any shift that includes at least one hour between midnight and 2:00 AM.	○ Never ○ 1-2 times/month ○ 3-5 times/month ○ 6-10 times/month ○ 11-15 times/month ○ More than 15 times per month	○ Never ○ 1-2 times/month ○ 3-5 times/month ○ 6-10 times/month ○ 11-15 times/month ○ More than 15 times per month

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55. While working at this job did/do you regularly...	JOB 1	NO	YES	JOB 2	NO	YES
	a. work in dusty conditions?	○	○	a. work in dusty conditions?	○	○
	b. breathe in chemical vapors or fumes?	○	○	b. breathe in chemical vapors or fumes?	○	○
	c. get chemicals or oils on your skin or clothing?	○	○	c. get chemicals or oils on your skin or clothing?	○	○
	d. come in contact with solvents or degreasers?	○	○	d. come in contact with solvents or degreasers?	○	○
	e. come in contact with metal chips, dust, or fumes?	○	○	e. come in contact with metal chips, dust, or fumes?	○	○
	f. come in contact with pesticides?	○	○	f. come in contact with pesticides?	○	○
	g. use cleaning solutions (not counting dish or laundry detergents)?	○	○	g. use cleaning solutions (not counting dish or laundry detergents)?	○	○
	h. travel in a vehicle?	○	○	h. travel in a vehicle?	○	○

SPACE IS PROVIDED FOR TWO JOBS. IF YOU HAVE HAD MORE THAN TWO JOBS LASTING 12 MONTHS OR MORE SINCE JANUARY 1, 2012, PLEASE ANSWER THE SAME QUESTIONS FOR EACH JOB AND RECORD YOUR ANSWERS ON A SEPARATE SHEET OF PAPER.

Please mark the category that best describes your response. There are no right or wrong answers. Try not to let your response to one statement influence your responses to other statements. Answer according to your own feelings, rather than how you think "most people" would answer. Don't take too long thinking over your replies; your immediate reaction will probably be more accurate than a long thought out response.

56. Please respond to each item by marking one answer per row.

	Excellent	Very good	Good	Fair	Poor
a. In general, would you say your health is...	○	○	○	○	○
b. In general, would you say your quality of life is...	○	○	○	○	○
c. In general, how would you rate your physical health?	○	○	○	○	○
d. In general, how would you rate your mental health, including your mood and your ability to think?	○	○	○	○	○
e. In general, how would you rate your satisfaction with your social activities and relationships?	○	○	○	○	○
f. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	○	○	○	○	○

57. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

○ Completely
○ Mostly
○ Moderately
○ A little
○ Not at all

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58. In the **past 7 days,** how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Always

59. In the **past 7 days,** how would you rate your fatigue on average?

- ○ None
- ○ Mild
- ○ Moderate
- ○ Severe
- ○ Extremely severe

60. In the **past 7 days,** how would you rate your pain on average?

No pain										Worst imaginable pain
○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

61. How often during the **past 30 days,** have you...

	Never	Almost Never	Some-times	Fairly often	Very often
a. felt that you were unable to control the important things in your life?	○	○	○	○	○
b. felt confident about your ability to handle your personal problems?	○	○	○	○	○
c. felt that things were going your way?	○	○	○	○	○
d. felt difficulties were piling up so high that you could not overcome them?	○	○	○	○	○

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62. For each statement below, choose the answer that best indicates how often the statement is true for you.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. I can count on someone to provide me with emotional support (someone to confide in about myself or a problem or who will listen to me when I need to talk).	○	○	○	○	○
b. I can count on someone if I need help (for example, to take me to the doctor or help with daily chores if I am sick).	○	○	○	○	○
c. There is someone in my immediate family who believes in me and wants me to succeed.	○	○	○	○	○
d. There is someone in my immediate family who makes me feel important or special.	○	○	○	○	○

63. Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half of the days	Nearly every day
a. Little interest or pleasure in doing things.	○	○	○	○
b. Feeling down, depressed, or hopeless.	○	○	○	○
c. Feeling nervous, anxious, or on edge.	○	○	○	○
d. Not being able to stop or control worrying.	○	○	○	○

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Since **January 1, 2012,** have you experienced the death of...	NO	YES	a. Regardless of when this happened, how much distress or anxiety has this caused you in the **past 4 weeks?**
64. your spouse or partner?	○ No	○ Yes	○ None ○ A little ○ A moderate amount ○ A lot
65. your sister with breast cancer?	○ No	○ Yes	○ None ○ A little ○ A moderate amount ○ A lot
66. another sibling?	○ No	○ Yes	○ None ○ A little ○ A moderate amount ○ A lot
67. a child?	○ No	○ Yes	○ None ○ A little ○ A moderate amount ○ A lot
68. a parent?	○ No	○ Yes	○ None ○ A little ○ A moderate amount ○ A lot
69. a close personal friend?	○ No	○ Yes	○ None ○ A little ○ A moderate amount ○ A lot

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Since **January 1, 2012,** have you experienced...	NO	YES	a. Regardless of when this happened, how much distress or anxiety has this caused you in the **past 4 weeks?**
70. a major illness that was life threatening or severely disabling to you?	○ No	○ Yes	○ None ○ A little ○ A moderate amount ○ A lot
71. the recurrence or worsening of your sister's breast cancer?	○ No	○ Yes	○ None ○ A little ○ A moderate amount ○ A lot
72. any other close relative's diagnosis of breast cancer?	○ No	○ Yes	○ None ○ A little ○ A moderate amount ○ A lot
73. a major change in, or serious difficulty with a personal relationship (such as a divorce or child custody issues)?	○ No	○ Yes	○ None ○ A little ○ A moderate amount ○ A lot
74. serious financial or legal troubles such as arrest or bankruptcy (either you or another family member whose troubles would directly affect you)?	○ No	○ Yes	○ None ○ A little ○ A moderate amount ○ A lot

As people age, some begin to worry about their ability to think clearly, make decisions and remember things.

75. In the last several years…	No	Yes	Don't Know	Not applicable
a. have you noticed that your judgment (e.g., ability to make decisions and think clearly) is not as good as it used to be?	○	○	○	○
b. has your interest in hobbies or activities decreased?	○	○	○	○
c. have you noticed that you tend to repeat things over and over (questions, stories, or statements) more often than you used to?	○	○	○	○
d. has it become harder to learn how to use a new tool, appliance or gadget (e.g., computer, microwave, remote control)?	○	○	○	○
e. have you noticed more problems remembering the month or year?	○	○	○	○
f. have you had more problems handling complicated financial affairs (e.g., balancing checkbook, preparing income taxes, paying bills) than you used to?	○	○	○	○
g. has it become more difficult to remember appointments?	○	○	○	○
h. do you notice more daily problems with thinking and/or memory?	○	○	○	○

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Please answer the following questions about sleep.

76. To feel your best, how many hours of sleep do you need?

☐☐
HOURS

77. In the **past year,** how many hours of sleep per night on average did you typically get?

☐☐
HOURS

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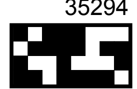

78. In the **past month,** how many hours of sleep per night on average did you typically get?

[ ][ ] # HOURS

79. Do you have difficulty falling asleep or staying asleep on a regular basis?

○ No → **GO TO QUESTION 80**

○ Yes →

79a. How many nights in a typical month do you have trouble sleeping? [ ][ ] # NIGHTS

80. Do you **ever** feel excessively sleepy during the day, even after getting your usual sleep?

○ No → **GO TO QUESTION 81**

○ Yes →

80a. In the **past month,** about how often did you feel excessively sleepy during the day?

○ Less than once a week
○ 1 - 2 days per week
○ 3 - 5 days per week
○ 6 days per week or daily

81. Have you **ever** been told, or suspected yourself, that you seem to "act out your dreams" while asleep, for example, punching or flailing arms in the air, making running movements, shouting, or screaming?

○ No → **GO TO THE NEXT PAGE, QUESTION 82a**

○ Yes →

81a. Has this happened more than 3 times?

○ Yes
○ No

81b. How old were you when you first knew you did this? [ ][ ] AGE

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		No	Yes
82a.	Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	○	○
82b.	Has anyone observed you stop breathing during your sleep?	○	○
82c.	Do you often feel tired or fatigued during daytime?	○	○
82d.	Have you ever been told that you sleepwalk?	○	○

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you.

		Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
82e.	Sitting and reading	○	○	○	○
82f.	Watching television	○	○	○	○
82g.	Sitting inactive in a public place (e.g. a theater or meeting)	○	○	○	○
82h.	A passenger in a car for an hour without a break	○	○	○	○
82i.	Lying down to rest in the afternoon when circumstances permit	○	○	○	○
82j.	Sitting and talking to someone	○	○	○	○
82k.	Sitting quietly after a lunch without alcohol	○	○	○	○
82l.	In a car, while stopped for a few minutes in traffic	○	○	○	○

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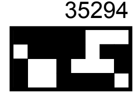
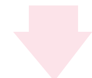


83. During the **past 12 months,** have you taken any vitamins or minerals regularly, at least once a month?

○ No, not regularly → **GO TO PAGE 35, QUESTION 95**

○ Yes, fairly regularly



During the **past 12 months,** have you taken...	NO	YES	a. How often?	b. For how many years in all have you taken this?	c. Did you usually take types that...
Multiple Vitamins 84. One A Day, Centrum, or Thera type multiple vitamins?	○ No	○ Yes	○ A few days per month ○ 1 - 3 days per week ○ 4 - 6 days per week ○ Every day	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years	○ contain minerals, iron, zinc, etc.? ○ do not contain minerals? ○ Don't know
85. Stress-tabs or B-Complex type multiple vitamins?	○ No	○ Yes	○ A few days per month ○ 1 - 3 days per week ○ 4 - 6 days per week ○ Every day	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years	
86. Antioxidant combination-type multiple vitamins?	○ No	○ Yes	○ A few days per month ○ 1 - 3 days per week ○ 4 - 6 days per week ○ Every day	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years	

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During the **past 12 months,** have you taken...	NO	YES	a. How often?	b. For how many years in all have you taken this?	c. How much did you usually take on the days you took it?
Single Vitamins and Minerals (not part of multiple vitamins)					
87. Beta-carotene?	○ No	○ Yes	○ A few days per month ○ 1 - 3 days per week ○ 4 - 6 days per week ○ Every day	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years	
88. Vitamin C?	○ No	○ Yes	○ A few days per month ○ 1 - 3 days per week ○ 4 - 6 days per week ○ Every day	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years	○ Less than 500 mg ○ 500 mg ○ 1000 mg ○ More than 1000 mg
89. Vitamin E?	○ No	○ Yes	○ A few days per month ○ 1 - 3 days per week ○ 4 - 6 days per week ○ Every day	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years	○ Less than 400 IU ○ 400 IU ○ More than 400 IU
90. Folic acid, folate?	○ No	○ Yes	○ A few days per month ○ 1 - 3 days per week ○ 4 - 6 days per week ○ Every day	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years	○ Less than 400 mcg ○ 400 mcg ○ More than 400 mcg

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During the **past 12 months,** have you taken...	NO	YES	a. How often?	b. For how many years in all have you taken this?	c. How much did you usually take on the days you took it?
Single Vitamins and Minerals (not part of multiple vitamins)					
91. Vitamin D alone?	○ No	○ Yes	○ A few days per month ○ 1 - 3 days per week ○ 4 - 6 days per week ○ Every day	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years	○ Less than 2000 IU ○ 2000 IU ○ More than 2000 IU
92. Calcium plus vitamin D?	○ No	○ Yes	○ A few days per month ○ 1 - 3 days per week ○ 4 - 6 days per week ○ Every day	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years	
93. Calcium without vitamin D?	○ No	○ Yes	○ A few days per month ○ 1 - 3 days per week ○ 4 - 6 days per week ○ Every day	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years	○ Less than 600 mg ○ 600 mg ○ More than 600 mg
94. Iron?	○ No	○ Yes	○ A few days per month ○ 1 - 3 days per week ○ 4 - 6 days per week ○ Every day	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years	○ Less than 65 mg ○ 65 mg ○ More than 65 mg

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In the **past 12 months,** did you take any of these supplements at least once a month?	NO	YES	a. How frequently did you take this?	b. For how many years in all have you taken this?
95. Co-enzyme Q10 (CoQ10)	○ No	○ Yes	○ Less than 3 days per week ○ 3 - 5 days per week ○ 6 - 7 days per week	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years
96. Cod liver oil	○ No	○ Yes	○ Less than 3 days per week ○ 3 - 5 days per week ○ 6 - 7 days per week	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years
97. Fish oil (EPA)	○ No	○ Yes	○ Less than 3 days per week ○ 3 - 5 days per week ○ 6 - 7 days per week	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years
98. Flax seed/flax seed oil	○ No	○ Yes	○ Less than 3 days per week ○ 3 - 5 days per week ○ 6 - 7 days per week	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years
99. Melatonin	○ No	○ Yes	○ Less than 3 days per week ○ 3 - 5 days per week ○ 6 - 7 days per week	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years
100. Omega-3 or omega-3 fatty acids	○ No	○ Yes	○ Less than 3 days per week ○ 3 - 5 days per week ○ 6 - 7 days per week	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years

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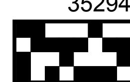

In the **past 12 months,** did you take any of these supplements at least once a month?	NO	YES	a. How frequently did you take this?	b. For how many years in all have you taken this?
101. Probiotics/acidophilus	○ No	○ Yes	○ Less than 3 days per week ○ 3 - 5 days per week ○ 6 - 7 days per week	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years
102. Soy isoflavones	○ No	○ Yes	○ Less than 3 days per week ○ 3 - 5 days per week ○ 6 - 7 days per week	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years
103. Turmeric capsules	○ No	○ Yes	○ Less than 3 days per week ○ 3 - 5 days per week ○ 6 - 7 days per week	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years

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Have you used any of the following complementary or alternative practices within the **past 12 months?**	**NO**	**YES**	a. How frequently?	b. For how many years in all?
104. Acupuncture	○ No	○ Yes	○ Less than once a month ○ 1-4 times a month ○ More than 4 times a month	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years
105. Yoga	○ No	○ Yes	○ Less than once a month ○ 1-4 times a month ○ More than 4 times a month	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years
106. Meditation/deep breathing exercises	○ No	○ Yes	○ Less than once a month ○ 1-4 times a month ○ More than 4 times a month	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years
107. Massage/therapeutic touch	○ No	○ Yes	○ Less than once a month ○ 1-4 times a month ○ More than 4 times a month	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years
108. Tai chi/Qi gong	○ No	○ Yes	○ Less than once a month ○ 1-4 times a month ○ More than 4 times a month	○ Less than 1 year ○ 1 year ○ 2 years ○ 3 - 4 years ○ 5 - 9 years ○ 10+ years

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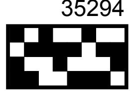

109. Typically when not taking laxatives, how often do you have bowel movements?

- ○ Two or more times per day
- ○ Once per day
- ○ 5 to 6 times per week
- ○ 3 to 4 times per week
- ○ Less than three times per week

110. How often do you use laxatives, not including fiber or fiber tabs?

- ○ Never
- ○ Less than once a month
- ○ 1 - 3 times per month
- ○ 1 - 3 times per week
- ○ 4 - 6 times per week
- ○ Daily or more

Some people follow special diets as part of their lifestyle. Others change their diet when there is a change in their life or when they are trying to achieve a goal like losing weight.

Since **January 1, 2012,** which (if any) of these special diets have you followed for longer than a month, other than during pregnancy?		NO	YES	a. How long did you follow this diet?	b. Have you followed this diet for **at least a month in the past year?**
111.	Vegetarian	○ No	○ Yes	○ Less than 8 weeks ○ 8 weeks - 1 year ○ More than 1 year	○ Yes ○ No
112.	Vegan	○ No	○ Yes	○ Less than 8 weeks ○ 8 weeks - 1 year ○ More than 1 year	○ Yes ○ No
113.	Macrobiotic	○ No	○ Yes	○ Less than 8 weeks ○ 8 weeks - 1 year ○ More than 1 year	○ Yes ○ No
114.	Gluten-free diet	○ No	○ Yes	○ Less than 8 weeks ○ 8 weeks - 1 year ○ More than 1 year	○ Yes ○ No
115.	Raw food diet	○ No	○ Yes	○ Less than 8 weeks ○ 8 weeks - 1 year ○ More than 1 year	○ Yes ○ No

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Have you **ever** had any of the following weight loss procedures?	NO	YES	a. What age did you have this?
116. Lap band	○ No	○ Yes	[ ][ ] AGE
117. Bariatric surgery	○ No	○ Yes	[ ][ ] AGE

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Please check to see that all questions are answered.

Thank you for completing this questionnaire and for your continued participation in the Sister Study.

Please mail this form to us at the address below.
A postage-paid envelope is provided.

The Sister Study, 1009 Slater Road, Suite 120, Durham, NC 27703
phone: 1-877-4SISTER (1-877-474-7837); email: update@sisterstudy.org

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