

Form Approved  
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# Multi-site Study Adult Questionnaire

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Parent Study ID No. | \_\_\_\_\_ | (alias, if applicable)

Adult Study ID No. | \_\_\_\_\_ |

## Section A: Demographic Information

A1. What is your age in years?

\_\_\_ years

\_\_\_ Refused to answer

A2. What is your sex:

\_\_\_ Male

\_\_\_ Female

\_\_\_ Refused to answer

A3. Do you consider yourself to be Hispanic or Latino?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Refused to answer

A4. What race do you consider yourself to be? Mark all that apply.

\_\_\_ American Indian or Alaska Native

- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Refused to answer

A5. What is the highest level of education you completed?

- Less than high school
- Some high school
- High school graduate or equivalent (GED)
- Some university/college
- Technical or trade school
- University/college graduate
- Graduate school or higher

A6. What is your household income (from all sources)?

- Less than \$25,000
- \$25,000 to \$69,000
- \$70,000 to \$149,000
- More than \$150,000
- Don't know
- Refused to answer

A7. During the last 12 months did you have any kind of health insurance?

- Yes
- No
- Don't know
- Refused

A8. Did you participate in prior PFAS testing?

- Yes
- No
- Don't know
- Refused

IF yes:

When did you participate \_\_\_\_\_ Year

Who conducted the testing: \_\_\_\_\_

A9. Have you been a firefighter and/or took part in firefighting training exercises while stationed or employed at the nearby military bases?

- Yes
- No
- Don't know
- Refused

IF yes:

- Name of the base: \_\_\_\_\_
- Stationed from - to (years): \_\_\_\_\_
- Employed from - to (years): \_\_\_\_\_

### Section B: Residential History and Potential Drinking Water Exposures

B1. Is your current address in the study area [enter SITES/Communities of interest e.g. Hyannis, Ayer public water supply area]?

If not, please go to B3.

If yes, please provide the following information:

Street                      Apt  
City                              State \_\_ \_\_              Zip Code:

B2 .When did you move to this address?

Month\_\_\_\_ Year\_\_\_\_\_

B3. What is the source of tap water at your current address?

- Public water system
- Private well
- Other: specify \_\_\_\_\_
- Don't know
- Refused to answer

B4. Has this source changed while you've lived at your current address?

- Yes
- No → go to Question B7
- Don't know → go to Question B7
- Refused to answer → go to Question B7

If yes: B5. What was the previous source?

- Public water system
- Private well
- Other: specify \_\_\_\_\_

- Don't know
- Refused to answer

B6. When did this change occur?

Month\_\_\_\_\_ Year\_\_\_\_\_

B7. What proportion of the water you drink at home is tap water versus bottled water at your current address? Include water used for beverages like coffee and tea.

- All tap, no bottled water
- Mostly tap, a little bottled water
- Similar amounts of tap and bottled
- Mostly bottled, little to no tap
- All bottled water
- Don't know
- Refused to answer → go to Question B11

B8. Has this pattern changed over time, while you've been living at your current address?

- Yes
- No → go to Question B11
- Don't know → go to Question B11
- Refused to answer → go to Question B11

B9. If yes: When your water consumption pattern used to be different than it is now, how would you describe it?

- All tap, no bottled water
- Mostly tap, a little bottled water
- Similar amounts of tap and bottled
- Mostly bottled, little to no tap
- All bottled water
- Don't know
- Refused to answer

B10. When did this change occur?

Month\_\_\_\_\_ Year\_\_\_\_\_

B11. Do you currently filter the tap water that you drink at home? [Skip this question if answered "All bottled water" above]

- Yes
- No → go to Question B15
- Don't know → go to Question B15
- Refused to answer → go to Question B15

B12. If yes:

Where is the filter located?

- Filter pitcher
- Under the kitchen sink

- In the refrigerator
- Whole-house filtration
- Other: specify \_\_\_\_\_
- Don't know
- Refused to answer

B13. What type of filter?

- Granular activated carbon (Brita, PUR, others...)
- Solid block carbon
- Reverse osmosis
- Other: specify \_\_\_\_\_
- Don't know
- Refused to answer

B14. Have you always used this type of filter while you've lived at your current address?

- Yes
- No
- Don't know
- Refused to answer

If no: When did you start using this filter?

Month\_\_\_\_\_ Year\_\_\_\_\_

B15. On average, how many 8 oz. cups of tap water or beverages prepared with tap water do you currently drink per day at home?

- Cups
- Don't drink tap water
- Don't know
- Refused to answer

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

B16. What was your previous address in the designated study area [insert site/community served by PFAS contaminated water]?

Street \_\_\_\_\_ Apt \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_ \_\_ Zip Code: \_\_\_\_\_

B17. When did you move into your previous home? Month\_\_\_\_\_ Year\_\_\_\_\_

B18. What was the main source of tap water at that address?

- Public water system
- Private well
- Other: specify \_\_\_\_\_
- Don't know
- Refused to answer

B19. Did this source change while you lived at this address?

- Yes
- No → go to Question B22
- Don't know → go to Question B22
- Refused to answer → go to Question B22

B20. If yes: What was the previous source of tap water at that address?

- Public water system
- Private well
- Other: specify \_\_\_\_\_
- Don't know
- Refused to answer

B21. When did it change?

Month\_\_\_\_ Year\_\_\_\_\_

B22. What proportion of the water you drank while you lived at that address was tap water versus bottled water? Include water used for beverages like coffee and tea.

- All tap, no bottled water
- Mostly tap, a little bottled water
- Similar amounts of tap and bottled
- Mostly bottled, little to no tap
- All bottled water
- Don't know
- Refused to answer

B23. Did this pattern change over time while you lived at this address?

- Yes
- No → go to Question B26
- Don't know → go to Question B22
- Refused to answer → go to Question B22

B24. If yes: When your water consumption pattern changed at this address, how would you describe it?

- All tap, no bottled water
- Mostly tap, a little bottled water
- Similar amounts of tap and bottled
- Mostly bottled, little to no tap
- All bottled water [IF yes then Go to B6]
- Don't know
- Refused to answer

B25. When did this change occur?

Month\_\_\_\_ Year\_\_\_\_\_

B26. Did you filter the tap water you drank while you lived at this address? [Skip this question if

answered "All bottled water" above]

- Yes
- No → go to Question B31
- Don't know → go to Question B31
- Refused to answer → go to Question B31

B27. If yes:

Where was the filter located?

- Filter pitcher
- Under the kitchen sink
- In the refrigerator
- Whole-house filtration
- Other: specify \_\_\_\_\_
- Don't know
- Refused to answer

B28. What type of filter was it?

- Granular activated carbon
- Solid block carbon
- Reverse osmosis
- Other: specify \_\_\_\_\_
- Don't know
- Refused to answer

B29. Did you always use this type of filter while you lived at this address?

- Yes → go to Question B31
- No
- Did not drink tap water → go to Question B31
- Don't know → go to Question B31
- Refused to answer → go to Question B31

B30. If no: When did you start using this filter at this address?

Month \_\_\_\_\_ Year \_\_\_\_\_

B31. On average, how many 8 oz. cups of tap water or beverages prepared with tap water did you drink per day when you lived at that address?

- Cups
- Don't drink tap water
- Don't know
- Refused to answer

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

B32. Have you lived at any other address within the designated study area since January 2000?

- Yes Go to B8.
- No → go to Section C

- Don't know → go to Section C
- Refused to answer → go to Section C

B33. Please fill out the table below for these other residences where you lived since January 2000.

Street Address, City, State	Move in (mm/yy)	Average consumption of tap water per day (# cups)	Main source of tap water at this address (public water system or private well?)

**Section C: History of Potential Exposure Modifiers**

C1. Have you ever had a blood transfusion?

- Yes → Please specify how many times you had a blood transfusion\_\_\_\_\_
- No →go to Question C3
- Don't know →go to Question C3
- Refused to answer →go to Question C3

C2. When did you last have a blood transfusion?

\_\_\_\_\_Month/Year

C3. Have you ever donated blood?

- Yes→ Please specify how many times you have donated blood\_\_\_\_\_
- No →go to Question D1
- Don't know →go to Question D1
- Refused to answer →go to Question D1

C4. When did you last donate blood?

\_\_\_\_\_ Month/Year

C5. On average, how often do you donate blood in a year?

\_\_\_\_\_

**Section D: Occupational History**

D1. What is your primary occupation?

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D2. On average, how many 8 oz. cups of tap water or beverages prepared with tap water do you currently drink per day at work?

Cups

Don't drink tap water

Don't know

Refused to answer

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

D3. Please fill out the table below for each job that lasted one month or more starting from the present and working back to 2000.

Job information	Job 1	Job 2	Job 3	Job 4
a. Where did you work (City, State)				
b. Name of the employer				
c. Start date (month, year)				
d. End date (month, year)				
e. Job title/description				
f. Did you work as a firefighter?  If you worked as a firefighter, did you come into contact with firefighting foam used for fires that involve flammable liquids (also known as Class B fires)?	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___
g. Was this job in any of the following industries?	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no
h. Did you work with or around any chemicals at this job such as solvents, metals, asbestos, or pesticides?	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___
i. Did you work with radiation?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

Job information	Job 5	Job 6	Job 7	Job 8
a. Where did you work (City, State)				
b. Name of the employer				
c. Start date (month, year)				
d. End date (month, year)				
e. Job title/description				
f. Did you work as a firefighter?  If you worked as a firefighter, did you come into contact with firefighting foam used for fires that involve flammable liquids (also known as Class B fires)?	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___
g. Was this job in any of the following industries?	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no
h. Did you work with or around any chemicals at this job such as solvents, metals, asbestos, or pesticides?	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___
i. Did you work with radiation?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___



Job information	Job 9	Job 10	Job 11	Job 12
a. Where did you work (City, State)				
b. Name of the employer				
c. Start date (month, year)				
d. End date (month, year)				
e. Job title/description				
f. Did you work as a firefighter?  If you worked as a firefighter, did you come into contact with firefighting foam used for fires that involve flammable liquids (also known as Class B fires)?	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___
g. Was this job in any of the following industries?	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no
h. Did you work with or around any chemicals at this job such as solvents, metals, asbestos, or pesticides?	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___
i. Did you work with radiation?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

## Section E: Medical History

E1. Have you ever been told by a doctor or other health care provider that you have or had any of the following medical conditions? If yes, we may request access to your medical records. Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

Medical condition		If yes, what year were you diagnosed?
a. High cholesterol?	Yes No Don't know	__ __ year
b. High blood pressure? (not including pregnancy induced hypertension)	Yes No Don't know	__ __ year
c. Heart Disease?	Yes No Don't know	__ __ year
d. Liver disease?	Yes (Please specify) _____ No Don't know	__ year
e. Kidney disease?	Yes (Please specify) _____ No Don't know	__ year
f. Diabetes (not related to pregnancy)	Yes (Please specify) _____ No Don't know	__ year
g. Thyroid disease?	Yes (Please specify) _____ No Don't know	__ year
h. Osteoporosis	Yes No Don't know	__ __ year
i. Osteoarthritis?	Yes No Don't know	__ __ year
j. Rheumatoid arthritis?	Yes No Don't know	__ __ year
k. Fibromyalgia	Yes No Don't know	__ __ year
l. Lupus?	Yes No Don't know	__ __ year
m. Multiple sclerosis?	Yes No Don't know	__ __ year
n. Ulcerative colitis?	Yes No Don't know	__ __ year
o. Crohn's Disease	Yes No	__ __ year

Medical condition		If yes, what year were you diagnosed?
	Don't know	
p. Celiac Disease	Yes No Don't know	---__ year
q. Scleroderma?	Yes No Don't know	---__ year
r. Atopic dermatitis/eczema?	Yes (Please specify) _____ No Don't know	__ year
s. Allergies?	Yes (Please specify) _____ No Don't know	__ year
t. Asthma	Yes No Don't know	---__ year
u. Chronic bronchitis	Yes No Don't know	---__ year
v. Emphysema	Yes No Don't know	---__ year
w. Endometriosis?	Yes No Don't know	---__ year
x. Parkinson's Disease	Yes No Don't know	---__ year

E2. Have you ever been told by a doctor or other health care provider that you have or had a cancer?

\_\_\_ Yes, please specify the cancer \_\_\_\_\_

\_\_\_ No → go to Question F1 if male; go to Question E7 if female

\_\_\_ Don't know → go to Question F1 if male; go to Question E7 if female

E3. In what state were you diagnosed with the cancer and when were you diagnosed?

\_\_\_\_\_ State where you were diagnosed

\_\_\_\_\_ Year you were diagnosed

E4. Have you been diagnosed with another cancer?

\_\_\_ Yes, please specify the cancer \_\_\_\_\_

\_\_\_ No → go to Question F1 if male; go to Question E7 if female

E5. In what state were you diagnosed with the other cancer and when were you diagnosed?

\_\_\_\_\_ State where you were diagnosed

\_\_\_\_\_ Year you were diagnosed

E6. Please list any additional cancer that you were diagnosed with, the year that you were diagnosed, and the state where you were diagnosed:

_____ Type of cancer	_____ Type of cancer
_____ Year diagnosed	_____ Year diagnosed
_____ State where you were diagnosed	_____ State where you were diagnosed

### FOR WOMEN ONLY

E7. Have you ever used an oral contraceptive (“birth control pill”)?

- Yes
- No → go to Question E9
- Don’t know → go to Question E9
- Refused to answer → go to Question E9

E8. When did you last use an oral contraceptive (“birth control pill”)?

\_\_\_\_\_ Month/Year

E9. At what age did you begin menstruation (have your first period)?

- Age when you began menstruation
- Never menstruated → go to Section F
- Don’t know

E10. Does your period occur regularly (every month)?

- Yes → go to Question E13
- No, it is irregular → go to Question E13
- No, I don’t have a period
- Don’t know → go to Question E13

E11. Why did your periods stop?

- Pregnant
- Menopausal
- Had hysterectomy
- Don’t know

E12. What age was your last period?

- \_\_\_\_\_ years
- Don’t know

E12a. During the period when you had periods, what was your usual period flow?

- Light → go to Question 16
- Medium → go to Question 16

\_\_\_ Heavy → go to Question 16  
 \_\_\_ Don't know → go to Question 16

E13. When was your last period before this study blood draw?

Date: \_\_\_\_\_  
 \_\_\_ Don't know

E14. How many days has been your cycle on average during the last year?

\_\_\_ >26 days  
 \_\_\_ 27-29 days  
 \_\_\_ 30-32  
 \_\_\_ >32 days  
 \_\_\_ Don't know

E15. Can you characterize your usual period flow during the last year?

\_\_\_ Light  
 \_\_\_ Medium  
 \_\_\_ Heavy  
 \_\_\_ Don't know

E16. Have you ever been pregnant?

\_\_\_ Yes  
 \_\_\_ No → go to Section F  
 \_\_\_ Don't know

E17. How many times have you been pregnant in your life?

\_\_\_\_\_ times

E18. Now I'd like to get more information about each of your pregnancies. Let's start with your most recent pregnancy. Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

	Pregnancy 1	Pregnancy 2	Pregnancy 3	Pregnancy 4
a. What month and year did this pregnancy start?	__ / ____	__ / ____	__ / ____	__ / ____
b. What month and year did this pregnancy end?	__ / ____	__ / ____	__ / ____	__ / ____
c. Did the pregnancy result in a live birth?	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know
d. Did you breastfeed this child/these children?	Yes No → go to k. Don't know	Yes No → go to k. Don't know	Yes No → go to k. Don't know	Yes No → go to k. Don't know
e. How long did you breastfeed [this	__ months	__ months	__ months	__ months

child/these children]?				
f. When did you stop breastfeeding this child/these children?	__month __ year	__month __ year	__month __ year	__month __ year
g. Did a doctor or nurse say that you had pre-eclampsia during your pregnancy?	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know
h. Did a doctor or nurse say that you had pregnancy-induced hypertension?	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know
i. Did a doctor or nurse say that you had gestational diabetes?	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know

## Section F: Social History

The following questions ask about smoking and alcohol use.

F1. Have you ever smoked cigarettes?

Yes

No → go to Question F7

F2. Do you currently smoke cigarettes?

Yes

No → go to Question F5

F3. On average, how many cigarettes do you smoke a day? 1 pack = 20 cigarettes. Enter '00' if less than 1 cigarette per day.

\_\_\_\_\_ cigarettes per day

F4. In total, how many years have you smoked, excluding any times you may have quit? Enter '00' if less than 1 year.

\_\_\_\_\_ years → go to Question F7

F5. How many years did you smoke before you quit?

\_\_\_\_\_ years

Don't know

F5a. How long ago did you quit?

- Less than 5 years ago
- 5-9 years ago
- More than 10 years ago
- Don't know

F6. On average, when you were smoking, about how many cigarettes per day did you smoke? 1 pack = 20 cigarettes. Enter '00' if less than 1 cigarette per day.  
\_\_\_\_\_ cigarettes per day

F7. Have you ever used any other tobacco products (such as chewing tobacco, smokeless tobacco, cigars, a pipe, etc.)?  
 Yes  
 No → go to Question F10

F8. Do you currently use any of these tobacco products?  
 Yes  
 No

F9. Have you ever drunk alcoholic beverages? (This includes beer, wine, wine coolers, hard lemonade, and spirits.)  
 Yes  
 No → go to Section G

F10. Do you currently drink alcoholic beverages? (This includes beer, wine, wine coolers, hard lemonade, and spirits.)  
 Yes  
 No → go to Section G.

F11. On average, how often do you drink alcoholic beverages?  
 Every day or almost every day  
 2 to 4 times a week  
 1 time a week  
 1 to 3 times a month  
 Less than once a month

F12. When you drink, how many servings of alcohol do you usually have? One "serving" equals any of the following: 1 can of beer, 1 glass of wine, 1 can or bottle of wine cooler, or 1 shot of liquor.  
\_\_\_\_\_ servings

F13. In total, how many years have you drank, excluding any times you may have quit? Enter '00' if less than 1 year.  
\_\_\_\_\_ years → go to Section G

F14. When you were consuming alcoholic beverages, how often did you drink on average?

- Every day or almost every day
- 2 to 4 times a week
- 1 time a week
- 1 to 3 times a month
- Less than once a month

F15. When you drank, how many servings of alcohol did you usually have? One “serving” equals any of the following: 1 can of beer, 1 glass of wine, 1 can or bottle of wine cooler, or 1 shot of liquor.  
 servings

F16. In total, how many years did you drink? Enter ‘00’ if less than 1 year.  
 years

F17. How long ago did you quit?  
 Less than 5 years ago  
 More than 5 years ago  
 Don’t know

**Section G: Family Medical History**

G1. Do any of your blood relatives - children, parents, or siblings - currently have cancer or have they had cancer? We are only asking about family members who are blood relatives: children, parents, and siblings.  
 Yes  
 No → go to Question G4

G2. In all, how many family members (not including yourself) have had (or now have) cancer?  
 number  
 Don’t know

G3. Now I’d like to get more information about each of your relatives who had/has cancer. Fill out the table below. Circle appropriate response and ask the respondent to specify as directed. Complete the information for the first relative completely before asking about the next relative. Once information about all blood relatives with cancer has been collected, go to Question G4.

	First relative	Second relative	Third relative	Fourth relative
a. Was this relative a . . .	Child Parent Sibling	Child Parent Sibling	Child Parent Sibling	Child Parent Sibling
b. What type of cancer did this relative have	_____	_____	_____	_____
c. Is this relative	Living	Living	Living	Living

	Deceased	Deceased	Deceased	Deceased
d. What year was your relative diagnosed with cancer?	----- Don't know	----- Don't know	----- Don't know	----- Don't know

G4. Have any of your blood relatives (that is children, parents, or siblings) ever been told by a health professional that they have or had any of the following conditions? Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

Medical condition		If yes, ask: Which relative had this condition?
a. High cholesterol?	Yes No Don't know	Child Parent Sibling
b. High blood pressure? (not including pregnancy induced hypertension)	Yes No Don't know	Child Parent Sibling
c. Heart Disease?	Yes No Don't know	Child Parent Sibling
d. Liver disease?	Yes (Please specify) _____ No Don't know	Child Parent Sibling
e. Kidney disease?	Yes (Please specify) _____ No Don't know	Child Parent Sibling
f. Diabetes (not related to pregnancy)?	Yes (Please specify) _____ No Don't know	Child Parent Sibling
g. Thyroid disease?	Yes (Please specify) _____ No Don't know	Child Parent Sibling
h. Osteoporosis	Yes No Don't know	Child Parent Sibling
i. Osteoarthritis	Yes No Don't know	Child Parent Sibling
j. Rheumatoid arthritis?	Yes No Don't know	Child Parent Sibling
k. Fibromyalgia	Yes No Don't know	Child Parent Sibling
l. Lupus?	Yes No	Child Parent

	Don't know	Sibling
m. Multiple sclerosis?	Yes No Don't know	Child Parent Sibling
n. Ulcerative colitis?	Yes No Don't know	Child Parent Sibling
o. Crohn's Disease	Yes No Don't know	Child Parent Sibling
p. Celiac Disease	Yes No Don't know	Child Parent Sibling
q. Scleroderma?	Yes No Don't know	Child Parent Sibling
r. Atopic dermatitis/eczema?	Yes (Please specify) _____ No Don't know	Child Parent Sibling
s. Allergies?	Yes (Please specify) _____ No Don't know	Child Parent Sibling
t. Asthma	Yes No Don't know	Child Parent Sibling
u. Chronic bronchitis	Yes No Don't know	Child Parent Sibling
v. Emphysema	Yes No Don't know	Child Parent Sibling
w. Endometriosis?	Yes No Don't know	Child Parent Sibling
x. Parkinson's Disease	Yes No Don't know	Child Parent Sibling

CONCLUSION: That completes this survey. I would like to sincerely thank you for your time.