A. PARTICIPANT INFORMATION

1. What is your gender?

1 ❑ male
2 ❑ female
9 ❑ unknown

2. What is your age?

__ __ __ years of age

❑ don't know

3. What is your date of birth?

Day: __ __ ❑ don't know
Month: __ __ ❑ don't know
Year: __ __ __ __ ❑ don't know

Federal regulations now require that we ask you the following question.

Do you consider yourself to be Hispanic or Latino? (please check best box)

1 ❑ Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South Central American, or other Spanish culture or origin, regardless of race. Does <u>not</u> include persons of Portuguese or Brazilian descent).

2 ❑ Not Hispanic or Latino

3 ❑ Don't know

4. Are you a twin, triplet or other multiple birth?

1 ❑ yes
(IF YES, specify if twin, triplet, quadruplet etc. and go to question 5)

2 ❑ no *(go to question 6)*
9 ❑ don't know

5. Is your twin, or at least one of your siblings genetically identical to you?
(Non-identical twins, triplets and multiples are no more alike than ordinary brothers and sisters. Genetically identical twins and triplets or multiples on the other hand, look so much alike that people often mistake one for the other, especially during their childhood.)

1 ❑ yes
2 ❑ no
9 ❑ don't know

6. Were you adopted?

1 ❑ yes *(IF YES...)*
2 ❑ no, not that I'm aware of *(go to next page)*

7. Do you know anything about your blood relatives?

1 ❑ yes
2 ❑ no *(go to question 10)*

8. Do you have any full brothers or sisters?

(They may be living or deceased. These are other children that both your birth mother and your birth father had together.)

1 ❑ yes, *(IF YES)* **How many?**

__ __ number of full brothers

__ __ number of full sisters

2 ❑ no

9 ❑ don't know

9. Do you have any half-brothers or half-sisters?

(They may be living or deceased. These are individuals who have either the same mother or the same father as you, but do not share both parents with you.)

1 ❑ yes, *(IF YES)* **How many?**

__ __ number of half-brothers

__ __ number of half-sisters

2 ❑ no

9 ❑ don't know

10. Do you have any sons or daughters?

(They may be living or deceased. Include only biological children – those who are related to you by blood. This does NOT include adopted children, step-children or foster children.)

1 ❑ yes, *(IF YES)* **How many?**

__ __ number of sons

__ __ number of daughters

2 ❑ no

9 ❑ don't know

11. Are you ...? *(Check only one answer)*

1 ❑ currently married or living as married
2 ❑ separated
3 ❑ divorced
4 ❑ widowed
5 ❑ single or never married
9 ❑ unknown

B: MEDICAL HISTORY

Have you ever had any of the medical tests listed in the following table?
(Check the correct answer in the first column, and IF YES, also answer questions in ALL FOUR COLUMNS to the right.)

Have you ever had any of the following medical tests?	When did you first have this test?	What were the reasons for your first test? (ALL that apply.)	How many separate tests have you had?	If you've had more than one, when did you have the last test?
1. Smear Test or Hemoccult *(A test for blood in your stool, frequently done as part of a routine physical exam, or can be done at home.)* 1 ❑ yes *(IF YES, answer questions in all four columns to the right.)* 2 ❑ no	Years of age: — — — ***OR*** Year: — — — —	1 ❑ to investigate a new problem 2 ❑ family history of colorectal cancer 3 ❑ routine/yearly exam or check-up 4 ❑ follow-up of a previous problem 5 ❑ other: (please specify) _____ 9 ❑ don't know	Total number of tests: — —	Years of age: — — — ***OR*** Year: — — — —
2. Sigmoidoscopy *(A test that uses a lighted instrument to look inside the lower bowel and rectum, and is usually done in a doctor's office without anesthesia.)* 1 ❑ yes *(IF YES, answer questions in all four columns to the right.)* 2 ❑ no	Years of age: — — — ***OR*** Year: — — — —	1 ❑ to investigate a new problem 2 ❑ family history of colorectal cancer 3 ❑ routine/yearly exam or check-up 4 ❑ follow-up of a previous problem 5 ❑ other: (please specify) _____ 9 ❑ don't know	Total number of tests: — —	Years of age: — — — ***OR*** Year: — — — —
3. Colonoscopy *(An examination of the entire large bowel using a long flexible instrument, usually done under anesthesia.)* 1 ❑ yes *(IF YES, answer questions in all four columns to the right)* 2 ❑ no	Years of age: — — — ***OR*** Year: — — — —	1 ❑ to investigate a new problem 2 ❑ family history of colorectal cancer 3 ❑ routine/yearly exam or check-up 4 ❑ follow-up of a previous problem 5 ❑ other: (please specify) _____ 9 ❑ don't know	Total number of tests: — —	Years of age: — — — ***OR*** Year: — — — —

Has a doctor ever told you that you had any of the conditions listed in the following table?
(Check the correct answer in the left column, and IF YES, also complete the right column.)

Has a doctor told you that you had…?	IF YES…
4. Polyp(s) in your large bowel or colon or rectum 1 ❑ yes *(go to next column)* → 2 ❑ no *(go to next page)*	**5. Age at first diagnosis**: __ __ __ ***OR*** **Year of first diagnosis:** __ __ __ __ **6. Have you been told that you had polyps more than once?** 1 ❑ yes *(go to question 7)* 2 ❑ no *(go to question 8)* **7. Age at last diagnosis:** __ __ __ ***OR*** **Year of last diagnosis:** __ __ __ __ **8. What kind of polyps were they?** *(Include all the separate times you were told you had polyps. Check ALL that apply.)* 1 ❑ benign 2 ❑ adenomatous (sometimes called pre-cancerous) 3 ❑ other: (specify) _____ 9 ❑ don't know **9. Did you ever have the polyps removed (or biopsied)?** 1 ❑ yes *(go to question 10)* 2 ❑ no *(go to next page)* 9 ❑ don't know *(go to next page)* **10. Age when first removed:** __ __ __ ***OR*** **Year when first removed:** __ __ __ __ **11. Have you had polyps removed more than once?** 1 ❑ yes *(go to question 12)* 2 ❑ no *(go to next page)* **12. Age when last removed:** __ __ __ ***OR*** **Year when last removed:** __ __ __ __

Has a doctor told you that you had…?	IF YES…
13. Familial Adenomatous Polyposis (also known as FAP) *(This is a condition, sometimes occurring in families, in which numerous polyps line the inside of the large bowel or colon.)* 1 ❑ yes *(go to next column)* → 2 ❑ no	**Age at <u>first</u> diagnosis:** __ __ __ ***OR*** **Year of <u>first</u> diagnosis:** __ __ __ __
14. Crohn's disease *(An inflammation that extends into the deeper layers of the intestinal wall; it may also affect other parts of the digestive tract, including the mouth, esophagus, stomach, and small intestine.)* 1 ❑ yes *(go to next column)* → 2 ❑ no	**Age at <u>first</u> diagnosis:** __ __ __ ***OR*** **Year of <u>first</u> diagnosis:** __ __ __ __
15. Ulcerative colitis *(An inflammation and ulceration of the lining of the bowel or colon and rectum. It is <u>NOT</u> a stomach ulcer.)* 1 ❑ yes *(go to next column)* → 2 ❑ no	**Age at <u>first</u> diagnosis:** __ __ __ ***OR*** **Year of <u>first</u> diagnosis:** __ __ __ __
16. Irritable bowel syndrome *(A disorder of the bowels leading to cramping, gassiness, bloating, and alternating diarrhea and constipation. Also known as IBS.)* 1 ❑ yes *(go to next column)* → 2 ❑ no	**Age at <u>first</u> diagnosis:** __ __ __ ***OR*** **Year of <u>first</u> diagnosis:** __ __ __ __
17. Diverticular disease *(May also be called diverticulosis or diverticulitis; a condition in which the bowel may become infected and can lead to pain and chronic problems with bowel habits.)* 1 ❑ yes *(go to next column)* → 2 ❑ no	**Age at <u>first</u> diagnosis:** __ __ __ ***OR*** **Year of <u>first</u> diagnosis:** __ __ __ __

Have you ever had any of the procedures listed in the following table?
(Check the correct answer in the left column, and IF YES, also complete the right column.)

Have you ever had…?	IF YES…
18. Any of your large bowel or colon removed? 1 ❑ yes *(go to next column)* → 2 ❑ no *(go to question 23)*	**19. Was it completely removed, or was only part of it removed?** 1 ❑ Completely removed 2 ❑ Partly removed 9 ❑ Don't know **20. When did you first have any of your bowel or colon removed?** Age at first operation: __ __ __ ***OR*** Year of first operation: __ __ __ __ **21. Have you had more than one surgery to remove your bowel or colon?** 1 ❑ yes *(go to question 22)* 2 ❑ no *(go to question 23)* 9 ❑ don't know (go to question 23) **22. When did you last have this operation to remove all or part of your bowel or colon?** Age at last operation: __ __ __ ***OR*** Year of last operation: __ __ __ __
23. Your gallbladder removed? 1 ❑ yes *(go to next column)* → 2 ❑ no *(go to next page)*	**Age at operation: __ __ __** ***OR*** **Year of operation: __ __ __ __**

Has a doctor told you that you had…?	IF YES…
24. Diabetes (also known as diabetes mellitus) *(Do not include diabetes which you had only during pregnancy – gestational diabetes.)* 1 ❑ yes *(go to next column)* → 2 ❑ no *(go to next page)*	**25. Age at <u>first</u> diagnosis: __ __ __** ***OR*** **Year of <u>first</u> diagnosis: __ __ __ __** **26. Have you ever taken medication to control your diabetes?** 1 ❑ yes *(go to question 27)* 2 ❑ no *(go to next page)* **27. What type of medication have you used?** 1 ❑ Pills 2 ❑ Insulin injections 3 ❑ Both pills and insulin injections **28. When you were taking this medication, how often did you take it?** <u>Pills</u>: __ __ times per day __ __ times per week __ __ times per month __ __ times per year ❑ don't know <u>Insulin Injections</u>: __ __ times per day __ __ times per week __ __ times per month __ __ times per year ❑ don't know **29. About two years ago, were you taking it?** <u>Pills</u>: 1 ❑ yes 2 ❑ no <u>Insulin Injections</u>: 1 ❑ yes 2 ❑ no **30. How long, in total, have you taken this medication?** <u>Pills</u>: Number of months: __ __ ***OR*** Number of years:__ __ <u>Insulin Injections</u>: Number of months: __ __ ***OR*** Number of years: __ __

Has a doctor told you that you had…?	IF YES…
31. High cholesterol 1 ❑ yes *(go to next column)* → 2 ❑ no *(go to next page)*	**32. Age at <u>first</u> diagnosis: __ __ __** ***OR*** **Year of <u>first</u> diagnosis: __ __ __ __** **33. Have you ever taken medication to control your high cholesterol?** 1 ❑ yes *(go to question 34)* 2 ❑ no (*go to next page)* **34. When you were taking this medication, how often did you take it?** __ __ times per day __ __ times per week __ __ times per month __ __ times per year ❑ don't know **35. About two years ago, were you taking it?** 1 ❑ yes 2 ❑ no **36. How long, in total, have you taken this medication?** Number of months: __ __ ***OR*** Number of years: __ __

Has a doctor told you that you had…?	IF YES…
37. High Triglycerides (high levels of fats in your blood) 1 ❑ yes *(go to next column)* → 2 ❑ no (*go to next page)*	**38. Age at <u>first</u> diagnosis**: __ __ __ ***OR*** **Year of <u>first</u> diagnosis**: __ __ __ __ **39. Have you ever taken medication to control your high triglycerides?** 1 ❑ yes *(go to question 40)* 2 ❑ no (*go to next page)* **40. When you were taking this medication, how often did you take it?** __ __ times per day __ __ times per week __ __ times per month __ __ times per year ❑ don't know **41. About two years ago, were you taking it?** 1 ❑ yes 2 ❑ no **42. How long, in total, have you taken this medication?** Number of months: __ __ ***OR*** Number of years: __ __

Has a doctor told you that you had…?	
43. Cancer 1 ❑ yes *(complete information below)* 2 ❑ no *(go to next page)*	
A. Type or location of <u>first</u> cancer: _____ (__ __ __) *(For office use only)* **Age at diagnosis: __ __ __** ***<u>OR</u>*** **Year of diagnosis: __ __ __ __** **Were you treated with radiation therapy (radiotherapy)?** 1 ❑ yes 2 ❑ no 9 ❑ don't know	**B. Type or location of <u>second</u> cancer:** _____ (__ __ __) *(For office use only)* **Age at diagnosis: __ __ __** ***<u>OR</u>*** **Year of diagnosis: __ __ __ __** **Were you treated with radiation therapy (radiotherapy)?** 1 ❑ yes 2 ❑ no 9 ❑ don't know
C. Type or location of <u>third</u> cancer: _____ (__ __ __) *(For office use only)* **Age at diagnosis: __ __ __** ***<u>OR</u>*** **Year of diagnosis: __ __ __ __** **Were you treated with radiation therapy (radiotherapy)?** 1 ❑ yes 2 ❑ no 9 ❑ don't know	**D. Type or location of <u>fourth</u> cancer:** _____ (__ __ __) *(For office use only)* **Age at diagnosis: __ __ __** ***<u>OR</u>*** **Year of diagnosis: __ __ __ __** **Were you treated with radiation therapy (radiotherapy)?** 1 ❑ yes 2 ❑ no 9 ❑ don't know

C. MEDICATIONS

Have you ever taken <u>regularly</u> any of the medications listed in the following table? By "regularly," we mean at least two times per week for more than a month.
(<u>Check</u> the correct answer in the left column, and <u>IF YES</u>, also answer the questions in <u>ALL THREE COLUMNS</u> to the right.)

Have you ever taken any of the following <u>medications</u> at least <u>two times per week</u> for <u>more than a month</u>?	**When taking this medication regularly, how often did you take it?**	**About <u>2</u> years ago, were you taking it regularly?**	**How long, in total, have you taken this medication?**
1. Aspirin (such as Anacin, Bufferin, Bayer, Excedrin, Ecotrin) 1 ❑ yes *(<u>IF YES</u>, answer questions in all columns to the right)* 2 ❑ no	__ __ times per <u>day</u> ***OR*** __ __ times per <u>week</u> ❑ don't know	1 ❑ yes 2 ❑ no	__ __ total <u>months</u> ***OR*** __ __ total <u>years</u> ❑ don't know
2. Acetaminophen (such as Tylenol, Anacin-3, Panadol) 1 ❑ yes *(<u>IF YES</u>, answer questions in all columns to the right)* 2 ❑ no	__ __ times per <u>day</u> ***OR*** __ __ times per <u>week</u> ❑ don't know	1 ❑ yes 2 ❑ no	__ __ total <u>months</u> ***OR*** __ __ total <u>years</u> ❑ don't know
3. Ibuprofen-based medications (such as Advil, Motrin, Nuprin, Indocin, Naprosy, Medipren; NSAIDS) 1 ❑ yes *(<u>IF YES</u>, answer questions in all columns to the right)* 2 ❑ no *(continued on next page…)*	__ __ times per <u>day</u> ***OR*** __ __ times per <u>week</u> ❑ don't know	1 ❑ yes 2 ❑ no	__ __ total <u>months</u> ***OR*** __ __ total <u>years</u> ❑ don't know

Have you ever taken any of the following medications at least two times per week for more than a month?	When taking this medication regularly, how often did you take it?	About 2 years ago, were you taking it regularly?	How long, in total, have you taken this medication?
4. Bulk-forming laxatives (such as Metamucil, Citrucel, FiberCon, Serutan, psyllium) 1 ❑ yes *(IF YES, answer questions in all columns to the right)* 2 ❑ no	__ __ times per day ***OR*** __ __ times per week ❑ don't know	1 ❑ yes 2 ❑ no	__ __ total months ***OR*** __ __ total years ❑ don't know
5. Other laxatives (such as Ex-Lax, Correctol, Dulcolax, Senokot, Colace, castor oil, cod liver oil, mineral oil, milk of magnesia, lactulose, Epsom salts) 1 ❑ yes *(IF YES, answer questions in all columns to the right)* 2 ❑ no	__ __ times per day ***OR*** __ __ times per week ❑ don't know	1 ❑ yes 2 ❑ no	__ __ total months ***OR*** __ __ total years ❑ don't know
6. Multivitamin pills or tablets (NOT individual vitamins) 1 ❑ yes *(IF YES, answer questions in all columns to the right)* 2 ❑ no *(continued on next page…)*	__ __ times per day ***OR*** __ __ times per week ❑ don't know	1 ❑ yes 2 ❑ no	__ __ total months ***OR*** __ __ total years ❑ don't know

Have you ever taken any of the following medications at least two times per week for more than a month?	When taking this medication regularly, how often did you take it?	About 2 years ago, were you taking it regularly?	How long, in total, have you taken this medication?
7. Separate folic acid or folate pills or tablets. 1 ❑ yes *(IF YES, answer questions in all columns to the right)* 2 ❑ no	__ __ times per day ***OR*** __ __ times per week ❑ don't know	1 ❑ yes 2 ❑ no	__ __ total months ***OR*** __ __ total years ❑ don't know
8. Separate calcium pills or tablets (NOT including antacids) 1 ❑ yes *(IF YES, answer questions in all columns to the right)* 2 ❑ no	__ __ times per day ***OR*** __ __ times per week ❑ don't know	1 ❑ yes 2 ❑ no	__ __ total months ***OR*** __ __ total years ❑ don't know
9. Calcium-based antacids (such as Tums, Rolaids, Extra-strength Rolaids, Alka-Mints, Chooz Antacid gum) 1 ❑ yes *(IF YES, answer questions in all columns to the right)* 2 ❑ no	__ __ times per day ***OR*** __ __ times per week ❑ don't know	1 ❑ yes 2 ❑ no	__ __ total months ***OR*** __ __ total years ❑ don't know
10. COX-2 Inhibitor medications (such as Celebrex, Celecoxib, Vioxx, Rofecoxib, Bextra, or Valdecoxib) 1 ❑ yes *(IF YES, answer questions in all columns to the right)* 2 ❑ no	__ __ times per day ***OR*** __ __ times per week ❑ don't know	1 ❑ yes 2 ❑ no	__ __ total months ***OR*** __ __ total years ❑ don't know

D. WOMEN'S HEALTH

Men, go to page 21

1. Have you ever been pregnant?

1 ❑ yes, but I am not currently pregnant *(go to question 2)*

2 ❑ yes, I am currently pregnant and have been pregnant before *(go to question 2)*

3 ❑ yes, I am currently pregnant for the first time *(go to next page)*

4 ❑ no *(go to next page)*

2. How many times have you been pregnant?
(If you are currently pregnant, do NOT include your current pregnancy for these questions. However, please include all other pregnancies including miscarriages, stillbirths, tubal pregnancies and abortions .)

__ __ number of pregnancies

3. How many times have you been pregnant with more than one baby (twins, triplets, or more)?

__ __ number of pregnancies with multiples

4. How many of your pregnancies lasted 6 months or longer?

__ __ number of pregnancies

5. Did any of your pregnancies result in live births?

1 ❑ yes:
__ __ number of pregnancies resulting in live births
(IF YES, go to question 6, and if you have had more than one live birth, also answer question 7)

2 ❑ no *(go to next page)*

6. How old were you at the first live birth?

__ __ __ years of age ***OR*** year of first live birth: __ __ __ __

7. How old were you at the last live birth?

__ __ __ years of age ***OR*** year of last live birth: __ __ __ __

8. Have you ever used birth control pills or other hormonal contraceptives (implants or injections) for at least one year?

1 ❑ yes *(IF YES)* →

2 ❑ no *(go to next page)*

9 ❑ don't know *(go to next page)*

9. How old were you when you <u>first</u> used any of these hormonal contraceptives?

__ __ __ years of age

OR

__ __ __ __ year of first use

❑ don't know

10. Were you still using hormonal contraceptives about two years ago?

1 ❑ yes

2 ❑ no

9 ❑ don't know

11. In total, how long did you take these hormonal contraceptives?

__ __ number of years

❑ don't know

12. How old were you when you had your first menstrual period?

__ __ __ years of age

❑ never had a menstrual period *(go to question 24 on page 18)*

❑ don't know

13. Have you had a <u>menstrual</u> period in the last 12 months?
(Only <u>menstrual</u> bleeding is of interest. Do not include bleeding that results from hormone replacement therapy or progesterones, progestins, or withdrawal bleeding.)

1 ❑ yes *(go to question 24 on page 18)*

2 ❑ no *(IF NO…)*

9 ❑ don't know *(go to question 24 on page 18)*

14. *(IF NO)* Have your menstrual periods stopped permanently, or only temporarily due to pregnancy, breast-feeding, or other conditions?

1 ❑ permanently *(go to question 15)*
2 ❑ temporarily *(go to question 24 on page 18)*
9 ❑ don't know

15. When did your menstrual periods stop permanently?

__ __ __ years of age ***OR*** __ __ __ __ year periods stopped

❑ don't know

16. Why did your menstrual periods stop permanently?
(Check <u>ALL</u> that apply.)

1 ❑ natural menopause *(go to question 24 on page 18)*
2 ❑ gynecologic surgery *(go to next page)*
3 ❑ radiation or chemotherapy *(go to question 17 below)*
4 ❑ other: (specify) _____ *(go to question 17 below)*
9 ❑ don't know *(go to question 24 on page 18)*

17. When did this <u>first</u> occur?

Age: __ __ __ years of age when this <u>first</u> occurred
OR
Year: __ __ __ __ year when this <u>first</u> occurred

18-23. What type of surgery did you have?
(IF YES, also answer the question in the column to the right.)

(NOTE: ANSWER THE QUESTIONS BELOW ONLY IF YOU CHECKED "GYNECOLOGIC SURGERY" FOR QUESTION 16 ON THE PREVIOUS PAGE.)

What type of surgery did you have? *(Check yes or no for each question)*	**IF YES… when was this done?**
18. Hysterectomy only (only uterus or womb removed) 1 ❑ yes *(IF YES, go to next column)* 2 ❑ no	Age: __ __ __ years of age at surgery ***OR*** Year: __ __ __ __ year of surgery
19. Hysterectomy along with one ovary or partial ovary 1 ❑ yes *(IF YES, go to next column)* 2 ❑ no	Age: __ __ __ years of age at surgery ***OR*** Year: __ __ __ __ year of surgery
20. Hysterectomy along with both ovaries 1 ❑ yes *(IF YES, go to next column)* 2 ❑ no	Age: __ __ __ years of age at surgery ***OR*** Year: __ __ __ __ year of surgery
21. One ovary was removed in whole or part, without hysterectomy 1 ❑ yes *(IF YES, go to next column)* 2 ❑ no	Age: __ __ __ years of age at surgery ***OR*** Year: __ __ __ __ year of surgery
22. Both ovaries were removed, without hysterectomy 1 ❑ yes *(IF YES, go to next column)* 2 ❑ no	Age: __ __ __ years of age at surgery ***OR*** Year: __ __ __ __ year of surgery
23. Other: (specify) _____ 1 ❑ yes *(IF YES, go to next column)* 2 ❑ no	Age: __ __ __ years of age at surgery ***OR*** Year: __ __ __ __ year of surgery

24. Have you ever used a pill or patch form of hormone replacement therapy? (Hormone replacement therapy is prescribed for many reasons including: menopausal symptoms such as hot flashes, sweating, and depression; surgical removal of the ovaries; osteoporosis; and heart disease prevention.)
(Do NOT include hormone therapy prescribed for birth control. Do NOT include hormone therapy in other forms such as injections, vaginal creams, or vaginal suppositories.)

1 ❑ yes *(IF YES…)* →
2 ❑ no *(go to next page)*
9 ❑ don't know *(go to next page)*

25. Were you still having <u>menstrual</u> periods when you first took these hormones?

1 ❑ yes
2 ❑ no
9 ❑ don't know

26. Were you prescribed an estrogen-only pill or patch (such as Premarin)?

1 ❑ yes *(go to questions 27-29 below)*
2 ❑ no *(go to next page)*
9 ❑ don't know *(go to next page)*

27. How old were you when you first took estrogen-only medication?

__ __ __ years of age

OR

__ __ __ __ year first taken

28. Were you still taking estrogen-only medication about two years ago?

1 ❑ yes
2 ❑ no

29. In total, how long did you take estrogen-only medication?

__ __ number of months

OR

__ __ number of years

30. Have you ever taken progesterone or progestin along with estrogens for menopause or other reasons?
(Progesterone or progestin is frequently prescribed by doctors along with estrogens. Some common brand names are Provera and Prem-Pro.)

1 ❑ yes *(IF YES…)* →
2 ❑ no *(go to next page)*
9 ❑ don't know *(go to next page)*

31. *(IF YES)* When did you <u>first</u> take progesterone or progestin along with estrogens?

__ __ __ years of age

OR

__ __ __ __ year when first taken

32. Were you still taking progesterone or progestin along with estrogens about two years ago?

1 ❑ yes
2 ❑ no

33. In total, how long have you taken progesterone or progestin along with estrogens?

__ __ number of months

OR

__ __ number of years

34. Have you ever taken tamoxifen, raloxifene, or other anti-estrogen medication (such as Lupron or Depo-Provera)?

1 ❑ yes *(go to questions 35-38 below)*
2 ❑ no *(go to next page)*
3 ❑ possibly - I have participated in a clinical trial for tamoxifen, raloxifene, or other anti-estrogen medication. *(go to questions 35-38 below)*
9 ❑ don't know *(go to next page)*

35. Did you take tamoxifen, raloxifene, or another anti-estrogen medication? *(Check ALL that apply.)*

1 ❑ tamoxifen
2 ❑ raloxifene
3 ❑ other: _____
9 ❑ unsure which one

36. When did you first take tamoxifen, raloxifene, or other anti-estrogen medication?

__ __ __ years of age when first taken

OR

__ __ __ __ year when first taken

37. Were you taking tamoxifen, raloxifene, or other anti-estrogen medication about two years ago?

1 ❑ yes
2 ❑ no

38. In total, for how long have you taken tamoxifen, raloxifene, or other anti-estrogen medication?

__ __ number of months

OR

__ __ number of years

E. DIET

1. About two years ago, on average, how many servings of <u>fruit</u> did you eat?
(A serving of fruit is: one medium fresh fruit; ½ cup of chopped, cooked or canned fruit; 1/4 cup of dried fruit; or 6 ounces of fruit juice.)

Servings per <u>day</u>: __ __ ***OR*** Servings per <u>week</u>: __ __ ***OR*** Servings per <u>month</u>: __ __

2. About two years ago, on average, how many servings of <u>vegetables</u> did you eat?
(A serving of vegetables is: one cup raw leafy vegetables; ½ cup other vegetables, cooked or chopped raw; or 6 ounces of vegetable juice.)

Servings per <u>day</u>: __ __ ***OR*** Servings per <u>week</u>: __ __ ***OR*** Servings per <u>month</u>: __ __

3. About two years ago, on average, how many servings of <u>red meat</u> (NOT chicken or fish) did you eat?
(A serving of red meat is 2-3 ounces or a piece of meat the size of a deck of cards. Red meats include beef, steak, hamburger, prime rib, ribs, veal, lamb, pork, bacon, and pork sausages.)

Servings per <u>day</u>: __ __ ***OR*** Servings per <u>week</u>: __ __ ***OR*** Servings per <u>month</u>: __ __

❑ did not eat red meat *(go to next page)*

4. *(IF YOU ATE RED MEAT)*
About two years ago, on average, how many servings of red meat did you eat that were cooked by pan-frying (not stir-fry), broiling, grilling, or barbecuing?

Servings per <u>day</u>: __ __ ***OR*** Servings per <u>week</u>: __ __ ***OR*** Servings per <u>month</u>: __ __

❑ did not eat red meat cooked by these methods *(go to next page)*

5. (*IF YOU ATE RED MEAT COOKED BY THE METHODS LISTED ABOVE*)
About two years ago, when you ate red meat cooked by those methods, what was its outside appearance <u>AND</u> what was its inside appearance?

<u>**Outside** Appearance</u>:
1 ❑ lightly browned
2 ❑ medium browned
3 ❑ heavily browned/blackened

<u>**Inside** Appearance</u>:
1 ❑ red (rare)
2 ❑ pink (medium)
3 ❑ brown (well done)

6. About two years ago, on average, how many servings of <u>chicken</u> did you eat?
(A serving of chicken is 2-3 ounces or one of the following: 1 drumstick, 1 thigh, half of a breast, 2 wings, or 3 nuggets.)

Servings per <u>day</u>: __ __ ***OR*** Servings per <u>week</u>: __ __ ***OR*** Servings per <u>month</u>: __ __

❑ did not eat chicken *(go to next page)*

7. *(IF YOU ATE CHICKEN)*
About two years ago, on average, how many servings of chicken did you eat that were cooked by pan-frying (not stir-fry), broiling, grilling, or barbecuing?

Servings per <u>day</u>: __ __ ***OR*** Servings per <u>week</u>: __ __ ***OR*** Servings per <u>month</u>: __ __

❑ did not eat chicken cooked by these methods *(go to next page)*

8. (*IF YOU ATE CHICKEN COOKED BY THE METHODS LISTED ABOVE*)
About two years ago, when you ate chicken cooked by those methods, what was its outside appearance?

<u>**Outside** Appearance</u>:
1 ❑ lightly browned
2 ❑ medium browned
3 ❑ heavily browned/blackened

F. PHYSICAL ACTIVITY

The questions in the following table ask about your regular participation in a variety of physical activities during three periods of your life. NOTE: By "regularly" we mean doing the activity at least for 30 minutes a week or longer for at least 3 months in a row.
(Answer questions for each life period in the separate columns according to your age.)

Did you regularly do any of these physical activities…	…when you were in your 20s?	…when you were in your 30s & 40s? *(Skip if under age 31)*	…since turning age 50? *(Skip if under age 51)*
1. Walking for exercise	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years (maximum = 10 yrs) **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years (maximum = 20 yrs) **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years since 50 **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week
2. Jogging *(Jogging is running slower than a mile in 10 minutes.)*	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years (maximum = 10 yrs) **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years (maximum = 20 yrs) **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years since 50 **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week

Did you <u>regularly</u> do any of these physical activities…	…when you were in your 20s?	...when you were in your 30s & 40s? *(Skip if under age 31)*	…since turning age 50? *(Skip if under age 51)*
3. Running *(Running is running faster than a mile in 10 minutes)*	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years (maximum = 10 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years (maximum = 20 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years since 50 **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week
4. Bicycling *(Include stationary bicycling)*	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years (maximum = 10 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years (maximum = 20 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years since 50 **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week
5. Swimming laps	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years (maximum = 10 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years (maximum = 20 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years since 50 **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week

Did you <u>regularly</u> do any of these physical activities…	…when you were in your 20s?	...when you were in your 30s & 40s? *(Skip if under age 31)*	…since turning age 50? *(Skip if under age 51)*
6. Tennis, racketball or squash	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years (maximum = 10 yrs) **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years (maximum = 20 yrs) **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years since 50 **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week
7. Calisthenics, aerobics, vigorous dance, rowing machine lifting weights	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years (maximum = 10 yrs) **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years (maximum = 20 yrs) **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years since 50 **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week
8. Football, soccer, rugby, or basketball	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years (maximum = 10 yrs) **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years (maximum = 20 yrs) **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no **A. For how many years?** _ _ total years since 50 **B. Average number of months per year?** _ _ months per year **C. Average number of hours per week?** _ _ hours per week

Did you <u>regularly</u> do any of these physical activities…	…when you were in your 20s?	...when you were in your 30s & 40s? *(Skip if under age 31)*	…since turning age 50? *(Skip if under age 51)*
9. Strenuous tasks in or around the house *(Such as, but not limited to, mowing lawn with a non-power mower, shoveling, or vigorously scrubbing floors)*	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years (maximum = 10 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years (maximum = 20 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no **A. For how many <u>years</u>?** _ _ total years since 50 **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week

Did you <u>regularly</u> do any OTHER strenuous activities…	…when you were in your 20s?	...when you were in your 30s & 40s? *(Skip if under age 31)*	…since turning age 50? *(Skip if under age 51)*
10. OTHER <u>strenuous</u> physical activities (not listed above) *(Strenuous activities are those that really increase your heart rate, make you hot, and cause you to sweat, such as skiing, skating, hockey, scuba diving, surfing, etc.)*	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no *(Write in activity and answer questions A-C)* __ __ __ **Activity: _____** **A. For how many <u>years</u>?** _ _ total years (maximum = 10 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no *(Write in activity and answer questions A-C)* __ __ __ **Activity: _____** **A. For how many <u>years</u>?** _ _ total years (maximum = 20 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(<u>IF YES</u>, answer questions A-C below)* 2 ❑ no *(Write in activity and answer questions A-C)* __ __ __ **Activity: _____** **A. For how many <u>years</u>?** _ _ total years since 50 **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week

Did you <u>regularly</u> do any OTHER strenuous activities…	…when you were in your 20s?	…when you were in your 30s & 40s? *(Skip if under age 31)*	…since turning age 50? *(Skip if under age 51)*
11. OTHER <u>strenuous</u> physical activities	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no *(Write in activity and answer questions A-C)* __ __ __ **Activity:** _____ **A. For how many <u>years</u>?** _ _ total years (maximum = 10 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no *(Write in activity and answer questions A-C)* __ __ __ **Activity:** _____ **A. For how many <u>years</u>?** _ _ total years (maximum = 20 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no *(Write in activity and answer questions A-C)* __ __ __ **Activity:** _____ **A. For how many <u>years</u>?** _ _ total years since 50 **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week
12. OTHER <u>strenuous</u> physical activities	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no *(Write in activity and answer questions A-C)* __ __ __ **Activity:** _____ **A. For how many <u>years</u>?** _ _ total years (maximum = 10 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no *(Write in activity and answer questions A-C)* __ __ __ **Activity:** _____ **A. For how many <u>years</u>?** _ _ total years (maximum = 20 yrs) **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week	1 ❑ yes *(IF YES, answer questions A-C below)* 2 ❑ no *(Write in activity and answer questions A-C)* __ __ __ **Activity:** _____ **A. For how many <u>years</u>?** _ _ total years since 50 **B. Average number of <u>months</u> per year?** _ _ months per year **C. Average number of <u>hours</u> per week?** _ _ hours per week

G. ALCOHOL

The questions in the following table ask about your regular consumption of alcoholic beverages during three periods of your life. NOTE: By "regularly" we mean consuming the alcoholic beverage at least once a week for 6 months or longer.
(Answer questions for each life period in the separate columns according to your age.)

Did you ever consume these alcoholic beverages at least once a week for 6 months or longer?	**…when you were in your 20s?**	**…when you were in your 30s & 40s?** *(Skip if under age 31)*	**…since turning age 50?** *(Skip if under age 51)*
1. Any alcoholic beverages *(Beer, wine, sake, hard liquor or other alcoholic beverages)* *(1 drink = 12 oz can/bottle beer or 4 oz sake or wine or 1 oz hard liquor)*	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years alcohol consumed at least 1x/week (max = 10 yrs) **B. How much did you typically drink?** _ _ # of drinks ❑ per day ***OR*** ❑ per week	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years alcohol consumed at least 1x/week (max = 20 yrs) **B. How much did you typically drink?** _ _ # of drinks ❑ per day ***OR*** ❑ per week	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years alcohol consumed at least 1x/week since age 50 **B. How much did you typically drink?** _ _ # of drinks ❑ per day ***OR*** ❑ per week
2. Beer	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years beer consumed at least 1x/week (max = 10 yrs) **B. How much beer did you typically drink?** _ _ # of 12-oz. cans/bottles: ❑ per day ***OR*** ❑ per week	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years beer consumed at least 1x/week (max = 20 yrs) **B. How much beer did you typically drink?** _ _ # of 12-oz. cans/bottles: ❑ per day ***OR*** ❑ per week	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years beer consumed at least 1x/week since age 50 **B. How much beer did you typically drink?** _ _ # of 12-oz. cans/bottles: ❑ per day ***OR*** ❑ per week

Did you ever consume any of these alcoholic beverages…	…when you were in your 20s?	…when you were in your 30s & 40s? *(Skip if under age 31)*	…since turning age 50? *(Skip if under age 51)*
3. Wine	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years wine consumed at least 1x/week (max = 10 yrs) **B. How much wine did you typically drink?** _ _ # of 4-oz. wine servings: ❑ per day ***OR*** ❑ per week	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years wine consumed at least 1x/week (max = 20 yrs) **B. How much wine did you typically drink?** _ _ # of 4-oz. wine servings: ❑ per day ***OR*** ❑ per week	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years wine consumed at least 1x/week since age 50 **B. How much wine did you typically drink?** _ _ # of 4-oz. wine servings: ❑ per day ***OR*** ❑ per week
4. Sake	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years sake consumed at least 1x/week (max = 10 yrs) **B. How much sake did you typically drink?** _ _ # of 4-oz. sake servings: ❑ per day ***OR*** ❑ per week	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years sake consumed at least 1x/week (max = 20 yrs) **B. How much sake did you typically drink?** _ _ # of 4-oz. sake servings: ❑ per day ***OR*** ❑ per week	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years sake consumed at least 1x/week since age 50 **B. How much sake did you typically drink?** _ _ # of 4-oz. sake servings: ❑ per day ***OR*** ❑ per week
5. Liquor (spirits), mixed drinks, or cocktails	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years liquor consumed at least 1x/week (max = 10 yrs) **B. How much liquor did you typically drink?** _ _ # of 1-oz. shots of liquor: ❑ per day ***OR*** ❑ per week	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years liquor consumed at least 1x/week (max = 20 yrs) **B. How much liquor did you typically drink?** _ _ # of 1-oz. shots of liquor: ❑ per day ***OR*** ❑ per week	1 ❑ yes *(IF YES, answer questions A-B below.)* 2 ❑ no **A. For how many years?** _ _ total years liquor consumed at least 1x/week since age 50 **B. How much liquor did you typically drink?** _ _ # of 1-oz. shots of liquor: ❑ per day ***OR*** ❑ per week

H. SMOKING

1. Have you ever smoked at least one <u>cigarette</u> a day for 3 months or longer?

1 ❑ yes *(IF YES…)* →
2 ❑ no *(go to next page)*

2. When did you first start smoking at least one cigarette a day?

Age at first use: __ __ __
OR
Year of first use: __ __ __ __

3. During periods when you smoked regularly, how many cigarettes did you typically smoke in a day? *("regularly" means at least one cigarette a day, 1 pack = 20 cigarettes)*

Number of cigarettes per day: __ __ __

4. About two years ago, were you still smoking at least one cigarette a day?

1 ❑ yes *(go to question 5)*
2 ❑ no *(go to questions 6)*

5. *(IF YES)* Do you still smoke at least one cigarette a day?

1 ❑ yes *(go to question 7)*
2 ❑ no *(go to question 6)*

6. *(IF NO)* When did you permanently stop smoking at least one cigarette a day?

Age when stopped: __ __ __
OR
Year when stopped: __ __ __ __

7. **How many years in total did you smoke at least one cigarette per day for 3 months or longer?** *(If you have stopped and restarted at least once, count only the time when you were smoking.)*

Total number of years: __ __

8. Have you ever smoked at least one <u>cigar</u> per <u>month</u> for at least 3 months?

1 ❑ yes *(IF YES…)* →
2 ❑ no *(go to next page)*

9. When did you first start smoking at least one cigar a month?

Age at first use: __ __ __
OR
Year of first use: __ __ __ __

10. During periods when you smoked regularly, how many cigars did you typically smoke in a month?
("regularly" means at least one cigar a month)

Number of cigars per month: __ __ __

11. About two years ago, were you still smoking at least one cigar a month?
1 ❑ yes *(go to question 12)*
2 ❑ no *(go to questions 13)*

12. *(IF YES)* Do you still smoke at least one cigar a month?
1 ❑ yes *(go to question 14)*
2 ❑ no *(go to question 13)*

13. *(IF NO)* When did you permanently stop smoking at least one cigar a month?

Age when stopped: __ __ __
OR
Year when stopped: __ __ __ __

14. How many years in total did you smoke at least one cigar a month?
(If you have stopped and restarted at least once, count only the time when you were smoking.)

Total number of years: __ __

15. Have you ever smoked at least one <u>pipe</u> a <u>month</u> for at least 3 months?

1 ❑ yes *(IF YES…)* →
2 ❑ no *(go to next page)*

16. When did you first start smoking at least one pipe a month?

Age at first use: __ __ __
OR
Year of first use: __ __ __ __

17. During periods when you smoked regularly, how many pipes did you typically smoke in a month?
("regularly" means at least one pipe a month)

Number of pipes per month: __ __ __

18. About two years ago, were you still smoking at least one pipe a month?

1 ❑ yes *(go to question 19)*
2 ❑ no *(go to questions 20)*

19. *(IF YES)* Do you still smoke at least one pipe a month?

1 ❑ yes *(go to question 21)*
2 ❑ no *(go to question 20)*

20. *(IF NO)* When did you permanently stop smoking at least one pipe a month?

Age when stopped: __ __ __
OR
Year when stopped: __ __ __ __

21. How many years in total did you smoke at least one pipe a month?
(If you have stopped and restarted at least once, count only the time when you were smoking.)

Total number of years: __ __

I. HEIGHT AND WEIGHT

1. About how tall are you without your shoes on?

___ feet ___ ___ inches

OR

___ ___ ___ centimeters

2. How much did you weigh about two years ago?

__ __ __ pounds

OR

__ __ kilos

3. How much did you weigh when you were about 20 years old?

__ __ __ pounds

OR

__ __ kilos

J. BACKGROUND INFORMATION

The questions in the following table ask about you, your biological parents, and your biological grandparents, including the country in which each person was born, the person's racial or ethnic background, and whether the person is of Jewish descent. These questions are asked because some diseases are seen more often in certain populations. For example, African Americans have a higher chance of developing sickle cell anemia, an inherited disease. Recently, it has been determined that persons of Ashkenazi Jewish decent may inherit genes which increase risk for breast and ovarian cancers. Family Registry scientists would like to determine if genes associated with colon cancer occur in different patterns in population groups, as this information may lead to earlier diagnosis. *(Please complete questions in ALL columns.)*

Family Members:	Country of Birth?	Racial or Ethnic Background? (Check ALL that apply)	Jewish Descent?
1. You	1 ❑ United States 2 ❑ other (specify): _____ 9 ❑ don't know (__ __ __) (For office use only)	01 ❑ Japanese/Okinawan 02 ❑ Caucasian/White 03 ❑ Hawaiian 04 ❑ Filipino 05 ❑ Chinese 06 ❑ Korean 07 ❑ Native American/First Nations Person 08 ❑ African American/Black 10 ❑ Other: _____ 99 ❑ don't know	1 ❑ yes 2 ❑ no 9 ❑ don't know *(IF Yes)* **Are you …?** 1 ❑ Ashkenazi 2 ❑ Sephardic 3 ❑ other: _____ 9 ❑ don't know
2. Your Mother *(continued on next page…)*	1 ❑ United States 2 ❑ other (specify): _____ 9 ❑ don't know (__ __ __) (For office use only)	01 ❑ Japanese/Okinawan 02 ❑ Caucasian/White 03 ❑ Hawaiian 04 ❑ Filipino 05 ❑ Chinese 06 ❑ Korean 07 ❑ Native American/First Nations Person 08 ❑ African American/Black 10 ❑ Other: _____ 99 ❑ don't know	1 ❑ yes 2 ❑ no 9 ❑ don't know *(IF Yes)* **Is she …?** 1 ❑ Ashkenazi 2 ❑ Sephardic 3 ❑ other: _____ 9 ❑ don't know

Family Members:	Country of Birth?	Racial or Ethnic Background? (check ALL that apply)	Jewish Descent?
3. Your Father	1 ❑ United States 2 ❑ other (specify): _____ 9 ❑ don't know (__ __ __) (For office use only)	01 ❑ Japanese/Okinawan 02 ❑ Caucasian/White 03 ❑ Hawaiian 04 ❑ Filipino 05 ❑ Chinese 06 ❑ Korean 07 ❑ Native American/First Nations Person 08 ❑ African American/Black 10 ❑ Other: _____ 99 ❑ don't know	1 ❑ yes 2 ❑ no 9 ❑ don't know *(IF Yes)* **Is he …?** 1 ❑ Ashkenazi 2 ❑ Sephardic 3 ❑ other: _____ 9 ❑ don't know
4. Your Mother's Mother (Maternal Grandmother)	1 ❑ United States 2 ❑ other (specify): _____ 9 ❑ don't know (__ __ __) (For office use only)	01 ❑ Japanese/Okinawan 02 ❑ Caucasian/White 03 ❑ Hawaiian 04 ❑ Filipino 05 ❑ Chinese 06 ❑ Korean 07 ❑ Native American/First Nations Person 08 ❑ African American/Black 10 ❑ Other: _____ 99 ❑ don't know	1 ❑ yes 2 ❑ no 9 ❑ don't know *(IF Yes)* **Is she …?** 1 ❑ Ashkenazi 2 ❑ Sephardic 3 ❑ other: _____ 9 ❑ don't know
5. Your Mother's Father (Maternal Grandfather) *(continued on next page…)*	1 ❑ United States 2 ❑ other (specify): _____ 9 ❑ don't know (__ __ __) (For office use only)	01 ❑ Japanese/Okinawan 02 ❑ Caucasian/White 03 ❑ Hawaiian 04 ❑ Filipino 05 ❑ Chinese 06 ❑ Korean 07 ❑ Native American/First Nations Person 08 ❑ African American/Black 10 ❑ Other: _____ 99 ❑ don't know	1 ❑ yes 2 ❑ no 9 ❑ don't know *(IF Yes)* **Is he …?** 1 ❑ Ashkenazi 2 ❑ Sephardic 3 ❑ other: _____ 9 ❑ don't know

Family Members:	Country of Birth?	Racial or Ethnic Background? (check ALL that apply)	Jewish Descent?
6. Your Father's Mother (Paternal Grandmother)	1 ❑ United States 2 ❑ other (specify): _____ 9 ❑ don't know (__ __ __) (For office use only)	01 ❑ Japanese/Okinawan 02 ❑ Caucasian/White 03 ❑ Hawaiian 04 ❑ Filipino 05 ❑ Chinese 06 ❑ Korean 07 ❑ Native American/First Nations Person 08 ❑ African American/Black 10 ❑ Other: _____ 99 ❑ don't know	1 ❑ yes 2 ❑ no 9 ❑ don't know *(IF Yes)* **Is she …?** 1 ❑ Ashkenazi 2 ❑ Sephardic 3 ❑ other: _____ 9 ❑ don't know
7. Your Father's Father (Paternal Grandfather)	1 ❑ United States 2 ❑ other (specify): _____ 9 ❑ don't know (__ __ __) (For office use only)	01 ❑ Japanese/Okinawan 02 ❑ Caucasian/White 03 ❑ Hawaiian 04 ❑ Filipino 05 ❑ Chinese 06 ❑ Korean 07 ❑ Native American/First Nations Person 08 ❑ African American/Black 10 ❑ Other: _____ 99 ❑ don't know	1 ❑ yes 2 ❑ no 9 ❑ don't know *(IF Yes)* **Is he …?** 1 ❑ Ashkenazi 2 ❑ Sephardic 3 ❑ other: _____ 9 ❑ don't know

8. What was the highest level of education that you completed? *(Check <u>one</u> answer)*

1 ❑ less than 8 years
2 ❑ 8 to 11 years
3 ❑ high school graduate
4 ❑ vocational or technical school
5 ❑ some college or university
6 ❑ bachelor's degree
7 ❑ graduate degree

The questions in the following table ask about your longest-held occupation during three periods of your life. NOTE: Your longest-held occupation may be either paid or unpaid, and may include activities such as being a student, homemaker, or unemployed.

9. What was your longest-held occupation when you were in your 20s?	10. What was your longest-held occupation when you were in your 30s and 40s? *(Skip if under age 31)*	11. What was your longest-held occupation since turning age 50? *(Skip if under age 51)*
_____ *(Write in the occupation)* *(_ _ _ for office use only)*	_____ *(Write in the occupation)* (_ _ _ for office use only)	_____ *(Write in the occupation)* (_ _ _ for office use only)

12. How many years have you lived in the United States?

1 ❑ all my life ***OR***
2 ❑ __ __ __ number of years

13. Do you have health insurance?

1 ❑ yes
2 ❑ no

14. If you are 65 or older, do you have a Medicare card?

1 ❑ yes
2 ❑ no
3 ❑ I am not 65 or older

15. As of about two years ago, which of the following categories best describes your total annual <u>household</u> income from all sources before taxes?

1 ❑ less than $15,000 per year
2 ❑ $15,000 - $29,999 per year
3 ❑ $30,000 - $44,999 per year
4 ❑ $45,000 - $69,000 per year
5 ❑ $70,000 or more per year

16. What is your Social Security number*?*
(This will be kept strictly confidential and would be used only to identify you in relation to this research.)

Social Security Number: __ __ __ - __ __ - __ __ __ __

17. Would you like to receive a nutrient analysis of your food intake based on the diet questionnaire that you are completing for this study?

1 ❑ yes
2 ❑ no

18. Would you like to receive educational materials about colorectal cancer and genetics?

1 ❑ yes
2 ❑ no

19. Have you or your family participated in other research studies of familial cancer or ever attended a genetic session relating to cancer?

1 ❑ yes
2 ❑ no

→ **(*IF YES*) Specify research study or type of genetic counseling session**:

_____

Please check that <u>all</u> pages are complete.
Mail the questionnaire in the postage-paid envelope provided.

Thank you very much for your participation!