

**Thank you very much for taking the time to fill out this questionnaire.  
We appreciate your participation.**

**Please mail this completed questionnaire in the return envelope provided.**

**Ontario  
Familial Colorectal Cancer Registry**



## **Personal History Questionnaire**

**This questionnaire is about factors that may relate to a person's risk of developing cancer. Although it is important to have complete data for scientific reasons and we encourage you to answer all questions, if you come to a question that you do not want to answer, please write "prefer not to answer" beside it and then continue to answer the remaining questions.**

**Should you wish to talk to someone about this questionnaire, you may call (416) 217-1310 or 1-866-225-2728**

Please write in your answers where space is provided, or place tick marks in circles ☺

What date are you filling out this questionnaire? \_\_\_ / \_\_\_ / \_\_\_  
day month year

### Identifying Information

1. Are you male or female?  male  
 female
2. What is your age? \_\_\_ \_\_\_ years  
 don't know
3. What is your date of birth? day \_\_\_ \_\_\_  
month \_\_\_ \_\_\_  
year \_\_\_ \_\_\_ \_\_\_ \_\_\_  
 don't know day  
 don't know month  
 don't know year
4. Are you a twin or triplet?  yes, a twin  
 yes, other multiple (triplet, quadruplet, etc.): \_\_\_\_\_  
*please specify*  
 no  
 don't know

→ *If yes, please read the following statement and answer the question.*

Non-identical twins are no more alike than ordinary brothers and sisters. Genetically identical twins, on the other hand, look so much alike (that is, they have a strong resemblance to each other in height, colouring, features of the face, etc.) that people often mistake one for the other, especially during their childhood.

Do you have a genetically identical twin or triplet?

- yes
  - no
  - don't know
5. What is your marital status?  currently married or living as married  
 separated  
 divorced  
 widowed  
 single or never married  
 don't know

## Bowel Screening and Health

6. Have you ever had a **test for blood in your stool, called a smear test or a hemocult**? This test is frequently done as part of a routine physical examination, or it can be done at home.

- yes
- no → Please go to #7
- don't know → Please go to #7

6a. When did you **first** have this test?

- age when **first** tested \_\_\_\_
- or*
- year of **first** test \_\_\_\_
- don't know

6b. What were the reasons for your **first** test?  
*Please tick all that apply.*

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly examination or check-up
- follow-up of a previous problem
- other: \_\_\_\_\_  
*please specify*
- don't know

6c. How many times have you had a hemocult test?

- \_\_\_ number of hemocult tests
- don't know

6d. If you have had a hemocult test more than once, when did you **last** have this test?

- age when **last** tested \_\_\_\_
- or*
- year of **last** test \_\_\_\_
- don't know

7. Have you ever had a **sigmoidoscopy**? Sigmoidoscopy involves looking inside the lower bowel and rectum with a lighted instrument. This examination is usually done in a doctor's office without anesthesia.

- yes
- no → Please go to #8
- don't know → Please go to #8

7a. When did you **first** have this test?

- age when **first** tested \_\_\_\_
- or*
- year of **first** test \_\_\_\_
- don't know

7b. What were the reasons for your **first** sigmoidoscopy? *Please tick all that apply.*

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly examination or check-up
- follow-up of a previous problem
- other: \_\_\_\_\_  
*please specify*
- don't know

7c. How many times have you had a sigmoidoscopy?

- \_\_\_ number of sigmoidoscopies
- don't know

7d. If you have had a sigmoidoscopy more than once, when did you **last** have this test?

- age when **last** tested \_\_\_\_
- or*
- year of **last** test \_\_\_\_
- don't know

8. Have you ever had a **colonoscopy**?  
Colonoscopy is an examination of the entire large bowel using a long flexible instrument. This examination is usually done under sedation.

- yes
- no → Please go to #9
- don't know → Please go to #9

8a. When did you **first** have this test?

age when **first** tested \_\_\_\_  
*or*  
year of **first** test \_\_\_\_  
 don't know

8b. What were the reasons for your **first** colonoscopy? *Please tick all that apply.*

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly examination or check-up
- follow-up of a previous problem
- other: \_\_\_\_\_  
*please specify*
- don't know

8c. How many times have you had a colonoscopy?

\_\_\_\_ number of colonoscopies  
 don't know

8d. If you have had a colonoscopy more than once, when did you **last** have this test?

age when **last** tested \_\_\_\_  
*or*  
year of **last** test \_\_\_\_  
 don't know

9. Has a doctor ever told you that you had **polyps** in your large bowel or colon or rectum? Polyps are growths in the lining of the colon which vary in size from a tiny dot to several inches.

- yes
- no → Please go to #10
- don't know → Please go to #10

9a. When did your doctor **first** tell you that you had polyps?

age at **first** diagnosis \_\_\_\_  
*or*  
year of **first** diagnosis \_\_\_\_  
 don't know

9b. Have you been told more than once that you had polyps?

- yes
- no
- don't know

9c. When did your doctor **last** tell you that you had polyps?

age at **last** diagnosis \_\_\_\_  
*or*  
year of **last** diagnosis \_\_\_\_  
 don't know

9d. Do you know what kind of polyps they were? *Please include all the separate times you were told you had polyps. Please tick all that apply.*

- benign
- adenomatous (pre-cancerous)
- hyperplastic
- other: \_\_\_\_\_  
*please specify*
- don't know

74. Which of the following categories best describes your total annual **household** income **about two years ago**?

- no income
- less than \$6,000
- \$6,000 - \$11,999
- \$12,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 or more
- don't know

75. In case we need to contact you in the future and you have moved, could we have the name of someone who is not living with you to whom we might write or call for your new address?

Name of relative or friend: \_\_\_\_\_

His or her address: \_\_\_\_\_

His or her telephone number: home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
business: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
email: \_\_\_\_\_

*we will keep this information confidential*

72. How many years have **you** lived in Canada?

- all my life
- \_\_\_ number of years
- don't know

73. Ethnicity and race sometimes affect disease risk. Scientists have found that some genetic traits are more common or less common among people of different backgrounds. We would like to know if this is true for genes associated with colorectal cancer.

Please fill in the background for **yourself, your parents and your grandparents**.  
Please tick **all** that apply.

	You	Your mother	Your father	Your mother's mother	Your mother's father	Your father's mother	Your father's father
Black, from Africa	<input type="radio"/>						
Black, from the Caribbean (e.g. Trinidad, Jamaica, Haiti)	<input type="radio"/>						
Black, from North America	<input type="radio"/>						
Black, other	<input type="radio"/>						
White	<input type="radio"/>						
First Nations (e.g. Indian, Inuit)	<input type="radio"/>						
North African (e.g. Egyptian)	<input type="radio"/>						
Middle Eastern (e.g. Iranian)	<input type="radio"/>						
Hispanic/Latino	<input type="radio"/>						
Filipino	<input type="radio"/>						
Japanese	<input type="radio"/>						
Korean	<input type="radio"/>						
Chinese	<input type="radio"/>						
Other South East Asian (e.g. Vietnamese)	<input type="radio"/>						
South Asian (e.g. East Indian, Pakistani)	<input type="radio"/>						
other: please specify	_____	_____	_____	_____	_____	_____	_____
don't know	<input type="radio"/>						

9e. Did you have the polyps removed (by a procedure called a polypectomy)? (This can be done during a sigmoidoscopy or colonoscopy.)

- yes
- no → Please go to #10
- don't know → Please go to #10

9f. When did you **first** have polyps removed?

- age at **first** polypectomy \_\_\_\_\_
- or
- year of **first** polypectomy \_\_\_\_\_
- don't know

9g. Have you had polyps removed more than once?

- yes
- no
- don't know

9h. If you have had polyps removed more than once, when did you **last** have polyps removed?

- age at **last** polypectomy \_\_\_\_\_
- or
- year of **last** polypectomy \_\_\_\_\_
- don't know

10. Has a doctor ever told you that you had **familial adenomatous polyposis, known also as FAP**? This is a condition, sometimes occurring in families, in which numerous polyps line the inside of the large bowel or colon.

- yes
- no → Please go to #11
- don't know → Please go to #11

10a. When did your doctor **first** tell you that you had FAP?

- age at diagnosis \_\_\_\_\_
- or
- year of diagnosis \_\_\_\_\_
- don't know

11. Has a doctor ever told you that you had **Crohn's disease**? This is where you have 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.

- yes
- no → Please go to #12
- don't know → Please go to #12

11a. When did your doctor **first** tell you that you had Crohn's disease?

- age at diagnosis \_\_\_\_\_
- or
- year of diagnosis \_\_\_\_\_
- don't know

12. Has a doctor ever told you that you had **ulcerative colitis**? This is an inflammation and ulceration of the lining of the bowel (colon) and rectum. It is not a stomach ulcer.

- yes
- no → Please go to #13
- don't know → Please go to #13

12a. When did your doctor **first** tell you that you had ulcerative colitis?

- age at diagnosis \_\_\_\_\_
- or
- year of diagnosis \_\_\_\_\_
- don't know

13. Has a doctor ever told you that you had **irritable bowel syndrome**? This is a disorder of the bowels leading to cramping, gassiness, bloating and alternating diarrhoea and constipation. It is sometimes called IBS, or spastic colon.

- yes
- no → Please go to #14
- don't know → Please go to #14

13a. When did your doctor **first** tell you that you had irritable bowel syndrome?

age at diagnosis \_\_\_\_\_  
*or*  
 year of diagnosis \_\_\_\_\_  
 don't know

14. Has a doctor ever told you that you had **diverticular disease**? This may also be called diverticulosis or diverticulitis. It's a condition in which the bowel may become infected, and can lead to pain and chronic problems with bowel habits.

yes  
 no → *Please go to #15*  
 don't know → *Please go to #15*

14a. When did your doctor **first** tell you that you had diverticular disease?

age at diagnosis \_\_\_\_\_  
*or*  
 year of diagnosis \_\_\_\_\_  
 don't know

15. Have you ever had any of your **large bowel or colon** removed?

yes  
 no → *Please go to #16*  
 don't know → *Please go to #16*

→ Was it completely removed, or was only part of it removed?

completely removed  
 partly removed  
 don't know

15a. When did you **first** have any of your bowel or colon removed?

age at **first** operation \_\_\_\_\_  
*or*  
 year of **first** operation \_\_\_\_\_  
 don't know

15b. Have you had more than one surgery to remove your bowel or colon?

yes  
 no → *Please go to #16*  
 don't know → *Please go to #16*

15c. When did you **last** have all or part of your bowel or colon removed?

age at **last** operation \_\_\_\_\_  
*or*  
 year of **last** operation \_\_\_\_\_  
 don't know

16. Have you had your **gallbladder** removed?

yes  
 no → *Please go to #17*  
 don't know → *Please go to #17*

16a. When did you have your gallbladder removed?

age at operation \_\_\_\_\_  
*or*  
 year of operation \_\_\_\_\_  
 don't know

17. Has a doctor ever told you that you had **diabetes**, also known as **diabetes mellitus**? *Please do not include diabetes which you had **only** during pregnancy.*

yes  
 no → *Please go to #18*  
 don't know → *Please go to #18*

17a. When did your doctor **first** tell you that you had diabetes?

age at diagnosis \_\_\_\_\_  
*or*  
 year of diagnosis \_\_\_\_\_  
 don't know

## Background Information

70. What is the highest level of education that you completed?

less than 8 years  
 8 to 11 years  
 high school graduate  
 vocational or technical school  
 some college or university  
 bachelor's degree  
 graduate degree  
 don't know

71. Country of birth sometimes affects disease risk. Please fill in country of birth for **yourself, your parents and your grandparents**.

In addition, scientists have found that some genetic traits are more common or less common among Jewish people of different ethnic backgrounds. Please answer the questions about Jewish descent for each person.

	Country of birth	Is this person of Jewish descent?	Ashkenazi (East European)	Sephardic	other Jewish descent	don't know
You	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mother	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your father	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mother's mother	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mother's father	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your father's mother	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your father's father	_____	<input type="radio"/> yes → <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. Have you ever smoked at least one **pipe** a month for at least 3 months?

- yes
- no → Please go to #66
- don't know → Please go to #66

65a. When did you **first** start smoking at least one pipe a month?

age at **first** use \_\_\_\_\_ or  
year of **first** use  
\_\_\_\_\_

- don't know

65b. During periods when you smoked regularly, how many pipes did you typically smoke in a month?

\_\_\_\_\_ pipes per month

- don't know

65c. **About two years** ago, were you still smoking at least one pipe a month?

- yes
- no
- don't know

65d. Do you still smoke at least one pipe a month?

- yes → Please go to #65f
- no → Please go to #65e
- don't know

65e. When did you stop smoking at least one pipe a month (we mean stop smoking permanently)?

age at last use \_\_\_\_\_ or  
year of last use  
\_\_\_\_\_

- don't know

65f. How many years, in total, did you smoke at least one pipe a month 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

- don't know

## Height and Weight

66. About how tall are you, without your shoes on?

\_\_\_\_\_ feet \_\_\_\_\_ inches

or

\_\_\_\_\_ centimetres

- don't know

67. How much did you weigh **about two years ago**?

\_\_\_\_\_ pounds

or

\_\_\_\_\_ kilograms

- don't know

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

\_\_\_\_\_ pounds

or

\_\_\_\_\_ kilograms

- don't know

## Additional Information

69. Previous to this study, have you and your relatives ever taken part in any family health studies?

- yes
- no
- don't know

17b. Did you ever take medication to control your diabetes?

- yes
- no → Please go to #18
- don't know → Please go to #18

17c. What type of medication did you use, pills or insulin injections?

- pills
- insulin injections
- both
- don't know → Please go to #18

17d. How often did you usually take it?

Please choose the most appropriate category.

	Pills	Insulin
times per day or	_____	_____
times per week or	_____	_____
times per month or	_____	_____
times per year	_____	_____
don't know	<input type="radio"/>	<input type="radio"/>

17e. **About two years** ago, were you taking it?

	Pills	Insulin
yes	<input type="radio"/>	<input type="radio"/>
no	<input type="radio"/>	<input type="radio"/>
don't know	<input type="radio"/>	<input type="radio"/>

17f. How long, in total, have you taken this medication?

	Pills	Insulin
number of months or	_____	_____
number of years	_____	_____
don't know	<input type="radio"/>	<input type="radio"/>

18. Has a doctor ever told you that you had **high cholesterol**? If your doctor told you it was borderline, please tick no.

- yes
- no → Please go to #19
- don't know → Please go to #19

18a. When did your doctor **first** tell you that you had high cholesterol?

age at diagnosis \_\_\_\_\_  
or

year of diagnosis \_\_\_\_\_

- don't know

18b. Did you ever take medication to control your high cholesterol?

- yes
- no → Please go to #19
- don't know → Please go to #19

18c. How often did you usually take it? Please choose the most appropriate category.

- \_\_\_\_\_ times per day or
- \_\_\_\_\_ times per week or
- \_\_\_\_\_ times per month or
- \_\_\_\_\_ times per year
- don't know

18d. **About two years** ago, were you taking it?

- yes
- no
- don't know

18e. How long, in total, have you taken this medication?

- \_\_\_\_\_ number of months or
- \_\_\_\_\_ number of years
- don't know

19. Has a doctor ever told you that you had **high levels of fat (other than cholesterol) in your blood, also called high triglycerides**? *If your doctor told you it was borderline, please tick no.*

- yes
- no → Please go to #20
- don't know → Please go to #20

19a. When did your doctor **first** tell you that you had high triglycerides?

- age at diagnosis \_\_\_\_\_
- or
- year of diagnosis \_\_\_\_\_
- don't know

19b. Did you ever take medication to control the high levels of fat in your blood?

- yes
- no → Please go to #20
- don't know → Please go to #20

19c. How often did you usually take it?  
*Please choose the most appropriate category.*

- \_\_\_\_\_ times per day *or*
- \_\_\_\_\_ times per week *or*
- \_\_\_\_\_ times per month *or*
- \_\_\_\_\_ times per year
- don't know

19d. **About two years** ago, were you taking it?

- yes
- no
- don't know

19e. How long, in total, have you taken this medication?

- \_\_\_\_\_ number of months *or*
- \_\_\_\_\_ number of years
- don't know

20. Has a doctor ever told you that you had any type of **cancer**?

- yes
- no → Please go to #24
- don't know → Please go to #24

20a. What type of cancer was it?

\_\_\_\_\_ cancer

20b. When did your doctor **first** tell you that you had this type of cancer?

- age at diagnosis \_\_\_\_\_
- or
- year of diagnosis \_\_\_\_\_
- don't know

20c. Were you treated with radiation therapy (radiotherapy) for this cancer?

- yes
- no
- don't know

21. Has a doctor ever told you that you had any other **cancer**?

- yes
- no → Please go to #24
- don't know → Please go to #24

21a. What type of cancer was it?

\_\_\_\_\_ cancer

21b. When did your doctor **first** tell you that you had this type of cancer?

- age at diagnosis \_\_\_\_\_
- or
- year of diagnosis \_\_\_\_\_
- don't know

21c. Were you treated with radiation therapy (radiotherapy) for this cancer?

- yes
- no
- don't know

## Smoking

63. Have you ever smoked at least one **cigarette** a day for 3 months or longer?

- yes
- no → Please go to #64
- don't know → Please go to #64

63a. When did you **first** start smoking at least one cigarette a day?

- age at **first** use \_\_\_\_\_ *or*
- year of **first** use \_\_\_\_\_
- don't know

63b. During periods when you smoked regularly, how many cigarettes did you typically smoke in a day?

- \_\_\_\_\_ cigarettes per day
- don't know

63c. **About two years** ago, were you still smoking at least one cigarette a day?

- yes
- no
- don't know

63d. Do you still smoke at least one cigarette a day?

- yes → Please go to #63f
- no → Please go to #63e
- don't know

63e. When did you stop smoking at least one cigarette a day (we mean stop smoking permanently)?

- age at last use \_\_\_\_\_ *or*
- year of last use \_\_\_\_\_
- don't know

63f. How many years, in total, did you smoke at least one cigarette a 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
- don't know

64. Have you ever smoked at least one **cigar** a month for at least 3 months?

- yes
- no → Please go to #65
- don't know → Please go to #65

64a. When did you **first** start smoking at least one cigar a month?

- age at **first** use \_\_\_\_\_ *or*
- year of **first** use \_\_\_\_\_
- don't know

64b. During periods when you smoked regularly, how many cigars did you typically smoke in a month?

- \_\_\_\_\_ cigars per month
- don't know

64c. **About two years** ago, were you still smoking at least one cigar a month?

- yes
- no
- don't know

64d. Do you still smoke at least one cigar a month?

- yes → Please go to #64f
- no → Please go to #64e
- don't know

64e. When did you stop smoking at least one cigar a month (we mean stop smoking permanently)?

- age at last use \_\_\_\_\_ *or*
- year of last use \_\_\_\_\_
- don't know

64f. How many years, in total, did you smoke at least one cigar a month 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
- don't know

Now, please think back to **since you turned 50.**

60. **Since you turned 50**, did you ever consume any alcoholic beverages at least **once a week for 6 months or longer**? *Please describe your consumption below.*

		For how many years?	During those years, how much did you typically consume?
<b>Beer, hard cider (at least 3% alcohol)</b>	<input type="radio"/> yes →	_____ years consumed	_____ number of 12 ounce cans or bottles
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know
<b>Wine</b>	<input type="radio"/> yes →	_____ years consumed	_____ number of 4 ounce glasses of wine
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know
<b>Sake, sherry, port</b>	<input type="radio"/> yes →	_____ years consumed	_____ number of 1 ounce servings
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know
<b>Spirits, liquor mixed drinks, brandy, liqueurs</b>	<input type="radio"/> yes →	_____ years consumed	_____ number of 1 ounce shots liquor or spirits
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know

61. When you were in your 50s, how many years **in total** did you consume **at least one alcoholic beverage (beer, wine or hard liquor) a week**?

\_\_\_\_\_ years consumed

never (did not regularly consume at least one alcoholic beverage per week)

62. Approximately, how many alcoholic beverages a week did you consume during those years? That is, how many 4 ounce glasses of wine **or** 12 ounce cans or bottles of beer or hard cider, **or** 1 ounce servings of sake, sherry, port, or spirits, mixed drinks and cocktails.

\_\_\_\_\_ number of alcoholic beverages a week

never (did not regularly consume at least one alcoholic beverage per week)

22. Has a doctor ever told you that you had any other **cancer**?

yes

no → *Please go to #24*

don't know → *Please go to #24*

22a. What type of cancer was it?

\_\_\_\_\_ cancer

22b. When did your doctor **first** tell you that you had this type of cancer?

age at diagnosis \_\_\_\_\_

*or*

year of diagnosis \_\_\_\_\_

don't know

22c. Were you treated with radiation therapy (radiotherapy) for this cancer?

yes

no

don't know

23. Has a doctor ever told you that you had any other **cancer**?

yes

no → *Please go to #24*

don't know → *Please go to #24*

23a. What type of cancer was it?

\_\_\_\_\_ cancer

23b. When did your doctor **first** tell you that you had this type of cancer?

age at diagnosis \_\_\_\_\_

*or*

year of diagnosis \_\_\_\_\_

don't know

23c. Were you treated with radiation therapy (radiotherapy) for this cancer?

yes

no

don't know

## Medications

**Have you ever taken any of the following medications regularly (at least twice a week for more than a month)?**

24. **Aspirin (such as Anacin, Bufferin, Bayer, Excedrin, Ecotrin)**

yes

no → *Please go to #25*

don't know → *Please go to #25*

24a. How often did you usually take it when you were taking it regularly (that is, at least twice a week for more than a month)?

*Please choose one of the following.*

\_\_\_\_\_ times per day *or*

\_\_\_\_\_ times per week

don't know

24b. **About two years ago**, were you taking it regularly?

yes

no

don't know

24c. How long, in total, have you taken this medication regularly? *If you started and stopped and then started again, please count only the time you were taking this medication.*

\_\_\_\_\_ number of months *or*

\_\_\_\_\_ number of years

don't know

**Have you ever taken any of the following medications regularly (at least twice a week for more than a month)?** *(continued)*

25. **Acetaminophen (such as Tylenol, Anacin-3, Panadol)**
- yes
  - no → *Please go to #26*
  - don't know → *Please go to #26*

- 25a. How often did you usually take it when you were taking it regularly (that is, at least twice a week for more than a month)? *Please choose one of the following.*
- \_\_\_ \_\_\_ times per day *or*
  - \_\_\_ \_\_\_ times per week
  - don't know

- 25b. **About two years ago**, were you taking it regularly?
- yes
  - no
  - don't know

- 25c. How long, in total, have you taken this medication regularly? *If you started and stopped and then started again, please count only the time you were taking this medication.*
- \_\_\_ \_\_\_ number of months *or*
  - \_\_\_ \_\_\_ number of years
  - don't know

26. **Ibuprofen-based medications (such as Advil, Motrin, Nuprin, Medipren, Indocid, Naprosyn, NSAIDS (NSAIDS are non-steroidal anti-inflammatory drugs))**
- yes
  - no → *Please go to #27*
  - don't know → *Please go to #27*

- 26a. How often did you usually take it when you were taking it regularly (that is, at least twice a week for more than a month)? *Please choose one of the following.*
- \_\_\_ \_\_\_ times per day *or*
  - \_\_\_ \_\_\_ times per week
  - don't know

- 26b. **About two years ago**, were you taking it regularly?
- yes
  - no
  - don't know

- 26c. How long, in total, have you taken this medication regularly? *If you started and stopped and then started again, please count only the time you were taking this medication.*
- \_\_\_ \_\_\_ number of months *or*
  - \_\_\_ \_\_\_ number of years
  - don't know

Now, please think back to **your 30s and 40s**.

57. **In your 30s and 40s**, did you ever consume **any** alcoholic beverages at least **once a week for 6 months or longer**? *Please describe your consumption below.*

		<b>For how many years?</b>	<b>Drink those years, how much did you typically consume?</b>
<b>Beer, hard cider (at least 3% alcohol)</b>	<input type="radio"/> yes →	___ ___ years consumed	___ ___ number of 12 ounce cans or bottles
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know
<b>Wine</b>	<input type="radio"/> yes →	___ ___ years consumed	___ ___ number of 4 ounce glasses of wine
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know
<b>Sake, sherry, port</b>	<input type="radio"/> yes →	___ ___ years consumed	___ ___ number of 1 ounce servings
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know
<b>Spirits, liquor, mixed drinks, brandy, liqueurs</b>	<input type="radio"/> yes →	___ ___ years consumed	___ ___ number of 1 ounce shots liquor or spirits
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know

58. When you were in your 30s and 40s, how many years **in total** did you consume **at least one alcoholic beverage (beer, wine or hard liquor) a week**?

- \_\_\_ \_\_\_ years consumed
- never (did not regularly consume at least one alcoholic beverage per week)

59. Approximately, how many alcoholic beverages a week did you consume during those years? That is, how many 4 ounce glasses of wine **or** 12 ounce cans or bottles of beer or hard cider, **or** 1 ounce servings of sake, sherry, port, or spirits, mixed drinks and cocktails.

- \_\_\_ \_\_\_ number of alcoholic beverages a week
- never (did not regularly consume at least one alcoholic beverage per week)

*If you are younger than age 51, please go to the next section (Smoking) on page 28. Otherwise, please continue with #60.*

## Alcohol Consumption

We would like you to think back to when you were **in your 20s**.

54. **In your 20s**, did you ever consume any alcoholic beverages at least **once a week for 6 months or longer**? Please describe your consumption below.

		For how many years?	During those years, how much did you typically consume?
<b>Beer, hard cider (at least 3% alcohol)</b>	<input type="radio"/> yes →	___ years consumed	___ number of 12 ounce cans or bottles
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know
<b>Wine</b>	<input type="radio"/> yes →	___ years consumed	___ number of 4 ounce glasses of wine
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know
<b>Sake, sherry, port</b>	<input type="radio"/> yes →	___ years consumed	___ number of 1 ounce servings
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know
<b>Spirits, liquor mixed drinks, brandy, liqueurs</b>	<input type="radio"/> yes →	___ years consumed	___ number of 1 ounce shots liquor or spirits
	<input type="radio"/> no		<input type="radio"/> per day
	<input type="radio"/> don't know		<input type="radio"/> per week
			<input type="radio"/> don't know

55. When you were in your 20s, how many years **in total** did you consume **at least one alcoholic beverage (beer, wine or hard liquor) a week**?

\_\_\_ years consumed

never (did not regularly consume at least one alcoholic beverage per week)

56. Approximately, how many alcoholic beverages a week did you consume during those years? That is, how many 4 ounce glasses of wine **or** 12 ounce cans or bottles of beer or hard cider, **or** 1 ounce servings of sake, sherry, port, or spirits, mixed drinks and cocktails.

\_\_\_ number of alcoholic beverages a week

never (did not regularly consume at least one alcoholic beverage per week)

*If you are younger than age 31, please go to the next section (Smoking) on page 28. Otherwise, please continue with #57.*

**Have you ever taken any of the following medications regularly (at least twice a week for more than a month)?** (continued)

27. **Bulk-forming laxatives (such as Metamucil, Citrucel, FiberCon, Serutan, psyllium)**

yes

no → Please go to #28

don't know → Please go to #28

27a. How often did you usually take it when you were taking it regularly (that is, at least twice a week for more than a month)?

*Please choose one of the following.*

\_\_\_ times per day *or*

\_\_\_ times per week

don't know

27b. **About two years ago**, were you taking it regularly?

yes

no

don't know

27c. How long, in total, have you taken this medication regularly? *If you started and stopped and then started again, please count only the time you were taking this medication.*

\_\_\_ number of months *or*

\_\_\_ number of years

don't know

28. **Other laxatives (such as Ex-Lax, Correctol, Dulcolax, Senokot, Colace, castor oil, cod liver oil, mineral oil, milk of magnesia, lactulose, Epsom salts)**

yes

no → Please go to #29

don't know → Please go to #29

28a. How often did you usually take it when you were taking it regularly (that is, at least twice a week for more than a month)?

*Please choose one of the following.*

\_\_\_ times per day *or*

\_\_\_ times per week

don't know

28b. **About two years ago**, were you taking it regularly?

yes

no

don't know

28c. How long, in total, have you taken this medication regularly? *If you started and stopped and then started again, please count only the time you were taking this medication.*

\_\_\_ number of months *or*

\_\_\_ number of years

don't know

**Have you ever taken any of the following medications regularly (at least twice a week for more than a month)?** *(continued)*

29. **Multivitamin supplements (such as One-A-Day, Theragram, Centrum, Unicap)** (not individual vitamins)
- yes
  - no → Please go to #30
  - don't know → Please go to #30

- 29a. How often did you usually take it when you were taking it regularly (that is, at least twice a week for more than a month)? Please choose one of the following.
- \_\_\_ times per day *or*
  - \_\_\_ times per week
  - don't know

- 29b. **About two years ago**, were you taking it regularly?
- yes
  - no
  - don't know

- 29c. How long, in total, have you taken this medication regularly? *If you started and stopped and then started again, please count only the time you were taking this medication.*
- \_\_\_ number of months *or*
  - \_\_\_ number of years
  - don't know

30. **Folic acid or folate pills or tablets**
- yes
  - no → Please go to #31
  - don't know → Please go to #31

- 30a. How often did you usually take it when you were taking it regularly (that is, at least twice a week for more than a month)? Please choose one of the following.
- \_\_\_ times per day *or*
  - \_\_\_ times per week
  - don't know

- 30b. **About two years ago**, were you taking it regularly?
- yes
  - no
  - don't know

- 30c. How long, in total, have you taken this medication regularly? *If you started and stopped and then started again, please count only the time you were taking this medication.*
- \_\_\_ number of months *or*
  - \_\_\_ number of years
  - don't know

**Since you turned 50**, did you do any other **additional strenuous activities**? Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat. Some examples are: skiing, skating, hockey, hunting, sledding or tobogganing, water-skiing.

- yes
- no → Please go to #53
- don't know → Please go to #53

Activity <i>please specify</i>	For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
_____ →	___ years	___ months	___ minutes per week <i>or</i> ___ hours per week
_____ →	___ years	___ months	___ minutes per week <i>or</i> ___ hours per week
_____ →	___ years	___ months	___ minutes per week <i>or</i> ___ hours per week
_____ →	___ years	___ months	___ minutes per week <i>or</i> ___ hours per week
_____ →	___ years	___ months	___ minutes per week <i>or</i> ___ hours per week

53. **Since you turned 50**, what was your usual occupation? (We mean what you did for the longest time, including any paid or unpaid employment, such as being a student or housewife or being unemployed.)

\_\_\_\_\_ occupation

- don't know

Now, please think back to **since you turned 50**.

52. **Since you turned 50**, did you participate **regularly** in physical activity **for a total of at least 30 minutes a week**?

- yes → Please describe your activities below
- no → Please go to #53
- don't know → Please go to #53

		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
<b>Heavy occupational work</b>	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
<b>Heavy household or yard work</b> (examples: using a non-power mower, scrubbing floors)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
<b>Walking</b>	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
<b>Jogging</b> (running slower than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
<b>Running</b> (running faster than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
<b>Bicycling</b> (including using an exercise bicycle)	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
<b>Swimming laps</b>	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
<b>Tennis, squash racquetball</b>	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
<b>Calisthenics, aerobics, vigorous dance, lifting weights</b>	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week
<b>Football, soccer rugby, basketball</b>	<input type="radio"/> yes → <input type="radio"/> no	___ ___ years	___ ___ months	___ ___ minutes per week <i>or</i> ___ ___ hours per week

Have you ever taken any of the following medications regularly (at least twice a week for more than a month)? (continued)

31. **Calcium pills or tablets**

- yes
- no → Please go to #32
- don't know → Please go to #32

31a. How often did you usually take it when you were taking it regularly (that is, at least twice a week for more than a month)? Please choose one of the following.

- \_\_\_ \_\_\_ times per day *or*
- \_\_\_ \_\_\_ times per week
- don't know

31b. **About two years ago**, were you taking it regularly?

- yes
- no
- don't know

31c. How long, in total, have you taken this medication regularly? *If you started and stopped and then started again, please count only the time you were taking this medication.*

- \_\_\_ \_\_\_ number of months *or*
- \_\_\_ \_\_\_ number of years
- don't know

32. **Calcium-based antacids (such as Tums, Rolaids, Extra-strength Rolaids, Alka-Mints, Chooz Antacid gum)**

- yes
- no → *If female, please go to #33*  
*If male, please go to #44*
- don't know → *If female, please go to #33*  
*If male, please go to #44*

32a. How often did you usually take it when you were taking it regularly (that is, at least twice a week for more than a month)? Please choose one of the following.

- \_\_\_ \_\_\_ times per day *or*
- \_\_\_ \_\_\_ times per week
- don't know

32b. **About two years ago**, were you taking it regularly?

- yes
- no
- don't know

32c. How long, in total, have you taken this medication regularly? *If you started and stopped and then started again, please count only the time you were taking this medication.*

- \_\_\_ \_\_\_ number of months *or*
- \_\_\_ \_\_\_ number of years
- don't know

**Men: please go to #44 on page 17**

**Women: please continue with #33 on page 13**

**Menstruation, Pregnancy, and Menopause**

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

- \_\_\_ years of age
- don't know
- never had a menstrual period

34. Have you ever been pregnant?

- yes
- no → Please go to #35
- don't know → Please go to #35

How many times have you been pregnant?  
Please include miscarriages, stillbirths, tubal pregnancies and abortions.

- \_\_\_ number of pregnancies
- don't know

34a. How many times were you pregnant with more than one baby (twins, triplets or more)? *If you are pregnant now, please do not include your current pregnancy.*

- never
- \_\_\_ number of pregnancies with more than one baby
- don't know

34b. How many of your pregnancies lasted 6 months or longer? (Pregnancy usually lasts 9 months. Six months is about the earliest a baby could survive.) *If you are pregnant now, please do not include your current pregnancy.*

- all of them
- \_\_\_ number of pregnancies lasting 6 months or longer
- don't know

34c. How many of your pregnancies resulted in live births?

- all of them
- \_\_\_ number of pregnancies with live-born children
- don't know

34d. How old were you at the **first** live birth?

- age at **first** birth \_\_\_ or
- year of **first** birth \_\_\_\_\_
- don't know

34e. How old were you at the **last** live birth?

- age at **last** birth \_\_\_ or
- year of **last** birth \_\_\_\_\_
- don't know

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

- yes
- no → Please go to #36
- don't know → Please go to #36

How old were you when you **first** used any of these hormonal contraceptives?

- age at **first** use \_\_\_ or
- year of **first** use \_\_\_\_\_
- don't know

35a. Were you still using hormonal contraceptives **about two years** ago?

- yes
- no
- don't know

**In your 30s and 40s**, did you do any other **additional recreational strenuous activities**? Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat. Some examples are: skiing, skating, hockey, hunting, sledding or tobogganing, water-skiing.

- yes
- no → Please go to #51
- don't know → Please go to #51

Activity <i>please specify</i>	For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
_____	→ _____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→ _____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→ _____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____	→ _____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week

51. When you were **in your 30s and 40s**, what was your usual occupation? (We mean what you did for the longest time, including any paid or unpaid employment, such as being a student or housewife or being unemployed.)

- \_\_\_\_\_ occupation
- don't know

*If you are younger than age 51, please go to the next section (Alcohol Consumption) on page 25. Otherwise, please continue with #52.*

Now, please think back to your 30s and 40s.

50. In your 30 and 40s, did you participate regularly in physical activity for a total of at least 30 minutes a week?

- yes → Please describe your activities below
- no → Please go to #51
- don't know → Please go to #51

		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
<b>Heavy occupational work</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Heavy household or yard work</b> (examples: using a non-power mower, scrubbing floors)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Walking</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Jogging</b> (running slower than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Running</b> (running faster than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Bicycling</b> (including using an exercise bicycle)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Swimming laps</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Tennis, squash racquetball</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Calisthenics, aerobics, vigorous dance, lifting weights</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Football, soccer rugby, basketball</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week

35b. In total, how long did you take these hormonal contraceptives? If you started and stopped and then started again, please count only the time you were taking these contraceptives.

- \_\_\_\_ number of years
- don't know

36. Have you had a menstrual period in the last 12 months? Please include only menstrual bleeding, not bleeding that results from hormone replacement therapy (HRT) or progesterones, progestins or withdrawal bleeding.

- yes → Please go to #42

no

- don't know → Please go to #42

Have your periods stopped permanently or only temporarily due to pregnancy, breast-feeding, or other conditions?

permanently

- temporarily → Please go to #42

37. How old were you when your periods stopped permanently?

age they stopped \_\_\_\_ or

year they stopped \_\_\_\_\_

don't know

38. Why did your menstrual periods stop permanently? Please tick all that apply.

natural menopause

surgery

radiation or chemotherapy → Please go to #39

other reason

Please specify: \_\_\_\_\_

→ Please go to #40

don't know

39. If you had radiation or chemotherapy, when did you first have it?

- had radiation or chemotherapy
- age when this was given \_\_\_\_ or year when this was given \_\_\_\_\_
- don't know
- never had radiation or chemotherapy

40. If your periods stopped permanently for any reason except natural causes or surgery or radiation or chemotherapy, when did this occur?

- other reason
- Please specify: \_\_\_\_\_
- age when occurred \_\_\_\_ or year when occurred \_\_\_\_\_

Please complete the next few questions which ask about surgeries you may have had. Please answer all questions.

41. Hysterectomy (only the uterus or womb removed)

- yes
- no
- don't know
- age when removed \_\_\_\_ or year when removed \_\_\_\_\_
- don't know

41a. Hysterectomy with one ovary or part of an ovary removed

- yes
- no
- don't know
- age when removed \_\_\_\_ or year when removed \_\_\_\_\_
- don't know

41b. Hysterectomy with both ovaries removed

- yes
- no
- don't know
- age when removed \_\_\_\_\_ or  
year when removed \_\_\_\_\_
- don't know

41c. One ovary removed, completely or partly, without hysterectomy

- yes
- no
- don't know
- age when removed \_\_\_\_\_ or  
year when removed \_\_\_\_\_
- don't know

41d. Both ovaries removed without hysterectomy

- yes
- no
- don't know
- age when removed \_\_\_\_\_ or  
year when removed \_\_\_\_\_
- don't know

42. Doctors prescribe **hormone replacement therapy** for many reasons, including menopausal symptoms, surgical removal of the ovaries, osteoporosis, and heart disease prevention. (Menopausal symptoms include hot flashes, sweating, and depression.)

Have you ever taken hormone replacement therapy prescribed by a doctor and in the form of a pill or a patch?

*Please do not include hormone therapy that was prescribed for birth control, infertility, hormone therapy delivered by injections, vagina creams or vaginal suppositories, or herbal or soy products.*

- yes
- no → Please go to #43
- don't know → Please go to #43

42a. Were you still having **menstrual** periods when you **first** took these hormones?

- yes
- no
- don't know

42b. Were you **ever** prescribed either an estrogen-only pill or patch (such as Premarin) for hormone replacement therapy?

- yes
- no → Please go to #42e
- don't know → Please go to #42e
- How old were you when you **first** took estrogen-only medication?

age when **first** taken \_\_\_\_\_ or  
year when **first** taken \_\_\_\_\_

- don't know

42c. Were you still using estrogen-only medication for hormone replacement therapy **about two years ago**?

- yes
- no
- don't know

42d. In total, how long did you take estrogen-only medication for hormone replacement therapy? *If you started and stopped and then started again, please count only the time you were taking this medication.*

- \_\_\_\_\_ number of months or
- \_\_\_\_\_ number of years
- don't know

**In your 20s**, did you do any other **additional recreational strenuous activities**? Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat. Some examples are: skiing, skating, hockey, hunting, sledding or tobogganing, water-skiing.

- yes
- no → Please go to #49
- don't know → Please go to #49

Activity <i>please specify</i>	For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
_____ →	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____ →	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____ →	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____ →	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week
_____ →	_____ years	_____ months	_____ minutes per week <i>or</i> _____ hours per week

49. When you were **in your 20s**, what was your usual occupation? (We mean what you did for the longest time, including any paid or unpaid employment, such as being a student or housewife or being unemployed.)

\_\_\_\_\_ occupation

- don't know

*If you are younger than age 31, please go to the next section (Alcohol Consumption) on page 25. Otherwise, please continue with #50.*

## Physical Activity

We would like you to think back to when you were **in your 20s** and remember the physical activities you participated in then.

48. **In your 20s**, did you participate **regularly** in physical activity **for a total of at least 30 minutes a week**?

- yes → Please describe your activities below
- no → Please go to #49
- don't know → Please go to #49

		For how many years?	During those years, for how many months per year?	During those months, on average, for how many minutes or hours per week?
<b>Heavy occupational work</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Heavy household or yard work</b> (examples: using a non-power mower, scrubbing floors)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Walking</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Jogging</b> (running slower than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Running</b> (running faster than a mile in 10 minutes)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Bicycling</b> (including using an exercise bicycle)	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Swimming laps</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Tennis, squash racquetball</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Calisthenics, aerobics, vigorous dance, lifting weights</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week
<b>Football, soccer rugby, basketball</b>	<input type="radio"/> yes → <input type="radio"/> no	____ years	____ months	____ minutes per week <i>or</i> ____ hours per week

42e. Progesterone or progestin is frequently prescribed by doctors together with estrogen for hormone replacement therapy. One common brand name is Provera. Another one is Prometrium. Have you ever taken progesterone or progestin together with estrogens for hormone replacement therapy?

- yes
- no → Please go to #43
- don't know → Please go to #43

How old were you when you **first** took progesterone or progestin together with estrogens?

- age when **first** taken \_\_\_\_ *or*  
year when **first** taken \_\_\_\_
- don't know

42f. Were you still using progesterone or progestin medication **about two years** ago?

- yes
- no
- don't know

42g. In total, how long did you take progesterone or progestin together with estrogens? *If you started and stopped and then started again, please count only the time you were taking this medication.*

- \_\_\_\_ number of months *or*  
\_\_\_\_ number of years
- don't know

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

- yes
- no → Please go to #44
- possibly - I have participated in a clinical trial for tamoxifen or other anti-estrogen medication
- don't know → Please go to #44

What anti-estrogen medication did you take? *Please tick all that apply.*

- tamoxifen
- raloxifene
- other: \_\_\_\_\_  
*please specify*

43a. How old were you when you **first** took tamoxifen, raloxifene or other anti-estrogen medication?

- age when **first** taken \_\_\_\_ *or*  
year when **first** taken \_\_\_\_
- don't know

43b. Were you still taking tamoxifen, raloxifene or other anti-estrogen medication **about two years** ago?

- yes
- no
- don't know

43c. In total, how long did you take tamoxifen, raloxifene or other anti-estrogen medication? *If you started and stopped and then started again, please count only the time you were taking this medication.*

- \_\_\_\_ number of months *or*  
\_\_\_\_ number of years
- don't know

## Diet

44. **About two years ago**, on average, how often did you eat a piece or serving of **fruit**?  
(A serving of fruit is: 1 medium-sized fresh fruit; 1/2 cup of chopped, cooked or canned fruit; 1/4 cup of dried fruit; 6 ounces of fruit juice (50%-100% pure juice).) *Please choose one of the following.*
- \_\_\_ servings per day *or*  
\_\_\_ servings per week *or*  
\_\_\_ servings per month
- don't know
45. **About two years ago**, on average, how often did you eat a serving of **vegetables**? *Please include green salads, beans, lentils, etc., and potatoes (not packaged potato chips).*  
(A serving of vegetables is: 1 cup raw leafy vegetables; 1/2 cup of other vegetables, cooked or chopped raw; 6 ounces of vegetable juice.) *Please choose one of the following.*
- \_\_\_ servings per day *or*  
\_\_\_ servings per week *or*  
\_\_\_ servings per month
- don't know
46. **About two years ago**, on average, how often did you eat a serving of **red meat** (not chicken or fish)?  
(A serving of red meat is: 2-3 ounces of red meat (a piece of meat about the size of a deck of cards). Red meats include: beef, steak, hamburger, prime rib, ribs, beef hot dogs, beef-based processed meat, veal, pork, bacon, pork sausage, ham, lamb, venison.)  
*Please choose one of the following.*
- \_\_\_ servings per day *or*  
\_\_\_ servings per week *or*  
\_\_\_ servings per month
- didn't eat red meat → *Please go to #47*
- don't know
- 46a. **About two years ago**, on average, how often did you eat a serving of **red meat** that was cooked by broiling, grilling, barbecuing or pan-frying (**not** stir-fried or deep-fried)? *Please choose one of the following.*
- \_\_\_ servings per day *or*  
\_\_\_ servings per week *or*  
\_\_\_ servings per month
- didn't eat red meat that was cooked by these methods → *Please go to #47*
- don't know

- 46b. On average, when you ate **red meat** cooked by these methods, which of the following best describes its appearance?
- | What was its <b>outside</b> appearance?            | What was its <b>inside</b> appearance (how well done it was)? |
|--|---|
| <input type="radio"/> lightly browned              | <input type="radio"/> red (rare)                              |
| <input type="radio"/> medium browned               | <input type="radio"/> pink (medium)                           |
| <input type="radio"/> heavily browned or blackened | <input type="radio"/> brown (well-done)                       |
| <input type="radio"/> don't know                   | <input type="radio"/> don't know                              |
47. **About two years ago**, on average, how often did you eat a serving of **chicken**? *Please do not include turkey or any other bird.*  
(A serving of chicken is: 2-3 ounces of chicken meat; 1 drumstick; 1 thigh; half a breast; 2 wings; 3 nuggets.) *Please choose one of the following.*
- \_\_\_ servings per day *or*  
\_\_\_ servings per week *or*  
\_\_\_ servings per month
- didn't eat chicken → *Please go to #48*
- don't know
- 47a. **About two years ago**, on average, how often did you eat a serving of **chicken** that was cooked by broiling, grilling, barbecuing or pan-frying (**not** stir-fried or deep-fried)? *Please choose one of the following.*
- \_\_\_ servings per day *or*  
\_\_\_ servings per week *or*  
\_\_\_ servings per month
- didn't eat chicken that was cooked by these methods → *Please go to #48*
- don't know
- 47b. On average, when you ate **chicken** cooked by these methods, which of the following best describes its appearance?
- What was its **outside** appearance?
- lightly browned
- medium browned
- heavily browned or blackened
- don't know