



49585

Australasian Colorectal Cancer Family Study

This study is part of the Cooperative Family Registry for Colorectal Cancer Studies, and is funded by the National Institutes of Health (USA).

Instructions

All questions where there is a choice or a numerical response require you to fill in the bubble. Numeric responses should also be written in the boxes above the columns of bubbles. For example, to indicate a response of 12 the form would be filled in like the illustration to the right.

1	2
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Ideally, bubbles should be filled in completely but it is more important to keep marks inside the bubble as much as possible.

Text fields should be filled in using block capitals, taking care to keep the letters within the boxes:

E	P	I	D	E	M	I	O	L	O	G	Y	U	N	I	T			
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--

ID Number

9	9	-											
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

Proband

- Yes
- No

Gender

- Male
- Female

Mother's ID Number

9	9	-											
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

Interview Date

	<input type="radio"/> Jan	<input type="radio"/> 1998
	<input type="radio"/> Feb	<input type="radio"/> 1999
	<input type="radio"/> Mar	<input type="radio"/> 2000
	<input type="radio"/> Apr	<input type="radio"/> 2001
	<input type="radio"/> May	<input type="radio"/> 2002
	<input type="radio"/> Jun	<input type="radio"/> 2003
	<input type="radio"/> Jul	<input type="radio"/> 2004
	<input type="radio"/> Aug	<input type="radio"/> 2005
	<input type="radio"/> Sep	<input type="radio"/> 2006
	<input type="radio"/> Oct	<input type="radio"/> 2007
	<input type="radio"/> Nov	<input type="radio"/> 2008
	<input type="radio"/> Dec	<input type="radio"/> 2009

Father's ID Number

9	9	-											
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

Spouse's ID Number

9	9	-											
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

Centre for Genetic Epidemiology
The University of Melbourne
200 Berkeley Street
Carlton VIC 3053



A. Background Information

I would like to begin by asking you some questions about your background.

A1. How old are you?

years

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know

A2. What is your date of birth?

<input type="text"/>	<input type="radio"/> Jan	<input type="text"/>
<input type="text"/>	<input type="radio"/> Feb	<input type="text"/>
<input type="text"/>	<input type="radio"/> Mar	<input type="text"/>
<input type="text"/>	<input type="radio"/> Apr	<input type="text"/>
<input type="text"/>	<input type="radio"/> May	<input type="text"/>
<input type="text"/>	<input type="radio"/> Jun	<input type="text"/>
<input type="text"/>	<input type="radio"/> Jul	<input type="text"/>
<input type="text"/>	<input type="radio"/> Aug	<input type="text"/>
<input type="text"/>	<input type="radio"/> Sep	<input type="text"/>
<input type="text"/>	<input type="radio"/> Oct	<input type="text"/>
<input type="text"/>	<input type="radio"/> Nov	<input type="text"/>
<input type="text"/>	<input type="radio"/> Dec	<input type="text"/>
Don't Know <input type="radio"/>	Don't Know <input type="radio"/>	Don't Know <input type="radio"/>

A3. Are you a twin or a triplet?

- Yes, a twin
- Yes, other multiple
- No → A4.
- Don't Know → A4.

Do you have a genetically identical twin or triplet?

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 such a strong resemblance to each other in stature, colouring, features of the face, etc.) that people often mistake one for the other, especially during their childhood.)

- Yes
- No
- Don't Know

May we pass your name to the Australian Twin Registry?

- Yes
- No

A4. Are you currently...

- Married
- Separated
- Divorced
- Widowed
- Never married
- Living as married
- Don't Know

A5. What was the highest level of education that you completed?

- Primary school (some or all)
- Secondary school - year 7 or year 8
- Secondary school - year 9 or year 10
- Secondary school - year 11 or year 12
- Vocational training
- University - did not graduate
- University - graduated
- Don't Know



49585

A6. In which country were you, your parents and your grandparents born?

	<i>You</i>	<i>Your mother</i>	<i>Your mother's mother</i>	<i>Your mother's father</i>	<i>Your father</i>	<i>Your father's mother</i>	<i>Your father's father</i>
Australia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bangladesh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
China	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Croatia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyprus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
England	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Egypt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Germany	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hungary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
India	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ireland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Italy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Japan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Netherlands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Northern Ireland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Zealand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Philippines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Russia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scotland	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South Africa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sri Lanka	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
USA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vietnam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown, not Australia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify: _____

A7. For how many years have you lived in Australia?

years Don't Know

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

A8. In which suburb or town do you usually live? _____

Postcode: Don't Know

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9



49585

A9. What is the ethnic background of you, your parents and your grandparents?

(Mark as many as apply)

	<i>You</i>	<i>Your mother</i>	<i>Your mother's mother</i>	<i>Your mother's father</i>	<i>Your father</i>	<i>Your father's mother</i>	<i>Your father's father</i>
Caucasian/White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
African American/Black	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Japanese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chinese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Filipino/Malay/Indonesian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Korean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South East Asian (except Chinese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native American, Inuit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maori	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Micronesian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Australian Aboriginal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melanesian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caribbean Black	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Central/South American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black African	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
North African	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Middle Eastern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify: _____

A10. In which religion were you, your parents and your grandparents born?

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

	<i>You</i>	<i>Your mother</i>	<i>Your mother's mother</i>	<i>Your mother's father</i>	<i>Your father</i>	<i>Your father's mother</i>	<i>Your father's father</i>
Protestant/Anglican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eastern Orthodox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catholic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muslim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buddhist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hindu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latter Day Saints/Mormon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seventh Day Adventist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sephardic Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashkenazi Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other or uncertain Jewish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't Know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify: _____



B. Medical History

B1. Medical Tests

Now I'm going to ask you some questions about medical tests you may have had.

B1.a Have you ever had a test for blood in your stool, called a fecal occult blood test, such as Hemoccult?

(This test is frequently done as part of a routine physical examination or it can be done at home.)

- Yes
- No —————> B1.b
- Don't Know —————> B1.b

What were the reasons for your first test?

(Mark all that apply)

- To investigate a new problem
- Family history of colorectal cancer
- Routine/yearly exam or check up
- Follow-up of a previous problem
- Other:

What was your age when you first had this test?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know

How many separate tests have you had?

tests

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know

If more than one test, what was your age when you last had this test?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know

B1.b Have you ever had a sigmoidoscopy?

(A procedure that involves looking inside the large bowel or colon and rectum, with a lighted instrument. This examination is usually done in a doctor's office without anaesthesia.)

- Yes
- No —————> B1.c
- Don't Know —————> B1.c

What were the reasons for your first test?

(Mark all that apply)

- To investigate a new problem
- Family history of colorectal cancer
- Routine/yearly exam or check up
- Follow-up of a previous problem
- Other:

What was your age when you first had this test?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know

How many separate tests have you had?

tests

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know

If more than one test, what was your age when you last had this test?

years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know



49585

B1.c **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 → B2.

Don't Know → B2.

What were the reasons for your first test?
 (Mark all that apply)

To investigate a new problem

Family history of colorectal cancer

Routine/yearly exam or check up

Follow-up of a previous problem

Other:

What was your age when you first had this test?

years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

How many separate tests have you had?

tests

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

If more than one test, what was your age when you last had this test?

years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

B2. Medical History: Polyps

Now I'd like to ask you some questions about your medical history.

B2.a **Has a doctor ever told you that you had polyps in your large bowel or colon or rectum?**

Yes

No → B3.

Don't Know → B3.

How old were you when you were first told that you had polyps?

years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

Have you been told that you had polyps more than once?

Yes

No → B2.b

Don't Know → B2.b

How old were you when you were last told that you had polyps?

years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

B2.b **Do you know if your polyps were benign, adenomatous (pre-cancerous), or something else?**
 (Mark all that apply.) (Include all the separate times you were told you had polyps.)

Benign

Adenomatous (sometimes called pre-cancerous)

Other →

Don't Know



49585

B2.c Did you have the polyps removed (by a procedure called polypectomy)? (This can be done during a sigmoidoscopy or colonoscopy.)

- Yes
- No → B3.
- Don't Know → B3.

How old were you when you first had polyps removed?

years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

Have you had polyps removed more than once?

- Yes
- No → B3.
- Don't Know → B3.

How old were you when you last had polyps removed?

years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

B3. Medical History

Condition	Age at which your doctor <u>first</u> told you that you had the condition
<p>B3.a Has a doctor ever told you that you had familial adenomatous polyposis, known also by its initials as FAP? (This is an inherited condition in which numerous polyps line the inside of the large bowel or colon.)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No → B3.b <input type="radio"/> Don't Know → B3.b 	<p><input type="text"/> <input type="text"/> years</p> <p><input type="radio"/> Don't Know</p> <p>0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9</p>
<p>B3.b Has a doctor ever told you that you had Crohn's disease? (This is where you have inflammation that extends into the deeper layers of the large bowel or colon wall. It may also affect other parts of the digestive tract, including the mouth, oesophagus, stomach and small intestine.)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No → B3.c <input type="radio"/> Don't Know → B3.c 	<p><input type="text"/> <input type="text"/> years</p> <p><input type="radio"/> Don't Know</p> <p>0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9</p>
<p>B3.c Has a doctor ever told you that you had ulcerative colitis? (This is where you have inflammation and ulceration of the lining of the large bowel or colon and rectum. It is not a stomach ulcer.)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No → B3.d <input type="radio"/> Don't Know → B3.d 	<p><input type="text"/> <input type="text"/> years</p> <p><input type="radio"/> Don't Know</p> <p>0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9</p>



49585

Condition	Age at which your doctor first told you that you had the condition
<p>B3.d Has a doctor ever told you that you had irritable bowel syndrome? (This is a disorder of the large bowel or colon that leads to cramping, gassiness, bloating and alternating diarrhea and constipation. Also known as IBS.)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → B3.e</p> <p><input type="radio"/> Don't Know → B3.e</p>	<p><input type="text"/> <input type="text"/> years</p> <p><input type="radio"/> Don't Know</p> <p>0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9</p>
<p>B3.e 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 large bowel or colon may become infected, and can lead to pain and chronic problems with bowel habits.)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → B3.f</p> <p><input type="radio"/> Don't Know → B3.f</p>	<p><input type="text"/> <input type="text"/> years</p> <p><input type="radio"/> Don't Know</p> <p>0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9</p>

B3.f **Have you ever had any of your large bowel or colon removed?**

Yes

No → B3.g

Don't Know → B3.g

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

Completely removed

Partly removed

Don't Know

What was your age when you had all your bowel removed or first had part of your bowel removed?

years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

Have you had more than one surgery to remove part of your bowel or colon?

Yes

No → B3.g

Don't Know → B3.g

What was your age when you last had part of your bowel removed?

years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

B3.g **Have you had your gallbladder removed?**

Yes

No → B3.h

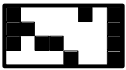
Don't Know → B3.h

What was your age when you had your gallbladder removed?

years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9



49585

B3.h

Has a doctor ever told you that you had diabetes? (Also known as diabetes mellitus. Do not include diabetes which you had only during pregnancy (gestational diabetes).)

- Yes
- No → B3.i
- Don't Know → B3.i

How old were you when this was diagnosed?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

Have you ever taken medication to control your diabetes?

- Yes
 - Pills
 - Insulin injections
 - Both
 - Don't Know

No → B3.i

Don't Know → B3.i

How often did you take pills to control your diabetes?

times per day
 per week

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

Were you taking them two years ago ?

- Yes
- No
- Don't Know

How long, in total, have you taken pills to control your diabetes?

months
 years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

How often did you have insulin injections to control your diabetes?

times per day
 per week

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

Were you having them two years ago ?

- Yes
- No
- Don't Know

How long, in total, have you had insulin to control your diabetes?

months
 years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know



B3.i

Has a doctor ever told you that you had high cholesterol?

- Yes
- No → B3.j
- Don't Know → B3.j

How old were you when this was diagnosed?

years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

Have you ever taken medication to control your high cholesterol?

- Yes
- No → B3.j
- Don't Know → B3.j

How often did you take this medication?

times per day
 per week

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

Were you taking it two years ago?

- Yes
- No
- Don't Know

How long, in total, have you taken this medication

months
 years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

B3.j

Has a doctor ever told you that you had high triglycerides?

(Triglycerides are a type of fat in your blood.)

- Yes
- No → B4.
- Don't Know → B4.

How old were you when this was diagnosed?

years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

Have you ever taken medication to control your high triglycerides ?

- Yes
- No → B4.
- Don't Know → B4.

How often did you take this medication?

times per day
 per week

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

Were you taking it two years ago?

- Yes
- No
- Don't Know

How long, in total, have you taken this medication

months
 years

Don't Know

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9



B4. Cancer History

B4. Has a doctor ever told you that you had cancer, leukaemia or a malignant tumour? (This may seem obvious, but for scientific reasons I need to ask this question for everyone.)

- Yes
- No —————▶ B5
- Don't Know —————▶ B5

<p>What type of cancer was your <u>first</u> cancer?</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Were you treated with radiation therapy (radiotherapy) for your <u>first</u> cancer?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know 																																									<p>What was your age when your doctor first told you you had your <u>first</u> cancer?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td>years</td></tr> </table> <table style="width: 100%;"> <tr> <td style="text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">9</td></tr> </table> </td> <td style="vertical-align: middle; padding-left: 20px;"> <input type="radio"/> Don't Know </td> </tr> </table>			years	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<input type="radio"/> Don't Know
		years																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<input type="radio"/> Don't Know																																													
0	0																																																																	
1	1																																																																	
2	2																																																																	
3	3																																																																	
4	4																																																																	
5	5																																																																	
6	6																																																																	
7	7																																																																	
8	8																																																																	
9	9																																																																	
<p>What type of cancer was your <u>second</u> cancer?</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Were you treated with radiation therapy (radiotherapy) for your <u>second</u> cancer?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know 																																									<p>What was your age when your doctor first told you you had your <u>second</u> cancer?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td>years</td></tr> </table> <table style="width: 100%;"> <tr> <td style="text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">9</td></tr> </table> </td> <td style="vertical-align: middle; padding-left: 20px;"> <input type="radio"/> Don't Know </td> </tr> </table>			years	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<input type="radio"/> Don't Know
		years																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">3</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">4</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">5</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">6</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">7</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">9</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<input type="radio"/> Don't Know																																													
0	0																																																																	
1	1																																																																	
2	2																																																																	
3	3																																																																	
4	4																																																																	
5	5																																																																	
6	6																																																																	
7	7																																																																	
8	8																																																																	
9	9																																																																	



49585

<p>What type of cancer was your <u>third</u> cancer?</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Were you treated with radiation therapy (radiotherapy) for your <u>third</u> cancer?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know</p>																																									<p>What was your age when your doctor first told you you had your <u>third</u> cancer?</p> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> years <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table> <p><input type="radio"/> Don't Know</p>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
0	0																																																														
1	1																																																														
2	2																																																														
3	3																																																														
4	4																																																														
5	5																																																														
6	6																																																														
7	7																																																														
8	8																																																														
9	9																																																														
<p>What type of cancer was your <u>fourth</u> cancer?</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Were you treated with radiation therapy (radiotherapy) for your <u>fourth</u> cancer?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know</p>																																									<p>What was your age when your doctor first told you you had your <u>fourth</u> cancer?</p> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> years <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table> <p><input type="radio"/> Don't Know</p>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
0	0																																																														
1	1																																																														
2	2																																																														
3	3																																																														
4	4																																																														
5	5																																																														
6	6																																																														
7	7																																																														
8	8																																																														
9	9																																																														

B5. Medication

Now I'd like to ask you some questions about medication you may have taken.

	Have you ever taken the following medications at least twice a week for a month or longer?	How often did you take it, when you were taking it at least twice a week for a month or longer?	Were you taking it at least twice a week for a month or longer <u>two years ago</u> ?	How long, in total, have you taken this medication for at least twice a week for a month or longer?																																												
B5.a	<p>aspirin (such as Aspro, Codral Forte, Disprin, Ecotrin, Cardiprin)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → B5.b</p> <p><input type="radio"/> Don't Know → B5.b</p>	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> times <input type="radio"/> per day <input type="radio"/> per week <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table> <p><input type="radio"/> Don't Know</p>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know</p>	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> <input type="radio"/> months <input type="radio"/> years <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table> <p><input type="radio"/> Don't Know</p>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
0	0																																															
1	1																																															
2	2																																															
3	3																																															
4	4																																															
5	5																																															
6	6																																															
7	7																																															
8	8																																															
9	9																																															
0	0																																															
1	1																																															
2	2																																															
3	3																																															
4	4																																															
5	5																																															
6	6																																															
7	7																																															
8	8																																															
9	9																																															
B5.b	<p>paracetamol (such as Panadol, Panadeine, Panamax, Codral, Tylenol)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → B5.c</p> <p><input type="radio"/> Don't Know → B5.c</p>	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> times <input type="radio"/> per day <input type="radio"/> per week <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table> <p><input type="radio"/> Don't Know</p>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know</p>	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> <input type="radio"/> months <input type="radio"/> years <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table> <p><input type="radio"/> Don't Know</p>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
0	0																																															
1	1																																															
2	2																																															
3	3																																															
4	4																																															
5	5																																															
6	6																																															
7	7																																															
8	8																																															
9	9																																															
0	0																																															
1	1																																															
2	2																																															
3	3																																															
4	4																																															
5	5																																															
6	6																																															
7	7																																															
8	8																																															
9	9																																															

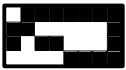


	Have you ever taken the following medications at least twice a week for a month or longer?	How often did you take it, when you were taking it at least twice a week for a month or longer?	Were you taking it at least twice a week for a month or longer <u>two years ago?</u>	How long, in total, have you taken this medication for at least twice a week for a month or longer?
B5.c	<p><u>pain killing anti-inflammatory medication</u> (such as Naprosyn, Orudis, Voltaren, Brufen, Clinoril, Feldene, Indocid)</p> <p><input type="radio"/> Yes <input type="radio"/> No → B5.d <input type="radio"/> Don't Know → B5.d</p>	<p><input type="text"/> <input type="text"/> times <input type="radio"/> per day <input type="radio"/> per week</p> <p><input type="radio"/> Don't Know</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years</p> <p><input type="radio"/> Don't Know</p>
B5.d	<p><u>bulk-forming laxatives</u> (such as Metamucil, Normacol, Psyllium, Agiofibe, Granocol)</p> <p><input type="radio"/> Yes <input type="radio"/> No → B5.e <input type="radio"/> Don't Know → B5.e</p>	<p><input type="text"/> <input type="text"/> times <input type="radio"/> per day <input type="radio"/> per week</p> <p><input type="radio"/> Don't Know</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years</p> <p><input type="radio"/> Don't Know</p>
B5.e	<p><u>other laxatives</u> (such as castor oil, cod liver oil, mineral oil, paraffin oil, milk of magnesia, Laxettes, Agarol, Agiolax, Coloxyl, Duro lax, Senokot, Duphalac)</p> <p><input type="radio"/> Yes <input type="radio"/> No → B5.f <input type="radio"/> Don't Know → B5.f</p>	<p><input type="text"/> <input type="text"/> times <input type="radio"/> per day <input type="radio"/> per week</p> <p><input type="radio"/> Don't Know</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years</p> <p><input type="radio"/> Don't Know</p>
B5.f	<p><u>calcium-containing antacids</u> (such as Tums, Gaviscon, Mylanta, Dexsal, Algicon, Amphogel, Gastrogel, Mucaïne, Meracote)</p> <p><input type="radio"/> Yes <input type="radio"/> No → B5.g <input type="radio"/> Don't Know → B5.g</p>	<p><input type="text"/> <input type="text"/> times <input type="radio"/> per day <input type="radio"/> per week</p> <p><input type="radio"/> Don't Know</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years</p> <p><input type="radio"/> Don't Know</p>



49585

	Have you ever taken the following medications at least twice a week for a month or longer?	How often did you take it, when you were taking it at least twice a week for a month or longer?	Were you taking it at least twice a week for a month or longer <u>two years ago</u> ?	How long, in total, have you taken this medication for at least twice a week for a month or longer?
B5.g	<p>calcium supplements (such as Sandocal, Vita Glow, Caltrate, Calvita)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → B5.h</p> <p><input type="radio"/> Don't Know → B5.h</p>	<p><input type="text"/> <input type="text"/> times <input type="radio"/> per day</p> <p><input type="radio"/> per week</p> <p><input type="radio"/> Don't Know</p> <p>0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> months</p> <p><input type="radio"/> years</p> <p><input type="radio"/> Don't Know</p> <p>0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9</p>
B5.h	<p>multivitamin pills or tablets (not individual vitamins) (such as Bioglan, Myadec, Pluravit, Supradyn))</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → B5.i</p> <p><input type="radio"/> Don't Know → B5.i</p>	<p><input type="text"/> <input type="text"/> times <input type="radio"/> per day</p> <p><input type="radio"/> per week</p> <p><input type="radio"/> Don't Know</p> <p>0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> months</p> <p><input type="radio"/> years</p> <p><input type="radio"/> Don't Know</p> <p>0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9</p>
B5.i	<p>folic acid or folate supplements (such as Folic acid, Fefol)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → C1.</p> <p><input type="radio"/> Don't Know → C1.</p>	<p><input type="text"/> <input type="text"/> times <input type="radio"/> per day</p> <p><input type="radio"/> per week</p> <p><input type="radio"/> Don't Know</p> <p>0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> months</p> <p><input type="radio"/> years</p> <p><input type="radio"/> Don't Know</p> <p>0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9</p>



C. Menstruation, reproductive history, menopause

This next series of questions are about menstruation and pregnancy.

C1. Menstruation

C1. How old were you when you had your first menstrual period?

years

- Don't Know
- Never had a menstrual period

C2. Pregnancies

C2.a Have you ever been pregnant?

- Yes
- No —————> C3.
- Don't Know —————> C3.

C2.b How many times have you been pregnant? (Include all pregnancies including miscarriages, still births, tubal pregnancies and abortions) (If currently pregnant exclude your current pregnancy)

number of pregnancies
if 0 go to C3.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

C2.c How many times were you pregnant with more than one baby? (Twins, triplets, etc.)

number of pregnancies with multiples

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

- Never
- Don't Know

C2.d How many of your pregnancies lasted 6 months or longer?

number of pregnancies

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

if 0 go to C3.

Don't Know

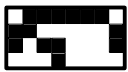
C2.e How many of your pregnancies resulted in live births?

number of pregnancies

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

if 0 go to C3.

Don't Know



49585

C2.f How old were you at your first live birth?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

C2.g How old were you at your last live birth?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

C3. Contraceptive Use

C3.a Have you ever used birth control pills or other hormonal contraceptives (implants or injections) for at least one year?

- Yes
- No → C4.
- Don't Know → C4.

C3.c Were you still using birth control pills or other hormonal contraceptives two years ago?

- Yes
- No
- Don't Know

C3.b How old were you when you first used birth control pills or other hormonal contraceptives?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

C3.d In total, how long did you take birth control pills or other hormonal contraceptives?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

C4. Menopause

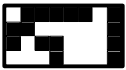
If the answer to question C.1 was "Never had a menstrual period" go to section C5.

C4.a Have you had a menstrual period in the last 12 months? (Only menstrual bleeding is of interest. Do not include bleeding that results from hormone replacement therapy (HRT), or progesterones, progestins, or withdrawal bleeding.)

- Yes → C5.
- No
- Don't Know → C5.

C4.b Have your menstrual periods stopped permanently or only temporarily due to pregnancy, breastfeeding or other conditions?

- Stopped permanently
- Stopped temporarily → C5.



49585

Form ID

How old were you when your periods stopped permanently?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

How old were you when you first had radiation or chemotherapy?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

C4.c Why did your menstrual periods stop?

- Natural menopause
- Gynaecological surgery
- Radiation or chemotherapy
- Other
- Don't Know

Specify: _____

How old were you when you first had (other)?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

C4.d Have you had any gynaecological surgery? (surgery on your uterus or ovaries)

- Yes
- No → C5.
- Don't Know → C5.

Which of the following surgery did you have?

Hysterectomy (uterus/womb removed)

- Hysterectomy only
- With one or part ovary
- With both ovaries
- Don't Know
- No →
- Don't Know →

How old were you when you had this surgery?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

One ovary removed in whole or part without hysterectomy

- Yes
- No →
- Don't Know →

How old were you when you had this surgery?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

Both ovaries removed without hysterectomy

- Yes
- No →
- Don't Know →

How old were you when you had this surgery?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

Other surgery

- Yes
- No → C5.
- Don't Know → C5.

Specify: _____

How old were you when you had this surgery?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know



49585

C5. Hormone Replacement Therapy

Doctors prescribe hormone replacement therapy for many reasons including menopausal symptoms, surgical removal of the ovaries, osteoporosis, and heart disease prevention.

C5.a Have you ever used a pill, patch or implant form of hormone replacement therapy?

(Menopausal symptoms include hot flushes, sweating and depression. Please do not include hormone therapy that was prescribed for birth control; hormone therapy delivered by injections, vaginal creams or vaginal suppositories.)

- Yes
- No —————> C5.d
- Don't Know —————> C5.d

Were you still having periods when you first took these hormones?

- Yes
- No
- Don't Know

First, I will ask about oestrogen-only therapy, and then about oestrogen given in combination with progesterone (progestins). After that, I will ask about tamoxifen, raloxifene and other anti-oestrogens.

C5.b Were you prescribed an oestrogen-only pill or patch? (such as Premarin, Climara, Dermetril, Estigyn, Estraderm, Femtran, Menorest, Ogen, Ovestin, Progynova.)

- Yes
- No —————> C5.c
- Don't Know —————> C5.c

How old were you when you first took oestrogen-only medication?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

Were you still taking oestrogen-only medication two years ago?

- Yes
- No
- Don't Know

In total, how long have you taken oestrogen-only medication?

months

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

C5.c Progesterone, one common brand is Provera, is frequently prescribed by doctors along with oestrogen. Have you ever taken progesterone along with oestrogen for menopause or other reasons? (such as Divina, Estracombi, Estrapak, Kliogest, Menoprem, Provelle)

- Yes
- No —————> C5.d
- Don't Know —————> C5.d

How old were you when you first took them?

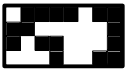
years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

Were you still taking them about two years ago?

- Yes
- No
- Don't Know



In total, how long have you taken them?

months

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

years

Don't Know

Were you still taking them about two years ago?

Yes

No

Possibly

Don't Know

I have participated in a clinical trial for tamoxifen, raloxifene or other anti-oestrogen medication

C5.d

Have you ever taken tamoxifen, raloxifene or other anti-oestrogen medication? (such as Tamoxen, Genox, Nolvadex, Noxiton, Tamosin)

Yes

No → D1.

Possibly

Don't Know

I have participated in a clinical trial for tamoxifen, raloxifene or other anti-oestrogen medication

months

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

years

Don't Know

Did you take tamoxifen or raloxifene, or do you know what the other anti-oestrogen was?

(mark all that apply)

Tamoxifen

Raloxifene

Other →

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

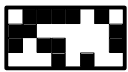
Don't Know

How old were you when you first took tamoxifen, raloxifene or other anti-oestrogen medication?

years

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

Don't Know



D. Diet

In this next section, the questions ask how often you ate certain foods about two years ago. Would you please tell me how often per day, per week or per month you ate the following foods.

D1. About two years ago, on average how often did you eat a piece or serving of fruit?

A serving of fruit is:

- * 1 medium fresh fruit
- * 1/2 cup of chopped, or cooked, or canned fruit
- * 1/4 cup of dried fruit
- * 6 ounces (200 mls or 1 glass) of fruit juice

portions/servings

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/>
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> per day
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> per week
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> per month
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

Don't Know

D2. About two years ago, on average how often did you eat a serving of vegetables?

A serving of vegetables is:

- * 1 cup raw leafy vegetables
- * 1/2 cup of other vegetables, cooked or chopped raw
- * 6 ounces (200 mls or 1 glass) of vegetable juice

portions/servings

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/>
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> per day
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> per week
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> per month
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

Don't Know

D3. Red Meat

D3.a About two years ago, on average how many servings of red meat (not chicken or fish) did you eat?

A serving of red meat is 2-3 ounces (60-100 grams); about the size of a deck of cards. Red meat includes beef, steak, mince, lamb, hamburger, pork, bacon, sausages and veal

portions/servings

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/>
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> per day
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> per week
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> per month
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

Did not eat red meat → D4.a

Don't Know

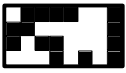
D3.b About two years ago, on average how many servings of red meat did you eat that were cooked by pan-frying or fryer pan, grilling or barbequeing?

portions/servings

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/>
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> per day
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> per week
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> per month
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	

Don't Know

Did not eat red meat cooked this way → D4.a



49585

D3.c About two years ago, on average when you ate red meat cooked by these methods, which of the following best describes its outside appearance?

- Lightly browned
- Medium browned
- Heavily browned/blackened
- Don't Know

About two years ago, on average when you ate red meat cooked by these methods, which of the following best describes its inside appearance?

- Red or rare
- Pink or medium
- Brown or well done
- Don't Know

D4. Chicken

D4.a About two years ago, on average how often did you eat a serving of chicken?

A serving of chicken is:

- * 2-3 ounces of chicken meat
- * 1 drumstick
- * 1 thigh
- * half a breast
- * 2 wings
- * 3 nuggets

portions/servings

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

- per day
- per week
- per month

- Did not eat chicken → E1.
- Don't Know

D4.b About two years ago, on average how many servings of chicken did you eat that were cooked by pan-frying or fryer pan, grilling or barbequeing?

portions/servings

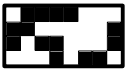
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

- per day
- per week
- per month

- Did not eat chicken cooked this way
- Don't Know → E1.

D4.c About two years ago, on average when you ate chicken cooked by these methods, which of the following best describes its outside appearance?

- Lightly browned
- Medium browned
- Heavily browned/blackened
- Don't Know



E. Physical Activity

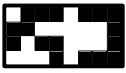
The next section contains questions about your participation in a variety of physical activities during three periods of your life.

E1. Early Adult Years

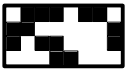
Think back to the period when you were in your 20s. I would like to know if you participated regularly in any of the following activities.

By "regularly", I mean at least 30 minutes a week for a minimum of 3 months in a row.

	E1. Early Adult Years	For how many years did you do this activity ?	For how many months of the year, on average, did you do this activity ?	For how many hours per week, on average, did you do this activity ?
E1.a	<p>Did you ever walk regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E1.b</p> <p><input type="radio"/> Don't Know → E1.b</p>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E1.b	<p>Did you ever jog regularly? (jogging is running slower than a kilometre in 6 minutes or a mile in 10 minutes)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E1.c</p> <p><input type="radio"/> Don't Know → E1.c</p>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E1.c	<p>Did you ever run regularly? (running is running faster than a kilometre in 6 minutes or a mile in 10 minutes)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E1.d</p> <p><input type="radio"/> Don't Know → E1.d</p>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E1.d	<p>Did you ever cycle regularly? (this includes stationary cycling)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E1.e</p> <p><input type="radio"/> Don't Know → E1.e</p>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9



	E1. Early Adult Years	For how many years did you do this activity ?	For how many months of the year, on average, did you do this activity ?	For how many hours per week, on average, did you do this activity ?
E1.e	<p>Do you ever swim laps regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E1.f</p> <p><input type="radio"/> Don't Know → E1.f</p>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E1.f	<p>Did you ever play tennis, raquetball or squash regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E1.g</p> <p><input type="radio"/> Don't Know → E1.g</p>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E1.g	<p>Did you ever do calisthenics, aerobics, vigorous dance, or use a rowing machine regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E1.h</p> <p><input type="radio"/> Don't Know → E1.h</p>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E1.h	<p>Did you ever play football, rugby, basketball, or netball regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E1.i</p> <p><input type="radio"/> Don't Know → E1.i</p>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E1.i	<p>Did you ever do any strenuous tasks in or around the house regularly? This would include activites such as mowing the lawn with a non power mower, or scrubbing the floors vigorously.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E1.j</p> <p><input type="radio"/> Don't Know → E1.j</p>	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9



49585

E1. Early Adult Years

E1.j **Did you ever participate regularly in any other strenuous physical activities ?** (strenuous activities means something that really increased your heart rate, made you hot, and caused you to sweat such as skiing, skating, hockey, scuba diving, surfing and other activities)

Activity 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

For how many months of the year, on average, did you do this activity ?

For how many hours per week, on average, did you do this activity ?

○ Don't Know

○ Don't Know

○ Don't Know

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Activity 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

For how many months of the year, on average, did you do this activity ?

For how many hours per week, on average, did you do this activity ?

○ Don't Know

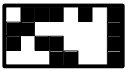
○ Don't Know

○ Don't Know

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9



E1. Early Adult Years

Activity 3:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

Don't Know

0	0
1	1
2	
3	
4	
5	
6	
7	
8	
9	

For how many months of the year, on average, did you do this activity ?

Don't Know

0	0
1	1
2	
3	
4	
5	
6	
7	
8	
9	

For how many hours per week, on average, did you do this activity ?

Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Activity 4:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

Don't Know

0	0
1	1
2	
3	
4	
5	
6	
7	
8	
9	

For how many months of the year, on average, did you do this activity ?

Don't Know

0	0
1	1
2	
3	
4	
5	
6	
7	
8	
9	

For how many hours per week, on average, did you do this activity ?

Don't Know

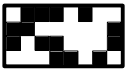
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

E1.k In your 20s, what was your usual occupation ? ("Usual" is the longest held activity including any paid or unpaid employment, such as being a student, home duties, or unemployed.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Don't Know

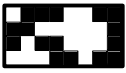
If subject is younger than 30, go to F1.

**E2. Midlife Years**

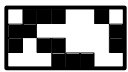
Think back to your 30s and 40s. I will be asking the same series of questions about physical activities during your 30s and 40s.

By "regularly", I mean at least 30 minutes a week for a minimum of 3 months in a row.

	E2. Midlife Years	For how many years did you do this activity ?	For how many months of the year, on average, did you do this activity ?	For how many hours per week, on average, did you do this activity ?
E2.a	Did you ever walk regularly? <input type="radio"/> Yes <input type="radio"/> No → E2.b <input type="radio"/> Don't Know → E2.b	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E2.b	Did you ever jog regularly? (jogging is running slower than a kilometre in 6 minutes or a mile in 10 minutes) <input type="radio"/> Yes <input type="radio"/> No → E2.c <input type="radio"/> Don't Know → E2.c	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E2.c	Did you ever run regularly? (running is running faster than a kilometre in 6 minutes or a mile in 10 minutes) <input type="radio"/> Yes <input type="radio"/> No → E2.d <input type="radio"/> Don't Know → E2.d	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E2.d	Did you ever cycle regularly? (this includes stationary cycling) <input type="radio"/> Yes <input type="radio"/> No → E2.e <input type="radio"/> Don't Know → E2.e	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9



	For how many years did you do this activity ?	For how many months of the year, on average, did you do this activity ?	For how many hours per week, on average, did you do this activity ?
<p>E2. Midlife Years</p> <p>E2.e</p> <p>Did you ever swim laps regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E2.f</p> <p><input type="radio"/> Don't Know → E2.f</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>
<p>E2.f</p> <p>Did you ever play tennis, raquetball or squash regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E2.g</p> <p><input type="radio"/> Don't Know → E2.g</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>
<p>E2.g</p> <p>Did you ever do calisthenics, aerobics, vigorous dance, or use a rowing machine regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E2.h</p> <p><input type="radio"/> Don't Know → E2.h</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>
<p>E2.h</p> <p>Did you ever play football, rugby, basketball, or netball regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E2.i</p> <p><input type="radio"/> Don't Know → E2.i</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>
<p>E2.i</p> <p>Did you ever do any strenuous tasks in or around the house regularly? This would include activites such as mowing the lawn with a non power mower, or scrubbing the floors vigorously.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E2.j</p> <p><input type="radio"/> Don't Know → E2.j</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p>



49585

E2. Midlife Years

E2.j **Did you ever participate regularly in any other strenuous physical activities ?** (strenuous activities means something that really increased your heart rate, made you hot, and caused you to sweat such as skiing, skating, hockey, scuba diving, surfing and other activities)

Activity 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

For how many months of the year, on average, did you do this activity ?

For how many hours per week, on average, did you do this activity ?

Don't Know

Don't Know

Don't Know

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Activity 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

For how many months of the year, on average, did you do this activity ?

For how many hours per week, on average, did you do this activity ?

Don't Know

Don't Know

Don't Know

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9



49585

E2. Midlife Years

Activity 3:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

Don't Know

0	0
1	1
2	2
3	
4	
5	
6	
7	
8	
9	

For how many months of the year, on average, did you do this activity ?

Don't Know

0	0
1	1
2	
3	
4	
5	
6	
7	
8	
9	

For how many hours per week, on average, did you do this activity ?

Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Activity 4:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

Don't Know

0	0
1	1
2	2
3	
4	
5	
6	
7	
8	
9	

For how many months of the year, on average, did you do this activity ?

Don't Know

0	0
1	1
2	
3	
4	
5	
6	
7	
8	
9	

For how many hours per week, on average, did you do this activity ?

Don't Know

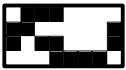
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

E2.k In your 30s and 40s, what was your usual occupation ? ("Usual" is the longest held activity including any paid or unpaid employment, such as being a student, homeduties or unemployed.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Don't Know

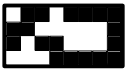
If subject is younger than 50, go to F1.

**E3. Older Ages**

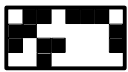
Now I will ask you to think about activities you have participated in since you turned 50.

By "regularly", I mean at least 30 minutes a week for a minimum of 3 months in a row.

	E3. Older Ages	For how many years did you do this activity ?	For how many months of the year, on average, did you do this activity ?	For how many hours per week, on average, did you do this activity ?
E3.a	Did you ever walk regularly? <input type="radio"/> Yes <input type="radio"/> No → E3.b <input type="radio"/> Don't Know → E3.b	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E3.b	Did you ever jog regularly? (jogging is running slower than a kilometre in 6 minutes or a mile in 10 minutes) <input type="radio"/> Yes <input type="radio"/> No → E3.c <input type="radio"/> Don't Know → E3.c	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E3.c	Did you ever run regularly? (running is running faster than a kilometre in 6 minutes or a mile in 10 minutes) <input type="radio"/> Yes <input type="radio"/> No → E3.d <input type="radio"/> Don't Know → E3.d	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9
E3.d	Did you ever cycle regularly? (this includes stationary cycling) <input type="radio"/> Yes <input type="radio"/> No → E3.e <input type="radio"/> Don't Know → E3.e	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9



	E3. Older Ages	For how many years did you do this activity ?	For how many months of the year, on average, did you do this activity ?	For how many hours per week, on average, did you do this activity ?
E3.e	<p>Do you ever swim laps regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E3.f</p> <p><input type="radio"/> Don't Know → E3.f</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5</p> <p>6 6</p> <p>7</p> <p>8</p> <p>9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5</p> <p>6 6</p> <p>7 7</p> <p>8 8</p> <p>9 9</p>
E3.f	<p>Did you ever play tennis, raquetball or squash regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E3.g</p> <p><input type="radio"/> Don't Know → E3.g</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5</p> <p>6 6</p> <p>7</p> <p>8</p> <p>9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5</p> <p>6 6</p> <p>7 7</p> <p>8 8</p> <p>9 9</p>
E3.g	<p>Did you ever do calisthenics, aerobics, vigorous dance, or use a rowing machine regularly?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E3.h</p> <p><input type="radio"/> Don't Know → E3.h</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5</p> <p>6 6</p> <p>7</p> <p>8</p> <p>9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5</p> <p>6 6</p> <p>7 7</p> <p>8 8</p> <p>9 9</p>
E3.h	<p>Did you ever play football, rugby, basketball, or netball regularly ?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E3.i</p> <p><input type="radio"/> Don't Know → E3.i</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5</p> <p>6 6</p> <p>7</p> <p>8</p> <p>9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5</p> <p>6 6</p> <p>7 7</p> <p>8 8</p> <p>9 9</p>
E3.i	<p>Did you do any strenuous tasks in or around the house regularly ? This would include activites such as mowing the lawn with a non power mower, or scrubbing the floors vigorously.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No → E3.j</p> <p><input type="radio"/> Don't Know → E3.j</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5</p> <p>6 6</p> <p>7</p> <p>8</p> <p>9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p>	<p><input type="text"/> <input type="text"/> <input type="radio"/> Don't Know</p> <p>0 0</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5</p> <p>6 6</p> <p>7 7</p> <p>8 8</p> <p>9 9</p>



49585

E3. Older Ages

E3.j **Did you ever participate regularly in any other strenuous physical activities ?** (strenuous activities means something that really increased your heart rate, made you hot, and caused you to sweat such as skiing, skating, hockey, scuba diving, surfing and other activities)

Activity 1:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

○ Don't Know

○ 0 ○ 0
○ 1 ○ 1
○ 2 ○ 2
○ 3 ○ 3
○ 4 ○ 4
○ 5 ○ 5
○ 6 ○ 6
○ 7
○ 8
○ 9

For how many months of the year, on average, did you do this activity ?

○ Don't Know

○ 0 ○ 0
○ 1 ○ 1
○ 2
○ 3
○ 4
○ 5
○ 6
○ 7
○ 8
○ 9

For how many hours per week, on average, did you do this activity ?

○ Don't Know

○ 0 ○ 0
○ 1 ○ 1
○ 2 ○ 2
○ 3 ○ 3
○ 4 ○ 4
○ 5 ○ 5
○ 6 ○ 6
○ 7 ○ 7
○ 8 ○ 8
○ 9 ○ 9

Activity 2:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

○ Don't Know

○ 0 ○ 0
○ 1 ○ 1
○ 2 ○ 2
○ 3 ○ 3
○ 4 ○ 4
○ 5 ○ 5
○ 6 ○ 6
○ 7
○ 8
○ 9

For how many months of the year, on average, did you do this activity ?

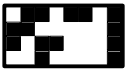
○ Don't Know

○ 0 ○ 0
○ 1 ○ 1
○ 2
○ 3
○ 4
○ 5
○ 6
○ 7
○ 8
○ 9

For how many hours per week, on average, did you do this activity ?

○ Don't Know

○ 0 ○ 0
○ 1 ○ 1
○ 2 ○ 2
○ 3 ○ 3
○ 4 ○ 4
○ 5 ○ 5
○ 6 ○ 6
○ 7 ○ 7
○ 8 ○ 8
○ 9 ○ 9



49585

E3. Older Ages

Activity 3:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	
8	
9	

For how many months of the year, on average, did you do this activity ?

Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

For how many hours per week, on average, did you do this activity ?

Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Activity 4:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For how many years did you do this activity ?

Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	
8	
9	

For how many months of the year, on average, did you do this activity ?

Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

For how many hours per week, on average, did you do this activity ?

Don't Know

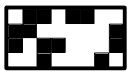
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

E3.k

Since you turned 50, what was your usual occupation ? ("Usual" is the longest held activity including any paid or unpaid employment, such as being a student, home duties or unemployed.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Don't Know



F. Alcohol Consumption

The next set of questions are about alcohol consumption during three periods of your life.

F1. Early Adult Years

Think back to the period when you were in your 20s

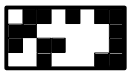
F1. During the period when you were in your 20s, did you ever consume any alcoholic beverages ? (Alcoholic beverages include beer, wine, cider, spirits, mixed drinks, or cocktails)

- Yes
- No → F2.
- Don't Know → F2.

Now I will ask you questions about specific beverages.

	In your 20s, did you ever drink (beverage)?	How many (beverage) did you typically drink?	How often did you typically drink (beverage)?	For how many months or years did you drink?
F1.a	Beer - Full Strength <input type="radio"/> Yes <input type="radio"/> No → F1.b <input type="radio"/> Don't Know → F1.b	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Pots <input type="radio"/> Stubbies <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
F1.b	Beer - Low Alcohol (light) <input type="radio"/> Yes <input type="radio"/> No → F1.c <input type="radio"/> Don't Know → F1.c	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Pots <input type="radio"/> Stubbies <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
F1.c	Wine or cider <input type="radio"/> Yes <input type="radio"/> No → F1.d <input type="radio"/> Don't Know → F1.d	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Small Bottles <input type="radio"/> Bottles <input type="radio"/> Casks or Flagons	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
F1.d	Spirits <input type="radio"/> Yes <input type="radio"/> No → F2. <input type="radio"/> Don't Know → F2.	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Shots/Glasses <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know

If younger than age 30, go to Section G.



F2. Midlife Years

Think back to the period when you were in your 30s and 40s.

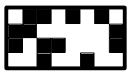
F1. During the period when you were in your 30s and 40s, did you ever consume any alcoholic beverages ? (Alcoholic beverages include beer, wine, cider, spirits, mixed drinks, or cocktails)

- Yes
- No —————> F3.
- Don't Know —————> F3.

Now I will ask you some questions about specific beverages

	In your 20s, did you ever drink (beverage)?	How many (beverage) did you typically drink?	How often did you typically drink (beverage)?	For how many months or years did you drink?
F2.a	Beer - Full Strength <input type="radio"/> Yes <input type="radio"/> No —————> F2.b <input type="radio"/> Don't Know —————> F2.b	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Pots <input type="radio"/> Stubbies <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
F2.b	Beer - Low Alcohol (light) <input type="radio"/> Yes <input type="radio"/> No —————> F2.c <input type="radio"/> Don't Know —————> F2.c	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Pots <input type="radio"/> Stubbies <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
F2.c	Wine or cider <input type="radio"/> Yes <input type="radio"/> No —————> F2.d <input type="radio"/> Don't Know —————> F2.d	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Small Bottles <input type="radio"/> Bottles <input type="radio"/> Casks or Flagons	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
F2.d	Spirits <input type="radio"/> Yes <input type="radio"/> No —————> F3. <input type="radio"/> Don't Know —————> F3.	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Shots/Glasses <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know

If younger than age 50, go to Section G.



49585

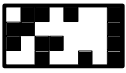
F3. Older Ages*Think back to the period since you turned 50.***F3.** Since turning 50, have you ever consumed any alcoholic beverages ? (Alcoholic beverages include beer, wine, cider, spirits, mixed drinks, or cocktails) Yes No Don't Know

—————▶ Section G

—————▶ Section G

Now I will ask you some questions about specific beverages

	Since turning 50, did you ever drink (beverage)?	How many (beverage) did you typically drink?	How often did you typically drink (beverage)?	For how many months or years did you drink?
F3.a	Beer - Full Strength <input type="radio"/> Yes <input type="radio"/> No —————▶ F3.b <input type="radio"/> Don't Know —————▶ F3.b	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Pots <input type="radio"/> Stubbies <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
F3.b	Beer - Low Alcohol (light) <input type="radio"/> Yes <input type="radio"/> No —————▶ F3.c <input type="radio"/> Don't Know —————▶ F3.c	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Pots <input type="radio"/> Stubbies <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
F3.c	Wine or cider <input type="radio"/> Yes <input type="radio"/> No —————▶ F3.d <input type="radio"/> Don't Know —————▶ F3.d	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Glasses <input type="radio"/> Small Bottles <input type="radio"/> Bottles <input type="radio"/> Casks or Flagons	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know
F3.d	Spirits <input type="radio"/> Yes <input type="radio"/> No —————▶ G.1 <input type="radio"/> Don't Know —————▶ G.1	<input type="text"/> <input type="text"/> <input type="radio"/> Don't Know <input type="radio"/> Shots/Glasses <input type="radio"/> Cans <input type="radio"/> Bottles	<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Per Year <input type="radio"/> Don't Know	<input type="text"/> <input type="text"/> <input type="radio"/> months <input type="radio"/> years <input type="radio"/> Don't Know



G. Smoking

Now I'd like to ask you a few questions about your use of tobacco.

G1. Cigarettes

G1.a Have you ever smoked a cigarette a day for 3 months or longer ?

- Yes
- No —————→ G2.a
- Don't Know —————→ G2.a

G1.b At what age did you first start smoking at least one cigarette per day for 3 months or longer ?

years of age

- | | |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

Don't Know

G1.c During periods when you smoked regularly, on average how many cigarettes did you typically smoke in a day?

cigarettes per day

- | | | |
|---|---|---|
| 0 | 0 | 0 |
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| 7 | 7 | 7 |
| 8 | 8 | 8 |
| 9 | 9 | 9 |

Don't Know

G1.d About two years ago were you smoking at least one cigarette a day ?

- Yes
- No
- Don't Know

G1.e Do you currently smoke at least one cigarette a day ?

- Yes —————→ G1.g
- No
- Don't Know

G1.f When did you last quit smoking regularly ? (One cigarette a day for 3 months or longer)

age in years

- | | |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

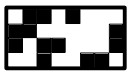
Don't Know

G1.g 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

- | | |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

Don't Know



G2. Cigars or Pipes

G2.a Have you ever smoked at least one cigar or one pipe per month for at least 3 months ?

Yes

No → Section H1.

Don't Know → Section H1.

Did you smoke cigars or pipes or both ?

- Cigars
- Pipes
- Both

G2.b At what age did you first start smoking at least one (cigars or pipes) per month for 3 months or longer ?

years of age

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

G2.c During periods when you smoked regularly, on average how many (cigars or pipes) did you typically smoke in a month ?

cigars or pipes per month

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

G2.d About two years ago were you smoking at least one (cigar or pipe) a month ?

- Yes
- No
- Don't Know

G2.e Do you currently smoke at least one (cigar or pipe) a month ?

- Yes → G2.g
- No
- Don't Know

G2.f When did you last quit smoking regularly ? (One cigar or one pipe per month for 3 months or longer)

age in years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

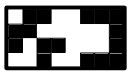
Don't Know

G2.g How many years in total did you smoke at least one cigar or one pipe per 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

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know



H. Height and Weight

The next set of questions are about your height and weight

H1. How tall are you currently without shoes on?

feet **AND**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

inches

- 0 0
- 1 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

OR

cm

- 0 0 0
- 1 1 1
- 2 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9

Don't Know

H2. How tall were you when you were 20 years old?

feet **AND**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

inches

- 0 0
- 1 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

OR

cm

- 0 0 0
- 1 1 1
- 2 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9

Don't Know

H3. What is your current weight ?

stone **AND**

- 0 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9

Don't Know

pounds

- 0 0
- 1 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

OR

kg

- 0 0 0
- 1 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9

Don't Know

H4. What was your weight two years ago ?

stone **AND**

- 0 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9

Don't Know

pounds

- 0 0
- 1 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

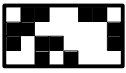
Don't Know

OR

kg

- 0 0 0
- 1 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9

Don't Know



49585

H5. What was your weight when you were 20 years old ?

stone **AND**

pounds **OR**

kg

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

I. Other

I1. Have you or your family participated in other research studies of familial cancer, or attended a cancer family clinic ?

- No
- Yes (specify)

I2. Have you any comments, or information, that you think we should have asked about ?
