SECTION 1: PERSONAL MEDICAL HISTORY, MEDICATIONS, SCREENING

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
<tr>
<td>1. Have you ever had a fecal occult blood test (FOBT)?</td>
<td>yes, no, don't know</td>
</tr>
<tr>
<td>1a. When did you first have a fecal occult blood test (FOBT)?</td>
<td>Age when first tested, Year of first test, I had my first fecal occult blood test years ago</td>
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<tr>
<td>1b. What were the reasons for your first fecal occult blood test (FOBT)?</td>
<td>To investigate a new problem, Family history of colorectal cancer, Routine/yearly exam or check-up, Follow-up of a previous problem, Follow-up of fecal occult blood test result, Other: __________________________</td>
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<tr>
<td>1c. How many separate fecal occult blood tests (FOBT) have you had?</td>
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<tr>
<td>1d. When did you last have a fecal occult blood test (FOBT)?</td>
<td>Age when last tested, Year of last test, I had my last fecal occult blood test years ago</td>
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(Note – if you had 3 stool cards in one week, that counts as 1 test.)

Mark all that apply.

Don’t know
A barium enema is an x-ray examination of your colon. In this procedure an x-ray of the colon is taken following a barium enema. Preparation involves fluids, laxatives, and an enema to cleanse the bowel.

1e. Have you ever had a barium enema test?

☐ yes
↓  ☐ no → go to question 2
↓  ☐ don’t know → go to question 2

1f. When did you first have a barium enema test? (Choose only one)

Age when first tested (______) or
Year of first test (______) or
I had my first barium enema test (______) years ago or
☐ Don’t know

1g. What were the reasons for your first barium enema 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
☐ Follow-up of fecal occult blood test result
☐ Other: ____________________
☐ Don’t know

1h. How many separate barium enemas tests have you had? (______)

☐ Don’t know

1i. When did you last have a barium enema test? (Choose only one)
(If you have had only 1 test, skip to question 2)

Age when last tested (______) or
Year of last test: (______) or
I had my last fecal occult blood test (______) years ago or
☐ Don’t know
There are two procedures that look inside the bowel using a lighted tube. In a sigmoidoscopy, the examination is limited to the lower colon and rectum and is usually done in a doctor’s office without medication to relax you or make you sleepy. Preparation involves enemas and sometimes drinking fluids or taking pills to cleanse the bowel.

In a colonoscopy, the entire large bowel is examined and a medication is usually given in a vein to relax you or make you sleepy. Preparation involves drinking fluids or taking pills to cleanse the bowel.

2. Have you ever had a sigmoidoscopy?
☐ yes
↓ ☐ no → go to question 3
↓ ☐ don’t know → go to question 3

2a. When did you first have a sigmoidoscopy? (Choose only one)
   Age at first sigmoidoscopy (______) or
   Year of first sigmoidoscopy (______) or
   I had my first sigmoidoscopy (______) years ago or
   ☐ Don’t know

2b. What were the reasons for your first sigmoidoscopy? (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
   ☐ Follow-up of fecal occult blood test result
   ☐ Other: ____________________
   ☐ Don’t know

2c. How many separate sigmoidoscopies have you had? (______)
   ☐ Don’t know

2d. When did you last have a sigmoidoscopy? (Choose only one)
   (If you’ve had only 1 sigmoidoscopy, skip to question 3)
   Age at last sigmoidoscopy (______) or
   Year of last sigmoidoscopy (______) or
   I had my last sigmoidoscopy (______) years ago or
   ☐ Don’t know
3. Have you ever had a colonoscopy?

☐ yes
↓ ☐ no → go to question 3e
↓ ☐ don’t know → go to question 3e

3a. When did you first have a colonoscopy? *(Choose only one)*

Age at first colonoscopy (______) or
Year of first colonoscopy (______) or
I had my first colonoscopy (______) years ago or
☐ Don’t know

3b. What were the reasons for your first colonoscopy? *(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
☐ Follow-up of fecal occult blood test result
☐ Other: ____________________
☐ Don’t know

3c. How many separate colonoscopies have you had? (______)

☐ Don’t know

3d. When did you last have a colonoscopy? *(Choose only one)* *(If you’ve had only 1 colonoscopy, skip to question 3e)*

Age at last colonoscopy (______) or
Year of last colonoscopy (______) or
I had my last colonoscopy (______) years ago or
☐ Don’t know

A CT colonography or virtual colonoscopy is a procedure in which you are not given medication to relax you or make you sleepy. It is done using x-rays with you lying on a table that is slid through a large circular scanner or a tunnel. Typically, a tube is inserted to inflate the rectum with air. Preparation involves drinking fluids or taking pills to cleanse the bowel. Most often no recovery time is needed.

3e. Have you ever had a virtual colonoscopy?

☐ yes
↓ ☐ no → go to question 4
↓ ☐ don’t know → go to question 4
3f. When did you first have a virtual colonoscopy? *(Choose only one)*

- Age at first virtual colonoscopy: (______) or
- Year of first virtual colonoscopy: (______) or
- I had my first virtual colonoscopy: (______) years ago or
  □ Don’t know

3g. What were the reasons for your first virtual colonoscopy? *(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
- □ Follow-up of fecal occult blood test result
- □ Other: ____________________
- □ Don’t know

3h. How many separate virtual colonoscopies have you had? (______)

□ Don’t know

3i. When did you last have a virtual colonoscopy? *(Choose only one)* *(If you’ve had only 1 colonoscopy, skip to question 4)*

- Age at last virtual colonoscopy: (______) or
- Year of last virtual colonoscopy: (______) or
- I had my last virtual colonoscopy: (______) years ago or
  □ Don’t know

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

- □ yes
- □ no → go to question 5
- □ don’t know → go to question 5

4a. When did your doctor first tell you that you had polyps? *(Choose only one)*

- Age at first diagnosis of polyps: _______ or
- Year of first diagnosis of polyps: _______ or
- The polyps were first diagnosed: _______ years ago or
  □ Don’t know

4b. Have you been diagnosed with polyps more than once?

- □ yes
- □ no → go to question 4d
- □ don’t know → go to question 4d
4c. When did your doctor last tell you that you had polyps?  
*(Choose only one)*

Age at last diagnosis of polyps  (______)  
Year of last diagnosis of polyps  (______)  
The polyps were last diagnosed  (______)  years ago  
☐ Don't know

4d. 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

4e. Did you have the polyps removed by a procedure called a polypectomy?  
*(This can be done during a sigmoidoscopy or a colonoscopy.)*

☐ yes  
☐ no  → go to question 5  
☐ don't know  → go to question 5

4f. When did you first have the polyps removed?  *(Choose only one)*

Age when the polyps were first removed  (______)  
Year when the polyps were first removed  (______)  
The polyps were first removed  (______)  years ago  
☐ Don't know

4g. Have you had polyps removed more than once?  

☐ yes  
☐ no  → go to question 5  
☐ don't know  → go to question 5

4h. When did you last have polyps removed?  *(Choose only one)*

Age when the polyps were last removed  (______)  
Year when the polyps were last removed  (______)  
The polyps were last removed  (______)  years ago  
☐ Don't know
5. Has a doctor ever told you that you had familial adenomatous polyposis, known also as FAP (also called Gardner’s Syndrome)? (This is a condition, sometimes occurring in families, in which numerous polyps line the inside of the large bowel or colon; not the same as Lynch Syndrome or HNPCC).

☐ yes  
☐ no  → go to question 6  
☐ don’t know  → go to question 6

5a. When did your doctor first tell you that you had FAP? (Choose only one)

Age at diagnosis  (______) or  
Year of diagnosis  (______) or  
FAP was diagnosed  (______) years ago or  
☐ Don’t know

6. Has a doctor ever told you that you had Crohn’s disease? (This is where you have an inflammation that extends into the deeper layers of the intestinal wall. It may also affect other parts of the digestive tract, including the mouth, esophagus, stomach, and small intestine.)

☐ yes  
☐ no  → go to question 7  
☐ don’t know  → go to question 7

6a. When did your doctor first tell you that you had Crohn’s disease? (Choose only one)

Age at diagnosis  (______) or  
Year of diagnosis  (______) or  
Crohn’s was diagnosed  (______) years ago or  
☐ Don’t know

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

☐ yes  
☐ no  → go to question 8  
☐ don’t know  → go to question 8

7a. When did your doctor first tell you that you had ulcerative colitis? (Choose only one)

Age at diagnosis  (______) or  
Year of diagnosis  (______) or  
Ulcerative colitis was diagnosed  (______) years ago or  
☐ Don’t know
8. Has a doctor ever told you that you had irritable bowel syndrome?  
(This is a disorder of the bowels leading to cramping, gassiness, bloating, and alternating diarrhea and constipation. Also known as IBS.)

☐ yes  
↓  ☐ no  →  go to question 9  
↓  ☐ don’t know  →  go to question 9

8a. When did your doctor first tell you that you had irritable bowel syndrome?  
(choose only one)

Age at diagnosis  (_____)
Year of diagnosis  (_____)  or
IBS was diagnosed  (_____)

☐ Don’t know

9. 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 a pocket coming from the bowel may become infected, and can lead to pain and chronic problems with bowel habits.)

☐ yes  
↓  ☐ no  →  go to question 10  
↓  ☐ don’t know  →  go to question 10

9a. When did your doctor first tell you that you had diverticular disease?  
(Choose only one)

Age at diagnosis  (_____)
Year of diagnosis  (_____)
Diverticular disease was diagnosed (_____)

☐ Don’t know

10. Have you ever had any of your large bowel or colon removed?  
☐ yes  
↓  ☐ no  →  go to question 11  
↓  ☐ don’t know  →  go to question 11

10a. Was it completely removed, or was only part of it removed?  
☐ Completely removed  
☐ Partly removed  
☐ Don’t know

10b. When did you first have any of your bowel or colon removed?  
(Choose only one)

Age at first operation  (_____)
Year of first operation  (_____)
It was first operated on (_____)

☐ Don’t know
10c. Have you had more than one surgery to remove your bowel or colon?
☐ yes
☐ no → go to question 11
☐ don’t know → go to question 11

10d. When did you last have this operation to remove all or part of your bowel or colon?
(Choose only one)

Age at last operation (______) or
Year of last operation (______) or
It was last operated on (______) years ago or
☐ Don’t know

11. Have you had your gallbladder removed?
☐ yes
☐ no → go to question 12
☐ don’t know → go to question 12

11a. When did you have your gallbladder removed? (choose only one)

Age at operation (______) or
Year of operation (______) or
My gallbladder was removed (______) years ago or
☐ Don’t know

12. 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 → go to question 13
☐ don’t know → go to question 13

12a. When did your doctor first tell you that you had diabetes? (choose only one)

Age at diagnosis (______) or
Year of diagnosis (______) or
Diabetes was diagnosed (______) years ago or
☐ Don’t know

12b. Did you ever take medication to control your diabetes?
☐ yes
☐ no → go to question 13
☐ don’t know → go to question 13

12c. What type of medication did you use? (mark all that apply)
☐ Pills
☐ Insulin injections
☐ Insulin pump
☐ Don’t know → go to question 13
12d. When you were taking this medication, how often did you take it?

(mark all that apply)

Pills (____) times per (day) (week) (month) (year) (circle one)
Insulin injections (____) times per (day) (week) (month) (year) (circle one)
Insulin pump (____) times per (day) (week) (month) (year) (circle one)

12e. About two years ago, were you still taking the following?

(mark all that apply)

Pills yes ☐ no ☐ don’t know ☐
Insulin injections yes ☐ no ☐ don’t know ☐
Insulin pump yes ☐ no ☐ don’t know ☐

12f. How long, in total, have you taken this medication? (mark all that apply)

Pills (____) # of months or (____) # of yrs (choose one)
Insulin injections (____) # of months or (____) # of yrs (choose one)
Insulin pump (____) # of months or (____) # of yrs (choose one)
☐ Don’t know

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

☐ yes
☒ no → go to question 14
☒ don’t know → go to question 14

13a. When did your doctor first tell you that you had high cholesterol? (choose only one)

Age at diagnosis (______) or
Year of diagnosis (______) or
High cholesterol was diagnosed (______) years ago or ☐ Don’t know

13b. Did you ever take medication to control your high cholesterol?

☐ yes
☒ no → go to question 14
☒ don’t know → go to question 14

13c. When you were taking medication for your high cholesterol, how often did you take it? (choose only one)

Times per day (____) or
Times per week (____) or
Times per month (____) or
Times per year (____) or
☐ Don’t know
13d. About two years ago, were you still taking it?

Yes ☐
No ☐
Don’t know ☐

13e. How long, in total, have you taken this medication? *(choose only one)*

Number of months (____) ☐
Number of years (____) ☐
☐ Don’t know

14. Has a doctor ever told you that you had high levels of triglycerides in your blood? *(These are other types of fats.)*

☐ yes  
↓ ☐ no  → go to question 15
↓ ☐ don’t know → go to question 15

14a. When did your doctor first tell you that you had high triglycerides? *(choose only one)*

Age at diagnosis (______) ☐
Year of diagnosis (______) ☐
High triglycerides was diagnosed (______) years ago ☐
☐ Don’t know

14b. Did you ever take medication to control this condition?

☐ yes  
↓ ☐ no  → go to question 15
↓ ☐ don’t know → go to question 15

14c. When you were taking medication for your high triglycerides, how often did you take it? *(choose only one)*

Times per day (______) ☐
Times per week (______) ☐
Times per month (______) ☐
Times per year (______) ☐
☐ Don’t know

14d. About two years ago, were you still taking it?

Yes ☐
No ☐
Don’t know ☐

14e. How long, in total, have you taken this medication? *(choose only one)*

Number of months (______) ☐
Number of years (______) ☐
☐ Don’t know
15. Has a doctor ever told you that you had any type of cancer?

☐ yes

↓ ☐ no → go to question 16

↓ ☐ don’t know → go to question 16

Please list any cancers you have been diagnosed with, along with the age or year of diagnosis. Please indicate if you received radiation therapy (radiotherapy), chemo or other therapy.

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>Age or Year of Diagnosis</th>
<th>Don’t Know</th>
<th>Radiation Therapy?</th>
<th>Chemo Therapy?</th>
<th>Other Therapy?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age</td>
<td>Year</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
</tr>
</tbody>
</table>

16. Have you ever taken the following medication at least twice a week for more than a month?

16a. Have you ever taken aspirin (such as Anacin, Bufferin, Bayer, Excedrin, Ecotrin) at least twice a week for more than a month?

☐ yes

↓ ☐ no → go to question 16b

↓ ☐ don’t know → go to question 16b

16a1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)

Times per day (____) or (____) or Don’t know

Times per week (____) or

16a2. About two years ago, were you taking it regularly? (at least 2x a week)

Yes ☐ No ☐ Don’t know ☐

16a3. How long, in total, have you taken this medication? (choose only one)

Number of months (____) or

Number of years (____) or

☐ Don’t know
16b. Have you ever taken acetaminophen (such as Tylenol, Anacin-3, Panadol) at least twice a week for more than a month?

☐ yes
☐ no → go to question 16c
☐ don’t know → go to question 16c

16b1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)

Times per day (____) or
Times per week (____) or
☐ Don’t know

16b2. About two years ago, were you taking it regularly? (at least 2x a week)

Yes ☐
No ☐
Don’t know ☐

16b3. How long, in total, have you taken this medication? (choose only one)

Number of months (____) or
Number of years (____) or
☐ Don’t know

16c. Have you ever taken ibuprofen-type medications (such as Advil, Motrin, Aleve, Nuprin, NSAIDS, Medipren) at least twice a week for more than a month? (NSAIDS are non-steroidal anti-inflammatory drugs)

☐ yes
☐ no → go to question 16d
☐ don’t know → go to question 16d

16c1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)

Times per day (____) or
Times per week (____) or
☐ Don’t know

16c2. About two years ago, were you taking it regularly? (at least 2x a week)

Yes ☐
No ☐
Don’t know ☐

16c3. How long, in total, have you taken this medication? (choose only one)

Number of months (____) or
Number of years (____) or
☐ Don’t know
16d. Have you ever taken bulk-forming laxatives (such as Metamucil, Citrucel FiberCon, Serutan, psyllium) at least twice a week for more than a month?

- [ ] yes
- [ ] no
- [ ] don’t know → go to question 16e

16d1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)

- Times per day (____) or
- Times per week (____) or
- Don’t know

16d2. About two years ago, were you taking it regularly? (at least 2x a week)

- Yes
- No
- Don’t know

16d3. How long, in total, have you taken this medication? (choose only one)

- Number of months (____) or
- Number of years (____) or
- Don’t know

16e. Have you ever taken other laxatives (such as Ex-Lax, Correctol, Dulcolax, Senokot, Colace, castor oil, cod liver oil, mineral oil, milk of magnesia lactulose, Epsom salts) at least twice a week for more than a month?

- [ ] yes
- [ ] no
- [ ] don’t know → go to question 16f

16e1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)

- Times per day (____) or
- Times per week (____) or
- Don’t know

16e2. About two years ago, were you taking it regularly? (at least 2x a week)

- Yes
- No
- Don’t know

16e3. How long, in total, have you taken this medication? (choose only one)

- Number of months (____) or
- Number of years (____) or
- Don’t know
16f. Have you ever taken multivitamin pills or tablets (not individual vitamins) at least twice a week for more than a month?

☐ yes
☐ no → go to question 16g
☐ don’t know → go to question 16g

16f1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)

Times per day (____) or
Times per week (____) or
☐ Don’t know

16f2. About two years ago, were you taking it regularly? (at least 2x a week)
Yes ☐
No ☐
Don’t know ☐

16f3. How long, in total, have you taken this medication? (choose only one)

Number of months (____) or
Number of years (____) or
☐ Don’t know

16g. Have you ever taken separate folic acid or folate pills or tablets at least twice a week for more than a month?

☐ yes
☐ no → go to question 16h
☐ don’t know → go to question 16h

16g1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (choose only one)

Times per day (____) or
Times per week (____) or
☐ Don’t know

16g2. About two years ago, were you taking it regularly? (at least 2x a week)
Yes ☐
No ☐
Don’t know ☐

16g3. How long, in total, have you taken this medication? (choose only one)

Number of months (____) or
Number of years (____) or
☐ Don’t know
16h. Have you ever taken separate calcium pills or tablets (*not including antacids*) at least twice a week for more than a month?

- [ ] yes
- [ ] no → go to question 16i
- [ ] don’t know → go to question 16i

16h1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (*choose only one*)

- Times per day (___) or
- Times per week (___) or
- [ ] Don’t know

16h2. About two years ago, were you taking it regularly? (*at least 2x a week*)

- Yes
- No
- Don’t know

16h3. How long, in total, have you taken this medication? (*choose only one*)

- Number of months (___) or
- Number of years (___) or
- [ ] Don’t know

16i. Have you ever taken calcium-based antacids (*such as Tums, Rolaids, Extra-strength Rolaids Alka-Mints, Chooz Antacid gum*) at least twice a week for more than a month?

- [ ] yes
- [ ] no → go to question 17 if female
go to SECTION 3 (Family History) if male
- [ ] don’t know → go to question 17 if female
go to SECTION 3 (Family History) if male

16i1. When you were taking this medication regularly, how often did you take it? (regularly=2x a week) (*choose only one*)

- Times per day (___) or
- Times per week (___) or
- [ ] Don’t know

16i2. About two years ago, were you taking it regularly? (*at least 2x a week*)

- Yes
- No
- Don’t know

16i3. How long, in total, have you taken this medication? (*choose only one*)

- Number of months (___) or
- Number of years (___) or
- [ ] Don’t know
WOMEN ONLY  (Men go to SECTION 3)

SECTION 2 Menstruation, Reproductive History, Menopause

17. How old were you when you had your first menstrual period?
   I was (______) years of age.
   □ I never had a menstrual period
   □ Don't know

18. Have you ever been pregnant?
   □ yes
   □ no → go to question 19
   □ don't know → go to question 19

18a. How many times have you been pregnant? Please include miscarriages, stillbirths, tubal pregnancies and abortions.
   (If currently pregnant, exclude your current pregnancy. If you are currently pregnant for the first time go to question 19)
   Number of pregnancies (_______) or
   □ Don't know

18b. How many times were you pregnant with more than one baby? (Twins, triplets, or more.)
   □ Never or
   Number of pregnancies with multiples (______) or
   □ Don't know

18c. How many of your pregnancies lasted 6 months or longer? (Pregnancy usually lasts 9 months. Six months is about the earliest a baby could survive.)
   □ All of them or
   Number of pregnancies lasting 6 months or longer (______) or
   □ Don’t know

18d. How many of your pregnancies resulted in live births?
   □ All of them or
   Number of pregnancies resulting in live births (______) or
   □ Don’t know
(if yes to having had any live births)

18d1. How old were you at the first live birth? (choose only one)

- Age at first live birth \( (_______) \) or
- Year of first live birth \( (_______) \) or
- I first gave birth \( (_______) \) years ago or
  - Don’t know

(if more than one live birth)

18d2. How old were you at the last live birth?

- Age at last live birth \( (_______) \) or
- Year of last live birth \( (_______) \) or
- I last gave birth \( (_______) \) years ago or
  - Don’t know

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

- yes
- no \( \rightarrow \) go to question 20
- don’t know \( \rightarrow \) go to question 20

19a. How old were you when you first used any of these hormonal contraceptives? (choose only one)

- Age at first use \( (_______) \) or
- Year of first use \( (_______) \) or
- I first used them \( (_______) \) years ago or
  - Don’t know

19b. Were you still using hormonal contraceptives about two years ago?

- yes
- no
- don’t know

19c. In total, how long did you take these hormonal contraceptives?

- Number of years \( (_______) \) or
- Don’t know
20. 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 progesterone, progestins, or withdrawal bleeding.)

☐ yes → go to question 21
☐ no → go to question 20a
☐ don’t know → go to question 21

20a. Have your menstrual periods stopped permanently, or only temporarily due to pregnancy, breast-feeding, or other conditions?

☐ Permanently → go to next question (20b)
☐ Temporarily → go to question 21

20b. How old were you when your periods stopped permanently? (choose only one)

Age when periods stopped (_______) or
Year when periods stopped (_______) or
Periods stopped (_______) years ago or
☐ Don’t know

20c. Why did your menstrual periods stop permanently? (as many as apply)

☐ Natural menopause
☐ Gynecologic surgery
☐ Radiation or chemotherapy
☐ Other: ________________________________
☐ Don’t know

21. Have you ever had any gynecologic surgery?

☐ yes

☐ no → go to question 22
☐ don’t know → go to question 22

What type of surgery did you have? (as many apply)

21a. ☐ Hysterectomy only (Only the uterus or womb was removed)

When did you first have this surgery? (choose only one)

Age when this surgery was done (_______) or
Year when this surgery was done (_______) or
This surgery was done (_______) years ago or
☐ Don’t know
21b. □ Hysterectomy along with one ovary or part of one ovary removed. *(choose only one)*
   Age when this surgery was done (_______) or
   Year when this surgery was done (_______) or
   This surgery was done (_______) years ago or
   □ Don’t know

21c. □ Hysterectomy along with both ovaries removed. *(choose only one)*
   Age when this surgery was done (_______) or
   Year when this surgery was done (_______) or
   This surgery was done (_______) years ago or
   □ Don’t know

21d. □ One ovary was removed, in whole or part, *without hysterectomy*. *(choose only one)*
   Age when this surgery was done (_______) or
   Year when this surgery was done (_______) or
   This surgery was done (_______) years ago or
   □ Don’t know

21e. □ Both ovaries were removed, *without hysterectomy*. *(choose only one)*
   Age when this surgery was done (_______) or
   Year when this surgery was done (_______) or
   This surgery was done (_______) years ago or
   □ Don’t know

21f. □ Other gynecologic surgery: ____________________________________________ *(choose only one)*
   Age when this was done (_______) or
   Year when this was done (_______) or
   This was done (_______) years ago or
   □ Don’t know

*(If yes to having radiation or chemotherapy which made periods stop permanently.)*

21g. When did you first have radiation or chemotherapy? *(choose only one)*
   Age when radiation/chemotherapy was given (_______) or
   Year when radiation/chemotherapy was given (_______) or
   I had radiation/chemotherapy given to me (_______) years ago or
   □ Don’t know

*(If yes to having “other” specified condition or treatment which made periods stop permanently.)*

21h. When did you first have (“other”)? *(choose only one)*
   Age when other occurred (_______) or
   Year when other occurred (_______) or
   The other occurred (_______) years ago or
   □ Don’t know
22. Doctors prescribe hormone replacement treatment for many reasons including menopausal symptoms, surgical removal of the ovaries, osteoporosis, and heart disease prevention. Have you ever used a pill or patch form of hormone replacement therapy? *(Menopausal symptoms include hot flashes, 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 → go to question 23

☑ don’t know → go to question 23

22a. Were you still having menstrual periods when you first took these hormones?

☐ yes

☐ no

☐ don’t know

*Two types of hormones often prescribed for women are estrogens and progesterone.*

22b. Were you prescribed an estrogen-only pill or patch (such as Premarin)?

☐ yes

☑ no → go to question 22c

☑ don’t know → go to question 22c

*(if yes to estrogen-only medication)*

22b1. How old were you when you first took estrogen-only medication? *(choose only one)*

Age when first taken (_______) or

Year first taken (_______) or

I first took estrogen-only hormone therapy (_______) years ago or

☐ Don’t know

22b2. Were you still using estrogen-only medication about two years ago?

☐ yes

☐ no

☐ don’t know

22b3. In total, how long did you take estrogen-only medication? *(choose only one)*

Number of months (_______) or

Number of years (_______) or

☐ Don’t know
22c. **Progesterone or progestin** is frequently prescribed by doctors along with estrogen. *(Some common brands are Provera and Prem-Pro.)* Have you ever taken progesterone or progestin along with estrogens for menopause or other reasons?

☐ Yes
☐ no → go to question 23
☐ don't know → go to question 23

22c1. How old were you when you first took progesterone or progestin along with estrogens? *(choose only one)*

Age when first taken

☐ (_______) or

Year first taken

☐ (_______) or

I first took progesterone or progestin along with estrogens

☐ (_______) years ago or

☐ Don’t know

22c2. Were you still using progesterone or progestin along with estrogens about two years ago?

☐ yes
☐ no
☐ don't know

22c3. In total, how long did you take progesterone or progestin in combination with estrogens? *(choose only one)*

Number of months

☐ (_______) or

Number of years

☐ (_______) or

☐ Don’t know

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

☐ yes
☐ no → go to SECTION 3 (Family History)
☐ don't know → go to SECTION 3 (Family History)
☐ possibly – *I have participated in a clinical trial for tamoxifen, raloxifene, or other anti-estrogen medication*

*(if yes or possibly)*

23a. Did you take tamoxifen or raloxifene, or do you know what the other anti-estrogen was? *(mark all that apply)*

☐ Tamoxifen (Nolvadex)
☐ Raloxifene (Evista)
☐ Other: ________________
23b. How old were you when you first took tamoxifen, raloxifene or other anti-estrogen medication? *(choose only one)*

Age when any one of these medications was first taken (_______) or
Year when any one of these medications was first taken (_______) or
I first took any one of these medications (_______) yrs ago or □ Don’t know

23c. Were you taking tamoxifen, raloxifene or other anti-estrogen medication about two years ago? *(Taking any one of these medications.)*

□ yes
□ no
□ don’t know

23d. In total, how long did you take tamoxifen, raloxifene or other anti-estrogen medication? *(If you took more than one of these medications, please add up together all of the time you took any of the medications.)* *(choose only one)*

Number of months (_______) or
Number of years (_______) or
□ Don’t know
SECTION 3: FAMILY HISTORY

These are questions about the health history of some of your family members. We are only interested in relatives who are related to you by blood, including half-siblings. This does not include adopted relatives, or relatives by marriage.

24. Were you adopted?
   □ yes
   \[\quad\] no \quad \rightarrow \quad \text{go to question 24b}
   \[\downarrow\quad\] don't know \quad \rightarrow \quad \text{go to question 24b}

24a. Do you know anything about the medical history of your blood relatives?
   □ yes
   \[\quad\] no \quad \rightarrow \quad \text{go to SECTION 4 (Diet)}
   \[\downarrow\quad\] don't know \quad \rightarrow \quad \text{go to SECTION 4 (Diet)}

24b. Have any of your relatives ever been diagnosed with colon cancer or rectal cancer?
   □ yes
   \[\quad\] no \quad \rightarrow \quad \text{go to question 24c}
   \[\downarrow\quad\] don't know \quad \rightarrow \quad \text{go to question 24c}

Please indicate the relative affected, what the relationship is (i.e. mother, father, sister, brother, maternal grandmother/grandfather/aunt/uncle, paternal grandmother/grandfather/aunt/uncle, etc). Also indicate which cancer and the age at diagnosis or the year of diagnosis (choose only one – age or year)

<table>
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<tr>
<th>relative name</th>
<th>relationship</th>
<th>colon cancer</th>
<th>rectal cancer</th>
<th>colo/rectal cancer</th>
<th>don't know</th>
<th>age at diagnosis</th>
<th>year of diagnosis</th>
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</table>
24c. Have any of your relatives ever been diagnosed with other kinds of cancer?

☐ yes

☐ no → go to question 25

☐ don’t know → go to question 25

Please indicate the relative affected, what the relationship is (i.e. mother, father, sister, brother, maternal grandmother/grandfather/aunt/uncle, paternal grandmother/grandfather/aunt/uncle, etc). Also indicate the type of cancer and the age at diagnosis or the year of diagnosis *(choose only one – age or year)*

<table>
<thead>
<tr>
<th>relative name</th>
<th>relationship</th>
<th>type of cancer</th>
<th>don’t know type of cancer</th>
<th>if skin cancer, what kind was it?</th>
<th>don’t know type of skin cancer</th>
<th>age at diagnosis or →</th>
<th>year of diagnosis</th>
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</thead>
</table>
25. The following are questions about the health history of your parents, siblings, and children.

25a. When was your mother born? *(choose only one)*

- month (____) day (____) year(_______) or
- current age (____) or
- don’t know

25a1. Is your mother still living?

- yes → go to question 25b
- no
- don’t know → go to question 25b

25a2. When did your mother die? *(choose only one)*

- year (_______) or
- at (____) yrs of age or
- she died (____) years ago or
- don’t know

25a3. In what city and state did she die: _____________________________

- don’t know

25b. When was your father born? *(choose only one)*

- month (____) day (____) year(_______) or
- current age (____) or
- don’t know

25b1. Is your father still living?

- yes → go to question 26
- no
- don’t know → go to question 26

25b2. When did your father die? *(choose only one)*

- year (_______) or
- at (____) yrs of age or
- he died (____) years ago or
- don’t know

25b3. In what city and state did he die: _____________________________

- don’t know
26. The following are questions about your brothers and sisters, and half-brothers and half-sisters (living or deceased.)

26a. Do you have any full brothers or sisters?
   □ yes
   □ no → go to question 26b
   □ don’t know → go to question 26b

26a1. How many full brothers do you have? (______)

26a2. How many full sisters do you have? (______)

26a3. Please list all your full brothers & sisters only, starting with the oldest (use other side if necessary)

<table>
<thead>
<tr>
<th>Name</th>
<th>sex M/F</th>
<th>date of birth OR current age</th>
<th>Is he/she still living?</th>
<th>(if deceased) date of death OR age at death</th>
<th>In what city &amp; state or province did he/she die?</th>
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</table>
26b. Do you have any half-brothers or half-sisters?

☐ yes

☐ no → go to question 27

☐ don’t know → go to question 27

26b1. How many half-brothers do you have? (______)

26b2. How many half-sisters do you have? (______)

26b3. Please list all your half brothers & sisters, starting with the oldest (use other side if necessary)

<table>
<thead>
<tr>
<th>Name</th>
<th>sex M/F</th>
<th>date of birth or current age</th>
<th>Is he/she still living?</th>
<th>(if deceased) date of death or age at death</th>
<th>In what city &amp; state or province did he/she die?</th>
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<tr>
<td>Do you have the same mother? Y/N</td>
<td>DOB/ AGE/ Don’t Know (?)</td>
<td>YES (Y) NO (N) DON’T KNOW (?)</td>
<td>DOD / AGE / Don’t Know (?)</td>
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27. The following questions are about any children you might have had. We are interested in children who are related to you by blood, not adopted children, step-children or foster children. Do you have any biological children? *(They may be living or deceased.)*

- □ yes  
- □ no → go to question 28  
- □ don’t know → go to question 28

27a. Do these children all have the same two parents (you and your spouse/partner)?

- □ yes  
- □ no → (go to question 27d)

27b. How many sons and daughters do you have?  
   - # of sons (____)  
   - # of daughters (____)

27c. Please list all your children, starting with the oldest child *(use other side if necessary).*

<table>
<thead>
<tr>
<th>Name</th>
<th>Is this a son (S) or daughter (D)?</th>
<th>date of birth or current age</th>
<th>Is he/she still living?</th>
<th>(if deceased) date of death or age at death</th>
<th>In what city &amp; state or province did he/she die?</th>
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(If children have different parents)

27d. Starting with the first person with whom you had children, how many sons and daughters did you have with this person?

   # of sons          (_______)
   # of daughters     (_______)

27e. Please list children you had with first person, starting with the oldest child (use other side if necessary).

<table>
<thead>
<tr>
<th>Name</th>
<th>Is this a son (S) or daughter (D)?</th>
<th>date of birth OR current age</th>
<th>Is he/she still living?</th>
<th>(if deceased) date of death OR age at death</th>
<th>In what city &amp; state or province did he/she die?</th>
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</table>
**27f.** Continuing with the next person with whom you had children, how many sons and daughters did you have with this person?

<table>
<thead>
<tr>
<th>Name</th>
<th>Is this a son (S) or daughter (D)?</th>
<th>date of birth or current age</th>
<th>Is he/she still living?</th>
<th>(if deceased) date of death or age at death</th>
<th>In what city &amp; state or province did he/she die?</th>
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# of sons (_______)

# of daughters (_______)

**27g.** Continuing with the next person with whom you had children, how many sons and daughters did you have with this person?

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<tr>
<th>Name</th>
<th>Is this a son (S) or daughter (D)?</th>
<th>date of birth or current age</th>
<th>Is he/she still living?</th>
<th>(if deceased) date of death or age at death</th>
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# of sons (_______)

# of daughters (_______)
SECTION 4: DIET

This next section contains questions about your eating habits.

A serving of fruit is:
1 medium fresh fruit; ½ cup of chopped, cooked or canned fruit; ¼ cup of dried fruit; 6 ounces of fruit juice

A serving of vegetables is:
1 cup raw leafy vegetables; ½ cup of other vegetables, cooked or chopped raw; 6 ounces of vegetable juice

A serving of red meat is:
2-3 ounces of red meat; a piece of meat about the size of a deck of cards (Red meats include: beef, steak, hamburger, prime rib, ribs, veal, lamb, pork, bacon, pork sausages)

A serving of chicken is:
2-3 ounces of chicken meat; 1 drumstick; 1 thigh; half a breast, 2 wings; nuggets

28. About two years ago, on average how often did you eat a piece or serving of fruit? (choose only one)

☐ I had _____ portions/servings of fruit per day or
☐ I had _____ portions/servings of fruit per week or
☐ I had _____ portions/servings of fruit per month or
☐ Don’t know

29. About two years ago, on average how often did you eat a serving of vegetables? (choose only one)

☐ I had _____ portions/servings of vegetables per day or
☐ I had _____ portions/servings of vegetables per week or
☐ I had _____ portions/servings of vegetables per month or
☐ Don’t know

30. About two years ago, on average how often did you eat a serving of red meat (not chicken or fish)? (choose only one)

☐ I had _____ portions/servings of red meat per day or
☐ I had _____ portions/servings of red meat per week or
☐ I had _____ portions/servings of red meat per month or
☐ I did not eat red meat → go to question 31
☐ Don’t know → go to question 30b

(if yes to eating red meat)

30a. About two years ago, on average, how many servings of red meat did you eat that were cooked by pan-frying, broiling, grilling or barbecueing? (choose only one)

☐ I had _____ portions/servings per day or
☐ I had _____ portions/servings per week or
☐ I had _____ portions/servings per month or
☐ I did not eat red meat that was cooked by these methods → go to question 31
☐ Don’t know
30b. On average, when you ate red meat cooked by those methods, which of the following best describes its outside appearance? *(choose only one)*

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

30c. On average, when you ate red meat cooked by pan-frying, broiling, grilling or barbecuing which of the following best describes its inside appearance (how well done it was)? *(choose only one)*

- Red (rare)  
- Pink (medium)  
- Brown (well-done)  
- Don't know

31. About two years ago, on average how often did you eat a serving of chicken? *(choose only one)*

I had _____ portions/servings per day  
I had _____ portions/servings per week  
I had _____ portions/servings per month  
☐ I did not eat chicken → go to the SECTION 5 (Physical Activity)  
☐ Don't know → go to question 31b

*(if yes to eating chicken)*

↓

31a. About two years ago, on average, how many servings of chicken did you eat that were cooked by pan-frying, broiling, grilling or barbecuing? *(choose only one)*

I had _____ portions/servings per day  
I had _____ portions/servings per week  
I had _____ portions/servings per month  
☐ I did not eat chicken that was cooked by these methods (go to SECTION 5 (Physical Activity))  
☐ Don't know

↓

31b. On average, when you ate chicken cooked by those methods, which of the following best describes its outside appearance? *(choose only one)*

- Lightly browned  
- Medium browned  
- Heavily browned/blackened  
- Don't know
SECTION 5: PHYSICAL ACTIVITY

32. Think back to the period when you were in your 20’s. Did you participate regularly in any of the following activities – walking, jogging, running, bicycling, swimming laps, tennis, racquetball, squash, calisthenics, aerobics, vigorous dance, using a rowing machine, lifting weights, football, soccer, basketball, strenuous tasks around the house or other strenuous physical activities? (Regularly means once a week for 30 minutes or longer for at least 3 months in a row.)

☐ yes
☐ no → go to question 32k

32a. When you were in your 20’s, did you walk for at least 30 minutes a week?

☐ yes
☐ no → go to question 32b

32a1. For how many years did you walk? (____) years (maximum =10)

32a2. For how many months of the year? (____) months

32a3. When you were participating in this exercise regularly, on average, how many hours per week did you walk? (____) hrs per week

32b. In your 20’s, did you ever jog for at least 30 minutes a week? (Jogging is running slower than a mile in 10 minutes.)

☐ yes
☐ no → go to question 32c

32b1. For how many years did you jog? (____) years (maximum =10)

32b2. For how many months of the year? (____) months

32b3. When you were participating in this exercise regularly, on average, how many hours per week did you jog? (____) hrs per week

32c. In your 20’s, did you ever run for at least 30 minutes a week? Running is running faster than a mile in 10 minutes.

☐ yes
☐ no → go to question 32d
32c1. For how many years did you run? (____) years (maximum =10)

32c2. For how many months of the year? (____) months

32c3. When you were participating in this exercise regularly, on average, how many hours per week did you run? (____) hrs per week

32d. In your 20’s, did you ever bicycle for at least 30 minutes a week?
(This includes stationary bicycling.)

☐ yes
☐ no → go to question 32e

32d1. For how many years did you bicycle? (____) years (maximum =10)

32d2. For how many months of the year? (____) months

32d3. When you were participating in this exercise regularly, on average, how many hours per week did you bicycle? (____) hrs per week

32e. In your 20’s, did you swim laps for at least 30 minutes a week?

☐ yes
☐ no → go to question 32f

32e1. For how many years did you swim laps? (____) years (maximum =10)

32e2. For how many months of the year? (____) months

32e3. When you were participating in this exercise regularly, on average, how many hours per week did you swim laps? (____) hrs per week

32f. In your 20’s, did you play tennis, racquetball or squash for at least 30 minutes a week?

☐ yes
☐ no → go to question 32g

32f1. For how many years did you do these activities? (____) yrs (max = 10)

32f2. For how many months of the year? (____) months

32f3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week
32g. In your 20’s, did you participate in calisthenics, aerobics, vigorous dance, use a rowing machine, or lift weights for at least 30 minutes a week?

☐ yes
☐ no → go to question 32h

32g1. For how many years did you do these activities? (____) years (max=10)

32g2. For how many months of the year? (____) months

32g3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week

32h. In your 20’s, did you play football, soccer, rugby or basketball for at least 30 minutes a week?

☐ yes
☐ no → go to question 32i

32h1. For how many years did you do these activities? (____) years (max=10)

32h2. For how many months of the year? (____) months

32h3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week

32i. In your 20’s, did you do any strenuous tasks in or around the house for at least 30 minutes a week? This would include activities such as mowing a lawn with a non-power mower, shoveling, or scrubbing floors vigorously.

☐ yes
☐ no → go to question 32j

32i1. For how many years did you do these activities? (____) years (max=10)

32i2. For how many months of the year? (____) months

32i3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week
32j. In your 20’s, did you participate in any other strenuous physical activities for at least 30 minutes a week?  
(Strenuous activity 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)

☐ yes
☐ no → go to question 32k

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32k. In your 20’s, what was your usual occupation?  (“Usual” is the longest-held activity, including any paid or unpaid employment, such as being a student, housewife, or unemployed.)

________________________________________________________ (occupation)

☐ Don’t know

If you are younger than age 31, please go to SECTION 6 (Alcohol). Otherwise, please continue with the next questions.

33. Think back to the period when you were in your 30’s and 40’s, did you participate regularly in any of the following activities – walking, jogging, running, bicycling, swimming laps, tennis, racquetball, squash, calisthenics, aerobics, vigorous dance, using a rowing machine, lifting weights, football, soccer, rugby, basketball, strenuous tasks around the house or other strenuous physical activities?  
(Regularly means once a week for 30 minutes or longer for at least 3 months in a row.)

☐ yes
☐ no → go to question 33k

33a. When you were in your 30’s and 40’s, did you walk for at least 30 minutes a week?

☐ yes
☐ no → go to question 33b

33a1. For how many years did you walk?  (____) years  
(maximum =20)

33a2. For how many months of the year?  (____) months

33a3. When you were participating in this exercise regularly, on average, how many hours per week did you walk?  (____) hrs per week
33b. In your 30’s and 40’s, did you ever jog for at least 30 minutes a week? *(Jogging is running slower than a mile in 10 minutes.)*

☐ yes
☐ no → go to question 33c

33b1. For how many years did you jog? (_____ years) *(maximum = 20)*

33b2. For how many months of the year? (_____ months)

33b3. When you were participating in this exercise regularly, on average, how many hours per week did you jog? (_____ hrs per week)

33c. In your 30’s and 40’s, did you ever run for at least 30 minutes a week? *Running is running faster than a mile in 10 minutes.*

☐ yes
☐ no → go to question 33d

33c1. For how many years did you run? (_____ years) *(maximum = 20)*

33c2. For how many months of the year? (_____ months)

33c3. When you were participating in this exercise regularly, on average, how many hours per week did you run? (_____ hrs per week)

33d. In your 30’s and 40’s, did you ever bicycle for at least 30 minutes a week? *(This includes stationary bicycling.)*

☐ yes
☐ no → go to question 33e

33d1. For how many years did you bicycle? (_____ years) *(maximum = 20)*

33d2. For how many months of the year? (_____ months)

33d3. When you were participating in this exercise regularly, on average, how many hours per week did you bicycle? (_____ hrs per week)

33e. In your 30’s and 40’s, did you swim laps for at least 30 minutes a week?

☐ yes
☐ no → go to question 33f
33e1. For how many years did you swim laps? (____) years (maximum = 20)

33e2. For how many months of the year? (____) months

33e3. When you were participating in this exercise regularly, on average, how many hours per week did you swim laps? (____) hrs per week

33f. In your 30’s and 40’s, did you play tennis, racquetball or squash for at least 30 minutes a week?

☐ yes
☐ no → go to question 33g

33f1. For how many years did you do these activities? (____) yrs (maximum = 20)

33f2. For how many months of the year? (____) months

33f3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week

33g. In your 30’s and 40’s, did you participate in calisthenics, aerobics, vigorous dance, use a rowing machine, or lift weights for at least 30 minutes a week?

☐ yes
☐ no → go to question 33h

33g1. For how many years did you do these activities? (____) years (max = 20)

33g2. For how many months of the year? (____) months

33g3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week

33h. In your 30’s and 40’s, did you play football, soccer, rugby or basketball for at least 30 minutes a week?

☐ yes
☐ no → go to question 33i

33h1. For how many years did you do these activities? (____) years (max = 20)

33h2. For how many months of the year? (____) months

33h3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week
33i. In your 30’s and 40’s, did you do any strenuous tasks in or around the house for at least 30 minutes a week? This would include activities such as mowing a lawn with a non-power mower, shoveling, or scrubbing floors vigorously.

☐ yes

☐ no → go to question 33j

33i1. For how many years did you do these activities? (____) years (max=20)

33i2. For how many months of the year? (____) months

33i3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week

33j. In your 30’s and 40’s, did you participate in any other strenuous physical activities for at least 30 minutes a week? (Strenuous activity 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)

☐ yes

☐ no → go to question 33k

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33k. In your 30’s and 40’s, what was your usual occupation? ("Usual" is the longest-held activity, including any paid or unpaid employment, such as being a student, housewife, or unemployed.)

________________________________________________________ (occupation)

☐ don’t know

If you are younger than age 51, please go to SECTION 6 (Alcohol). Otherwise, please continue with the next questions.
34. Think back to the period when you were in your 50’s, did you participate regularly in any of the following activities – walking, jogging, running, bicycling, swimming laps, tennis, racquetball, squash, calisthenics, aerobics, vigorous dance, using a rowing machine, lifting weights, football, soccer, rugby, basketball, strenuous tasks around the house or other strenuous physical activities? *(Regularly means once a week for 30 minutes or longer for at least 3 months in a row.)*

☐ yes  
☐ no → go to question 34k

34a. When you were in your 50’s, did you walk for at least 30 minutes a week?

☐ yes  
☐ no → go to question 34b

34a1. For how many years did you walk? (____) years

34a2. For how many months of the year? (____) months

34a3. When you were participating in this exercise regularly, on average, how many hours per week did you walk? (____) hrs per week

34b. In your 50’s, did you ever jog for at least 30 minutes a week? *(Jogging is running slower than a mile in 10 minutes.)*

☐ yes  
☐ no → go to question 34c

34b1. For how many years did you jog? (____) years

34b2. For how many months of the year? (____) months

34b3. When you were participating in this exercise regularly, on average, how many hours per week did you jog? (____) hrs per week

34c. In your 50’s, did you ever run for at least 30 minutes a week? Running is running faster than a mile in 10 minutes.

☐ yes  
☐ no → go to question 34d
34c1. For how many years did you run? (____) years

34c2. For how many months of the year? (____) months

34c3. When you were participating in this exercise regularly, on average, how many hours per week did you run? (____) hrs per week

34d. In your 50’s, did you ever bicycle for at least 30 minutes a week? (This includes stationary bicycling.)

☐ yes
☐ no → go to question 34e

34d1. For how many years did you bicycle? (____) years

34d2. For how many months of the year? (____) months

34d3. When you were participating in this exercise regularly, on average, how many hours per week did you bicycle? (____) hrs per week

34e. In your 50’s, did you swim laps for at least 30 minutes a week?

☐ yes
☐ no → go to question 34f

34e1. For how many years did you swim laps? (____) years

34e2. For how many months of the year? (____) months

34e3. When you were participating in this exercise regularly, on average, how many hours per week did you swim laps? (____) hrs per week

34f. In your 50’s, did you play tennis, racquetball or squash for at least 30 minutes a week?

☐ yes
☐ no → go to question 34g

34f1. For how many years did you do these activities? (____) years

34f2. For how many months of the year? (____) months

34f3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week
34g. In your 50’s, did you participate in calisthenics, aerobics, vigorous dance, use a rowing machine, or lift weights for at least 30 minutes a week?

☐ yes
☐ no → go to question 34h

34g1. For how many years did you do these activities? (____) years

34g2. For how many months of the year? (____) months

34g3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week

34h. In your 50’s, did you play football, soccer, rugby or basketball for at least 30 minutes a week?

☐ yes
☐ no → go to question 34i

34h1. For how many years did you do these activities? (____) years

34h2. For how many months of the year? (____) months

34h3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week

34i. In your 50’s, did you do any strenuous tasks in or around the house for at least 30 minutes a week? This would include activities such as mowing a lawn with a non-power mower, shoveling, or scrubbing floors vigorously.

☐ yes
☐ no → go to question 34j

34i1. For how many years did you do these activities?(____) years

34i2. For how many months of the year? (____) months

34i3. When you were participating in this exercise regularly, on average, how many hours per week did you do these activities? (____) hrs per week
34j. In your 50’s, did you participate in any other strenuous physical activities for at least 30 minutes a week? (Strenuous activity 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)

☐ yes  ☐ no  →  go to question 34k.

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34k. In your 50’s, what was your usual occupation? ("Usual" is the longest-held activity, including any paid or unpaid employment, such as being a student, housewife, or unemployed.)

________________________________________________________ (occupation)

☐ don’t know
SECTION 6: ALCOHOL CONSUMPTION

The next set of questions is about alcohol consumption during three periods of your life. Think back to the period when you were in your 20’s.

35. During your 20’s, did you ever consume any alcoholic beverages at least once a week for 6 months or longer? (Alcoholic beverages include beer, hard cider, wine, sake, liquor, spirits, mixed drinks, or cocktails.)

☐ yes
☐ no → go to question 36
☐ don’t know → go to question 36

35a. In your 20’s, did you ever consume beer or hard cider at least once a week for 6 months or longer?

☐ yes
☐ no → go to question 35d
☐ don’t know → go to question 35d

35b. In your 20’s, how many years did you consume beer or hard cider at least once a week for 6 months or longer?

# of years consumed beer once a week (____) (maximum = 10)
# of years consumed hard cider once a week (____) (maximum = 10)

35c. In your 20’s, during the years when you consumed beer or hard cider at least once a week, how much did you typically consume? (choose only one for per day/week/don’t know)

# of 12 oz. cans/bottles beer #____ per ☐ day ☐ week ☐ don’t know
# of 12 oz. cans/bottles hard cider #____ per ☐ day ☐ week ☐ don’t know

35d. In your 20’s, did you ever consume wine or sake at least once a week for 6 months or longer?

☐ yes
☐ no → go to question 35g
☐ don’t know → go to question 35g

35e. In your 20’s, how many years did you consume wine or sake at least once a week for 6 months or longer?

# of years consumed wine once a week (____) (maximum = 10)
# of years consumed sake once a week (____) (maximum = 10)
35f. In your 20’s, when you consumed wine or sake at least once a week, how much did you typically consume? (choose only one for per day/week/don’t know)

# of 4 oz. glasses wine #____ per □ day □ week □ don’t know
# of 1 oz. sake servings #____ per □ day □ week □ don’t know

35g. In your 20’s, did you ever consume liquor (spirits), mixed drinks or cocktails at least once a week for 6 months or longer?

□ yes
↓ □ no → go to question 35j
↓ □ don’t know → go to question 35j

35h. In your 20’s, how many years did you consume liquor (spirits), mixed drinks or cocktails at least once a week for 6 months or longer?

# of years consumed liquor (spirits), mixed drinks or cocktails (____) (maximum = 10)

35i. In your 20’s, when you consumed liquor (spirits), mixed drinks or cocktails at least once a week, how much did you typically consume? (choose only one for per day/week/don’t know)

# of 1 oz. shots of liquor/spirits #____ per □ day □ week □ don’t know

35j. Thinking about your total consumption of alcoholic beverages in your 20’s, how many years in total did you consume at least one alcoholic beverage a week?

# of years (____) (maximum = 10)
# of alcoholic beverages a week (____)

If you are younger than age 31, please go to SECTION 7 (Smoking). Otherwise, please continue with the next questions.

36. In your 30’s and 40’s, did you ever consume any alcoholic beverages at least once a week for 6 months or longer? (Alcoholic beverages include beer, hard cider, wine, sake, liquor, spirits, mixed drinks, or cocktails.)

□ yes
↓ □ no → go to question 37
↓ □ don’t know → go to question 37

36a. In your 30’s and 40’s, did you ever consume beer or hard cider at least once a week for 6 months or longer?

□ yes
↓ □ no → go to question 36d
↓ □ don’t know → go to question 36d
36b. In your 30’s and 40’s, how many years did you consume beer or hard cider at least once a week for 6 months or longer?

# of years consumed beer once/week (____) \(\text{maximum} = 20\)
# of years consumed hard cider once/week (____) \(\text{maximum} = 20\)

36c. In your 30’s and 40’s, when you consumed beer or hard cider at least once a week, how much did you typically consume? (choose only one for per day/week/don’t know)

# of 12 oz. cans/bottles beer #___ per [ ] day [ ] week [ ] don’t know
# of 12 oz. cans/bottles hard cider #___ per [ ] day [ ] week [ ] don’t know

36d. In your 30’s and 40’s, did you ever consume wine or sake at least once a week for 6 months or longer?

☐ yes
☐ no → go to question 36g
☐ don’t know → go to question 36g

36e. In your 30’s and 40’s, how many years did you consume wine or sake at least once a week for 6 months or longer?

# of years consumed wine once a week (____) \(\text{maximum} = 20\)
# of years consumed sake once a week (____) \(\text{maximum} = 20\)

36f. In your 30’s and 40’s, during the years when you consumed wine or sake at least once a week, how much did you typically consume? (choose only one for per day/week/don’t know)

# of 4 oz. glasses wine #___ per [ ] day [ ] week [ ] don’t know
# of 1 oz. sake servings #___ per [ ] day [ ] week [ ] don’t know

36g. In your 30’s & 40’s, did you ever consume liquor (spirits), mixed drinks or cocktails at least once a week for 6 months or longer?

☐ yes
☐ no → go to question 36j
☐ don’t know → go to question 36j

36h. In your 30’s and 40’s, how many years did you consume liquor (spirits), mixed drinks or cocktails at least once a week for 6 months or longer?

# of years consumed liquor (spirits), mixed drinks or cocktails (____) \(\text{maximum} = 20\)

36i. In your 30’s and 40’s, when you consumed liquor (spirits), mixed drinks or cocktails at least once a week, how much did you typically consume? (choose only one for per day/week/don’t know)

# of 1 oz. shots of liquor/spirits per #___ per [ ] day [ ] week [ ] don’t know
36j. Thinking about your total consumption of alcoholic beverages in your 30’s & 40’s how many years in total did you consume at least one alcoholic beverage a week?

# of years (____) (maximum = 20)
# of alcoholic beverages a week (____)

If you are younger than age 51, please go to SECTION 7 (Smoking). Otherwise, please continue with the next questions.

37. Since turning 50, did you ever consume any alcoholic beverages at least once a week for 6 months or longer? (Alcoholic beverages include beer, hard cider, wine, sake, liquor, spirits, mixed drinks, or cocktails.)

☐ yes

☐ no → go to SECTION 7 (Smoking)

☐ don’t know → go to SECTION 7 (Smoking)

37a. In your 50’s, did you ever consume beer or hard cider at least once a week for 6 months or longer?

☐ yes

☐ no → go to question 37d

☐ don’t know → go to question 37d

37b. In your 50’s, how many years did you consume beer or hard cider at least once a week for 6 months or longer?

# of years consumed beer once a week (____)
# of years consumed hard cider once a week (____)

37c. In your 50’s, when you consumed beer or hard cider at least once a week, how much did you typically consume? (Choose only one for per day/week/don’t know)

# of 12 oz. cans/bottles beer #____ per ☐ day ☐ week ☐ don’t know
# of 12 oz. cans/bottles hard cider #____ per ☐ day ☐ week ☐ don’t know

37d. In your 50’s, did you ever consume wine or sake at least once a week for 6 months or longer?

☐ yes

☐ no → go to question 37g

☐ don’t know → go to question 37g

37e. In your 50’s, how many years did you consume wine or sake at least once a week for 6 months or longer?

# of years consumed wine once a week (____)
# of years consumed sake once a week (____)
37f. In your 50’s, when you consumed wine or sake at least once a week, how much did you typically consume? (choose only one for per day/week/don’t know)

# of 4 oz. glasses wine #____ per □ day □ week □ don’t know
# of 1 oz. sake servings #____ per □ day □ week □ don’t know

37g. In your 50’s, did you ever consume liquor (spirits), mixed drinks or cocktails at least once a week for 6 months or longer?

☐ yes
↓ ☐ no → go to question 37j
↓ ☐ don’t know → go to question 37j

37h. In your 50’s, how many years did you consume liquor (spirits), mixed drinks or cocktails at least once a week for 6 months or longer?

# of years consumed liquor (spirits), mixed drinks or cocktails (____)

37i. In your 50’s, when you consumed liquor (spirits), mixed drinks or cocktails at least once a week, how much did you typically consume? (choose only one for per day/week/don’t know)

# of 1 oz. shots of liquor/spirits per #____ per □ day □ week □ don’t know

37j. Thinking about your total consumption of alcoholic beverages in your 50’s, how many years in total did you consume at least one alcoholic beverage a week?

# of years (____)
# of alcoholic beverages a week (____)
SECTION 7: SMOKING

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

☐ yes  ☐ no  →  go to question 39
☐ don’t know  →  go to question 39

38a. When did you first start smoking at least one cigarette a day? (choose only one)

Age at first use  (____) or
Year of first use  (________) or
I first smoked  (____) years ago or
☐ Don’t know

38b. During periods when you smoked regularly, how many cigarettes did you typically smoke in a day? ("Regularly" means at least one cigarette a day.)

I smoked  (____) cigarettes per day.
☐ Don’t know

38c. About two years ago, were you still smoking at least one cigarette a day?

☐ Yes
☐ No
☐ Don’t know

38d. Do you still smoke at least one cigarette a day?

☐ Yes  →  go to question 38f
☐ Don’t know  →  go to question 38f
☐ No  →  go to next question

38e. When did you permanently stop smoking at least one cigarette a day? (choose only one)

Age when stopped  (____) or
Year when stopped  (________) or
I stopped smoking  (____) years ago or
☐ Don’t know

38f. 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.)

I smoked at least one cigarette per day for  (____) years
☐ Don’t know
39. Have you ever smoked at least one cigar or one pipe per month for at least 3 months?

- [ ] yes
- [ ] no → go to SECTION 8 (Height and Weight)
- [ ] don’t know → go to SECTION 8 (Height and Weight)

39a. Did you smoke cigars or pipes or both? *(choose only one)*

- [ ] I smoked cigars
- [ ] I smoked pipes
- [ ] I smoked both

39b. When did you first start smoking at least one cigar or pipe, a month? *(choose only one)*

- Age at first use: (____) or
- Year of first use: (____) or
- I first smoked (____) years ago or
- [ ] Don’t know

39c. During periods when you smoked regularly, how many cigars or pipes did you typically smoke in a month? *("Regularly" means at least one cigar or pipe a month.)*

- Number of cigars per month: (____)
- Number of pipes per month: (____)
- [ ] Don’t know

39d. About two years ago, were you still smoking at least one cigar or pipe a month?

- [ ] Yes
- [ ] No
- [ ] Don’t know

39e. Do you still smoke at least one cigar or pipe a month?

- [ ] Yes → go to question 39g
- [ ] No → go to question 39f
- [ ] Don’t know → go to question 39g

39f. When did you permanently stop smoking at least one cigar or pipe a month? *(choose only one)*

- Age when stopped: (____) or
- Year when stopped: (____) or
- I stopped smoking (____) years ago or
- [ ] Don’t know

39g. How many years in total did you smoke at least one cigar or pipe a month? *(If you have stopped and restarted at least once, count only the time when you were smoking.)*

- [ ] total number of years
- [ ] Don’t know
SECTION 8: HEIGHT AND WEIGHT

40. About how tall are you, without your shoes on?
    
    (____) feet (____) inches or (____) centimeters
    □ don’t know

41. How much did you weigh about two years ago?
    
    (____) pounds or (____) kilos
    □ don’t know

42. How much did you weigh when you were about 20 years old?
    
    (____) pounds or (____) kilos
    □ don’t know
SECTION 9: DEMOGRAPHICS AND BACKGROUND INFORMATION

What is your date of birth?  (____) / (____) / (________)  
Month   Day   Year

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

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

44. Please provide information about you, your parents, and your grandparents regarding country of birth, race and ethnicity. (Scientists have found that diseases often occur in different patterns for people of different backgrounds. We would like to know if this is true for colorectal cancer.)

(country of birth)

44a. Where were you born?   ____________________
44b. Where was your mother born?  ____________________
44c. Where was your father born?  ____________________
44d. Where was your mother’s mother born?  ____________________
44e. Where was your mother’s father born?  ____________________
44f. Where was your father’s mother born?  ____________________
44g. Where was your father’s father born?  ____________________

45. How many years have you lived in the U.S.?  
☐ All of my life or  
Number of yrs (____)  
☐ Don’t know

46. Are you Hispanic or Latino?  
☐ Yes  
☐ No
47. Please indicate the race of the following people. *(as many as apply from chart below)* *(use 2 digit code)*

47a. What is your race? __ __
47b. What is your mother’s race? __ __
47c. What is your father’s race? __ __
47d. What is your mother’s mother’s race? __ __
47e. What is your mother’s father’s race? __ __
47f. What is your father’s mother’s race? __ __
47g. What is your father’s father’s race? __ __

<table>
<thead>
<tr>
<th>Code</th>
<th>Race Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Caucasian/White</td>
</tr>
<tr>
<td>02</td>
<td>African American/Black (except African; except Caribbean)</td>
</tr>
<tr>
<td>03</td>
<td>African American/Black (except African; except Caribbean)</td>
</tr>
<tr>
<td>04</td>
<td>Japanese (includes Okinawan)</td>
</tr>
<tr>
<td>05</td>
<td>Chinese</td>
</tr>
<tr>
<td>06</td>
<td>Filipino/Malay/Indonesian</td>
</tr>
<tr>
<td>07</td>
<td>Korean</td>
</tr>
<tr>
<td>08</td>
<td>South East Asian (except Chinese) <em>(such as Vietnamese, Laotian, Thai, Hmong, Kampuchean)</em></td>
</tr>
<tr>
<td>09</td>
<td>South Asian <em>(such as Indian, Pakistani, Sri Lankan)</em></td>
</tr>
<tr>
<td>10</td>
<td>Native American, Inuit, Aleutian, First Nations Person</td>
</tr>
<tr>
<td>11</td>
<td>Polynesian <em>(such as Hawaiian, Maori, Samoan, Tongan, Tahitian, Cook Islander)</em></td>
</tr>
<tr>
<td>12</td>
<td>Micronesian <em>(such as Chamorro)</em></td>
</tr>
<tr>
<td>13</td>
<td>Australian Aboriginal</td>
</tr>
<tr>
<td>14</td>
<td>Melanesian <em>(such as Fijian, New Guinean)</em></td>
</tr>
<tr>
<td>15</td>
<td>Caribbean Black <em>(such as Jamaican, Trinidadian, Tobagonian)</em></td>
</tr>
<tr>
<td>16</td>
<td>Central/South American <em>(such as Costa Rican, Salvadorian, Columbian, Brazilian)</em></td>
</tr>
<tr>
<td>17</td>
<td>Black African</td>
</tr>
<tr>
<td>18</td>
<td>North African <em>(such as Egyptian, Algerian, Moroccan)</em></td>
</tr>
<tr>
<td>19</td>
<td>Middle Eastern <em>(such as Iranian, Lebanese, Kuwaiti, Saudi)</em></td>
</tr>
<tr>
<td>98</td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>99</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

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

☐ Yes

□ No → go to question 50

□ Don’t know → go to question 50

48a. Is your mother of Jewish descent? ☐ Yes

☐ No

☐ Don’t know

48b. Is your father of Jewish descent? ☐ Yes

☐ No

☐ Don’t know
48c. Is your mother’s mother of Jewish descent  

- [ ] Yes 
- [ ] No 
- [ ] Don’t know 

48d. Is your mother’s father of Jewish descent  

- [ ] Yes 
- [ ] No 
- [ ] Don’t know 

48e. Is your father’s mother of Jewish descent  

- [ ] Yes 
- [ ] No 
- [ ] Don’t know 

48f. Is your father’s father of Jewish descent  

- [ ] Yes 
- [ ] No 
- [ ] Don’t know 

49. The ancestors of Ashkenazi Jews were often originally from Eastern European countries.

49a. Are you ...?  

- [ ] Ashkenazi  
- [ ] Sephardic  
- [ ] other  
- [ ] don’t know 

49b. Is your mother?  

<table>
<thead>
<tr>
<th></th>
<th>Is your father?</th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>[ ]</td>
<td>Sephardic</td>
</tr>
<tr>
<td>[ ]</td>
<td>other</td>
</tr>
<tr>
<td>[ ]</td>
<td>don’t know</td>
</tr>
</tbody>
</table>

49c. Is your mother’s mother?  

<table>
<thead>
<tr>
<th></th>
<th>Is your mother’s father?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ashkenazi</td>
</tr>
<tr>
<td>[ ]</td>
<td>Sephardic</td>
</tr>
<tr>
<td>[ ]</td>
<td>other</td>
</tr>
<tr>
<td>[ ]</td>
<td>don’t know</td>
</tr>
</tbody>
</table>

49d. Is your father’s mother?  

<table>
<thead>
<tr>
<th></th>
<th>Is your father’s father?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ashkenazi</td>
</tr>
<tr>
<td>[ ]</td>
<td>Sephardic</td>
</tr>
<tr>
<td>[ ]</td>
<td>other</td>
</tr>
<tr>
<td>[ ]</td>
<td>don’t know</td>
</tr>
</tbody>
</table>
50. As of about two years ago, which of the following best describes your total annual household income from all sources before taxes? (Scientists have found that diseases are sometimes more or less prevalent for people of different income levels. We would like to know if this is true for colorectal cancer.)

- [ ] less than $15,000
- [ ] between $15 - $29,000
- [ ] between $30 - $44,000
- [ ] between $45 - $69,000
- [ ] $70,000 or more
- [ ] don't know
- [ ] refused
SECTION 10: CONTACT INFORMATION

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

Name of relative or friend:

NAME: ____________________________
RELATIONSHIP: ____________________________
ADDRESS: __________________________________
_________________________________________
_________________________________________
PHONE: ____________________________