MAYO CLINIC

Hematologic Malignancies Questionnaire

Survey Research Center

1-7:8-15 **Site ID Number:** __ - __ __ __- __ __ __ **LEO ID Number:** __ __ __ __ __ __ __ __

16-23 **Date of Birth:** __ __/__ __/__ __ __ __
Month Day Year

24-31 **Today's Date:** __ __/__ __/__ __ __ __
Month Day Year

INSTRUCTIONS: PLEASE CHECK THE APPROPRIATE BOX OR FILL IN THE BLANK AS INDICATED.

ABOUT YOU

32 **1. Are you currently:**

1 ☐ Married
2 ☐ Living with someone in a marriage-like relationship
3 ☐ Separated
4 ☐ Divorced
5 ☐ Widowed
6 ☐ Never been married

33 **2. Were you born in the United States?**

1 ☐ No 2 ☐ Yes — **Go to question 3.**

34-35 **If no, how many years have you lived in the United States?** __ __ Years

36 **What country were you born in?** _____ Country

37 **3. What was your birth order?** (Include only live births.)

1 ☐ First child
2 ☐ Second child
3 ☐ Third child
4 ☐ Fourth child
5 ☐ Fifth child or greater
6 ☐ Don't know

38-43 **4. What is your current height and weight?** (Please round to the nearest whole number. If you are currently pregnant, report your pre-pregnancy weight.)

Height: ___ Feet __ __ Inches **Weight:** __ __ __ Pounds

44-46 **5. What was your weight 2 years ago?** (Please round to the nearest whole number.)

__ __ __ Pounds

47-49 **6. What was your weight at age 18?** (Please round to the nearest whole number.)

__ __ __ Pounds

50 **7. Which of the following best describes you?**

1 ☐ Working full-time for pay (35 or more hours per week)
2 ☐ Working part-time for pay

→ **Go to question 8 below.**

3 ☐ Not working for pay at present

Are you... (Mark all that apply.)

51 1 ☐ A full-time homemaker
52 1 ☐ A seasonal worker
53 1 ☐ In school
54 1 ☐ Disabled
55 1 ☐ Retired
56 1 ☐ Other, specify: _____

57 **8. Which is the highest grade or level of school you have completed?**

1 ☐ 8th grade or less
2 ☐ Some high school
3 ☐ High school graduate or GED
4 ☐ Vocational, technical, or business school
5 ☐ Some college or Associate's degree (including community college)
6 ☐ 4-year college graduate (Bachelor's degree)
7 ☐ Graduate or professional school
8 ☐ Other, please specify: _____

GENERAL HEALTH AND FUNCTIONING

58 **9. In general, would you say your health is...**

1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor

59 **10. <u>Compared to 1 year ago</u>, how would you rate your health in general <u>now</u>?**

1 ☐ Much better now than 1 year ago
2 ☐ Somewhat better now than 1 year ago
3 ☐ About the same
4 ☐ Somewhat worse now than 1 year ago
5 ☐ Much worse now than 1 year ago

60 **11. Thinking about people your age, would you say that you are in better physical shape, about the same, or worse physical shape compared to others your age?**

1 ☐ Better physical shape
2 ☐ About the same physical shape
3 ☐ Worse physical shape

12. How much of the time...

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
61 **Is there someone available to you whom you can count on to listen to you when you need to talk?**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
62 **Is there someone available to you to give you good advice about a problem?.**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
63 **Is there someone available to you who shows you love and affection?.**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
64 **Is there someone available to help with daily chores?.**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
65 **Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?.**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
66 **Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide in?.**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

67 **13. During the past <u>12 months</u>, would you say your emotional or psychological health has been...**

1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor
6 ☐ Don't know

68 **14. During the past <u>2 weeks</u>, how often have you been bothered by feeling down, depressed, or hopeless?**

1 ☐ Not at all
2 ☐ Some
3 ☐ Several days
4 ☐ More than half the days
5 ☐ Nearly every day
6 ☐ Don't know

69 **15. During the past <u>2 weeks</u>, how often have you been bothered by having little interest or little pleasure in doing things?**

1 ☐ Not at all
2 ☐ Some
3 ☐ Several days
4 ☐ More than half the days
5 ☐ Nearly every day
6 ☐ Don't know

PERSONAL AND FAMILY MEDICAL HISTORY

70 **16. Before your recently diagnosed cancer, were you ever treated with chemotherapy for a different cancer?**

1 ☐ No 2 ☐ Yes

71 **17. Before your recently diagnosed cancer, were you ever treated with radiation for any condition?**

1 ☐ No 2 ☐ Yes

72 **18. Have you ever had a blood transfusion?**

1 ☐ No 2 ☐ Yes

Go to question 19 on page 6.

73 **If yes, was this transfusion before or after your recently diagnosed cancer?**

1 ☐ Before
2 ☐ After

74 **How old were you when you had your first blood transfusion?**

1 ☐ Less than 5 years
2 ☐ 5 to 19 years
3 ☐ 20 to 39 years
4 ☐ 40 to 64 years
5 ☐ 65 years or older

75 **What was the reason for the first transfusion?**

1 ☐ Trauma
2 ☐ Surgery
3 ☐ Childbirth
4 ☐ Medical condition
5 ☐ Other, please specify: _____
6 ☐ Don't know

76 **Have you had more than one transfusion event, regardless of number of units of blood?**

1 ☐ No 2 ☐ Yes

History of Hospitalizations Due to Infections

19. Before your recently diagnosed cancer, were you ever hospitalized for the following infections? If yes, please mark the infection, and indicate how old you were the first time you were hospitalized for that infection and the number of times you were hospitalized.

		Age when you were first hospitalized.					Number of times hospitalized.		
		19 or younger	20 to 49	50 to 64	65 to 79	80 or older	Once	2 to 5 times	More than 5 times
77-79	1 ☐ **Influenza**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	3 ☐
80-82	1 ☐ **A sinus infection**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	3 ☐
83-85	1 ☐ **Bronchitis or pneumonia**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	3 ☐
86-88	1 ☐ **A gallbladder infection**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	3 ☐
89-91	1 ☐ **A kidney or urinary bladder infection**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	3 ☐
92-94	1 ☐ **A brain infection (eg, meningitis or encephalitis)**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	3 ☐
95-97	1 ☐ **A colon infection (eg, diverticulitis)**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	3 ☐
98-100	1 ☐ **A prostate infection (eg, prostatitis)**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	3 ☐
101-103	1 ☐ **A skin infection**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	3 ☐
104-106	1 ☐ **Other infections requiring hospitalization, please specify:** . _____	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	3 ☐

Allergies

20. Have you ever been told you have the following allergies? If yes, please mark the allergy, and indicate how old you were the first time you were told you had the allergy and if you have taken medication for the allergy.

		Age first told you had the allergy.					Have you taken medication for this allergy?	
		19 or younger	20 to 49	50 to 64	65 to 79	80 or older	No	Yes
107-109	1 ☐ **Plant allergies (eg, allergies to trees, grass, weeds, pollen, etc.)**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐
110-112	1 ☐ **Food allergies (eg, eggs, dairy, shellfish, wheat, peanuts, etc.)**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐
113-115	1 ☐ **Animal allergies (eg, dogs, cats, etc.)**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐
116-118	1 ☐ **Insect allergies (eg, bee stings)**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐
119-121	1 ☐ **Dust allergies**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐
122-124	1 ☐ **Mold allergies**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐
125-127	1 ☐ **Drug allergies**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐
128-130	1 ☐ **Any other allergies**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐

Medications

21. Have you ever taken any of the following medications at least once per week for 1 year or longer?

		No	Yes, but not at this time	Yes, currently	If yes, number of pills per week.	If yes, total number of years taken.
131	**`Baby' or low-dose aspirin**	1 ☐	2 ☐	3 ☐		
132-135					___ ___	___ ___
136	**Aspirin or aspirin-containing product product** (eg, Bayer®, Bufferin®, Excedrin®).	1 ☐	2 ☐	3 ☐		
137-140					___ ___	___ ___
141	**Ibuprofen** (eg, Advil®, Motrin®)	1 ☐	2 ☐	3 ☐		
142-145					___ ___	___ ___
146	**Naproxen, ketoprofen, meloxicam or other non-steroidal** (eg, Aleve®, Feldene®, Indocin®, Naprosyn®, Orudis®, Relafin®, Mobic®)	1 ☐	2 ☐	3 ☐		
147-150					___ ___	___ ___
151	**Cox-2 inhibitor** (eg, Celebrex®)	1 ☐	2 ☐	3 ☐		
152-155					___ ___	___ ___
156	**Acetaminophen** (eg, Aspirin-free Excedrin®, Tylenol®, Tempra®)	1 ☐	2 ☐	3 ☐		
157-160					___ ___	___ ___
161	**Prescription pain medication with an opiate and acetaminophen such as hydrocodone with acetaminophen or oxycodone with acetaminophen** (eg, Vicodin®, Percocet®)	1 ☐	2 ☐	3 ☐		
162-165					___ ___	___ ___
166	**Statin medications such as lovastatin (Mevacor®), atorvastatin (Lipitor®), resuvastatin (Crestor®), pravastatin (Pravachol®), simvastatin (Zocor®), fluvastatin (Lescol®)**.	1 ☐	2 ☐	3 ☐		
167-170					___ ___	___ ___
171	**Immunosuppresive drugs: methotrexate, mycophenylate, immmuran, cyclophosphamide (Cytoxan®), cyclosporine, calcineurin, inhibitors, embrel, etc.**.	1 ☐	2 ☐	3 ☐		
172-175					___ ___	___ ___
176	**Metformin® for diabetes, including Glucophage®, Glucophage R®, Blmetza®, Riomet®, or Fortamet®**	1 ☐	2 ☐	3 ☐		
177-180					___ ___	___ ___
181	**Sulfonylurea agents (also known as oral hypoglycemic agents) for diabetes including chlorpropamide (Diabinese®), tolbutamide (Orinase®), tolazamide (Tolinase®), glyburide (Diabeta®, Micronase®), glipizide (Glucotrol®), or Glimepiride (Amaryl®)**.	1 ☐	2 ☐	3 ☐		
182-185					___ ___	___ ___
186	**Other oral agents for diabetes**	1 ☐	2 ☐	3 ☐		
187-190					___ ___	___ ___

22. Please indicate the age you were first diagnosed with the following condition. If you have not been diagnosed with this condition, mark "None."

In addition, please indicate whether or not your family members have had this condition by marking "Yes" or "No." We are only interested in those relatives that are related to you by blood.

		SELF: Age when this condition was first diagnosed.						SELF: Was this condition diagnosed before or after your recently diagnosed cancer?		RELATIVES: Do or did any of your first degree relatives (parents, sisters, brothers, children) have this condition?	
		None	19 or younger	20 to 49	50 to 64	65 to 79	80 or older	Before	After	No	Yes
	Rheumatologic										
191-193	**Arthritis (osteoarthritis)**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
194-196	**Arthritis (rheumatoid)**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
197-199	**Fibromyalgia**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
200-202	**Autoimmune disorder (lupus, scleroderma)**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
	Gynecologic										
203-205	**Endometriosis**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
	Liver										
206-208	**Hepatitis A, B, or C**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
209-211	**Other liver disease**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
	Hematologic										
212-214	**Organ or bone marrow transplant**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
215-217	**Bleeding disorder**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
	Cancer										
218-220	**Thyroid cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
221-223	**Lung cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
224-226	**Breast cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
227-229	**Esophageal cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
230-232	**Pancreatic cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
233-235	**Stomach cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
236-238	**Colon or rectal cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
239-241	**Liver cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
242-244	**Uterine/endometrial cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐

Continues next page...

		SELF: Age when this condition was first diagnosed.						SELF: Was this condition diagnosed before or after your recently diagnosed cancer?		RELATIVES: Do or did any of your first degree relatives (parents, sisters, brothers, children) have this condition?	
		None	19 or younger	20 to 49	50 to 64	65 to 79	80 or older	Before	After	No	Yes
	Cancer (continued)										
245-247	**Cervical cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
248-250	**Ovarian cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
251-253	**Prostate cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
254-256	**Testicular cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
257-259	**Melanoma**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
260-262	**Nonmelanoma skin cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
263-265	**Sarcoma**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
266-268	**Kidney cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
269-271	**Urinary/bladder cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
272-274	**Other cancer**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
	Cardiovascular										
275-277	**Heart attack/myocardial infarction**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
278-280	**Coronary artery disease**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
281-283	**Congestive heart failure**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
284-286	**Cardiomyopathy**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
287-289	**Atrial fibrillation/ arrhythmia**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
290-292	**Congenital heart disease**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
293-295	**High blood pressure (hypertension)**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
296-298	**High cholesterol (hyperlipidemia)**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
299-301	**Blood clots in a vein**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
	Respiratory										
302-304	**Asthma**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
305-307	**Chronic obstructive pulmonary disease (COPD)**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
308-310	**Sleep apnea**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐

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		SELF Age when this condition was first diagnosed.						SELF Was this condition diagnosed before or after your recently diagnosed cancer?		RELATIVES Do or did any of your first degree relatives (parents, sisters, brothers, children) have this condition?	
	Gastrointestinal	None	19 or younger	20 to 49	50 to 64	65 to 79	80 or older	Before	After	No	Yes
311-313	**Acid reflux or gastro esophageal reflux disorder (GERD)**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
314-316	**Barrett's esophagus**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
317-319	**Celiac disease**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
320-322	**Irritable bowel syndrome (IBS)**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
323-325	**Crohn's disease or ulcerative colitis**.	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
	Endocrine										
326-328	**Type 1 diabetes**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
329-331	**Type 2 diabetes**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐
	Skin										
332-334	**Eczema**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	1 ☐	2 ☐	1 ☐	2 ☐

Family History of Selected Cancers

23. Have any of the following cancers been diagnosed in your family? Please check only if the family member is your natural (blood-related) father, mother, full brothers, full sisters, natural children. (Please include any who have died.)

		Father		Mother		Brothers		Sisters			If yes, did any occur before age 50?		
		No	Yes	No	Yes	1	2 or more	1	2 or more	Children	No	Yes	Don't know
335-340	**Hodgkin Lymphoma** . .	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	1 ☐	2 ☐	3 ☐
341-346	**Non-Hodgkin Lymphoma** . .	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	1 ☐	2 ☐	3 ☐
347-352	**Leukemia**.	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	1 ☐	2 ☐	3 ☐
353-358	**Multiple Myeloma**	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	1 ☐	2 ☐	3 ☐

WOMEN ONLY — Men, go to question 30 on page 13.

359 **24. Have you ever been pregnant?**

1 ☐ No — **Go to question 25 below.**
2 ☐ Yes

360 **How many times have you been pregnant?** (Include all stillbirths, miscarriages, ectopic or tubal pregnancies, induced abortions, and current pregnancy, if applicable.)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 or more

361 **How many pregnancies resulted in a live birth?**

☐ 0 — **Go to question 25 below.**
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 or more

362 **What was your age when your first child was born?**

1 ☐ 17 or younger
2 ☐ 18
3 ☐ 19
4 ☐ 20 to 24
5 ☐ 25 to 29
6 ☐ 30 to 34
7 ☐ 35 to 39
8 ☐ 40 or older

363 **How many of your children did you breastfeed for more than one month?**

1 ☐ Did not breastfeed any
2 ☐ 1 to 2 children
3 ☐ 3 to 5 children
4 ☐ 6 to 10 children
5 ☐ 11 children or more

364 **What was your age when your last child was born?**

1 ☐ 17 or younger
2 ☐ 18
3 ☐ 19
4 ☐ 20 to 24
5 ☐ 25 to 29
6 ☐ 30 to 34
7 ☐ 35 to 39
8 ☐ 40 or older

365 **Are you pregnant right now?**

1 ☐ No 2 ☐ Yes 3 ☐ Don't know

366 **25. How old were you when you started having menstrual periods?**

1 ☐ Less than 12
2 ☐ 12
3 ☐ 13
4 ☐ 14
5 ☐ 15 or older
6 ☐ Don't know/don't remember
7 ☐ Never started — **Go to question 27 on page 12.**

367 **26. Have you had your uterus removed (hysterectomy), or was your last menstrual period more than 12 months ago?**

1 ☐ No 2 ☐ Yes

368-369 **At what age did you stop menstruating regularly?** __ __ Age

370 **What was the reason you stopped menstruating regularly?**

1 ☐ Natural menopause (change of life)
2 ☐ Because of hysterectomy or removal of ovaries (or both)
3 ☐ Took medication that stopped my period
4 ☐ Radiation/chemotherapy
5 ☐ Other, please specify: _____

371 **27. Have you ever used birth control pills, patches, implants, or shots?**

1 ☐ No 2 ☐ Yes, currently 3 ☐ Yes, but not currently

372 **What is the total time you used birth control pills, patches, implants or shots?** (If you have stopped and started several times, please count combined years of use.)

1 ☐ 6 months or less
2 ☐ 7 to 11 months
3 ☐ 1 to 2 years
4 ☐ 3 to 5 years
5 ☐ 6 to 11 years
6 ☐ More than 11 years

373 **28. Have you ever taken hormone replacement therapy other than birth control pills (eg, estrogen, estrogen/progesterone combination)?**

1 ☐ No 2 ☐ Yes, currently 3 ☐ Yes, but not currently

What type are you taking now or most recently? (Mark all that apply.)

374 1 ☐ Estrogen alone
375 1 ☐ Estrogen and Progesterone combination (eg, Provera or Prempro)
376 1 ☐ Other, please specify: _____
377 1 ☐ Don't know

378-379 **How old were you when you first began taking any hormone therapy?** __ __ Age

380-381 **How many years have you taken any hormone therapy?** __ __ Number of years

382 **29. Have you ever taken tamoxifen (Nolvadex)?**

1 ☐ No 2 ☐ Yes, currently 3 ☐ Yes, but not currently 4 ☐ Don't know

383 **How long have you taken tamoxifen?**

1 ☐ 1 month or less
2 ☐ 1 to 6 months
3 ☐ 7 to 11 months
4 ☐ 1 to 2 years
5 ☐ 3 to 5 years
6 ☐ More than 5 years
7 ☐ Don't know

DIET AND LIFESTYLE FACTORS

30. Have you used any of the following tobacco products for 12 months or longer?
(Please mark one response for each tobacco product.)

384 **Cigar** . . . . . 1 ☐ No 2 ☐ Yes → 385-386 **For how many years?** __ __ Years

387 **Pipe** . . . . . 1 ☐ No 2 ☐ Yes → 388-389 **For how many years?** __ __ Years

390 **Snuff** . . . . . 1 ☐ No 2 ☐ Yes → 391-392 **For how many years?** __ __ Years

393 **Chewing tobacco** . . . . 1 ☐ No 2 ☐ Yes → 394-395 **For how many years?** __ __ Years

396 **31. Have you smoked at least 100 cigarettes in your entire life?**

1 ☐ No 2 ☐ Yes 3 ☐ Don't know/not sure **— Go to question 32 on page 14.**

397-398 **How old were you when you first started smoking cigarettes on a regular basis?** __ __ Age

399 **On average, how many cigarettes do/did you smoke <u>per day</u>?**

1 ☐ 1 to 10 per day
2 ☐ 11 to 20 per day
3 ☐ 21 to 30 per day
4 ☐ 31 to 40 per day
5 ☐ 41 or more per day

400 **Do you currently smoke cigarettes?**

1 ☐ No → 401-402 **If no, at what age did you quit?** __ __ Age

2 ☐ Yes

403 **32. Did you ever live in the same household with someone who smoked cigarettes regularly?**

1 ☐ No 2 ☐ Yes

404-405 **For how many years altogether was this the case?** __ __ Years

406 **Please indicate the amount of secondhand exposure per day by the approximate combined number of cigarettes or packs smoked by the person(s) from your household.**

1 ☐ 1 to 10 cigarettes per day (up to ½ pack)
2 ☐ 11 to 20 cigarettes per day (½ to 1 pack)
3 ☐ 21 to 40 cigarettes per day (1 to 2 packs)
4 ☐ 41 to 60 cigarettes per day (2 to 3 packs)
5 ☐ More than 60 cigarettes per day (3 packs or more)

407-416 **At what age(s) were you exposed to secondhand smoke from your household?** (Mark all that apply.)

1 ☐ Younger than age 5	1 ☐ 30 to 39	1 ☐ 70 to 79
1 ☐ 5 to 9	1 ☐ 40 to 49	1 ☐ 80 and older
1 ☐ 10 to 19	1 ☐ 50 to 59	
1 ☐ 20 to 29	1 ☐ 60 to 69	

417 **33. Did you ever work in an area where others smoked regularly in your presence?**

1 ☐ No 2 ☐ Yes

418-419 **For how many years altogether was this the case?** __ __ Years

420 **Please indicate the amount of secondhand exposure per day by the approximate combined number of cigarettes or packs smoked by the person(s) from your workplace.**

1 ☐ 1 to 10 cigarettes per day (up to ½ pack)
2 ☐ 11 to 20 cigarettes per day (½ to 1 pack)
3 ☐ 21 to 40 cigarettes per day (1 to 2 packs)
4 ☐ 41 to 60 cigarettes per day (2 to 3 packs)
5 ☐ More than 60 cigarettes per day (3 packs or more)

421-429 **At what age(s) were you exposed to secondhand smoke from your workplace?** (Mark all that apply.)

1 ☐ Younger than 16	1 ☐ 30 to 39	1 ☐ 60 to 69
1 ☐ 16 to 19	1 ☐ 40 to 49	1 ☐ 70 to 79
1 ☐ 20 to 29	1 ☐ 50 to 59	1 ☐ 80 and older

430 **34. During your entire life, have you had 12 drinks or more of any kind of alcoholic drink? If you are not yet the age specified in the range, please answer "Not applicable" for that age group.** (One drink of alcohol is equal to 1 can of beer, 1 glass of wine, or 1 shot of liquor, eg, whiskey, brandy, or gin.)

1 ☐ No — **Go to question 36 on page 16.**

2 ☐ Yes

If yes, for each age group given below, how many drinks of alcohol did you usually have, on average?	Not applicable	None	Less than 1 each month	1 to 3 each month	1 to 2 each week	3 to 6 each week	1 to 2 each day	3 or more each day
431:432 **From age 14 to 17**.	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
433:434 **From age 18 to 22**.	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
435:436 **From age 23 to 29**.	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
437:438 **From age 30 to 49**.	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
439:440 **About 2 years ago**	1 ☐	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

441 **35. How often did you have a drink containing alcohol in the past 12 months?**

0 ☐ Never — **Go to question 36 on page 16.**

1 ☐ Less than 1 each month
2 ☐ 1 to 3 each month
3 ☐ 1 to 2 each week
4 ☐ 3 to 6 each week
5 ☐ 1 to 2 each day
6 ☐ 3 or more each day

442 **How many drinks did you have on a typical day when you were drinking in the past 12 months?**

1 ☐ 0 to 2 drinks
2 ☐ 3 to 4 drinks
3 ☐ 5 to 6 drinks
4 ☐ 7 to 9 drinks
5 ☐ 10 or more drinks

443 **How often did you have 6 or more drinks on one occasion in the past 12 months?**

1 ☐ Never
2 ☐ Less than monthly
3 ☐ Monthly
4 ☐ Weekly
5 ☐ Daily or almost daily

Please report your usual eating habits, as an adult, before 2 years ago, and not including any recent dietary changes. Please include foods you ate in a restaurant.

444 **36. On average, how many times a day did you eat high fat foods such as red meat, fried food, whole milk, regular cheese, ice cream, baked goods, or regular salad dressing?**

1 ☐ 0 2 ☐ 1 3 ☐ 2 4 ☐ 3 or more

445 **37. How many servings of fruit did you eat during a typical day?** (One serving = 1 medium piece of fruit or ¾ cup fruit juice.)

1 ☐ 0 2 ☐ 1 3 ☐ 2 4 ☐ 3 5 ☐ 4 6 ☐ 5 or more

446 **38. How many servings of vegetables did you eat during a typical day?** (One serving = 1 cup raw, leafy vegetables, ½ cup cooked vegetables, or ¾ cup vegetable juice.)

1 ☐ 0 2 ☐ 1 3 ☐ 2 4 ☐ 3 5 ☐ 4 6 ☐ 5 or more

447 **39. How many servings of milk and other dairy products or calcium supplements did you get in an average day?**

1 ☐ 1 or no servings (or less than 600 mg dose supplements)
2 ☐ 2 to 3 servings (or between 600 and 1,200 mg dose supplements)
3 ☐ 4 or more servings (or more than 1,200 mg dose supplements)

448 **40. How many servings of diet soft drinks did you have per day?** (A serving size is 1 can or glass.)

1 ☐ None
2 ☐ 1 to 2 servings
3 ☐ 3 to 4 servings
4 ☐ 5 to 6 servings
5 ☐ 7 to 9 servings
6 ☐ 10 servings or more

449 **41. How many servings of regular (nondiet) soft drinks did you have per day?** (A serving size is 1 can or glass.)

1 ☐ None
2 ☐ 1 to 2 servings
3 ☐ 3 to 4 servings
4 ☐ 5 to 6 servings
5 ☐ 7 to 9 servings
6 ☐ 10 servings or more

450 **42. How many cups of coffee, caffeinated or decaffeinated, did you drink?**

1 ☐ None **— Go to question 43 below.**

2 ☐ Less than 1 cup per month
3 ☐ 2 to 4 cups per week
4 ☐ 5 to 6 cups per week
451 5 ☐ 1 cup per day
6 ☐ 2 to 3 cups per day
7 ☐ 4 to 5 cups per day
8 ☐ 6 or more cups per day

→ **How often is the coffee you drink decaffeinated?**

1 ☐ Never or almost never
2 ☐ About ¼ of the time
3 ☐ About ½ of the time
4 ☐ About ¾ of the time
5 ☐ Always or almost always

43. During the past 12 months, which vitamins, minerals, or supplements have you taken regularly (2 times a week or more for at least 3 months). (Mark all that apply.)

452:466	1 ☐ None	1 ☐ 5-HTP
453:467	1 ☐ Multivitamins	1 ☐ Acidophilus
454:468	1 ☐ Prenatal vitamins	1 ☐ Bee pollen or royal jelly
455:469	1 ☐ Vitamin A	1 ☐ Chondroitin
456:470	1 ☐ B Vitamins	1 ☐ CoQ10
457:471	1 ☐ Vitamin C	1 ☐ DHEA
458:472	1 ☐ Vitamin D	1 ☐ Fiber supplement (Metamucil, etc.)
459:473	1 ☐ Vitamin E	1 ☐ Fish oil/omega fatty acids/EPA/DHA
460:474	1 ☐ Beta carotene	1 ☐ Glucosamine
461:475	1 ☐ Calcium	1 ☐ Melatonin
462:476	1 ☐ Folate	1 ☐ Progesterone cream
463:477	1 ☐ Iron	1 ☐ SAM-e
464:478	1 ☐ Selenium	1 ☐ Xanadrine
465:479	1 ☐ Zinc	1 ☐ Other vitamins, minerals, or supplements, specify:

_____

44. Prior to 2 years ago, and excluding any recent changes, on average, how many hours in a week did you spend in the following activities?

	Never	½ to 1 hour	2 to 3 hours	4 to 6 hours	7 to 10 hours	11 to 20 hours	21 to 30 hours	31 hours or more
480 **Strenuous recreational activities** (such as running, jogging, bicycling on hills, soccer, tennis, swimming laps, aerobics, weightlifting)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
481 **Strenuous work** (such as moving heavy furniture, loading or unloading trucks, construction work, shoveling, or equivalent labor)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
482 **Moderate recreational activities** (such as brisk walking, golfing, bicycling on level ground, gardening, dancing, softball)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
483 **Moderate work** (such as housework, yard work, restaurant work, sales work, or equivalent moderate labor)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐

45. Prior to 2 years ago, and excluding any recent changes, how many hours in a day did you usually spend in the following sitting activities?

	Never	Less than 1 hour	1 to 2 hours	3 to 4 hours	5 to 6 hours	7 to 10 hours	11 hours or more
484 **Sitting in car, bus, truck, or train**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
485 **Sitting at work**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
486 **Watching TV**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
487 **Sitting at meals**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
488 **Other sitting activities (such as reading, playing cards, sewing, using a home computer)**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

SUN EXPOSURE

489 **46. Would you describe your complexion as:**

1 ☐ Light 2 ☐ Medium 3 ☐ Dark

490 **47. Suppose you spent an hour in bright sunlight for the first time in summer in the middle of the day without any protection. Which of these reactions best describes what would happen to your skin?**

1 ☐ A sunburn with blisters
2 ☐ A sunburn without blisters
3 ☐ A mild sunburn without blisters
4 ☐ A tan with no sunburn
5 ☐ No change in skin color

The next several questions ask about sun exposure at different times in your life. Please fill out one answer for each of the time periods on the left. If you are not yet the age specified in the range, please answer not applicable for that age range.

48. How much midday (10 a.m to 2 p.m.) sun exposure, on average, did you have in each of the following age groups?

	Not applicable	Don't know	Practically none (3 hrs or less per week)	Little (4 to 7 hrs per week)	Moderate (8 to 14 hrs per week)	Extensive (15+ hrs per week)
491 **Birth to age 12**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
492 **13 years to 21 years**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
493 **22 years to 40 years**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
494 **41 years or older**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

49. In each of the following age groups, how frequently did you wear sunscreen or protective clothing (hat or long-sleeved shirt) when in the bright sun for more than 15 minutes?

	Not applicable	Don't know	Never	Rarely (less than 20%)	Most times (20% to 80%)	Usually (more than 80%)
495 **Birth to age 12**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
496 **13 years to 21 years**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
497 **22 years to 40 years**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
498 **41 years or older**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

50. Please indicate the <u>most severe</u> sunburn you had in each of the following age groups?

	Not applicable	Don't know	Practically never had sunburn	Mild sunburns (mild redness only)	Moderate sunburns (redness and/or pain)	Severe without blistering (painful)	Severe with blistering (painful)
499 **Birth to age 12**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
500 **13 years to 21 years**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
501 **22 years to 40 years**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
502 **41 years or older**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐

ENVIRONMENT

51. What is the nature of the businesses or industries where you have worked during the majority of your life? (Please select one.)

503-504

- 1 ☐ Active Duty Military
- 2 ☐ Construction
- 3 ☐ Farming, Forestry, Fishing, and Hunting
- 4 ☐ Finance, Insurance, Real Estate, and Rental and Leasing
- 5 ☐ Information and Communications
- 6 ☐ Manufacturing/Production
- 7 ☐ Mining
- 8 ☐ Public Administration
- 9 ☐ Retail Trade
- 10 ☐ Services: Arts, Entertainment, Recreation, Accommodations, and Food
- 11 ☐ Services: Educational, Health, and Social
- 12 ☐ Services: Professional, Scientific, Management, and Administrative
- 13 ☐ Services: Waste Management
- 14 ☐ Services: Other (except Public Administration)
- 15 ☐ Telecommunications
- 16 ☐ Transportation and Warehousing
- 17 ☐ Utilities
- 18 ☐ Wholesale Trade
- 19 ☐ Other, please specify below: _____
- 20 ☐ None of the above

52. Are, or were you ever, regularly exposed to any of the following substances?

		No	Yes	Don't know
505	**Asbestos**	1 ☐	2 ☐	3 ☐
506	**Benzene or derivatives**	1 ☐	2 ☐	3 ☐
507	**Chlorinated hydrocarbons (CHC), solvents, or related compounds**	1 ☐	2 ☐	3 ☐
508	**Chromium/chromium compounds**	1 ☐	2 ☐	3 ☐
509	**Coal dust**	1 ☐	2 ☐	3 ☐
510	**Nickel/nickel compounds**	1 ☐	2 ☐	3 ☐
511	**Radioactive substance**	1 ☐	2 ☐	3 ☐
512	**Taconite**	1 ☐	2 ☐	3 ☐
513	**Other, please specify:** _____	1 ☐	2 ☐	3 ☐

514 **53. Where do you currently live most of the year?**

- 1 ☐ On a working farm or ranch
- 2 ☐ In a rural home or hobby farm, not a working farm or ranch
- 3 ☐ In a suburb, city, or village
- 4 ☐ Other, specify: _____

515 **54. Have you ever lived on a working farm?**

1 ☐ No 2 ☐ Yes

516-519 **If yes, what type of farm was it?** (Mark all that apply.)

1 ☐ Commercial 1 ☐ Dairy 1 ☐ Cattle 1 ☐ Agricultural

520 **55. Have you ever personally mixed or applied fertilizer to add nutrients to the soil?** (Include fertilizer used for farm use, commercial application, and/or personal use in your home or garden.)

1 ☐ No 2 ☐ Yes

521 **If yes, how many years did you personally mix or apply fertilizers?** (One growing season = 1 year.)

1 ☐ 1 year or less 3 ☐ 6 to 10 years 5 ☐ 21 to 30 years
2 ☐ 2 to 5 years 4 ☐ 11 to 20 years 6 ☐ 31 years or more

522 **56. Have you ever personally mixed or applied any pesticides to kill insects?** (Include crop, livestock, and structural insecticides and fumigants. Include pesticides used for farm use, commercial application, and/or personal use in your home or garden.)

1 ☐ No 2 ☐ Yes

523 **If yes, how many years did you personally mix or apply pesticides?** (One growing season = 1 year.)

1 ☐ 1 year or less 3 ☐ 6 to 10 years 5 ☐ 21 to 30 years
2 ☐ 2 to 5 years 4 ☐ 11 to 20 years 6 ☐ 31 years or more

524 **57. Have you ever personally mixed or applied herbicides to kill weeds or fungicides to kill mold or fungus?** (Include crop, livestock herbicides or fungicides for farm use, commercial application, and/or personal use in your home or garden.)

1 ☐ No 2 ☐ Yes

525 **If yes, how many years did you personally mix or apply herbicides or fungicides?** (One growing season = 1 year.)

1 ☐ 1 year or less 3 ☐ 6 to 10 years 5 ☐ 21 to 30 years
2 ☐ 2 to 5 years 4 ☐ 11 to 20 years 6 ☐ 31 years or more

Thank you for taking the time to complete the survey!

Question 12: Social Support Measure. Enhancing recovery in coronary heart disease patients (ENRICHD): study design and methods. The ENRICHD investigators. Am Heart J. 2000;139:1-9. [PubMed]

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