

The Sister Study

Lifestyle

Version 6



Instructions:

- Please use **DARK BLUE OR BLACK BALLPOINT PEN**.
- Mark only one answer for each question unless otherwise indicated.
- Follow the arrow from your response to find the next question.
- Do not write comments on the form.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

Fill in the bubbles **COMPLETELY** for each of the questions in this form.

Like this: ●

Not like this: ⊗ ⊙

If you must change an answer, please mark a single horizontal line through it and bubble in the correct answer completely.

Like this: ● ~~YES~~

Not like this: ⊗ ~~YES~~

Please write responses in all capital letters and numbers without touching the sides of the boxes.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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1	2	3	4	5	6	7	8	9	0
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When writing dates, please follow this example.

EXAMPLE: June 7, 2004 =

0	6
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 /

0	7
---	---

 /

2	0	0	4
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(month) (day) (year)

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0522). Do not return the completed form to this address.

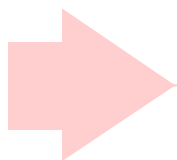


Your continued participation in the Sister Study is completely voluntary and greatly appreciated. If you are not comfortable answering a question, just skip it and go on to the next one. All information you share will be kept confidential.

Today's Date: / / 2 0
(month) (day) (year)

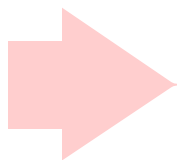
1. Which of the following best describes your *current* marital status?

- Never married
- Widowed
- Divorced
- Separated



GO TO QUESTION 2

- Married, civil union or living with someone as though married



1a. How many years have you been married or living as though married with that spouse/partner?

YEARS

OR Less than 1 year

1b. Is your spouse/partner a Man
man or a woman? Woman

2. Thinking about last year, which of the following best describes your total income from all household members before taxes? Please include income from all sources such as annuities, social security, stocks, alimony and child support earned in the past year.

- Less than \$20,000
- \$20,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$200,000
- More than \$200,000



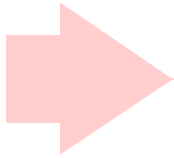
3. Last year, how many people, including yourself, were supported by that income?

- 1
- 2
- 3-4
- 5-6
- 7-8
- More than 8

4. Did you smoke at least 10 cigarettes since August 1, 2008?

No → GO TO QUESTION 5

Yes



4a. When did you *first* start smoking?

- Before 2008
- 2008
- 2009
- 2010
- 2011
- 2012

4b. When did you *last* smoke cigarettes?

- I am a current smoker
- I last smoked in 2012
- I last smoked in 2011
- I last smoked in 2010
- I last smoked in 2009
- I last smoked in 2008

4c. During the years you smoked since 2008, how many days per week do/did you smoke?

- Less than one day per week
- 1-3 days per week
- 4-6 days per week
- every day

4d. During the years you smoked since 2008, how many cigarettes do/did you usually smoke per day on the days that you smoked?

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CIGARETTES

5. Since August 1, 2008, how many regular smokers have you lived with (not counting yourself, if you smoke)?

- None
- 1
- 2
- 3-4
- 5 or more

Please use a ballpoint pen for this form



6. About how many hours or minutes per day are you exposed to other people's tobacco smoke (include all locations—home, work, and all other places you spend time where others might smoke)?

- None
- Less than 30 minutes
- 30-59 minutes
- 1-2 hours
- 3-4 hours
- 5-6 hours
- 7-8 hours
- More than 8 hours

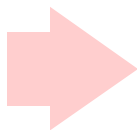
Since August 1, 2008...	NO	YES	a. IF YES, about how often did you drink these beverages?	b. On average, how many drinks did you have on the days that you drank?	c. How many years in all have you done this since August 1, 2008?
7. ...have you drunk <i>beer or other malt beverages</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> a few times per year <input type="radio"/> once per month <input type="radio"/> 2-3 times per month <input type="radio"/> once per week <input type="radio"/> 2 times per week <input type="radio"/> 3-4 times per week <input type="radio"/> 5-6 times per week <input type="radio"/> every day	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 or more	<input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years <input type="radio"/> 5 years
8. ...have you drunk <i>white wine or white wine coolers</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> a few times per year <input type="radio"/> once per month <input type="radio"/> 2-3 times per month <input type="radio"/> once per week <input type="radio"/> 2 times per week <input type="radio"/> 3-4 times per week <input type="radio"/> 5-6 times per week <input type="radio"/> every day	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 or more	<input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years <input type="radio"/> 5 years
9. ...have you drunk <i>red wine or red wine coolers</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> a few times per year <input type="radio"/> once per month <input type="radio"/> 2-3 times per month <input type="radio"/> once per week <input type="radio"/> 2 times per week <input type="radio"/> 3-4 times per week <input type="radio"/> 5-6 times per week <input type="radio"/> every day	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 or more	<input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years <input type="radio"/> 5 years
10. ...have you drunk <i>liquor</i> ?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> a few times per year <input type="radio"/> once per month <input type="radio"/> 2-3 times per month <input type="radio"/> once per week <input type="radio"/> 2 times per week <input type="radio"/> 3-4 times per week <input type="radio"/> 5-6 times per week <input type="radio"/> every day	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 or more	<input type="radio"/> less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 years <input type="radio"/> 4 years <input type="radio"/> 5 years



11. Since August 1, 2008, did you ever drink four or more alcoholic beverages in a row, in one sitting?

No → GO TO QUESTION 12

Yes



11a. How many times has this happened since August 1, 2008?

once or twice
 once a year
 2-3 times a year
 4-6 times a year
 7-11 times a year
 once a month
 more than once a month but less than once a week
 once a week
 more than once a week

12. Since August 1, 2008, has a doctor or other health professional told you that your drinking was hurting your health?

No
 Yes

We are interested in finding out about the kinds of *physical activities* that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the *past 7 days*. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

		a. How much time did you usually spend doing these physical activities on one of those days?
<p>During the <i>past 7 days</i>, on how many days did you...</p> <p>13. ...do <i>vigorous</i> physical activities? These take hard physical effort and make you breathe much harder than normal, for example running or swimming at a fast pace. Think only about activities that you did for at least 10 minutes at a time.</p>	<input style="width: 30px; height: 30px;" type="text"/> → # DAYS OR <input type="radio"/> No vigorous physical activity	<input style="width: 30px; height: 30px;" type="text"/> AND <input style="width: 30px; height: 30px;" type="text"/> HOURS PER DAY AND MINUTES PER DAY (up to 59) <input type="radio"/> Not sure
<p>14. ...do <i>moderate</i> physical activities? These take moderate physical effort and make you breathe somewhat harder than normal, for example dancing or doing yard work. Think only about those physical activities that you did for at least 10 minutes at a time. Do not include walking.</p>	<input style="width: 30px; height: 30px;" type="text"/> → # DAYS OR <input type="radio"/> No moderate physical activity	<input style="width: 30px; height: 30px;" type="text"/> AND <input style="width: 30px; height: 30px;" type="text"/> HOURS PER DAY AND MINUTES PER DAY (up to 59) <input type="radio"/> Not sure
<p>15. ...<i>walk</i> for at least 10 minutes at a time? This includes walking at work and at home, walking to travel from place to place, and any other walking you might do solely for recreation, sport, exercise or leisure.</p>	<input style="width: 30px; height: 30px;" type="text"/> → # DAYS OR <input type="radio"/> No walking for at least 10 mins	<input style="width: 30px; height: 30px;" type="text"/> AND <input style="width: 30px; height: 30px;" type="text"/> HOURS PER DAY AND MINUTES PER DAY (up to 59) <input type="radio"/> Not sure

Please use a ballpoint pen for this form



During the *past 7 days*, how much time did you...

16. ...usually spend *sitting* on a *weekday*? This includes sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television.

HOURS
PER DAY

AND

MINUTES
PER DAY
(up to 59)

Not sure

17. ...usually spend *standing* on a *weekday*? This includes standing while at work, at home, and during leisure time.

HOURS
PER DAY

AND

MINUTES
PER DAY
(up to 59)

Not sure

18. How similar was your level of activity this past week to your usual level of activity?

- less than usual
- about the same
- more than usual

19. Since August 1, 2008, have you done any of the following *hobbies* at least 5 hours per week for at least 6 weeks? (*Mark all that apply.*)

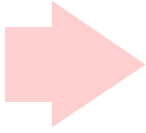
- oil painting or other artistic painting
- developing photographs chemically
- woodworking
- refinishing furniture
- ceramics or pottery making
- glass blowing
- etching
- hobbies that involve soldering such as stained glass or jewelry making
- hobbies that involve welding
- leather crafting
- print making or silk screening
- auto or engine repair
- gardening
- I have not done any of these hobbies



20. Since August 1, 2008, have you used *hair dye* to color your hair?

No → GO TO QUESTION 21

Yes



20a. In what years did you do this? (*Mark all that apply.*)

- 2008
- 2009
- 2010
- 2011
- 2012

20b. What color did you *usually* use?

- Black
- Light brown
- Dark brown
- Light blonde
- Dark blonde
- Light red
- Dark red
- Other

20c. What type of hair dye do you use most often?

- Temporary dyes (wash out with a few shampoos)
- Semi-permanent dyes (colors are pre-mixed or require mixing but no other chemicals are added; color fades out in about 4-8 weeks)
- Demi-permanent dyes (other chemicals are mixed with the color; has strong smell; color fades out)
- Permanent dyes (other chemicals are mixed with the color; has strong smell; color grows out over time, sometimes leaving your "roots" showing)

21. Since August 1, 2008, about how often have you used *chemical insect repellents on your skin, hair, or clothing in the summer?* Please do not include products that contain only citronella.

- Never
- A few times
- Once per month
- 2-3 times per month
- Once or twice per week
- 3-6 times per week
- Every day

22. Since August 1, 2008, about how often have you used *chemical insect repellents on your skin, hair, or clothing the rest of the year?* Please do not include products that contain only citronella.

- Never
- A few times
- Once per month
- 2-3 times per month
- Once or twice per week
- 3-6 times per week
- Every day

Please use a ballpoint pen for this form



23. Since August 1, 2008, about how often have you used an over-the-counter or prescription *lice control product* on yourself, or applied it to someone else's skin, hair, or clothing?
- Never
 - Once
 - Twice
 - Three times
 - Four or more times
24. Since August 1, 2008, about how many hours per day do you usually spend outdoors in daylight on weekend or vacation days *in the summer*?
- Less than 1 hour per day
 - 1-2 hours per day
 - 3-4 hours per day
 - 5-8 hours per day
 - 9-12 hours per day
 - More than 12 hours per day
25. Since August 1, 2008, about how many hours per day do you usually spend outdoors in daylight on other days *in the summer*?
- Less than 1 hour per day
 - 1-2 hours per day
 - 3-4 hours per day
 - 5-8 hours per day
 - 9-12 hours per day
 - More than 12 hours per day
26. Since August 1, 2008, about how many hours per day do you usually spend outdoors in daylight on weekend or vacation days *the rest of the year*?
- Less than 1 hour per day
 - 1-2 hours per day
 - 3-4 hours per day
 - 5-8 hours per day
 - 9-12 hours per day
 - More than 12 hours per day
27. Since August 1, 2008, about how many hours per day do you usually spend outdoors in daylight on other days *the rest of the year*?
- Less than 1 hour per day
 - 1-2 hours per day
 - 3-4 hours per day
 - 5-8 hours per day
 - 9-12 hours per day
 - More than 12 hours per day



32. How much time per day do you spend traveling by bicycle, motorcycle, car, van, truck, or bus *on most days?*

- Less than 15 minutes
- 15-29 minutes
- 30-44 minutes
- 45-59 minutes
- 60-89 minutes
- 90-119 minutes
- 2-3 hours
- 4-5 hours
- More than 5 hours

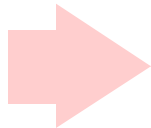
33. What is the traffic condition that best describes your travel time (by bicycle, motorcycle, car, van, truck, or bus) *on most days?*

- Little or no traffic
- Light traffic, moving at or above the speed limit
- Heavy traffic, moving below the speed limit
- Congested or "stop and go"
- Heavy traffic, moving at or above the speed limit
- Not applicable, I travel by train or subway
- Not applicable, I walk to work

34. Since August 1, 2008, about how often has your residence been treated with insecticides or pesticides to control insects, rodents, or other pests, either inside or around the foundation?

Never → GO TO THE NEXT PAGE, QUESTION 35

- Less than once a year
- Once a year
- Every 4-6 months
- Every 2-3 months
- Monthly
- Weekly
- Daily



34a. For what kinds of pests were pest control chemicals used at your residence?
(Mark all that apply.)

- Ants
- Cockroaches
- Bees or wasps
- Flies
- Spiders
- Mosquitoes
- Fleas or ticks, not on pets
- Termites
- Any other pest such as moths, silverfish, caterpillars, mice, rats, gophers, or moles

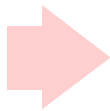
34b. When pest control chemicals were applied since August 1, 2008, about how often did you *personally* apply them?

- All of the time
- Most of the time
- About half the time
- Some of the time
- Never
- Not applicable



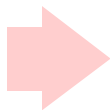
35. Since August 1, 2008, about how often was the garden or yard around this residence treated with weed killers or insecticides, including those labeled organic such as pyrethrum or rotenone?

- Never
- Not applicable



GO TO QUESTION 36

- Less than once a year
- Once a year
- Every 4-6 months
- Every 2-3 months
- Monthly
- Weekly
- Daily



35a. When weed killers or insecticides were used in the garden or yard since August 1, 2008, about how often did you *personally* apply them?

- All of the time
- Most of the time
- About half the time
- Some of the time
- Never
- Not applicable

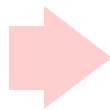
36. Since August 1, 2008, about how often have you used household cleaning solutions other than dish washing and laundry detergents?

- Never
- Less than once a year
- Once a year
- Every 4-6 months
- Every 2-3 months
- Monthly
- Weekly
- Daily

37. Since August 1, 2008, have you regularly used air fresheners in your home? Please include air fresheners that plug in, hang, sit on a shelf, or stick on the wall, as well as sprays that are used at least three times a week.

No → GO TO THE NEXT PAGE, QUESTION 38

Yes



37a. What types of air fresheners do you use at home? (*Mark all that apply.*)

- Aerosol sprays
- Solid table top
- Stick-on (disc shaped)
- Plug-in
- Candle style
- Other

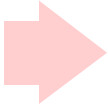
Please use a ballpoint pen for this form



38. Since August 1, 2008, have you regularly used air fresheners in your car? Please include the hanging types, as well as those that plug in, and sprays that are used at least three times a week.

No → GO TO QUESTION 39

Yes



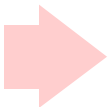
38a. What types of air fresheners do you use in your car? (*Mark all that apply.*)

- Aerosol sprays
- Hanging type - paper
- Hanging type - gel
- Hanging type - other
- Canister type
- Attached to car air vent - oil filled
- Attached to car air vent - gel filled
- Attached to car air vent - stick filled

39. Do you currently have any household pets?

No → GO TO QUESTION 40

Yes

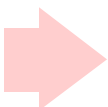


How many of each of the following do you have?

	<u>None</u>	<u>1</u>	<u>2</u>	<u>3-4</u>	<u>5 or more</u>
39a. dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39b. birds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39c. cats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39d. other furry animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Since August 1, 2008 have you had a full-time or part-time job other than homemaking that you held for at least 12 months (at least 9 months if it was a teaching job)?

No



40a. Which of the following *best* describes your current situation?

- Homemaker
- Student
- Unemployed
- Retired
- On medical leave
- Disabled

GO TO THE END

Yes → GO TO THE NEXT PAGE, QUESTION 41



OF JOBS

Please tell us about the jobs you have had since August 1, 2008, starting with the most recent and working backwards.

	JOB 1	JOB 2
41. When did you first start this job?	<input type="radio"/> Before 2008 <input type="radio"/> 2008 <input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012	<input type="radio"/> Before 2008 <input type="radio"/> 2008 <input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012
42. When did you last have this job?	<input type="radio"/> 2008 <input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012 <input type="radio"/> I still work there	<input type="radio"/> 2008 <input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012 <input type="radio"/> I still work there
43. Where did you work? Please write down the name of the company you worked for and the <i>full street address</i> of this workplace. Knowing the name and addresses of the places you work will allow us to evaluate the impact of air pollution and other factors in the general environment on your health. We will never use this information for any other purpose and will never contact your employer.	<input type="text"/> NAME OF COMPANY/PLACE OF WORK <input type="text"/> STREET # <input type="text"/> STREET NAME <input type="text"/> APT # <input type="text"/> CITY OR TOWN <input type="text"/> <input type="text"/> STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZIP CODE <input type="text"/> COUNTY	<input type="text"/> NAME OF COMPANY/PLACE OF WORK <input type="text"/> STREET # <input type="text"/> STREET NAME <input type="text"/> APT # <input type="text"/> CITY OR TOWN <input type="text"/> <input type="text"/> STATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ZIP CODE <input type="text"/> COUNTY

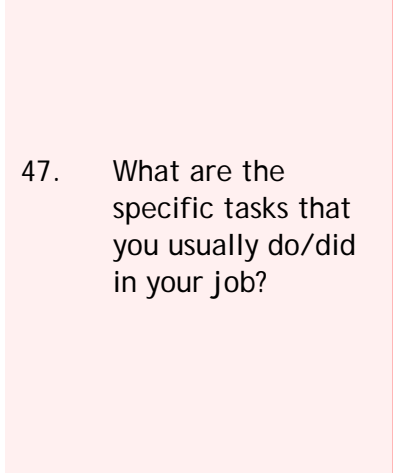
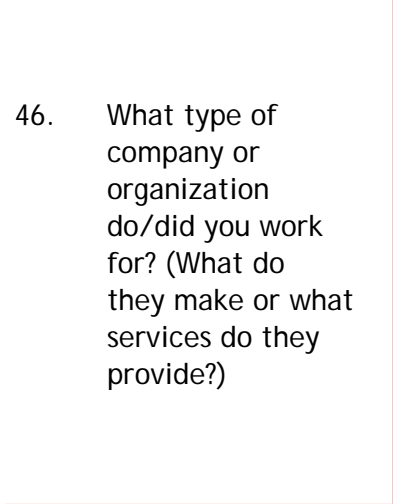
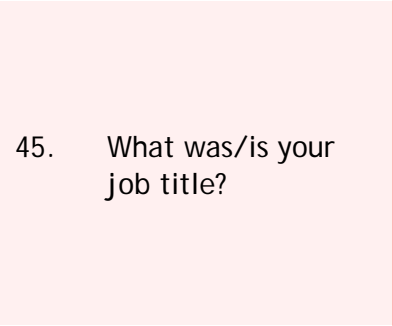
Please use a ballpoint pen for this form

SPACE IS PROVIDED FOR TWO JOBS. IF YOU HAVE HAD MORE THAN TWO JOBS LASTING 12 MONTHS OR MORE SINCE AUGUST 1, 2008, PLEASE ANSWER THE SAME QUESTIONS FOR EACH JOB AND RECORD YOUR ANSWERS ON A SEPARATE SHEET OF PAPER.





	JOB 1	JOB 2
44. On this job, do/did you usually spend time...	<input type="radio"/> Outdoors <input type="radio"/> Indoors in a basement <input type="radio"/> Indoors on the ground (first) floor <input type="radio"/> Indoors on the second floor <input type="radio"/> Indoors on the third floor or higher <input type="radio"/> Traveling in a vehicle (e.g., truck, auto, train, plane)	<input type="radio"/> Outdoors <input type="radio"/> Indoors in a basement <input type="radio"/> Indoors on the ground (first) floor <input type="radio"/> Indoors on the second floor <input type="radio"/> Indoors on the third floor or higher <input type="radio"/> Traveling in a vehicle (e.g., truck, auto, train, plane)
45. What was/is your job title?	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> JOB TITLE	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> JOB TITLE
46. What type of company or organization do/did you work for? (What do they make or what services do they provide?)	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> INDUSTRY	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> INDUSTRY
47. What are the specific tasks that you usually do/did in your job?	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> JOB DUTIES	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> JOB DUTIES



48. How many hours per week do/did you usually work at this job?

- Less than 10
- 11-20
- 21-30
- 31-40
- More than 40

- Less than 10
- 11-20
- 21-30
- 31-40
- More than 40

49. What hours of the day do/did you usually work at this job?

START TIME: *(mark one)*

		:		
<i>(hr)</i>			<i>(min)</i>	

AM
 PM

START TIME: *(mark one)*

		:		
<i>(hr)</i>			<i>(min)</i>	

AM
 PM

STOP TIME: *(mark one)*

		:		
<i>(hr)</i>			<i>(min)</i>	

AM
 PM

STOP TIME: *(mark one)*

		:		
<i>(hr)</i>			<i>(min)</i>	

AM
 PM

OR

- I work(ed) irregular hours
- I work(ed) rotating shifts

OR

- I work(ed) irregular hours
- I work(ed) rotating shifts

50. How many times per month do/did you work at night?

“Work at night” means any shift that includes at least one hour between midnight and 2:00 AM.

- Never
- 1-2 times/month
- 3-5 times/month
- 6-10 times/month
- 11-15 times/month
- More than 15 times per month

- Never
- 1-2 times/month
- 3-5 times/month
- 6-10 times/month
- 11-15 times/month
- More than 15 times per month

Please use a ballpoint pen for this form





		JOB 1		JOB 2			
		NO	YES	NO	YES		
51.	While working at this job do/did you regularly...	a. work in dusty conditions?	<input type="radio"/>	<input type="radio"/>	a. work in dusty conditions?	<input type="radio"/>	<input type="radio"/>
		b. breathe in chemical vapors or fumes?	<input type="radio"/>	<input type="radio"/>	b. breathe in chemical vapors or fumes?	<input type="radio"/>	<input type="radio"/>
		c. get chemicals or oils on your skin or clothing?	<input type="radio"/>	<input type="radio"/>	c. get chemicals or oils on your skin or clothing?	<input type="radio"/>	<input type="radio"/>
		d. come in contact with solvents or degreasers?	<input type="radio"/>	<input type="radio"/>	d. come in contact with solvents or degreasers?	<input type="radio"/>	<input type="radio"/>
		e. come in contact with metal chips, dust, or fumes?	<input type="radio"/>	<input type="radio"/>	e. come in contact with metal chips, dust, or fumes?	<input type="radio"/>	<input type="radio"/>
		f. come in contact with pesticides?	<input type="radio"/>	<input type="radio"/>	f. come in contact with pesticides?	<input type="radio"/>	<input type="radio"/>
		g. use cleaning solutions (not counting dish or laundry detergents)?	<input type="radio"/>	<input type="radio"/>	g. use cleaning solutions (not counting dish or laundry detergents)?	<input type="radio"/>	<input type="radio"/>

Please check to see that all questions are answered.

Thank you for completing this questionnaire and for your continued participation in the Sister Study.

Please mail this form to us at the address below.
A postage-paid envelope is provided.

The Sister Study, 1009 Slater Road, Suite 120, Durham, NC 27703
phone: 1-877-4SISTER (1-877-474-7837); email: update@sisterstudy.org

