



The Sister Study Lifestyle Version 4

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.
- Only write comments in the spaces provided.
- 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 the incorrect answer 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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9	0
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When writing dates, please follow this example.

EXAMPLE: June 7, 2012 =

0	6
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 /

0	7
---	---

 /

2	0	1	2
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(month) (day) (year)

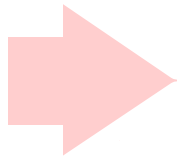
Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency 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 to the next one. All information you share will be kept confidential.

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

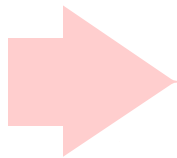
1. Which of the following best describes your **current** marital status?

- 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 this spouse/partner?

YEARS

OR Less than 1 year

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

2. Thinking about last year, which of the following best describes your total family 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?

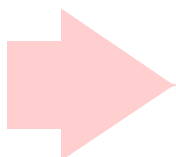
- 1
- 2
- 3-4
- 5-6
- 7-8
- More than 8



4. Did you smoke at least 10 cigarettes since January 1, 2009?

No → GO TO QUESTION 5

Yes



4a.	When did you first start smoking?	<input type="radio"/> Before 2009 <input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014			
4b.	When did you last smoke cigarettes?	<input type="radio"/> I am a current smoker <input type="radio"/> I last smoked in 2014 <input type="radio"/> I last smoked in 2013 <input type="radio"/> I last smoked in 2012 <input type="radio"/> I last smoked in 2011 <input type="radio"/> I last smoked in 2010 <input type="radio"/> I last smoked in 2009			
4c.	During the years you smoked since January 1, 2009, how many days per week do/did you smoke?	<input type="radio"/> Less than one day per week <input type="radio"/> 1-3 days per week <input type="radio"/> 4-6 days per week <input type="radio"/> Every day			
4d.	During the years you smoked since January 1, 2009, how many cigarettes do/did you usually smoke per day on the days that you smoked?	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> # CIGARETTES			

Please use a ballpoint pen for this form

5. Since January 1, 2009, how many regular smokers have you lived with (not counting yourself, if you smoke)?

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



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

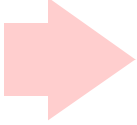
Since January 1, 2009...	NO	YES	a. IF YES, in which years since January 1, 2009 did you drink alcohol? (Please mark all that apply.)	b. About how often did you drink alcohol?	c. On average, how many drinks did you have on the days that you drank alcohol?
7. have you drunk beer or other malt beverages?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014	<input type="radio"/> Every day <input type="radio"/> 5-6 times per week <input type="radio"/> 3-4 times per week <input type="radio"/> 2 times per week <input type="radio"/> Once per week <input type="radio"/> 2-3 times per month <input type="radio"/> Once per month <input type="radio"/> A few times per year	<input type="radio"/> 7 or more <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
8. have you drunk white wine or white wine coolers?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014	<input type="radio"/> Every day <input type="radio"/> 5-6 times per week <input type="radio"/> 3-4 times per week <input type="radio"/> 2 times per week <input type="radio"/> Once per week <input type="radio"/> 2-3 times per month <input type="radio"/> Once per month <input type="radio"/> A few times per year	<input type="radio"/> 7 or more <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
9. have you drunk red wine or red wine coolers?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014	<input type="radio"/> Every day <input type="radio"/> 5-6 times per week <input type="radio"/> 3-4 times per week <input type="radio"/> 2 times per week <input type="radio"/> Once per week <input type="radio"/> 2-3 times per month <input type="radio"/> Once per month <input type="radio"/> A few times per year	<input type="radio"/> 7 or more <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
10. have you drunk liquor?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014	<input type="radio"/> Every day <input type="radio"/> 5-6 times per week <input type="radio"/> 3-4 times per week <input type="radio"/> 2 times per week <input type="radio"/> Once per week <input type="radio"/> 2-3 times per month <input type="radio"/> Once per month <input type="radio"/> A few times per year	<input type="radio"/> 7 or more <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1



11. Since January 1, 2009, did you ever drink four or more alcoholic beverages in a row, in one sitting?

No → GO TO QUESTION 12

Yes



11a. How often has this happened since January 1, 2009?

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

12. Since January 1, 2009, has a doctor or other health professional told you that your drinking was hurting your health?

No

Yes

Please use a ballpoint pen for this form



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.

During the past 7 days , on how many days did you...		a. How much time did you usually spend doing these physical activities on one of those days?
13. do vigorous 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.	<input type="text"/> → # DAYS OR <input type="radio"/> No vigorous physical activity	<input type="text"/> AND <input type="text"/> HOURS PER DAY AND MINUTES PER DAY (up to 59) <input type="radio"/> Not sure
14. do moderate 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.	<input type="text"/> → # DAYS OR <input type="radio"/> No moderate physical activity	<input type="text"/> AND <input type="text"/> HOURS PER DAY AND MINUTES PER DAY (up to 59) <input type="radio"/> Not sure
15. walk 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.	<input type="text"/> → # DAYS OR <input type="radio"/> No walking for at least 10 mins	<input type="text"/> AND <input type="text"/> HOURS PER DAY AND MINUTES PER DAY (up to 59) <input type="radio"/> Not sure

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.	<input type="text"/> AND <input type="text"/> HOURS PER DAY AND MINUTES PER DAY (up to 59) <input type="radio"/> Not sure
17. usually spend standing on a weekday ? This includes standing while at work, at home, and during leisure time.	<input type="text"/> AND <input type="text"/> HOURS PER DAY AND MINUTES PER DAY (up to 59) <input type="radio"/> Not sure

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

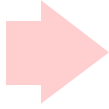
- Less than usual
- About the same
- More than usual



19. In the past year, did you swim in a pool during summer (June-August)?

No → GO TO QUESTION 20

Yes



19a. How many times per week?	<input type="radio"/> Less than 1 <input type="radio"/> 1-2 times <input type="radio"/> 3-4 times <input type="radio"/> 5 or more times
19b. On average, how many minutes per time?	<input type="radio"/> Less than 15 minutes <input type="radio"/> 15-30 minutes <input type="radio"/> 31-45 minutes <input type="radio"/> 46-60 minutes <input type="radio"/> More than 60 minutes
19c. How often did you swim in an INDOOR pool during June-August?	<input type="radio"/> Never <input type="radio"/> Seldom <input type="radio"/> Half the time <input type="radio"/> Often <input type="radio"/> Almost always

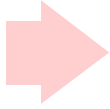
Please use a ballpoint pen for this form



20. In the past year, did you swim in a pool during the rest of the year (September-May)?

No → GO TO QUESTION 21

Yes



20a. How many times per week?

- Less than 1
- 1-2 times
- 3-4 times
- 5 or more times

20b. On average, how many minutes per time?

- Less than 15 minutes
- 15-30 minutes
- 31-45 minutes
- 46-60 minutes
- More than 60 minutes

20c. How often did you swim in an **INDOOR** pool during September-May?

- Never
- Seldom
- Half the time
- Often
- Almost always

21. Since January 1, 2009, have you done any of the following **hobbies** at least 5 hours per week for at least 6 weeks? *(Please mark all that apply.)*

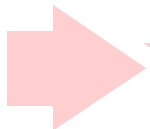
- Oil painting or other artistic painting
- Developing photographs chemically
- Woodworking
- Refinishing furniture
- Ceramics or pottery making
- Glass blowing
- Etching
- Hobbies that involve soldering such as stained glass or jewelry making
- Hobbies that involve welding
- Leather crafting
- Print making or silk screening
- Auto or engine repair
- Gardening
- I have not done any of these hobbies



22. Since January 1, 2009, have you used **hair dye** to color your hair?

No → GO TO NEXT PAGE, QUESTION 23

Yes



22a. In what years did you do this? *(Please mark all that apply.)*

- 2009
- 2010
- 2011
- 2012
- 2013
- 2014

22b. What color did you usually use?

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

22c. 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)

Please use a ballpoint pen for this form



23. Since January 1, 2009, 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

24. Since January 1, 2009, 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

25. Since January 1, 2009, 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



Since January 1, 2009, about how many hours per day do you usually spend outdoors in daylight...

a.
During this time, about how often did you use sunscreen or wear protective clothing such as hats or long sleeves?

26. 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

- Never
- Rarely
- Sometimes
- Usually
- Always

27. 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

- Never
- Rarely
- Sometimes
- Usually
- Always

28. 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

- Never
- Rarely
- Sometimes
- Usually
- Always

29. 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

- Never
- Rarely
- Sometimes
- Usually
- Always

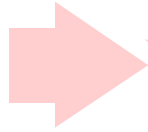
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33. Since January 1, 2009, about how often has your residence been treated with insecticides or pesticides to control insects, rodents, or other pests, either inside or around the foundation?

Never → GO TO THE NEXT PAGE, QUESTION 34

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



33a. For what kinds of pests were pest control chemicals used at your residence? *(Please mark all that apply.)*

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

33b. When pest control chemicals were applied since January 1, 2009, 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

Please use a ballpoint pen for this form



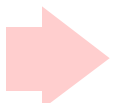
34. Since January 1, 2009, about how often was the garden or yard around this residence treated with weed killers or insecticides, including those labeled organic such as pyrethrum or rotenone?

- Never
- Not applicable



GO TO QUESTION 35

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



34a. When weed killers or insecticides were used in the garden or yard since January 1, 2009, 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

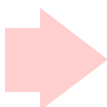
35. Since January 1, 2009, about how often have you used household cleaning solutions other than dish washing and laundry detergents?

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

36. Do you currently have any household pets?

No → **GO TO THE NEXT PAGE, QUESTION 37**

Yes



How many of each of the following do you have?

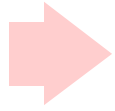
	None	1	2	3-4	5 or more
36a. Dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36b. Birds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36c. Cats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36d. Other furry animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



37. Since January 1, 2009, 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 QUESTION 38

Yes



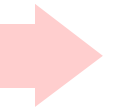
37a. What types of air fresheners do you use at home? *(Please mark all that apply.)*

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

38. Since January 1, 2009, 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



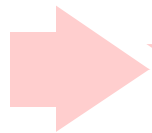
38a. What types of air fresheners do you use in your car? *(Please mark all that apply.)*

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

Never → GO TO THE NEXT PAGE, QUESTION 40

- 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



39a. What is the traffic condition that best describes your travel time (by 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

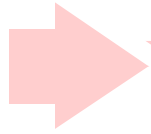
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40. How much time per day do you spend traveling by bicycle or motorcycle **on most days**?

Never → **GO TO QUESTION 41**

- 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



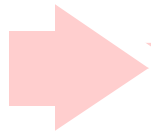
40a. What is the traffic condition that best describes your travel time by bicycle or motorcycle **on most days**?

- 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

41. How much time per day do you spend traveling by foot **on most days**?

Never → **GO TO QUESTION 42**

- 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

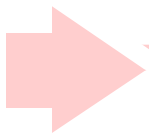


41a. What is the traffic condition that best describes your travel time by foot **on most days**?

- 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

42. Since January 1, 2009 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



42a. 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 43**



43. How many different jobs have you had since January 1, 2009?

--	--

OF JOBS

Please tell us about the jobs you have had since January 1, 2009, starting with the most recent and working backwards.

	JOB 1	JOB 2																								
44. When did you first start this job?	<input type="radio"/> Before 2009 <input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014	<input type="radio"/> Before 2009 <input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014																								
45. When did you last have this job?	<input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> I still work there	<input type="radio"/> 2009 <input type="radio"/> 2010 <input type="radio"/> 2011 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> I still work there																								
46. Where did you work? Please write down the name of the company you worked for and the full street address of this workplace.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> NAME OF COMPANY/PLACE OF WORK <div style="border: 1px solid black; height: 30px; width: 100%;"></div> STREET # <div style="border: 1px solid black; height: 30px; width: 100%;"></div> STREET NAME <div style="border: 1px solid black; height: 30px; width: 100%;"></div> APT # <div style="border: 1px solid black; height: 30px; width: 100%;"></div> CITY OR TOWN <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">STATE</td> <td colspan="5" style="text-align: center;">ZIP CODE</td> </tr> </table> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> COUNTY							STATE	ZIP CODE					<div style="border: 1px solid black; height: 30px; width: 100%;"></div> NAME OF COMPANY/PLACE OF WORK <div style="border: 1px solid black; height: 30px; width: 100%;"></div> STREET # <div style="border: 1px solid black; height: 30px; width: 100%;"></div> STREET NAME <div style="border: 1px solid black; height: 30px; width: 100%;"></div> APT # <div style="border: 1px solid black; height: 30px; width: 100%;"></div> CITY OR TOWN <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">STATE</td> <td colspan="5" style="text-align: center;">ZIP CODE</td> </tr> </table> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> COUNTY							STATE	ZIP CODE				
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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 JANUARY 1, 2009, PLEASE ANSWER THE SAME QUESTIONS FOR EACH JOB AND RECORD YOUR ANSWERS ON A SEPARATE SHEET OF PAPER.



	JOB 1	JOB 2
47. On a scale from 1 to 5, how physically demanding was this job?	<input type="radio"/> 1 Not demanding <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 Extremely demanding	<input type="radio"/> 1 Not demanding <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 Extremely demanding
48. On a scale from 1 to 5, how emotionally demanding was this job?	<input type="radio"/> 1 Not demanding <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 Extremely demanding	<input type="radio"/> 1 Not demanding <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 Extremely demanding
49. What was/is your job title?	<input type="text"/> JOB TITLE	<input type="text"/> JOB TITLE
50. What type of company or organization do/did you work for? (What do they make or what services do they provide?)	<input type="text"/> INDUSTRY	<input type="text"/> INDUSTRY
51. What are the specific tasks that you usually do/did in your job?	<input type="text"/> JOB DUTIES	<input type="text"/> JOB DUTIES



52. 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

53. 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

54. 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		
55.	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"/>
		h. travel in a vehicle?	<input type="radio"/>	<input type="radio"/>	h. travel in a vehicle?	<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

