



The Sister Study Lifestyle and Quality of Life Version 1

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: ⊗ ✓

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

When writing dates, please follow this example.

EXAMPLE: June 7, 2012 =

0	6
---	---

 /

0	7
---	---

 /

2	0	1	2
---	---	---	---

(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.

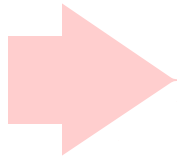


Your continued participation in the Sister Study is completely voluntary and greatly appreciated. If you are not comfortable answering a question, just skip it and go to the next one. All information you share will be kept confidential.

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

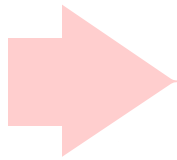
1. Which of the following best describes your **current** marital status? Please choose the **one** response that best describes your current situation.

- 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?

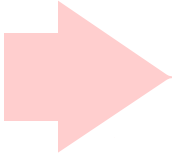
- 1
- 2
- 3-4
- 5-6
- 7-8
- More than 8



4. Have you ever smoked at least 10 cigarettes or more?

No → GO TO QUESTION 5

Yes



4a.	What is your current smoking status?	<input type="radio"/> Former smoker <input type="radio"/> Current smoker			
4b.	When did you first start smoking?	<input type="radio"/> Before 2012 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015			
4c.	Did you smoke at least 10 cigarettes since January 1, 2012?	<input type="radio"/> No <input type="radio"/> Yes			
4d.	When did you last smoke?	<input type="radio"/> I am a current smoker <input type="radio"/> I last smoked in 2015 <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 before 2012			
4e.	During the years you smoked, 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			
4f.	During the years you smoked, how many cigarettes do/did you usually smoke per day on the days 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, 2012, how many regular smokers have you lived with (not counting yourself, if you smoke)?

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



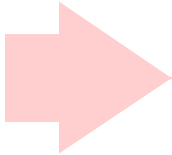
6. About how many hours or minutes per day are you exposed to other people's tobacco smoke (include all locations—home, work, and all other places you spend time where others might smoke)?

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

6a. Have you ever used an electronic cigarette or e-cigarette, such as NJOY, Blu, or Smoking Everywhere, even one or two times?

No → **GO TO QUESTION 7**

Yes



6b. Do you now use e-cigarettes...	<input type="radio"/> Every day <input type="radio"/> Some days <input type="radio"/> Not at all
6c. What brand of e-cigarette do/did you use?	<input type="text"/> BRAND
6d. About how many disposable e-cigarettes or e-cigarette cartridges have you used in the past year?	<input type="radio"/> None <input type="radio"/> 1 or more puffs but never a whole one <input type="radio"/> 1-10 <input type="radio"/> 11-20 <input type="radio"/> 21-50 <input type="radio"/> 51-99 <input type="radio"/> 100 or more



Since January 1, 2012... NO	YES	a. IF YES, in which years since January 1, 2012 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"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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

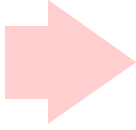
Please use a ballpoint pen for this form



11. Since January 1, 2012, 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, 2012?

- 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, 2012, has a doctor or other health professional told you that your drinking was hurting your health?

No

Yes



Since January 1, 2012... NO	YES	a. IF YES, in which years since January 1, 2012 did you drink this? (Please mark all that apply.)	b. About how often did you drink this?	c. On average, how many drinks did you have on the days that you drank this?
13. have you drunk regular coffee ? <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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
14. have you drunk decaffeinated coffee ? <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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
15. have you drunk tea or iced tea (not herbal teas) ? <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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
16. have you drunk decaffeinated tea or decaffeinated iced tea ? <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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

Please use a ballpoint pen for this form



Since January 1, 2012... NO	YES	a. IF YES, in which years since January 1, 2012 did you drink this? (Please mark all that apply.)	b. About how often did you drink this?	c. On average, how many drinks did you have on the days that you drank this?
17. have you drunk regular green tea ? <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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
18. have you drunk decaffeinated green tea ? <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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
19. have you drunk regular soft drinks ? <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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
20. have you drunk decaffeinated soft drinks ? <input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<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



In all, how many years did you regularly drink...

20d. regular coffee?

- Never
- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

20e. decaffeinated coffee?

- Never
- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

20f. tea or iced tea (not herbal teas)?

- Never
- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

20g. decaffeinated tea or decaffeinated iced tea?

- Never
- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

Please use a ballpoint pen for this form



In all, how many years did you regularly drink...

20h. regular green tea?

- Never
- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

20i. decaffeinated green tea?

- Never
- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

20j. regular soft drinks?

- Never
- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

20k. decaffeinated soft drinks?

- Never
- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years



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.

Please use a ballpoint pen for this form

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?
21. 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
22. 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
23. 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

During the past 7 days , how much time did you...	
24. 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 MINUTES PER DAY <input type="radio"/> Not sure
25. 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 MINUTES PER DAY <input type="radio"/> Not sure

26. 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



27. What percentage of your head hair is naturally gray right now? If you color your hair, what percentage would be gray if you didn't color it? *(Please mark one.)*

- Not gray at all
- Less than 25%
- 25-49%
- 50-74%
- 75-99%
- 100%
- I don't know

27a. How old were you when your hair turned at least 50% gray? *(Please mark one.)*

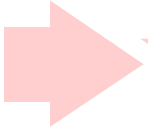
- My hair is not gray at all or it is less than 50% gray
- I was younger than 40
- I was between 40 and 49
- I was 50 years of age or older
- I don't know if my hair is 50% gray
- I know my hair is at least 50% gray but I do not know how old I was when it happened
- I don't know



27b. Since January 1, 2012, have you used hair dye to color your hair?

No → GO TO THE NEXT PAGE, QUESTION 28

Yes



27c. In what years did you do this? *(Please mark all that apply.)*

- 2012
- 2013
- 2014
- 2015

27d. What color did you usually use?

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

27e. 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



28. Since January 1, 2012, 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

29. Since January 1, 2012, 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

30. Since January 1, 2012, 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?

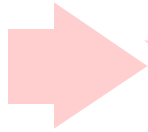
- Never
- Once
- Twice
- Three times
- Four or more times



31. Since January 1, 2012, about how often have you used **chemical products for fleas or ticks** on any pets in your household?

- I don't have any pets → **GO TO QUESTION 32**
- Never

- Once
- Twice
- Three times
- Four or more times



31a. Which of the following kinds of chemical flea or tick treatment was used on your pets? *(Please mark all that apply.)*

- Shampoos or dips
- Powders
- Sprays
- Pills
- Collars
- Topical drops applied to skin or fur
- Any other type of chemical product

31b. When flea or tick treatment was used on your pets, 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

32. In the **past month**, on average, how much time per day did you usually spend outdoors in daylight?

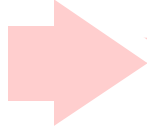
- Not at all
- Less than 30 minutes
- 30 minutes or more



36. Since January 1, 2012, 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 37

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



36a. 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

36b. When pest control chemicals were applied since January 1, 2012, 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



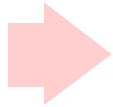
37. Since January 1, 2012, about how often was the garden or yard around this residence treated with weed killers or insecticides, including those labeled organic such as pyrethrum or rotenone?

- Never
- Not applicable



GO TO QUESTION 38

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



37a. When weed killers or insecticides were used in the garden or yard since January 1, 2012, 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

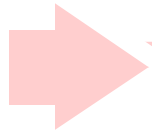
38. Since January 1, 2012, about how often have you personally used household cleaning solutions other than dish washing and laundry detergents?

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

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**?

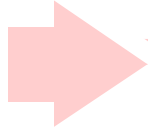
- Little or no traffic
- Light traffic, moving at or above the speed limit
- Heavy traffic, moving below the speed limit
- Congested or "stop and go"
- Heavy traffic, moving at or above the speed limit



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



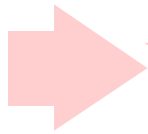
40a. What is the traffic condition that best describes your travel time by bicycle or motorcycle **on most days**?

- 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

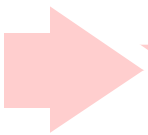


41a. What is the traffic condition that best describes your travel time by foot **on most days**?

- 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, 2012 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 PAGE 24, QUESTION 56.

Yes → **GO TO THE NEXT PAGE, QUESTION 43**

Please use a ballpoint pen for this form



IF YOU DID NOT HAVE A JOB SINCE JANUARY 1, 2012, GO TO PAGE 24, QUESTION 56.

43. How many different jobs have you had since January 1, 2012?

--	--

 # OF JOBS

Please tell us about the jobs you have had since January 1, 2012, starting with the most recent and working backwards.

	JOB 1	JOB 2																
44. When did you first start this job?	<input type="radio"/> Before 2012 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015	<input type="radio"/> Before 2012 <input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015																
45. When did you last have this job?	<input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015 <input type="radio"/> I still work there	<input type="radio"/> 2012 <input type="radio"/> 2013 <input type="radio"/> 2014 <input type="radio"/> 2015 <input type="radio"/> I still work there																
46. Where did/do you work? Please write down the name of the company you worked for and the full street address 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.	<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> NAME OF COMPANY/PLACE OF WORK <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> STREET # <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> STREET NAME <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> APT # <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> CITY OR TOWN <table style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> STATE ZIP CODE <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> COUNTY									<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> NAME OF COMPANY/PLACE OF WORK <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> STREET # <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> STREET NAME <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> APT # <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> CITY OR TOWN <table style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> STATE ZIP CODE <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> COUNTY								

SPACE IS PROVIDED FOR TWO JOBS. IF YOU HAVE HAD MORE THAN TWO JOBS LASTING 12 MONTHS OR MORE SINCE JANUARY 1, 2012, 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/is 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/is 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?	<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
50. What type of company or organization did/do 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
51. What are the specific tasks that you usually did/do 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

Please use a ballpoint pen for this form



JOB 1

JOB 2

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

START TIME: (mark one)

--	--

:

--	--

(hr) *(min)*

AM
 PM

START TIME: (mark one)

--	--

:

--	--

(hr) *(min)*

AM
 PM

STOP TIME: (mark one)

--	--

:

--	--

(hr) *(min)*

AM
 PM

STOP TIME: (mark one)

--	--

:

--	--

(hr) *(min)*

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 did/do 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





55. While working at this job did/do you regularly...

JOB 1			JOB 2		
	NO	YES		NO	YES
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"/>

SPACE IS PROVIDED FOR TWO JOBS. IF YOU HAVE HAD MORE THAN TWO JOBS LASTING 12 MONTHS OR MORE SINCE JANUARY 1, 2012, PLEASE ANSWER THE SAME QUESTIONS FOR EACH JOB AND RECORD YOUR ANSWERS ON A SEPARATE SHEET OF PAPER.



Please mark the category that best describes your response. There are no right or wrong answers. Try not to let your response to one statement influence your responses to other statements. Answer according to your own feelings, rather than how you think “most people” would answer. Don’t take too long thinking over your replies; your immediate reaction will probably be more accurate than a long thought out response.

56. Please respond to each item by marking one answer per row.

	Excellent	Very good	Good	Fair	Poor
a. In general, would you say your health is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In general, would you say your quality of life is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In general, how would you rate your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In general, how would you rate your mental health, including your mood and your ability to think?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. In general, how would you rate your satisfaction with your social activities and relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- Completely
- Mostly
- Moderately
- A little
- Not at all



58. In the **past 7 days**, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?

- Never
- Rarely
- Sometimes
- Often
- Always

59. In the **past 7 days**, how would you rate your fatigue on average?

- None
- Mild
- Moderate
- Severe
- Extremely severe

60. In the **past 7 days**, how would you rate your pain on average?

No pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Worst imaginable pain
0	1	2	3	4	5	6	7	8	9	10	

61. How often during the **past 30 days**, have you...

	Never	Almost Never	Some- times	Fairly often	Very often
a. felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use a ballpoint pen for this form



62. For each statement below, choose the answer that best indicates how often the statement is true for you.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. I can count on someone to provide me with emotional support (someone to confide in about myself or a problem or who will listen to me when I need to talk).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I can count on someone if I need help (for example, to take me to the doctor or help with daily chores if I am sick).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There is someone in my immediate family who believes in me and wants me to succeed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There is someone in my immediate family who makes me feel important or special.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half of the days	Nearly every day
a. Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Feeling nervous, anxious, or on edge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Not being able to stop or control worrying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Since January 1, 2012 , have you experienced the death of...	NO	YES	a. Regardless of when this happened, how much distress or anxiety has this caused you in the past 4 weeks ?
64. your spouse or partner?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> None <input type="radio"/> A little <input type="radio"/> A moderate amount <input type="radio"/> A lot
65. your sister with breast cancer?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> None <input type="radio"/> A little <input type="radio"/> A moderate amount <input type="radio"/> A lot
66. another sibling?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> None <input type="radio"/> A little <input type="radio"/> A moderate amount <input type="radio"/> A lot
67. a child?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> None <input type="radio"/> A little <input type="radio"/> A moderate amount <input type="radio"/> A lot
68. a parent?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> None <input type="radio"/> A little <input type="radio"/> A moderate amount <input type="radio"/> A lot
69. a close personal friend?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> None <input type="radio"/> A little <input type="radio"/> A moderate amount <input type="radio"/> A lot

Please use a ballpoint pen for this form



Since January 1, 2012 , have you experienced...	NO	YES	a. Regardless of when this happened, how much distress or anxiety has this caused you in the past 4 weeks ?
70. a major illness that was life threatening or severely disabling to you?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> None <input type="radio"/> A little <input type="radio"/> A moderate amount <input type="radio"/> A lot
71. the recurrence or worsening of your sister's breast cancer?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> None <input type="radio"/> A little <input type="radio"/> A moderate amount <input type="radio"/> A lot
72. any other close relative's diagnosis of breast cancer?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> None <input type="radio"/> A little <input type="radio"/> A moderate amount <input type="radio"/> A lot
73. a major change in, or serious difficulty with a personal relationship (such as a divorce or child custody issues)?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> None <input type="radio"/> A little <input type="radio"/> A moderate amount <input type="radio"/> A lot
74. serious financial or legal troubles such as arrest or bankruptcy (either you or another family member whose troubles would directly affect you)?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> None <input type="radio"/> A little <input type="radio"/> A moderate amount <input type="radio"/> A lot



As people age, some begin to worry about their ability to think clearly, make decisions and remember things.

75. In the last several years...	No	Yes	Don't Know	Not applicable
a. have you noticed that your judgment (e.g., ability to make decisions and think clearly) is not as good as it used to be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. has your interest in hobbies or activities decreased?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. have you noticed that you tend to repeat things over and over (questions, stories, or statements) more often than you used to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. has it become harder to learn how to use a new tool, appliance or gadget (e.g., computer, microwave, remote control)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have you noticed more problems remembering the month or year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have you had more problems handling complicated financial affairs (e.g., balancing checkbook, preparing income taxes, paying bills) than you used to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. has it become more difficult to remember appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. do you notice more daily problems with thinking and/or memory?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use a ballpoint pen for this form

Please answer the following questions about sleep.

76. To feel your best, how many hours of sleep do you need?

--	--

HOURS

77. In the **past year**, how many hours of sleep per night on average did you typically get?

--	--

HOURS



78. In the **past month**, how many hours of sleep per night on average did you typically get?

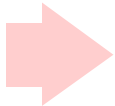
--	--

HOURS

79. Do you have difficulty falling asleep or staying asleep on a regular basis?

No → **GO TO QUESTION 80**

Yes



79a. How many nights in a typical month do you have trouble sleeping?

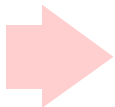
--	--

NIGHTS

80. Do you **ever** feel excessively sleepy during the day, even after getting your usual sleep?

No → **GO TO QUESTION 81**

Yes



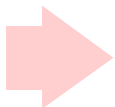
80a. In the **past month**, about how often did you feel excessively sleepy during the day?

- Less than once a week
- 1 - 2 days per week
- 3 - 5 days per week
- 6 days per week or daily

81. Have you **ever** been told, or suspected yourself, that you seem to "act out your dreams" while asleep, for example, punching or flailing arms in the air, making running movements, shouting, or screaming?

No → **GO TO THE NEXT PAGE, QUESTION 82a**

Yes



81a. Has this happened more than 3 times?

- Yes
- No

81b. How old were you when you first knew you did this?

--	--

AGE



	No	Yes
82a. Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	<input type="radio"/>	<input type="radio"/>
82b. Has anyone observed you stop breathing during your sleep?	<input type="radio"/>	<input type="radio"/>
82c. Do you often feel tired or fatigued during daytime?	<input type="radio"/>	<input type="radio"/>
82d. Have you ever been told that you sleepwalk?	<input type="radio"/>	<input type="radio"/>

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you.

	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
82e. Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82f. Watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82g. Sitting inactive in a public place (e.g. a theater or meeting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82h. A passenger in a car for an hour without a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82i. Lying down to rest in the afternoon when circumstances permit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82j. Sitting and talking to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82k. Sitting quietly after a lunch without alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82l. In a car, while stopped for a few minutes in traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use a ballpoint pen for this form



83. During the **past 12 months**, have you taken any vitamins or minerals regularly, at least once a month?

No, not regularly → **GO TO PAGE 35, QUESTION 95**

Yes, fairly regularly



During the past 12 months , have you taken...	NO	YES	a. How often?	b. For how many years in all have you taken this?	c. Did you usually take types that...
Multiple Vitamins 84. One A Day, Centrum, or Thera type multiple vitamins?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> A few days per month <input type="radio"/> 1 - 3 days per week <input type="radio"/> 4 - 6 days per week <input type="radio"/> Every day	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years	<input type="radio"/> contain minerals, iron, zinc, etc.? <input type="radio"/> do not contain minerals? <input type="radio"/> Don't know
85. Stress-tabs or B-Complex type multiple vitamins?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> A few days per month <input type="radio"/> 1 - 3 days per week <input type="radio"/> 4 - 6 days per week <input type="radio"/> Every day	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years	
86. Antioxidant combination-type multiple vitamins?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> A few days per month <input type="radio"/> 1 - 3 days per week <input type="radio"/> 4 - 6 days per week <input type="radio"/> Every day	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years	



During the past 12 months, have you taken...	NO	YES	a. How often?	b. For how many years in all have you taken this?	c. How much did you usually take on the days you took it?
Single Vitamins and Minerals (not part of multiple vitamins)					
87. Beta-carotene?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> A few days per month <input type="radio"/> 1 - 3 days per week <input type="radio"/> 4 - 6 days per week <input type="radio"/> Every day	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years	
88. Vitamin C?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> A few days per month <input type="radio"/> 1 - 3 days per week <input type="radio"/> 4 - 6 days per week <input type="radio"/> Every day	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years	<input type="radio"/> Less than 500 mg <input type="radio"/> 500 mg <input type="radio"/> 1000 mg <input type="radio"/> More than 1000 mg
89. Vitamin E?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> A few days per month <input type="radio"/> 1 - 3 days per week <input type="radio"/> 4 - 6 days per week <input type="radio"/> Every day	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years	<input type="radio"/> Less than 400 IU <input type="radio"/> 400 IU <input type="radio"/> More than 400 IU
90. Folic acid, folate?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> A few days per month <input type="radio"/> 1 - 3 days per week <input type="radio"/> 4 - 6 days per week <input type="radio"/> Every day	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years	<input type="radio"/> Less than 400 mcg <input type="radio"/> 400 mcg <input type="radio"/> More than 400 mcg

Please use a ballpoint pen for this form



During the past 12 months, have you taken...	NO	YES	a. How often?	b. For how many years in all have you taken this?	c. How much did you usually take on the days you took it?
Single Vitamins and Minerals (not part of multiple vitamins)					
91. Vitamin D alone?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> A few days per month <input type="radio"/> 1 - 3 days per week <input type="radio"/> 4 - 6 days per week <input type="radio"/> Every day	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years	<input type="radio"/> Less than 2000 IU <input type="radio"/> 2000 IU <input type="radio"/> More than 2000 IU
92. Calcium plus vitamin D?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> A few days per month <input type="radio"/> 1 - 3 days per week <input type="radio"/> 4 - 6 days per week <input type="radio"/> Every day	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years	
93. Calcium without vitamin D?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> A few days per month <input type="radio"/> 1 - 3 days per week <input type="radio"/> 4 - 6 days per week <input type="radio"/> Every day	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years	<input type="radio"/> Less than 600 mg <input type="radio"/> 600 mg <input type="radio"/> More than 600 mg
94. Iron?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> A few days per month <input type="radio"/> 1 - 3 days per week <input type="radio"/> 4 - 6 days per week <input type="radio"/> Every day	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years	<input type="radio"/> Less than 65 mg <input type="radio"/> 65 mg <input type="radio"/> More than 65 mg



In the past 12 months, did you take any of these supplements at least once a month?	NO	YES	a. How frequently did you take this?	b. For how many years in all have you taken this?
95. Co-enzyme Q10 (CoQ10)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 3 days per week <input type="radio"/> 3 - 5 days per week <input type="radio"/> 6 - 7 days per week	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years
96. Cod liver oil	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 3 days per week <input type="radio"/> 3 - 5 days per week <input type="radio"/> 6 - 7 days per week	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years
97. Fish oil (EPA)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 3 days per week <input type="radio"/> 3 - 5 days per week <input type="radio"/> 6 - 7 days per week	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years
98. Flax seed/flax seed oil	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 3 days per week <input type="radio"/> 3 - 5 days per week <input type="radio"/> 6 - 7 days per week	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years
99. Melatonin	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 3 days per week <input type="radio"/> 3 - 5 days per week <input type="radio"/> 6 - 7 days per week	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years
100. Omega-3 or omega-3 fatty acids	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 3 days per week <input type="radio"/> 3 - 5 days per week <input type="radio"/> 6 - 7 days per week	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years

Please use a ballpoint pen for this form



In the past 12 months , did you take any of these supplements at least once a month?	NO	YES	a. How frequently did you take this?	b. For how many years in all have you taken this?
101. Probiotics/acidophilus	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 3 days per week <input type="radio"/> 3 - 5 days per week <input type="radio"/> 6 - 7 days per week	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years
102. Soy isoflavones	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 3 days per week <input type="radio"/> 3 - 5 days per week <input type="radio"/> 6 - 7 days per week	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years
103. Turmeric capsules	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 3 days per week <input type="radio"/> 3 - 5 days per week <input type="radio"/> 6 - 7 days per week	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years



Have you used any of the following complementary or alternative practices within the past 12 months?		NO	YES	a. How frequently?	b. For how many years in all?
104.	Acupuncture	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than once a month <input type="radio"/> 1-4 times a month <input type="radio"/> More than 4 times a month	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years
105.	Yoga	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than once a month <input type="radio"/> 1-4 times a month <input type="radio"/> More than 4 times a month	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years
106.	Meditation/deep breathing exercises	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than once a month <input type="radio"/> 1-4 times a month <input type="radio"/> More than 4 times a month	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years
107.	Massage/therapeutic touch	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than once a month <input type="radio"/> 1-4 times a month <input type="radio"/> More than 4 times a month	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years
108.	Tai chi/Qi gong	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than once a month <input type="radio"/> 1-4 times a month <input type="radio"/> More than 4 times a month	<input type="radio"/> Less than 1 year <input type="radio"/> 1 year <input type="radio"/> 2 years <input type="radio"/> 3 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10+ years

Please use a ballpoint pen for this form



109. Typically when not taking laxatives, how often do you have bowel movements?

- Two or more times per day
- Once per day
- 5 to 6 times per week
- 3 to 4 times per week
- Less than three times per week

110. How often do you use laxatives, not including fiber or fiber tabs?

- Never
- Less than once a month
- 1 - 3 times per month
- 1 - 3 times per week
- 4 - 6 times per week
- Daily or more

Some people follow special diets as part of their lifestyle. Others change their diet when there is a change in their life or when they are trying to achieve a goal like losing weight.



Since January 1, 2012 , which (if any) of these special diets have you followed for longer than a month, other than during pregnancy?		NO	YES	a. How long did you follow this diet?	b. Have you followed this diet for at least a month in the past year ?
111.	Vegetarian	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 8 weeks <input type="radio"/> 8 weeks - 1 year <input type="radio"/> More than 1 year	<input type="radio"/> Yes <input type="radio"/> No
112.	Vegan	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 8 weeks <input type="radio"/> 8 weeks - 1 year <input type="radio"/> More than 1 year	<input type="radio"/> Yes <input type="radio"/> No
113.	Macrobiotic	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 8 weeks <input type="radio"/> 8 weeks - 1 year <input type="radio"/> More than 1 year	<input type="radio"/> Yes <input type="radio"/> No
114.	Gluten-free diet	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 8 weeks <input type="radio"/> 8 weeks - 1 year <input type="radio"/> More than 1 year	<input type="radio"/> Yes <input type="radio"/> No
115.	Raw food diet	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Less than 8 weeks <input type="radio"/> 8 weeks - 1 year <input type="radio"/> More than 1 year	<input type="radio"/> Yes <input type="radio"/> No



Have you ever had any of the following weight loss procedures?	NO	YES	a. What age did you have this?
116. Lap band	<input type="radio"/> No	<input type="radio"/> Yes	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> </div> AGE
117. Bariatric surgery	<input type="radio"/> No	<input type="radio"/> Yes	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> </div> AGE

Please use a ballpoint pen for this form





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

