

**SECTION 2: PERSONAL MEDICAL HISTORY, MEDICATIONS, SCREENING**

2.1 Have you ever had a test for blood in your stool, called a smear test *or* a hemocult?  
(This test is frequently done as part of a routine physical exam, *or* it can be done at home.)

- yes
- no *(go to question 2.2)*
- don't know *(go to question 2.2)*

*(if yes)*

2.1.1 When did you first have this test?  
age when first tested: \_\_\_ \_\_  
*or*  
year of first test: \_\_\_ \_\_ \_\_ \_\_  
*or*  
I had my first smear test/hemocult \_\_\_ \_\_ years ago  
 don't know

2.1.2 What were the reasons for your first test? (mark all that apply)

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly exam *or* check-up
- follow-up of a previous problem
- other: \_\_\_\_\_
- don't know

2.1.3 How many separate tests have you had?  
\_\_\_ number of tests  
 don't know

(if answer in 2.1.3 is more than 1)

2.1.4 When did you last have this test?  
age when last tested: \_\_\_ \_\_  
*or*  
year of last test: \_\_\_ \_\_ \_\_ \_\_  
*or*  
I had my last smear test/hemocult \_\_\_ \_\_ years ago  
 don't know

2.2 Have you ever had a sigmoidoscopy? (Sigmoidoscopy involves looking inside the lower bowel and rectum with a lighted instrument. This examination is usually done in a doctor's office without anesthesia.)

- yes
- no *(go to question 2.3)*
- don't know *(go to question 2.3)*

*(if yes)*

2.2.1 When did you first have a sigmoidoscopy?  
age at first sigmoidoscopy: \_\_\_ \_\_

**or**  
year of first sigmoidoscopy: \_\_\_\_

**or**  
I had my first sigmoidoscopy \_\_\_\_ years ago  
 don't know

2.2.2 What were the reasons for your first sigmoidoscopy? (mark all that apply)

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly exam **or** check-up
- follow-up of a previous problem
- other: \_\_\_\_\_  
 don't know

2.2.3 How many separate sigmoidoscopies have you had?

\_\_\_\_ number of sigmoidoscopies  
 don't know

(if answer in 2.2.3 is more than 1)

2.2.4 When did you last have a sigmoidoscopy?

age at last sigmoidoscopy: \_\_\_\_

**or**  
year of last sigmoidoscopy: \_\_\_\_

**or**  
I had my last sigmoidoscopy \_\_\_\_ years ago  
 don't know

2.3 Have you ever had a colonoscopy? (Colonoscopy is an examination of the entire large bowel using a long flexible instrument. This examination is usually done under sedation.)

- yes
- no *(go to question 2.4)*
- don't know *(go to question 2.4)*

*(if yes)*

2.3.1 When did you first have a colonoscopy?

age at first colonoscopy: \_\_\_\_

**or**  
year of first colonoscopy: \_\_\_\_

**or**  
I had my first colonoscopy \_\_\_\_ years ago  
 don't know

2.3.2 What were the reasons for your first colonoscopy? (mark all that apply)

- to investigate a new problem
- family history of colorectal cancer
- routine/yearly exam **or** check-up
- follow-up of a previous problem
- other: \_\_\_\_\_  
 don't know

2.3.3 How many separate colonoscopies have you had?

\_\_ \_\_ number of colonoscopies

don't know

(if answer in 2.3.3 is more than 1)

2.3.4 When did you last have a colonoscopy?

age at last colonoscopy: \_\_ \_\_

**or**

year of last colonoscopy: \_\_ \_\_ \_\_ \_\_

**or**

I had my last colonoscopy \_\_ \_\_ years ago

don't know

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

yes

no *(go to question 2.5)*

don't know *(go to question 2.5)*

*(if yes)*

2.4.1 When did your doctor first tell you that you had polyps?

age at first diagnosis of polyps: \_\_ \_\_

**or**

year of first diagnosis of polyps:: \_\_ \_\_ \_\_ \_\_

**or**

polyps were first diagnosed \_\_ \_\_ years ago

don't know

2.4.2 Have you been told that you had polyps more than once?

yes

no *(go to question 2.4.3)*

don't know *(go to question 2.4.3)*

*(if yes)*

2.4.2.1 When did your doctor last tell you that you had polyps?

age at last diagnosis of polyps: \_\_ \_\_

**or**

year of last diagnosis of polyps:: \_\_ \_\_ \_\_ \_\_

**or**

polyps were last diagnosed \_\_ \_\_ years ago

don't know

2.4.3 Do you know if your polyps were benign, adenomatous (pre-cancerous), **or** something else?  
(Mark all that apply. Include all the separate times you were told you had polyps.)

benign

adenomatous (sometimes called pre-cancerous)

other: \_\_\_\_\_

don't know

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

- yes
- no *(go to question 2.5)*
- don't know *(go to question 2.5)*

*(if yes)*

2.4.4.1 When did you first have the polyps removed?

age when the polyps were first removed: \_\_ \_\_

*or*

year when the polyps were first removed:: \_\_ \_\_ \_\_ \_\_

*or*

the polyps were first removed \_\_ \_\_ years ago

don't know

2.4.4.2 Have you had polyps removed more than once?

- yes
- no *(go to question 2.5)*
- don't know *(go to question 2.5)*

*(if yes)*

2.4.4.2.1 When did you last have polyps removed?

age when the polyps were last removed: \_\_ \_\_

*or*

year when the polyps were last removed:: \_\_ \_\_ \_\_ \_\_

*or*

the polyps were last removed \_\_ \_\_ years ago

don't know

2.5 Has a doctor ever told you that you had familial adenomatous polyposis, known also as FAP? (This is a condition, sometimes occurring in families, in which numerous polyps line the inside of the large bowel *or* colon.)

- yes
- no *(go to question 2.6)*
- don't know *(go to question 2.6)*

*(if yes)*

2.5.1 When did your doctor first tell you that you had FAP?

age at diagnosis: \_\_ \_\_

*or*

year of diagnosis: \_\_ \_\_ \_\_ \_\_

*or*

it was diagnosed \_\_ \_\_ years ago

don't know

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

- yes
- no *(go to question 2.7)*
- don't know *(go to question 2.7)*

*(if yes)*

2.6.1 When did your doctor first tell you that you had Crohn's disease?

age at diagnosis: \_\_ \_\_

***or***

year of diagnosis: \_\_ \_\_ \_\_ \_\_

***or***

it was diagnosed \_\_ \_\_ years ago

don't know

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

yes

no *(go to question 2.8)*

don't know *(go to question 2.8)*

*(if yes)*

2.7.1 When did your doctor first tell you that you had ulcerative colitis?

age at diagnosis: \_\_ \_\_

***or***

year of diagnosis: \_\_ \_\_ \_\_ \_\_

***or***

it was diagnosed \_\_ \_\_ years ago

don't know

2.8 Has a doctor ever told you that you had irritable bowel syndrome? (This is a disorder of the bowels leading to cramping, gassiness, bloating, and alternating diarrhea and constipation. Also known as IBS.)

yes

no *(go to question 2.9)*

don't know *(go to question 2.9)*

*(if yes)*

2.8.1 When did your doctor first tell you that you had irritable bowel syndrome?

age at diagnosis: \_\_ \_\_

***or***

year of diagnosis: \_\_ \_\_ \_\_ \_\_

***or***

it was diagnosed \_\_ \_\_ years ago

don't know

2.9 Has a doctor ever told you that you had diverticular disease? (This may also be called diverticulosis ***or*** diverticulitis. It's a condition in which the bowel may become infected, and can lead to pain and chronic problems with bowel habits.)

yes

no *(go to question 2.10)*

don't know *(go to question 2.10)*

*(if yes)*

2.9.1 When did your doctor first tell you that you had diverticular disease?  
age at diagnosis: \_\_ \_\_  
**or**  
year of diagnosis: \_\_ \_\_ \_\_ \_\_  
**or**  
it was diagnosed \_\_ \_\_ years ago  
 don't know

2.10 Have you ever had any of your large bowel **or** colon removed?

- yes
- no *(go to question 2.11)*
- don't know *(go to question 2.11)*

*(if yes)*

2.10.1 Was it completely removed, **or** was only part of it removed?  
 completely removed  
 partly removed  
 don't know

2.10.2 When did you first have any of your bowel **or** colon removed?  
age at first operation: \_\_ \_\_  
**or**  
year of first operation: \_\_ \_\_ \_\_ \_\_  
**or**  
it was first operated on \_\_ \_\_ years ago  
 don't know

2.10.3 Have you had more than one surgery to remove your bowel **or** colon?  
 yes  
 no *(go to question 2.11)*  
 don't know *(go to question 2.11)*

*(if yes)*

2.10.3.1 When did you last have this operation to remove all **or** part of your bowel **or** colon?  
age at last operation: \_\_ \_\_  
**or**  
year of last operation: \_\_ \_\_ \_\_ \_\_  
**or**  
it was last operated on \_\_ \_\_ years ago  
 don't know

2.11 Have you had your gallbladder removed?

- yes
- no *(go to question 2.12)*
- don't know *(go to question 2.12)*

*(if yes)*

2.11.1 When did you have your gallbladder removed?  
age at operation: \_\_ \_\_  
**or**  
year of operation: \_\_ \_\_ \_\_ \_\_  
**or**  
it was removed \_\_ \_\_ years ago  
 don't know

- 2.12 Has a doctor ever told you that you had diabetes, also known as diabetes mellitus? (Do not include diabetes which you had only during pregnancy {gestational diabetes}.)
- yes
  - no **(go to question 2.13)**
  - don't know **(go to question 2.13)**

*(if yes)*

2.12.1 When did your doctor first tell you that you had diabetes?  
age at diagnosis: \_\_ \_\_  
**or**  
year of diagnosis: \_\_ \_\_ \_\_ \_\_  
**or**  
it was diagnosed \_\_ \_\_ years ago  
 don't know

2.12.2 Did you ever take medication to control your diabetes?

- yes
- no **(go to question 2.13)**
- don't know **(go to question 2.13)**

*(if yes)*

<b><u>Medication for diabetes</u></b>	When you were taking this medication, how often did you take it?	About two years ago, were you still taking it?	How long, in total, have you taken this medication? (once for pills, and once for insulin injection, if you've taken both)
2.12.2.1 What type of medication did you use, pills <b>or</b> insulin injections?  <input type="checkbox"/> pills <input type="checkbox"/> insulin injections <input type="checkbox"/> both <input type="checkbox"/> don't know	__ __ times per day __ __ times per week __ __ times per month __ __ times per year  <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	__ __ number of months <b>or</b> __ __ number of years  <input type="checkbox"/> don't know

- 2.13 Has a doctor ever told you that you had high cholesterol?
- yes
  - no *(go to question 2.14)*
  - don't know *(go to question 2.14)*

*(if yes)*

2.13.1 When did your doctor first tell you that you had high cholesterol?

age at diagnosis: \_\_\_ \_\_

***or***

year of diagnosis: \_\_\_ \_\_ \_\_ \_\_

***or***

it was diagnosed \_\_\_ \_\_ years ago

don't know

  

2.13.2 Did you ever take medication to control your high cholesterol?

- yes
- no *(go to question 2.14)*
- don't know *(go to question 2.14)*

*(if yes)*

When you were taking medication for your high cholesterol, how often did you take it?	About two years ago were you still taking it?	How long, in total, have you taken this medication?
___ __ times per day ___ __ times per week ___ __ times per month ___ __ times per year <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ __ number of months <b><i>or</i></b> ___ __ number of years <input type="checkbox"/> don't know

- 2.14 Has a doctor ever told you that you had high levels of triglycerides in your blood? These are other types of fats.
- yes
  - no *(go to question 2.15)*
  - don't know *(go to question 2.15)*

*(if yes)*

2.14.1 When did your doctor first tell you that you had high triglycerides?

age at diagnosis: \_\_\_ \_\_

***or***

year of diagnosis: \_\_\_ \_\_ \_\_ \_\_

***or***

it was diagnosed \_\_\_ \_\_ years ago

don't know

  

2.14.2 Did you ever take medication to control this condition?

- yes
- no *(go to question 2.15)*
- don't know *(go to question 2.15)*



(if yes)

When you were taking medication for your high triglycerides, how often did you take it?	About two years ago were you taking it?	How long, in total, have you taken this medication?
___ times per day ___ times per week ___ times per month ___ times per year <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ number of months <i>or</i> ___ number of years <input type="checkbox"/> don't know

2.15 Has a doctor ever told you that you had any type of cancer?

- yes  
 no *(go to question 2.16)*  
 don't know *(go to question 2.16)*

(if yes)

What type of cancer was it?	When did your doctor first tell you that you had this type of cancer?			Were you treated with radiation therapy (radiotherapy)?
(type of cancer)	Age at diagnosis: ___ <i>or</i> ___	year of diagnosis: ___ <i>or</i> ___	don't know •	• yes • no
1)	Age at diagnosis: ___ <i>or</i> ___	year of diagnosis: ___ <i>or</i> ___	don't know •	• yes • no
2)	Age at diagnosis: ___ <i>or</i> ___	year of diagnosis: ___ <i>or</i> ___	don't know •	• yes • no
3)	Age at diagnosis: ___ <i>or</i> ___	year of diagnosis: ___ <i>or</i> ___	don't know •	• yes • no
4)	Age at diagnosis: ___ <i>or</i> ___	year of diagnosis: ___ <i>or</i> ___	don't know •	• yes • no
5)	Age at diagnosis: ___ <i>or</i> ___	year of diagnosis: ___ <i>or</i> ___	don't know •	• yes • no
6)	Age at diagnosis: ___ <i>or</i> ___	year of diagnosis: ___ <i>or</i> ___	don't know •	• yes • no

<b>Medication</b>	<i>(If yes)</i> When you were taking this medication regularly, how often did you take it? (regularly=2x a week)	<i>(If yes)</i> About two years ago, were you taking it regularly?	<i>(If yes)</i> How long, in total, have you taken this medication?
Have you ever taken aspirin (such as Anacin, Bufferin, Bayer, Excedrin, Ecotrin) at least twice a week for more than a month? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ times per day ___ times per week <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ number of months <i>or</i> ___ number of years <input type="checkbox"/> don't know
Have you ever taken acetaminophen (such as Tylenol, Anacin-3, Panadol) at least twice a week for more than a month? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ times per day ___ times per week <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ number of months <i>or</i> ___ number of years <input type="checkbox"/> don't know
Have you ever taken ibuprofen-type medications (such as Advil, Motrin, Nuprin, NSAIDS, Medipren) at least twice a week for more than a month? (NSAIDS are non-steroidal anti-inflammatory drugs) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ times per day ___ times per week <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ number of months <i>or</i> ___ number of years <input type="checkbox"/> don't know
Have you ever taken bulk-forming laxatives (such as Metamucil, Citrucel, FiberCon, Serutan, psyllium) at least twice a week for more than a month? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ times per day ___ times per week <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ number of months <i>or</i> ___ number of years <input type="checkbox"/> don't know

Medication	<i>(If yes)</i> When you were taking this medication regularly, how often did you take it? (regularly=2x a week)	<i>(If yes)</i> About two years ago, were you taking it regularly?	<i>(If yes)</i> How long, in total, have you taken this medication?
Have you ever taken other laxatives ( <i>such as Ex-Lax, Correctol, Dulcolax, Senokot, Colace, castor oil, cod liver oil, mineral oil, milk of magnesia lactulose, Epsom salts</i> ) at least twice a week for more than a month? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ times per day ___ times per week <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ number of months <i>or</i> ___ number of years <input type="checkbox"/> don't know
Have you ever taken multivitamin pills <i>or</i> tablets ( <i>not individual vitamins</i> ) at least twice a week for more than a month? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ times per day ___ times per week <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ number of months <i>or</i> ___ number of years <input type="checkbox"/> don't know
Have you ever taken separate folic acid <i>or</i> folate pills <i>or</i> tablets at least twice a week for more than a month? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ times per day ___ times per week <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ number of months <i>or</i> ___ number of years <input type="checkbox"/> don't know
Have you ever taken separate calcium pills <i>or</i> tablets ( <i>not including antacids</i> ) at least twice a week for more than a month? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ times per day ___ times per week <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ number of months <i>or</i> ___ number of years <input type="checkbox"/> don't know
Have you ever taken calcium-based antacids ( <i>such as Tums, Roloids, Extra-strength Roloids Alka-Mints, Chooz Antacid gum</i> ) at least twice a week for more than a month? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ times per day ___ times per week <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ number of months <i>or</i> ___ number of years <input type="checkbox"/> don't know

**SECTION 3: Menstruation, Reproductive History, Menopause**

3.1 How old were you when you had your first menstrual period?

\_\_ \_\_ years of age

- don't know  
 never had a menstrual period

3.2 Have you ever been pregnant?

- yes  
 no  
 don't know

*(if yes)*

3.2.1 How many times have you been pregnant? Please include miscarriages, stillbirths, tubal pregnancies and abortions. (If currently pregnant, exclude your current pregnancy. If you are currently pregnant for the first time go to 3.3.)

\_\_ \_\_ number of pregnancies

- don't know

3.2.2 How many times were you pregnant with more than one baby? (Twins, triplets, *or* more.)

- never

\_\_ \_\_ number of pregnancies with multiples

- don't know

3.2.3 How many of your pregnancies lasted 6 months *or* longer? (Pregnancy usually lasts 9 months. Six months is about the earliest a baby could survive.)

- all of them

\_\_ \_\_ number of pregnancies

- don't know

3.2.4 How many of your pregnancies resulted in live births?

- all of them

\_\_ \_\_ number of pregnancies

- don't know

*(if yes to having had any live births)*

3.2.4.1 How old were you at the first live birth?

Age at first birth \_\_ \_\_

*or*

year of first birth: \_\_ \_\_

*or*

I first gave birth \_\_ \_\_ years ago

- don't know

*(if more than one live birth)*

3.2.4.2 How old were you at the last live birth?

Age at last birth: \_\_ \_\_

*or*

year of last birth: \_\_ \_\_ \_\_ \_\_

*or*

I last gave birth \_\_ \_\_ years ago

don't know

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

yes

no

don't know

*(if yes)*

3.3.1 How old were you when you first used any of these hormonal contraceptives?

Age at first use: \_\_ \_\_

*or*

year of first use: \_\_ \_\_ \_\_ \_\_

*or*

I first used them \_\_ \_\_ years ago

don't know

3.3.2 Were you still using hormonal contraceptives about two years ago?

yes

no

don't know

3.3.3 In total, how long did you take these hormonal contraceptives?

\_\_ \_\_ number of years

don't know

3.4 Have you had a menstrual period in the last 12 months? (Only menstrual bleeding is of interest. Do not include bleeding that results from hormone replacement therapy (HRT) *or* progesterone, progestins, *or* withdrawal bleeding.)

yes (*go to 3.5*)

no

don't know (*go to 3.5*)

*(if no)*

3.4.1 Have your menstrual periods stopped permanently, *or* only temporarily due to pregnancy, breast-feeding, *or* other conditions?

permanently

temporarily (*go to 3.5*)

3.4.2 How old were you when your periods stopped permanently?

Age when periods stopped: \_\_\_ \_\_  
*or*  
 year when periods stopped: \_\_\_ \_\_ \_\_ \_\_  
*or*  
 periods stopped \_\_\_ \_\_ years ago  
 don't know

3.4.3 Why did your menstrual periods stop permanently? (as many as apply)

- natural menopause (go to 3.4.3.1)
- gynecologic surgery (go to 3.4.3.2)
- radiation *or* chemotherapy (go to 3.4.3.1)
- other: \_\_\_\_\_ (go to 3.4.3.1)
- don't know (go to 3.4.3.1)

3.4.3.1 Have you ever had any gynecologic surgery?

- yes (go to 3.4.3.2)
- no (go to 3.5)
- don't know (go to 3.5)

*(if yes to gynecologic surgery)*

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

hysterectomy only (Only the uterus <i>or</i> womb was removed)	<b>When did you first have this surgery?</b> Age when this surgery was done: ___ __ <i>or</i> year when this surgery was done: ___ __ __ __ <i>or</i> this surgery was done ___ __ years ago <i>or</i> <input type="checkbox"/> don't know
hysterectomy along with one ovary <i>or</i> partial ovary	<b>When did you first have this surgery?</b> Age when this surgery was done: ___ __ <i>or</i> year when this surgery was done: ___ __ __ __ <i>or</i> this surgery was done ___ __ years ago <i>or</i> <input type="checkbox"/> don't know
hysterectomy along with both ovaries	<b>When did you first have this surgery?</b> Age when this surgery was done: ___ __ <i>or</i> year when this surgery was done: ___ __ __ __ <i>or</i> this surgery was done ___ __ years ago <i>or</i> <input type="checkbox"/> don't know
one ovary was removed, in whole <i>or</i> part, without hysterectomy	<b>When did you first have this surgery?</b> Age when this surgery was done: ___ __ <i>or</i> year when this surgery was done: ___ __ __ __ <i>or</i> this surgery was done ___ __ years ago <i>or</i> <input type="checkbox"/> don't know
both ovaries were removed, without hysterectomy	<b>When did you first have this surgery?</b> Age when this surgery was done: ___ __ <i>or</i> year when this surgery was done: ___ __ __ __ <i>or</i> this surgery was done ___ __ years ago <i>or</i> <input type="checkbox"/> don't know
other: _____	<b>When was this first done?</b> Age when was done : ___ __ <i>or</i> year when was done: ___ __ __ __ <i>or</i> was done ___ __ years ago <i>or</i> <input type="checkbox"/> don't know

*(if yes to having radiation or chemotherapy)*

3.4.3.3	When did you first have radiation <i>or</i> chemotherapy?
	Age when radiation/chemotherapy was given: __ __
	<i>or</i>
	year when radiation/chemotherapy was given: __ __ __ __
	<i>or</i>
	I had radiation/chemotherapy given to me __ __ years ago
	<input type="checkbox"/> don't know

*(if yes to having "other" specified condition or treatment which made periods stop permanently)*

3.4.3.4	When did you first have ("other")?
	Age when ("other") occurred: __ __
	<i>or</i>
	year when ("other") occurred: __ __ __ __
	<i>or</i>
	The ("other") occurred __ __ years ago
	<input type="checkbox"/> don't know

- 3.5 Doctors prescribe hormone replacement treatment for many reasons including menopausal symptoms, surgical removal of the ovaries, osteoporosis, and heart disease prevention. Have you ever used a pill *or* patch form of hormone replacement therapy? (Menopausal symptoms include hot flashes, sweating, and depression.) (Please do not include: hormone therapy that was prescribed for birth control; hormone therapy delivered by injections, vaginal creams, *or* vaginal suppositories)
- yes
  - no
  - don't know

*(if yes)*

3.5.1	Were you still having menstrual periods when you first took these hormones?
	<input type="checkbox"/> yes
	<input type="checkbox"/> no
	<input type="checkbox"/> don't know
3.5.2	Were you prescribed an estrogen-only pill <i>or</i> patch (such as Premarin)?
	<input type="checkbox"/> yes
	<input type="checkbox"/> no <i>(go to 3.5.3)</i>
	<input type="checkbox"/> don't know <i>(go to 3.5.3)</i>

*(if yes to estrogen-only medication)*

3.5.2.1 How old were you when you first took estrogen-only medication?

Age when first taken: \_\_ \_\_

*or*

year first taken: \_\_ \_\_ \_\_ \_\_

*or*

I first took estrogen-only hormone therapy \_\_ \_\_ years ago

don't know

3.5.2.2 Were you still using estrogen-only medication about two years ago?

yes

no

don't know

3.5.2.3 In total, how long did you take estrogen-only medication?

\_\_ \_\_ number of months

*or*

\_\_ \_\_ number of years

don't know

3.5.3 Progesterone *or* progestin is frequently prescribed by doctors along with estrogen. Some common brands are Provera and Prem-Pro. Have you ever taken progesterone *or* progestin along with estrogens for menopause *or* other reasons?

yes

no

don't know

*(if yes)*

3.5.3.1 How old were you when you first took progesterone *or* progestin along with estrogens?

Age when first taken: \_\_ \_\_

*or*

year first taken: \_\_ \_\_ \_\_ \_\_

*or*

I first took progesterone along with estrogens \_\_ \_\_ years ago

don't know



3.5.3.2 Were you still using progesterone *or* progestin along with estrogens about two years ago?

yes  
 no  
 don't know

3.5.3.3 In total, how long did you take progesterone *or* progestin in combination with estrogens?

\_\_ \_\_ number of months  
*or*  
 \_\_ \_\_ number of years  
 don't know

3.6 Have you ever taken tamoxifen, raloxifene, *or* other anti-estrogen medication (such as Lupron *or* Depo-Provera)?

- yes
- no *(go to page 19)*
- possibly – I have participated in a clinical trial for tamoxifen, raloxifene, *or* other anti-estrogen medication
- don't know

*(if yes or possibly)*

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

tamoxifen (Nolvadex)  
 raloxifene (Evista)  
 other: \_\_\_\_\_

3.6.2 How old were you when you first took tamoxifen, raloxifene *or* other anti-estrogen medication?

Age when any one of these medications was first taken: \_\_ \_\_  
*or*  
 year when any one of these medications was first taken: \_\_ \_\_ \_\_ \_\_  
*or*  
 I first took any one of these medications \_\_ \_\_ years ago  
 don't know

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

- yes
- no
- don't know

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

- \_\_ \_\_ number of months
- or*
- \_\_ \_\_ number of years
- don't know

**SECTION 4: FAMILY HISTORY**

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

4.1 Were you adopted?

- yes
- no / not that I'm aware of
- don't know

*(if yes)*

4.1.1 Do you know anything about the medical history of your blood relatives?

- yes
- no (*go to page 25*)
- don't know (*go to page 25*)

4.2 Have any of your relatives ever been diagnosed with colon cancer *or* rectal cancer ?

- yes
- no (*go to 4.3*)
- don't know (*go to 4.3*)

*(if yes)*

<b>Relative affected</b> ( <i>indicate relationship, ie, mother, brother#3, daughter #2, maternal aunt, etc</i> )	colon cancer	rectal cancer	colorectal	don't know	Relative's age at diagnosis <i>or</i> year of diagnosis
	(mark all that apply)				
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___
					___ <i>or</i> ___

4.3 Have any of your relatives ever been diagnosed with other kinds of cancer?

- yes
- no (go to 4.4)
- don't know (go to 4.4)

(if yes)

<b>Relative affected</b> (indicate relationship, ie, mother, brother#3, daughter #2, maternal aunt, etc)	<b>type of cancer</b>	<b>don't know</b>	<b>(if skin cancer) What kind was it?</b>			<b>Relative's age at diagnosis or year of diagnosis</b>
			<b>melanoma</b>	<b>Other skin cancer</b>	<b>don't know</b>	
						___ or _____
						___ or _____
						___ or _____
						___ or _____
						___ or _____
						___ or _____
						___ or _____
						___ or _____
						___ or _____
						___ or _____
						___ or _____
						___ or _____

4.4 The following are questions about the health history of your parents, siblings, and children.

<b>4.4.1 When was your mother .....</b>	<b>.....born?</b>	<b>Is she still living?</b>	<b>(if deceased) When did she die?</b>
	___ day ___ month ___ year <i>or</i> current age ___ yrs <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ year <i>or</i> at ___ yrs of age <i>or</i> she died ___ years ago <input type="checkbox"/> don't know In what city and state did she die: (city and state/ province): _____ <input type="checkbox"/> don't know
<b>4.4.2 When was your father .....</b>	<b>..... born?</b>	<b>Is he still living?</b>	<b>(if deceased) When did he die?</b>
	___ day ___ month ___ year <i>or</i> current age ___ yrs <input type="checkbox"/> don't know	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	___ year <i>or</i> at ___ yrs of age <i>or</i> he died ___ years ago <input type="checkbox"/> don't know In what city and state did he die: (city and state/ province): _____ <input type="checkbox"/> don't know

4.4.3 The following are questions about your brothers and sisters, and half-brothers and half-sisters. (living *or* deceased.)

4.4.3.1 Do you have any full brothers *or* sisters?

- yes
- no
- don't know

*(if yes)*

4.4.3.1.1 How many brothers do you have?  
 \_\_\_ \_\_\_ number of brothers

How many sisters do you have?  
 \_\_\_ \_\_\_ number of sisters

4.4.3.2 Do you have any half-brothers *or* half-sisters?

- yes
- no (*go to 4.4.4*)
- don't know (*go to 4.4.4*)

*(if yes)*

4.4.3.2.1 How many half-brothers do you have?  
 \_\_\_ \_\_\_ number of half-brothers

How many half-sisters do you have?  
 \_\_\_ \_\_\_ number of half-sisters

4.4.4 Please list all your <b>full</b> brothers & sisters, starting with the oldest (use other side if necessary)	Male (M) or Female (F)?	When was she/he born? Day, month, year <i>or</i> current age <i>or</i> don't know (?)  <i>date</i> <i>age</i>	Is she/he still living Yes (Y), no (N) or don't know (?)	<i>(if deceased)</i> When did she/he die? Day, month, year <i>or</i> age of death <i>or</i> don't know (?)  <i>date</i> <i>age</i>	In what city & state did she/he die?  City/state or province or don't know (?)
		___/___/___ <i>or</i> ___		___/___/___ <i>or</i> ___	
		___/___/___ <i>or</i> ___		___/___/___ <i>or</i> ___	
		___/___/___ <i>or</i> ___		___/___/___ <i>or</i> ___	
		___/___/___ <i>or</i> ___		___/___/___ <i>or</i> ___	
		___/___/___ <i>or</i> ___		___/___/___ <i>or</i> ___	
		___/___/___ <i>or</i> ___		___/___/___ <i>or</i> ___	
		___/___/___ <i>or</i> ___		___/___/___ <i>or</i> ___	
		___/___/___ <i>or</i> ___		___/___/___ <i>or</i> ___	
		___/___/___ <i>or</i> ___		___/___/___ <i>or</i> ___	
		___/___/___ <i>or</i> ___		___/___/___ <i>or</i> ___	

Please list all your <b>half</b> brothers & sisters, (use other side if necessary)  Do you have the same mother ? .....Y/N	Male (M) or Female (F)?	When was she/he born?	Is she/he still living	(if deceased)	In what city & state did she/he die?  City/state or province or don't know (?)
		Day, month, year or current age or don't know (?)	Yes (Y), no (N) or don't know (?)	When did she/he die? Day, month, year or age of death or don't know (?)	
		____/____/____ or ____		____/____/____ or ____	
		____/____/____ or ____		____/____/____ or ____	
		____/____/____ or ____		____/____/____ or ____	
		____/____/____ or ____		____/____/____ or ____	
		____/____/____ or ____		____/____/____ or ____	
		____/____/____ or ____		____/____/____ or ____	
		____/____/____ or ____		____/____/____ or ____	
		____/____/____ or ____		____/____/____ or ____	
		____/____/____ or ____		____/____/____ or ____	
		____/____/____ or ____		____/____/____ or ____	

4.4.5 The following questions are about any children you might have had. We are interested in children who are related to you by blood, not adopted children, step-children *or* foster children. Do you have any biological children? (They may be living *or* deceased.)

- yes
- no (*go to page 25*)
- don't know (*go to page 25*)

(if yes)

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

- yes (*go to 4.4.4.1.1*)
- no (*go to 4.4.4.1.2*)

*If all children have the same parents*

4.4.4.1.1 How many sons and daughters do you have?

\_\_ \_\_ number of sons  
 \_\_ \_\_ number of daughters

Please list all your children, starting with the oldest (use other side if necessary)	Is this a son (S) or daughter (D)	When was she/he born?	Is she/he still living	(if deceased) When did she/he die?	In what city & state did she/he die?  City/state or province or don't know (?)
		Day, month, year or current age or don't know (?) <i>date</i> <i>age</i>	Yes (Y), no (N) or don't know (?)	Day, month, year or age of death or don't know (?) <i>date</i> <i>age</i>	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	

*If children have different parents*

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

\_\_\_ number of sons  
 \_\_\_ number of daughters

Please list all your children, starting with the oldest (use other side if necessary)	Is this a son (S) or daughter (D)	When was she/he born?	Is she/he still living	(if deceased) When did she/he die?	In what city & state did she/he die?  City/state or province or don't know (?)
		Day, month, year or current age or don't know (?) <i>date</i> <i>age</i>	Yes (Y), no (N) or don't know (?)	Day, month, year or age of death or don't know (?) <i>date</i> <i>age</i>	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	
		___/___/___ or ___		___/___/___ or ___	

4.4.4.1.3

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

\_\_ \_\_ number of sons  
 \_\_ \_\_ number of daughters

Please list all your children, starting with the oldest (use other side if necessary)	Is this a son (S) or daughter (D)	When was she/he born? Day, month, year or current age or don't know (?) <i>date</i> <i>age</i>	Is she/he still living Yes (Y), no (N) or don't know (?)	<i>(if deceased)</i> When did she/he die? Day, month, year or age of death or don't know (?) <i>date</i> <i>age</i>	In what city & state did she/he die?  City/state or province or don't know (?)
		__/__/__ or __		__/__/__ or __	
		__/__/__ or __		__/__/__ or __	
		__/__/__ or __		__/__/__ or __	
		__/__/__ or __		__/__/__ or __	
		__/__/__ or __		__/__/__ or __	
		__/__/__ or __		__/__/__ or __	
		__/__/__ or __		__/__/__ or __	
		__/__/__ or __		__/__/__ or __	
		__/__/__ or __		__/__/__ or __	
		__/__/__ or __		__/__/__ or __	



**SECTION 5: DIET**

5.1 About two years ago, on average how often did you eat a piece *or* serving of fruit?

A serving of fruit is:

- 1 medium fresh fruit;
- ½ cup of chopped, cooked *or* canned fruit;
- ¼ cup of dried fruit;
- 6 ounces of fruit juice

- \_\_\_ \_\_\_ portions/servings per day *or*
- \_\_\_ \_\_\_ portions/servings per week *or*
- \_\_\_ \_\_\_ portions/servings per month
- don't know

5.2 About two years ago, on average how often did you eat a serving of vegetables?

A serving of vegetables is:

- 1 cup raw leafy vegetables;
- ½ cup of other vegetables, cooked *or* chopped raw;
- 6 ounces of vegetable juice

- \_\_\_ \_\_\_ portions/servings per day *or*
- \_\_\_ \_\_\_ portions/servings per week *or*
- \_\_\_ \_\_\_ portions/servings per month
- don't know

5.3 About two years ago, on average how often did you eat a serving of red meat (not chicken *or* fish)?

A serving of red meat is:

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

- \_\_\_ \_\_\_ portions/servings per day *or*
- \_\_\_ \_\_\_ portions/servings per week *or*
- \_\_\_ \_\_\_ portions/servings per month
- did not eat red meat
- don't know

*(if yes to eating red meat)*

5.3.1 About two years ago, on average, how many servings of red meat did you eat that were cooked by pan-frying, broiling, grilling *or* barbecuing?

- \_\_\_ \_\_\_ portions/servings per day *or*
- \_\_\_ \_\_\_ portions/servings per week *or*
- \_\_\_ \_\_\_ portions/servings per month
- did not eat red meat that was cooked by these methods (*go to 5.4*)
- don't know

5.3.2 On average, when you ate red meat cooked by those methods, which of the following best describes its outside appearance?

- lightly browned
- medium browned
- heavily browned/blackened
- don't know

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

- red (rare)
- pink (medium)
- brown (well-done)
- don't know

5.4 About two years ago, on average how often did you eat a serving of chicken? A serving of chicken is:

2-3 ounces of chicken meat;  
1 drumstick;  
1 thigh;  
half a breast;  
2 wings;  
nuggets

- \_\_ \_\_ portions/servings per day *or*
- \_\_ \_\_ portions/servings per week *or*
- \_\_ \_\_ portions/servings per month
- did not eat chicken
- don't know

*(if yes to eating chicken)*

5.4.1 About two years ago, on average, how many servings of chicken did you eat that were cooked by pan-frying, broiling, grilling *or* barbecuing?

- \_\_ \_\_ portions/servings per day *or*
- \_\_ \_\_ portions/servings per week *or*
- \_\_ \_\_ portions/servings per month
- did not eat chicken that was cooked by these methods ( **go to next page**)
- don't know

5.4.2 On average, when you ate chicken cooked by those methods, which of the following best describes its outside appearance?

- lightly browned
- medium browned
- heavily browned/blackened
- don't know

**SECTION 6: PHYSICAL ACTIVITY**

Think back to the period when you were in your 20s, did you participate regularly in any of the following activities. (Regularly means once a week for 30 minutes *or* longer for at least 3 months in a row.)

.....in your 20s	(if yes )For how many years...	(if yes) For how many months of the year?	(if yes) When you were participating in this exercise regularly, on average, how many hours per week, ...
6.1 Did you walk for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no	...did you walk? __ __ years (maximum =10)	__ __ months	...did you walk? __ __ hrs per week
6.2 Did you ever jog for at least 30 minutes a week? Jogging is running slower than a mile in 10 minutes. <input type="checkbox"/> yes <input type="checkbox"/> no	...did you jog? __ __ years (maximum =10)	__ __ months	...did you jog? __ __ hrs per week
6.3 Did you ever run for at least 30 minutes a week? Running is running faster than a mile in 10 minutes. <input type="checkbox"/> yes <input type="checkbox"/> no	...did you run? __ __ years (maximum =10)	__ __ months	...did you run? __ __ hrs per week
6.4 Did you ever bicycle for at least 30 minutes a week? (This includes stationary bicycling.) <input type="checkbox"/> yes <input type="checkbox"/> no	...did you bicycle? __ __ years (maximum =10)	__ __ months	...did you bicycle? __ __ hrs per week
6.5 Did you swim laps for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no	...did you swim laps __ __ years (maximum =10)	__ __ months	...did you swim laps? __ __ hrs per week
6.6 Did you play tennis, racquetball <i>or</i> squash for at least 30 minutes a week <input type="checkbox"/> yes <input type="checkbox"/> no	...did you play tennis, racquetball <i>or</i> squash? __ __ years (maximum =10)	__ __ months	...did you play tennis, racquetball <i>or</i> squash? __ __ hrs per week
6.7 Did you participate in calisthenics, aerobics, vigorous dance, use a rowing machine, <i>or</i> lift weights for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no	...did you do these activities? __ __ years (maximum =10)	__ __ months	...did you do these activities? __ __ hrs per week
6.8 Did you play football, soccer, rugby <i>or</i> basketball for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no	...did you play football, soccer, rugby <i>or</i> basketball? __ __ years (maximum =10)	__ __ months	...did you play football, soccer, rugby <i>or</i> basketball? __ __ hrs per week

.....in your 20s	(if yes )For how many years...	(if yes) For how many months of the year?	(if yes) When you were participating in this exercise regularly, on average, how many hours per week, ...
6.9 Did you do any strenuous tasks in <i>or</i> around the house for at least 30 minutes a week? This would include activities such as mowing a lawn with a non-power mower, shoveling, <i>or</i> scrubbing floors vigorously. <input type="checkbox"/> yes <input type="checkbox"/> no	...did you do these activities? ___ years (maximum =10)	___ months	did you do these activities? ___ hrs per week
6.10 Did you participate in any other strenuous physical activities for at least 30 minutes a week? Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat, such as skiing, skating, hockey, scuba diving, surfing and other activities Other strenuous activity: _____ Other strenuous activity: _____ Other strenuous activity: _____ Other strenuous activity: _____ Other strenuous activity: _____ <input type="checkbox"/> yes <input type="checkbox"/> no	...did you do strenuous activity ___ years (maximum =10)	___ months	...did you do strenuous activity ___ hrs per week

6.11

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

(occupation) \_\_\_\_\_  
 don't know

*If you are younger than age 31*, please go to to the next section ("Alcohol"). Otherwise, please continue with the next questions (6.12 through 6.22).

Now think back to your 30s and 40s, this is the same series of questions about physical activities during your 30s and your 40s.

.....in your 30's & 40's	(if yes )For how many years...	(if yes) For how many months of the year?	(if yes) When you were participating in this exercise regularly, on average, how many hours per week, ...
6.12 Did you walk for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no	...did you walk? ___ years (maximum =20)	___ months	...did you walk? ___ hrs per week

.....in your 30's & 40's	<i>(if yes)</i> For how many years...	<i>(if yes)</i> For how many months of the year?	<i>(if yes)</i> When you were participating in this exercise regularly, on average, how many hours per week, ...
6.13 Did you ever jog for at least 30 minutes a week? Jogging is running slower than a mile in 10 minutes. <input type="checkbox"/> yes <input type="checkbox"/> no	...did you jog? ___ years (maximum =20)	___ months	...did you jog? ___ hrs per week
6.14 Did you ever run for at least 30 minutes a week? Running is running faster than a mile in 10 minutes. <input type="checkbox"/> yes <input type="checkbox"/> no	...did you run? ___ years (maximum =20)	___ months	...did you run? ___ hrs per week
6.15 Did you ever bicycle for at least 30 minutes a week? (This includes stationary bicycling.) <input type="checkbox"/> yes <input type="checkbox"/> no	...did you bicycle? ___ years (maximum =20)	___ months	...did you bicycle? ___ hrs per week
6.16 Did you swim laps for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no	...did you swim laps ___ years (maximum =20)	___ months	...did you swim laps? ___ hrs per week
6.17 Did you play tennis, racquetball <i>or</i> squash for at least 30 minutes a week <input type="checkbox"/> yes <input type="checkbox"/> no	...did you play tennis, racquetball <i>or</i> squash? ___ years (maximum =20)	___ months	...did you play tennis, racquetball <i>or</i> squash? ___ hrs per week
6.18 Did you participate in calisthenics, aerobics, vigorous dance, use a rowing machine, <i>or</i> lift weights for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no	...did you do these activities? ___ years (maximum =20)	___ months	...did you do these activities?
6.19 Did you play football, soccer, rugby <i>or</i> basketball for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no	...did you play football, soccer, rugby <i>or</i> basketball? ___ years (maximum =20)	___ months	...did you play football, soccer, rugby <i>or</i> basketball? ___ hrs per week
6.20 Did you do any strenuous tasks in <i>or</i> around the house for at least 30 minutes a week? This would include activities such as mowing a lawn with a non-power mower, shoveling, <i>or</i> scrubbing floors vigorously. <input type="checkbox"/> yes <input type="checkbox"/> no	...did you do these tasks? ___ years (maximum =20)	___ months	...did you do these tasks? ___ hrs per week

.....in your 30's & 40's	<i>(if yes)</i> For how many years...	<i>(if yes)</i> For how many months of the year?	<i>(if yes)</i> When you were participating in this exercise regularly, on average, how many hours per week, ...
6.21 Did you participate in any other strenuous physical activities for at least 30 minutes a week? Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat, such as skiing, skating, hockey, scuba diving, surfing and other activities Other strenuous activity: _____ Other strenuous activity: _____ Other strenuous activity: _____ Other strenuous activity: _____ <input type="checkbox"/> yes <input type="checkbox"/> no	...did you do strenuous activity ___ years (maximum =20)	___ months	...did you do strenuous activity ___ hrs per week

6.22 During your 30s and 40s, what was your usual occupation? ("Usual" being longest-held, including being a student, housewife, *or* unemployed.)

(occupation) \_\_\_\_\_

don't know

*If you are younger than age 51*, please go to the next section ("Alcohol").  
 Otherwise, please continue with the next questions (6.23 through 6.33).

Now I will ask you to think about activities you have participated in since you turned 50.

..... since you turned 50	<i>(if yes)</i> For how many years...	<i>(if yes)</i> For how many months of the year?	<i>(if yes)</i> When you were participating in this exercise regularly, on average, how many hours per week, ...
6.23 Did you walk for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no	...did you walk? ___ years	___ months	...did you walk? ___ hrs per week

<p>..... since you turned 50</p>	<p>(if yes )For how many years...</p>	<p>(if yes) For how many months of the year?</p>	<p>(if yes) When you were participating in this exercise regularly, on average, how many hours per week, ...</p>
<p>6.24 Did you ever jog for at least 30 minutes a week? Jogging is running slower than a mile in 10 minutes. <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>...did you jog? __ __ years</p>	<p>__ __ months</p>	<p>...did you jog? __ __ hrs per week</p>
<p>6.25 Did you ever run for at least 30 minutes a week? Running is running faster than a mile in 10 minutes. <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>...did you run? __ __ years</p>	<p>__ __ months</p>	<p>...did you run? __ __ hrs per week</p>
<p>6.26 Did you ever bicycle for at least 30 minutes a week? (This includes stationary bicycling.) <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>...did you bicycle? __ __ years</p>	<p>__ __ months</p>	<p>...did you bicycle? __ __ hrs per week</p>
<p>6.27 Did you swim laps for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>...did you swim laps __ __ years</p>	<p>__ __ months</p>	<p>...did you swim laps? __ __ hrs per week</p>
<p>6.28 Did you play tennis, racquetball <i>or</i> squash for at least 30 minutes a week <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>...did you play tennis, racquetball <i>or</i> squash? __ __ years</p>	<p>__ __ months</p>	<p>...did you play tennis, racquetball <i>or</i> squash? __ __ hrs per week</p>
<p>6.29 Did you participate in calisthenics, aerobics, vigorous dance, use a rowing machine, <i>or</i> lift weights for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>...did you do these activities? __ __ years</p>	<p>__ __ months</p>	<p>...did you do these activities?</p>
<p>6.30 Did you play football, soccer, rugby <i>or</i> basketball for at least 30 minutes a week? <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>...did you play football, soccer, rugby <i>or</i> basketball? __ __ years</p>	<p>__ __ months</p>	<p>...did you play football, soccer, rugby <i>or</i> basketball? __ __ hrs per week</p>
<p>6.31 Did you do any strenuous tasks in <i>or</i> around the house for at least 30 minutes a week? This would include activities such as mowing a lawn with a non-power mower, shoveling, <i>or</i> scrubbing floors vigorously. <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>...did you do these activities? __ __ years</p>	<p>__ __ months</p>	<p>...did you do these tasks? __ __ hrs per week</p>

..... since you turned 50	<i>(if yes)</i> For how many years...	<i>(if yes)</i> For how many months of the year?	<i>(if yes)</i> When you were participating in this exercise regularly, on average, how many hours per week, ...
<p>6.32            Did you participate in any other strenuous physical activities for at least 30 minutes a week? Strenuous activity means something that really increased your heart rate, made you hot, and caused you to sweat, such as skiing, skating, hockey, scuba diving, surfing and other activities            Other strenuous activity: _____            Other strenuous activity: _____            Other strenuous activity: _____            Other strenuous activity: _____            Other strenuous activity: _____  <input type="checkbox"/> yes  <input type="checkbox"/> no</p>	<p>...did you do strenuous activity            ___ years</p>	<p>___ months</p>	<p>...did you do strenuous activity            ___ hrs per week</p>

6.33

Since you turned 50, what was your usual occupation? ("Usual" being longest-held, including being a student, housewife, *or* unemployed.)

(occupation) \_\_\_\_\_

don't know



**SECTION 7: ALCOHOL CONSUMPTION**

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

7.1 During that time, did you ever consume any alcoholic beverages at least once a week for 6 months **or** longer? (Alcoholic beverages include beer, hard cider, wine, sake, liquor, spirits, mixed drinks, **or** cocktails.)

- yes
- no (*go to 7.2*)
- don't know (*go to 7.2*)

	(if yes) For how many years...	During the years when you consumed ...
<p>7.1.1 In your 20s, did you ever consume beer <b>or</b> hard cider at least once a week for 6 months <b>or</b> longer?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no (<i>go to 7.1.2</i>)</li> <li><input type="checkbox"/> don't know</li> </ul>	<p>...did you consume beer <b>or</b> hard cider?</p> <p>___ number of years consumed beer 1x/week (maximum = 10)</p> <p><b>or</b></p> <p>___ number of years consumed hard cider 1x/week (maximum = 10)</p>	<p>...beer <b>or</b> hard cider at least once a week, how much did you typically consume?</p> <p>___ number of 12 oz. cans/bottles beer per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul> <p><b>and/or</b></p> <p>___ number of 12 oz. cans/bottles hard cider per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul>
<p>7.1.2 In your 20s, did you ever consume wine <b>or</b> sake at least once a week for 6 months <b>or</b> longer?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no (<i>go to 7.1.3</i>)</li> <li><input type="checkbox"/> don't know</li> </ul>	<p>... did you consume wine <b>or</b> sake</p> <p>___ number of years consumed wine 1x/week (maximum = 10)</p> <p><b>or</b></p> <p>___ number of years consumed sake 1x/week (maximum = 10)</p>	<p>...wine <b>or</b> sake at least once a week, how much did you typically consume?</p> <p>___ number of 4 oz. Glasses wine per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know <b>and/or</b></li> </ul> <p>___ number of 1oz. sake servings per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul>
<p>7.1.3 In your 20s, did you ever consume liquor(spirits), mixed drinks <b>or</b> cocktails at least once a week for 6 months <b>or</b> longer?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no,</li> <li><input type="checkbox"/> don't know</li> </ul>	<p>...did you consume liquor (spirits), mixed drinks <b>or</b> cocktails?</p> <p>___ number of years (maximum = 10)</p>	<p>... liquor (spirits), mixed drinks <b>or</b> cocktails at least once a week, how much did you typically consume?</p> <p>___ number of 1 oz. shots of liquor/spirits per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul>
<p>7.1.4 Thinking about your total consumption of alcoholic beverages in your 20s, ...</p>	<p>...how many years in total did you consume at least one alcoholic beverage a week?</p> <p>___ number of years (maximum = 10)</p>	<p>___ number of alcoholic beverages a week</p>

**If you are younger than age 31**, please go to the next section ("Smoking"). Otherwise, please continue with the next questions (7.2 and 7.3).

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

- yes
- no
- don't know

*(if yes)*

	<i>(if yes)</i> For how many years...	During the years when you consumed ...
<p>7.2.1 In your 30s &amp; 40s, did you ever consume beer <b>or</b> hard cider at least once a week for 6 months <b>or</b> longer?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no (<i>go to 7.2.2</i>)</li> <li><input type="checkbox"/> don't know</li> </ul>	<p>... did you consume beer <b>or</b> hard cider?</p> <p>__ __ number of years consumed beer 1x/week (maximum = 20)</p> <p><b>or</b></p> <p>__ __ number of years consumed hard cider 1x/week (maximum =20)</p>	<p>...beer <b>or</b> hard cider at least once a week, how much did you typically consume?</p> <p>__ __ number of 12 oz. cans/bottles beer per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul> <p><b>and/or</b></p> <p>__ __ number of 12 oz. cans/bottles hard cider per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul>
<p>7.2.2 In your 30s &amp; 40s, did you ever consume wine <b>or</b> sake at least once a week for 6 months <b>or</b> longer?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no (<i>go to 7.2.3</i>)</li> <li><input type="checkbox"/> don't know</li> </ul>	<p>... did you consume wine <b>or</b> sake</p> <p>__ __ number of years consumed wine 1x/week (maximum = 20)</p> <p><b>or</b></p> <p>__ __ number of years consumed sake 1x/week (maximum =20)</p>	<p>...wine <b>or</b> sake at least once a week, how much did you typically consume?</p> <p>__ __ number of 4 oz. Glasses wine per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know <b>and/or</b></li> </ul> <p>__ __ number of 1oz. sake servings per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul>
<p>7.2.3 In your 30s &amp; 40s, did you ever consume liquor(spirits), mixed drinks <b>or</b> cocktails at least once a week for 6 months <b>or</b> longer?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no,</li> <li><input type="checkbox"/> don't know</li> </ul>	<p>...did you consume liquor (spirits), mixed drinks <b>or</b> cocktails?</p> <p>__ __ number of years (maximum =20)</p>	<p>... liquor (spirits), mixed drinks <b>or</b> cocktails at least once a week, how much did you typically consume?</p> <p>__ __ number of 1 oz. shots of liquor/spirits per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul>
<p>7.2.4 Thinking about your total consumption of alcoholic beverages in your 30s &amp; 40s, ...</p>	<p>...how many years in total did you consume at least one alcoholic beverage a week?</p> <p>__ __ number of years (maximum =20)</p>	<p>__ __ number of alcoholic beverages a week</p>

**If you are younger than age 51**, please go to the next section ("Smoking"). Otherwise, please continue with the next questions (7.3).

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

- yes
- no
- don't know

	(if yes) For how many years...	During the years when you consumed ...
<p>7.3.1 In your 50s, did you ever consume beer <b>or</b> hard cider at least once a week for 6 months <b>or</b> longer?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no (<i>go to 7.3.2</i>)</li> <li><input type="checkbox"/> don't know</li> </ul>	<p>... did you consume beer <b>or</b> hard cider?</p> <p>___ number of years consumed beer 1x/week</p> <p><b>or</b></p> <p>___ number of years consumed hard cider 1x/week</p>	<p>...beer <b>or</b> hard cider at least once a week, how much did you typically consume?</p> <p>___ number of 12 oz. cans/bottles</p> <p>beer per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul> <p><b>and/or</b></p> <p>___ number of 12 oz. cans/bottles hard cider per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul>
<p>7.3.2 In your 50s, did you ever consume wine <b>or</b> sake at least once a week for 6 months <b>or</b> longer?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no (<i>go to 7.3.3</i>)</li> <li><input type="checkbox"/> don't know</li> </ul>	<p>... did you consume wine <b>or</b> sake</p> <p>___ number of years consumed wine 1x/week</p> <p><b>or</b></p> <p>___ number of years consumed sake 1x/week</p>	<p>...wine <b>or</b> sake at least once a week, how much did you typically consume?</p> <p>___ number of 4 oz. Glasses</p> <p>wine per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know <b>and/or</b></li> </ul> <p>___ number of 1 oz. sake servings per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul>
<p>7.3.3 In your 50s, did you ever consume liquor(spirits), mixed drinks <b>or</b> cocktails at least once a week for 6 months <b>or</b> longer?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> yes</li> <li><input type="checkbox"/> no,</li> <li><input type="checkbox"/> don't know</li> </ul>	<p>...did you consume liquor (spirits), mixed drinks <b>or</b> cocktails?</p> <p>___ number of years</p>	<p>... liquor (spirits), mixed drinks <b>or</b> cocktails at least once a week, how much did you typically consume?</p> <p>___ number of 1 oz. shots of liquor/spirits per</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> day</li> <li><input type="checkbox"/> week</li> <li><input type="checkbox"/> don't know</li> </ul>
<p>7.3.4 Thinking about your total consumption of alcoholic beverages in your 50s, ...</p>	<p>...how many years in total did you consume at least one alcoholic beverage a week?</p> <p>___ number of years</p>	<p>___ number of alcoholic beverages a week</p>

**SECTION 8: SMOKING**

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

- yes
- no
- don't know

*(if yes)*

8.1.1 When did you first start smoking at least one cigarette a day?

age at first use: \_\_ \_\_

*or*

year of first use: \_\_ \_\_ \_\_ \_\_

*or*

I first smoked \_\_ \_\_ years ago

- don't know

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

\_\_ \_\_ \_\_ cigarettes per day

- don't know

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

- yes
- no
- don't know

8.1.4 Do you still smoke at least one cigarette a day?

- yes
- no (*go to 8.1.4.1*)
- don't know

*(if no)*

8.1.4.1 When did you permanently stop smoking at least one cigarette a day?

age when stopped: \_\_ \_\_

*or*

year when stopped: \_\_ \_\_ \_\_ \_\_

*or*

I stopped smoking \_\_ \_\_ years ago

- don't know

8.1.5 How many years in total did you smoke at least one cigarette per day for 3 months *or* longer? (If you have stopped and restarted at least once, count only the time when you were smoking.)

\_\_ \_\_ total number of years

don't know

8.2 Have you ever smoked at least one cigar *or* one pipe per month for at least 3 months?

- yes  
 no (*go to page 39*)  
 don't know

*(if yes)*

8.2.1 Did you smoke cigars *or* pipes *or* both?

- cigars  
 pipes  
 both

8.2.2 When did you first start smoking at least one cigar *or* pipe, a month?

age at first use: \_\_ \_\_

*or*

year of first use: \_\_ \_\_ \_\_ \_\_

*or*

I first smoked \_\_ \_\_ years ago

don't know

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

\_\_ \_\_ \_\_ cigars per month

\_\_ \_\_ \_\_ pipes per month

don't know

8.2.4 Two years ago, were you still smoking at least one cigar *or* pipe a month?

- yes  
 no  
 don't know

8.2.5 Do you still smoke at least one cigar *or* pipe a month?

- yes  
 no (*go to 8.2.5.1*)  
 don't know

*(if no)*

8.2.5.1 When did you permanently stop smoking at least one cigar *or* pipe a month?

age when stopped: \_\_ \_\_

*or*

year when stopped: \_\_ \_\_ \_\_ \_\_

*or*

I stopped smoking \_\_ \_\_ years ago

don't know

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

\_\_ \_\_ total number of years

don't know

**SECTION 9:            HEIGHT AND WEIGHT**

9.1    About how tall are you, without your shoes on?

\_\_\_ feet \_\_\_ inches *or* \_\_\_ centimeters

   don't know

9.2    How much did you weigh about two years ago?

\_\_\_ pounds *or* \_\_\_ kilos

   don't know

9.3    How much did you weigh when you were about 20 years old?

\_\_\_ pounds *or* \_\_\_ kilos

   don't know

**Section 10: DEMOGRAPHICS AND BACKGROUND INFORMATION**

What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_

10.1 What is the highest level of education that you completed?

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

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

10.2.1	Where were you born?	_____	(country of birth)
	Where was your mother born?	_____	(country of birth)
	Where was your father born?	_____	(country of birth)
	Where was your mother's mother born?	_____	(country of birth)
	Where was your mother's father born?	_____	(country of birth)
	Where was your father's mother born?	_____	(country of birth)
	Where was your father's father born?	_____	(country of birth)

10.2.1.1	How many years have you lived in the U.S.?
<input type="checkbox"/>	all my life
___	number of years
<input type="checkbox"/>	don't know



10.2.2 What is your race? (as many as apply from chart below) \_\_\_ \_\_\_ (use 2 digit code)

What is your mother's race? \_\_\_ \_\_\_  
 What is your father's race? \_\_\_ \_\_\_  
 What is your mother's mother's race? \_\_\_ \_\_\_  
 What is your mother's father's race? \_\_\_ \_\_\_  
 What is your father's mother's race? \_\_\_ \_\_\_  
 What is your father's father's race? \_\_\_ \_\_\_

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

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

- yes  
 no (*if no go to 10.3*)  
 don't know

Is your mother of Jewish descent

- yes  
 no  
 don't know

Is your father of Jewish descent

yes

no

don't know

Is your mother's mother of Jewish descent

yes

no

don't know

Is your mother's father of Jewish descent

yes

no

don't know

Is your father's mother of Jewish descent

yes

no

don't know

Is your father's father of Jewish descent

yes

no

don't know

*(if yes)*

10.2.3.1 The ancestors of Ashkenazi Jews were often originally from Eastern European countries. Are you ...?

Ashkenazi

Sephardic

other

don't know

Is your mother ...?

Ashkenazi

Sephardic

other

don't know

Is your father ...?

Ashkenazi

Sephardic

other

don't know

Is your mother's mother ...?

Ashkenazi

Sephardic

other

don't know

Is your mother's father?

Ashkenazi

Sephardic

other

don't know

Is your father's mother ...?

Ashkenazi

Sephardic

other

don't know

Is your father's father ?

Ashkenazi

Sephardic

other

don't know

10.3 Have you or your family participated in other research studies of familial cancer, or attended a cancer family clinic?

- yes
- no
- don't know

*(if yes)*

10.3.1 Please specify study *or* clinic: \_\_\_\_\_

\_\_\_\_\_

10.4 As of about two years ago, which of the following best describes your total annual household income from all sources before taxes? (Scientists have found that diseases are sometimes more or less prevalent for people of different income levels. We would like to know if this is true for colorectal cancer.)

- less than \$15,000
- between \$15 - \$29,000
- between \$30 - \$44,000
- between \$45 - \$69,000
- \$70,000 or more
- don't know
- refused

**SECTION 11:**

**CONTACT INFORMATION**

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

Name of relative *or* friend:

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_