

# WOMEN'S INTERVIEW STUDY OF HEALTH

## INTRODUCTION

In this interview, we'll be discussing a number of topics including your medical history, your menstrual and reproductive history, and other health-related topics. Of course your participation is voluntary, and all the information collected will be kept completely confidential.

## SECTION A: BACKGROUND INFORMATION

First, I have some questions about your background.

A1. What is your date of birth?

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|  
MONTH DAY YEAR

A2. What is your current age? (RECORD HERE AND ON PAGES 62 AND 63.)

|\_|\_|  
AGE

### **BOX A-1**

READ: This is a calendar on which I will record certain events during the course of the interview. Most people find the calendar helps in remembering the order of events in the past. The first thing I will put on the calendar is your month and year of birth.

**RECORD MONTH AND YEAR OF BIRTH IN TOP LEFT CORNER OF CALENDAR.**

A3. In what state or foreign country were you born?

\_\_\_\_\_  
STATE OR FOREIGN COUNTRY

A4. Which of the categories on this card best describes you?

### SHOW CARD A

- A. WHITE ..... 1
- B. BLACK ..... 2
- C. ASIAN/PACIFIC ISLANDER ..... 3
- D. AMERICAN INDIAN/ALEUT/  
ESKIMO ..... 4
- E. OTHER (SPECIFY) ..... 6

A5. Do you consider yourself to be of Hispanic origin?

- YES ..... 1
- NO ..... 2

A6. In what religion were you raised?

NONE .....	1
BAPTIST .....	2
CONGREGATIONALIST .....	3
EPISCOPAL .....	4
JEWISH .....	5
LUTHERAN.....	6
METHODIST .....	7
MORMON/LATTER DAY SAINTS .....	8
PRESBYTERIAN .....	9
PROTESTANT, NOT SPECIFIED .....	10
ROMAN CATHOLIC .....	11
SEVENTH DAY ADVENTISTS .....	12
UNITARIAN.....	13
OTHER (SPECIFY).....	96

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A7. Did you graduate from high school?

YES, HS GRAD OR GED .....	1 (A9)
NO .....	2

A8. What was the highest grade of school that you completed?

NONE OR KINDERGARTEN .....	0	} (A10)
FIRST GRADE .....	1	
SECOND GRADE .....	2	
THIRD GRADE .....	3	
FOURTH GRADE .....	4	
FIFTH GRADE .....	5	
SIXTH GRADE .....	6	
SEVENTH GRADE .....	7	
EIGHTH GRADE .....	8	
NINTH GRADE .....	9	
TENTH GRADE .....	10	
ELEVENTH GRADE .....	11	

A9. What was the highest grade of school that you completed?

HIGH SCHOOL GRADUATE OR GED ...	1
POST-HIGH SCHOOL TRAINING OTHER THAN COLLEGE (VOCATIONAL, TECHNICAL, ETC...)..	2
SOME COLLEGE .....	3
GRADUATED FROM COLLEGE .....	4
POSTGRADUATE .....	5

A10. Are you currently...

- Married, ..... 1
- Widowed,..... 2
- Separated,..... 3
- Divorced, or ..... 4
- Single, never married? ..... 5 (SECTION B)

A11. How many times have you been married?

|\_|\_|  
# TIMES

A12. In what month and year were you (first/next) married? (ASK FOR EACH TIME.)

	<u>MONTH</u>	<u>YEAR</u>
FIRST:	_ _	_ _
SECOND:	_ _	_ _
THIRD:	_ _	_ _
FOURTH:	_ _	_ _
FIFTH:	_ _	_ _

**BOX A-2**

READ: Now I will record on the calendar an "M" for the (date/each of the dates) that you have just given me.

**RECORD "M" IN MO/YR ON THE CALENDAR WHEN EACH MARRIAGE BEGAN.**

**SECTION B: PREGNANCY HISTORY**

The next section of the interview concerns your pregnancy history.

B1. Including live births, stillbirths, miscarriages, abortions, and tubal and other ectopic pregnancies, how many times have you been pregnant? Be sure to count this pregnancy if you are currently pregnant.

|\_|\_|\_|  
# PREGNANCIES

NONE ..... 00 (B21)

Now I will ask some detailed questions about (each of your pregnancies/ that pregnancy). (ASK B2-B20 FOR ONE PREGNANCY BEFORE ASKING ABOUT THE NEXT.)

	1ST PREGNANCY	2ND PREGNANCY
<p>B2. Was your (1<sup>st</sup>, 2<sup>nd</sup>, etc.) pregnancy a live birth, stillbirth, miscarriage, abortion, or ectopic pregnancy? (CIRCLE ALL THAT APPLY.)</p> <p>LIVE BIRTH.....1 (B4)</p> <p>STILLBIRTH.....2 (B4)</p> <p>MISCARRIAGE.....3</p> <p>ABORTION.....4</p> <p>ECTOPIC/TUBAL.....5</p> <p>CURRENTLY PREGNANT.....6 (B21)</p> <p>OTHER (SPECIFY).....96</p>		
<p>B3. How was that pregnancy confirmed? Was it confirmed by a doctor, by a home test, or by some other method? (CIRCLE ALL THAT APPLY.)</p> <p>DOCTOR/LAB TEST.....1</p> <p>HOME TEST.....2</p> <p>OTHER METHOD.....3</p> <p>NOT CONFIRMED.....4</p>		
<p>B4. How many weeks or months did that pregnancy last?</p>	<p>   </p> <p>WEEKS</p> <p>OR</p> <p>   </p> <p>MONTHS</p>	<p>   </p> <p>WEEKS</p> <p>OR</p> <p>   </p> <p>MONTHS</p>
<p>B5. On what date did that pregnancy end?</p>	<p>   /   /    </p> <p>MO DAY YR</p>	<p>   /   /    </p> <p>MO DAY YR</p>
<p><b>USING B4 AND B5, PUT "PG" ON CALENDAR FOR EACH MONTH OF THAT PREG.</b></p>	<p><b>PUT PG. ON CAL.</b></p>	<p><b>PUT PG. ON CAL.</b></p>

**BOX B-1**

**CHECK B2.** IF LIVE BIRTH OR STILLBIRTH, CONTINUE.  
OTHERWISE, GO TO NEXT PREGNANCY OR B21.

<p>B6. During that pregnancy, did you have frequent nausea or vomiting? (CIRCLE ALL THAT APPLY.)</p> <p>YES, NAUSEA.....1</p> <p>YES, VOMITING.....2</p> <p>NO.....3 (B8)</p>		
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	3RD PREGNANCY	4TH PREGNANCY	5TH PREGNANCY	6TH PREGNANCY
B2.	<p>.....1 (B4)</p> <p>.....2 (B4)</p> <p>.....3</p> <p>.....4</p> <p>.....5</p> <p>.....6 (B21)</p> <p>.....96</p> <hr/>	<p>..... 1 (B4)</p> <p>..... 2 (B4)</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... 6 (B21)</p> <p>.....96</p> <hr/>	<p>..... 1 (B4)</p> <p>..... 2 (B4)</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p> <p>..... 6 (B21)</p> <p>..... 96</p> <hr/>	<p>.....1 (B4)</p> <p>.....2 (B4)</p> <p>.....3</p> <p>.....4</p> <p>.....5</p> <p>.....6 (B21)</p> <p>..... 96</p> <hr/>
B3.	<p>.....1</p> <p>.....2</p> <p>.....3</p> <p>.....4</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3</p> <p>..... 4</p>	<p>.....1</p> <p>.....2</p> <p>.....3</p> <p>.....4</p>
B4.	<p>     _ _ </p> <p>    WEEKS</p> <p>    OR</p> <p>     _ _ </p> <p>    MONTHS</p>	<p>     _ _ </p> <p>    WEEKS</p> <p>    OR</p> <p>     _ _ </p> <p>    MONTHS</p>	<p>     _ _ </p> <p>    WEEKS</p> <p>    OR</p> <p>     _ _ </p> <p>    MONTHS</p>	<p>     _ _ </p> <p>    WEEKS</p> <p>    OR</p> <p>     _ _ </p> <p>    MONTHS</p>
B5.	<p> _ / _ / _ _ </p> <p>MO DAY YR</p> <p><b>PUT PG. ON CAL.</b></p>	<p> _ / _ / _ _ </p> <p>MO DAY YR</p> <p><b>PUT PG. ON CAL.</b></p>	<p> _ / _ / _ _ </p> <p>MO DAY YR</p> <p><b>PUT PG. ON CAL.</b></p>	<p> _ / _ / _ _ </p> <p>MO DAY YR</p> <p><b>PUT PG. ON CAL.</b></p>

**BOX B-1**

**CHECK B2.** IF LIVE BIRTH OR STILLBIRTH, CONTINUE.  
OTHERWISE, GO TO NEXT PREGNANCY OR B21.

B6.	<p>.....1</p> <p>.....2</p> <p>.....3 (B8)</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3 (B8)</p>	<p>..... 1</p> <p>..... 2</p> <p>..... 3 (B8)</p>	<p>.....1</p> <p>.....2</p> <p>.....3 (B8)</p>
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	1ST PREGNANCY	2ND PREGNANCY																				
<p>B7. In which months of the pregnancy did you have frequent nausea or vomiting? (CIRCLE ALL THAT APPLY.)</p> <p>MONTHS 1-3 (FIRST TRIMESTER) ..... 1</p> <p>MONTHS 4-6 (SECOND TRIMESTER) .. 2</p> <p>MONTHS 7-9 (THIRD TRIMESTER)..... 3</p>	<p>.....1</p> <p>.....2</p> <p>.....3</p>	<p>.....1</p> <p>.....2</p> <p>.....3</p>																				
<p>B8. During that pregnancy, did you ever develop...</p> <p>a. Hypertension or high blood pressure? .....</p> <p>b. Toxemia? .....</p> <p>c. Diabetes or high blood sugar? .....</p> <p>d. Any other pregnancy-related complications?</p>	<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> <p>(IF YES TO B8d, SPECIFY) _____</p> <p>_____</p>	<u>YES</u>	<u>NO</u>	1	2	1	2	1	2	1	2	<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> <p>(IF YES TO B8d, SPECIFY) _____</p> <p>_____</p>	<u>YES</u>	<u>NO</u>	1	2	1	2	1	2	1	2
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<p>B9. How many pounds did you gain during that pregnancy?</p>	<p> _ _ _ </p> <p>POUNDS</p>	<p> _ _ _ </p> <p>POUNDS</p>																				
<p>B10. Was the baby a boy or a girl? (MULTIPLE BIRTH WORDS: How many boys did you have? How many girls did you have?)</p>	<p> _ _ </p> <p># BOYS</p> <p> _ _ </p> <p># GIRLS</p>	<p> _ _ </p> <p># BOYS</p> <p> _ _ </p> <p># GIRLS</p>																				

**BOX B-2**

**CHECK B2.** IF LIVE BIRTH, CONTINUE.  
OTHERWISE, GO TO B19 FOR THIS PREGNANCY.

<p>B11. Did you breastfeed (this baby/any of these babies) for at least two weeks or longer?</p> <p>YES..... 1 (B14)</p> <p>NO ..... 2</p>	<p>.....1 (B14)</p> <p>.....2</p>	<p>.....1 (B14)</p> <p>.....2</p>
<p>B12. Did you breastfeed (this baby/any of these babies) at all?</p> <p>YES..... 1</p> <p>NO ..... 2</p>	<p>.....1</p> <p>.....2</p>	<p>.....1</p> <p>.....2</p>
<p>B13. What was the main reason you (breastfed less than 2 weeks/did not breastfeed) after that pregnancy?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>(GO TO B19)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>(GO TO B19)</p>

	3RD PREGNANCY	4TH PREGNANCY	5TH PREGNANCY	6TH PREGNANCY																																								
B7.	.....1 .....2 .....3	.....1 .....2 .....3	.....1 .....2 .....3	.....1 .....2 .....3																																								
B8.	<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> (IF YES TO B8d, SPECIFY) _____ _____	<u>YES</u>	<u>NO</u>	1	2	1	2	1	2	1	2	<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> (IF YES TO B8d, SPECIFY) _____ _____	<u>YES</u>	<u>NO</u>	1	2	1	2	1	2	1	2	<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> (IF YES TO B8d, SPECIFY) _____ _____	<u>YES</u>	<u>NO</u>	1	2	1	2	1	2	1	2	<table border="0"> <tr> <td><u>YES</u></td> <td><u>NO</u></td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> (IF YES TO B8d, SPECIFY) _____ _____	<u>YES</u>	<u>NO</u>	1	2	1	2	1	2	1	2
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**BOX B-2**

**CHECK B2.** IF LIVE BIRTH, CONTINUE.  
OTHERWISE, GO TO B19 FOR THIS PREGNANCY.

B11.	.....1 (B14) .....2	.....1 (B14) .....2	.....1 (B14) .....2	.....1 (B14) .....2
B12.	.....1 .....2	.....1 .....2	.....1 .....2	.....1 .....2
B13.	_____ _____ _____ (GO TO B19)	_____ _____ _____ (GO TO B19)	_____ _____ _____ (GO TO B19)	_____ _____ _____ (GO TO B19)



	1ST PREGNANCY	2ND PREGNANCY
B14. Did you breastfeed using one breast more often than the other? YES..... 1 NO ..... 2 DK..... 3		
B15. On which side did you breastfeed most often? LEFT ..... 1 RIGHT ..... 2		
B16. How old (was the baby/were the babies) when (he/she/they) began to take any food, formula, or milk other than breast milk <u>regularly</u> ?	_ _  WEEKS OR  _ _  MONTHS	_ _  WEEKS OR  _ _  MONTHS
B17. How old (was the baby/ were the babies) when you stopped breastfeeding (him/her/them) altogether?	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>PUT N ON CAL</b> </div>  _ _  WEEKS OR  _ _  MONTHS	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>PUT N ON CAL</b> </div>  _ _  WEEKS OR  _ _  MONTHS
<b>USING B5 AND B17, PUT "N" ON CALENDAR FOR EACH MONTH OF NURSING.</b>		
B18. Why did you stop breastfeeding when you did? (CIRCLE ALL THAT APPLY.) NORMAL WEANING ..... 1 INSUFFICIENT MILK..... 2 PAINFUL NURSING ..... 3 BREAST INFECTION OR MASTITIS ... 4 (SPECIFY SIDE) _____ OTHER MEDICAL PROBLEM ..... 95 (SPECIFY) _____ OTHER NONMEDICAL CONDITION ... 96 (SPECIFY) _____		
B19. Did you receive any medication to dry up your milk? YES..... 1 NO ..... 2 (NEXT PREG. OR B21)		
B20. Was it in the form of a shot or a pill? SHOT ..... 1 PILL ..... 2 (NEXT PREG. OR B21)		

	3RD PREGNANCY	4TH PREGNANCY	5TH PREGNANCY	6TH PREGNANCY				
B14.	.....1 .....2 .....3	.....1 .....2 .....3	.....1 .....2 .....3	.....1 .....2 .....3				
B15.	.....1 .....2	.....1 .....2	.....1 .....2	.....1 .....2				
B16.	_ _  WEEKS OR  _ _  MONTHS	_ _  WEEKS OR  _ _  MONTHS	_ _  WEEKS OR  _ _  MONTHS	_ _  WEEKS OR  _ _  MONTHS				
B17.	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td><b>PUT N ON CAL</b></td></tr></table>  _ _  WEEKS OR  _ _  MONTHS	<b>PUT N ON CAL</b>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td><b>PUT N ON CAL</b></td></tr></table>  _ _  WEEKS OR  _ _  MONTHS	<b>PUT N ON CAL</b>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td><b>PUT N ON CAL</b></td></tr></table>  _ _  WEEKS OR  _ _  MONTHS	<b>PUT N ON CAL</b>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td><b>PUT N ON CAL</b></td></tr></table>  _ _  WEEKS OR  _ _  MONTHS	<b>PUT N ON CAL</b>
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<b>PUT N ON CAL</b>								
B18.	.....1 .....2 .....3 .....4 <hr/> .....95 <hr/> .....96 <hr/>	.....1 .....2 .....3 .....4 <hr/> .....95 <hr/> .....96 <hr/>	.....1 .....2 .....3 .....4 <hr/> .....95 <hr/> .....96 <hr/>	.....1 .....2 .....3 .....4 <hr/> .....95 <hr/> .....96 <hr/>				
B19.	.....1 .....2 (NEXT PREG. OR B21)	.....1 .....2 (NEXT PREG. OR B21)	.....1 .....2 (NEXT PREG. OR B21)	.....1 .....2 (NEXT PREG. OR B21)				
B20.	.....1 .....2 (NEXT PREG. OR B21)	.....1 .....2 (NEXT PREG. OR B21)	.....1 .....2 (NEXT PREG. OR B21)	.....1 .....2 (NEXT PREG. OR B21)				

B21. Have you ever visited a doctor, clinic, or hospital because of difficulty becoming pregnant?

YES ..... 1  
 NO ..... 2 (B24)

B22. Was any doctor able to tell you why you were having difficulty becoming pregnant?

YES ..... 1  
 NO ..... 2 (B24)

B23. What was the nature of the problem? (CIRCLE ALL THAT APPLY.)

MALE FACTOR ..... 1  
 CERVICAL FACTOR ..... 2  
 TUBAL FACTOR ..... 3  
 OVULATION FACTOR ..... 4  
 HORMONAL PROBLEMS ..... 5  
 OTHER (SPECIFY) ..... 96

B24. Have you ever visited a doctor, clinic, or hospital because of difficulty maintaining a pregnancy?

YES ..... 1  
 NO ..... 2

**BOX B-3**

**CHECK B21 AND B24.** IF EITHER ANSWER IS "YES," CONTINUE.  
 OTHERWISE, GO TO B28.

	B25. In what year did you (first/next) consult a doctor, clinic, or hospital because of difficulty becoming pregnant or maintaining a pregnancy?	B26. What is the name and address of the (doctor/clinic/hospital) you consulted?	B27. Did you ever consult with any other doctors, clinics, or hospitals?
1ST DOCTOR	_ _ _  YEAR	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>	YES ..... 1 NO ..... 2 (B28)
2ND DOCTOR	_ _ _  YEAR	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>	YES ..... 1 NO ..... 2 (B28)
3RD DOCTOR	_ _ _  YEAR	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>	YES ..... 1 NO ..... 2

B28. Did you ever take any medication or hormone to help in becoming pregnant or to maintain a pregnancy?

YES..... 1  
 NO ..... 2 (SECTION C)

(ASK B30-B32 FOR EACH DRUG REPORTED IN B29.)

	B29. What is the name of the (first/next) medication you took for that problem?	B30. In what month and year did you (first/next) start taking (DRUG)?	B31. For how many consecutive weeks, months, or years did you take (DRUG)?	B32. What is the name and address of the (dr./clinic/hospital) that prescribed (DRUG)?
1ST DRUG	<b>SEE APPENDIX A</b>	_ _ / _ _  MONTH YEAR FIRST	_ _  # OF DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>
	NAME: _____	_ _ / _ _  MONTH YEAR SECOND	_ _  # OF DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>
	CODE:  _ _ _ _ _	_ _ / _ _  MONTH YEAR THIRD	_ _  # OF DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>
2ND DRUG	NAME: _____	_ _ / _ _  MONTH YEAR FIRST	_ _  # OF DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>
	CODE:  _ _ _ _ _	_ _ / _ _  MONTH YEAR SECOND	_ _  # OF DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>
		_ _ / _ _  MONTH YEAR THIRD	_ _  # OF DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>
3RD DRUG	NAME: _____	_ _ / _ _  MONTH YEAR FIRST	_ _  # OF DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>
	CODE:  _ _ _ _ _	_ _ / _ _  MONTH YEAR SECOND	_ _  # OF DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>
		_ _ / _ _  MONTH YEAR THIRD	_ _  # OF DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4	<b>ENTER DR. NAME AND ADDRESS ON FOLD-OUT PAGE.</b>

**SECTION C: MENSTRUATION AND MENOPAUSE HISTORY**

The next questions are about your menstrual periods.

C1. At what age did you have your first menstrual period?

|\_|\_|\_|  
AGE

NEVER..... 00 (SECTION D)  
DK ..... 98

**BOX C-1**

**READ:** Now let's record on the calendar (the/an) approximate date for your first menstrual period.

IF AGE IS **GIVEN** IN C1: ADD YEAR AND BIRTH AND C1 AGE.

IF AGE IS **"DK"** IN C1: ADD YEAR OF BIRTH AND 12.

**RECORD "FMP" ON CALENDAR SIX MONTHS AFTER THE MONTH OF BIRTH IN THE APPROPRIATE YEAR (UNLESS A DIFFERENT MONTH/YEAR ARE SPECIFIED).**

C2. At what age did your menstrual periods become regular, that is, you could usually predict about when they could start?

|\_|\_|\_|  
AGE

NEVER BECAME REGULAR ..... 00 (C7)  
DK ..... 98

C3. Did you periods become regular naturally, because of taking birth control pills, or in some other way?

NATURALLY..... 1 (C5)  
BIRTH CONTROL PILLS..... 2  
SOME OTHER WAY ..... 3 (C5)

C4. Have you periods ever been regular when you were not taking birth control pills?

YES ..... 1  
NO..... 2 (C7)

C5. Other than when you might have been on birth control pills, how many days were there usually between the beginning of one period and the beginning of the next? (RECORD SINGLE NUMBER OR RANGE OF DAYS.)

|\_|\_|\_| TO |\_|\_|\_|  
# DAYS # DAYS

C6. Other than when you might have been on birth control pills, how many days of flow did you usually have during a typical menstrual period? (RECORD SINGLE NUMBER OR RANGE OF DAYS.)

|\_|\_|\_| TO |\_|\_|\_|  
# DAYS # DAYS

C7. During what month and year did you have your last or most recent period?

|\_|\_| - |\_|\_|\_|\_|  
MONTH YEAR

**BOX C-2**

**READ:** Let's record this on the calendar.

**RECORD "LMP" ON THE CALENDAR IN MO/YR OF LAST PERIOD.**

**BOX C-3**

**CHECK C7.** IF LMP WAS MORE THAN SIX MONTHS AGO, ASK C8.  
OTHERWISE, SKIP TO SECTION D.

C8. According to what I have recorded, you have not had a menstrual period since (DATE IN C7.) Is this because of natural menopause, surgery, (a recent pregnancy), or some other reason? (CIRCLE ALL THAT APPLY.)

- NATURAL MENOPAUSE ..... 1
  - SURGERY (HYSTERECTOMY/  
REMOVAL OF OVARIES)..... 2 (SECTION D)
  - A RECENT PREGNANCY ..... 3 (SECTION D)
  - OTHER (SPECIFY) ..... 6 (SECTION D)
- 

C9. Just before your periods stopped completely, did you experience an interval of time when your periods were quite irregular, that is, when they did not occur every month?

- YES ..... 1
- NO..... 2 (SECTION D)
- PERIODS WERE ALWAYS IRREGULAR ..... 3 (SECTION D)
- DON'T KNOW ..... 8 (SECTION D)

C10. How many months or years before your periods stopped completely did you experience these irregular menstrual periods?

|\_|\_| MONTHS ..... 1  
# OF YEARS..... 2

**SECTION D: CONTRACEPTIVE HISTORY**

Now we'll talk about any birth control or methods of family planning you and a partner have ever used.

D1. First, did you and a partner ever use any of these methods?

SEE **SHOW CARD B** AT BOTTOM OF PAGE

YES ..... 1  
 NO..... 2 (BOX D-2)

Now we will talk about when you used these methods of birth control. I will mark the method you were using in each month of the calendar. If you weren't using any birth control during some time periods, I would like to know that too. We'll start from the time of your first menstrual period.

**BOX D-1**

FOLLOW THE INSTRUCTIONS IN A, B, C AND D BELOW FOR EACH METHOD USED. AS YOU ASK ABOUT EACH TIME PERIOD, SHOW THE CALENDAR AND POINT TO THE LIFE EVENTS THAT DEFINE THAT PERIOD. ASK ABOUT EACH METHOD USED FOR THE FIRST TIME PERIOD, THEN THE NEXT TIME PERIOD, ETC., UP TO THE CURRENT MONTH.

A. From (EVENT) to (EVENT), which of these birth control methods did you use? FOLLOW B-D INSTRUCTIONS FOR EACH METHOD USED.

B. From (EVENT) to (EVENT), in what month and year did you (first/next) start using this method? **(RECORD CODE IN "FIRST MONTH" ON CALENDAR.)**

C. And in what month and year did you (first/next) stop using this method? **(RECORD CODE IN "LAST MONTH" ON CALENDAR.)**

D. **CONNECT "FIRST MONTH" TO "LAST MONTH" WITH A LINE.**

**BOX D-2**

FOLLOW THE INSTRUCTIONS IN A AND B BELOW FOR EACH MONTH ON THE CALENDAR WHERE NO METHODS WERE USED.

A. Did you have sexual intercourse at least once in each of these months? **(RECORD "SA" IN EACH ACTIVE MONTH ON THE CALENDAR.)**

B. **RECORD "X" IN EACH MONTH WHERE NO METHODS WERE USED AND THERE WAS ALSO NO SEXUAL ACTIVITY.**

**SHOW CARD B**

001 Birth control pill	006 Sponge	011 Rhythm or safe method by calendar
002 Condom or rubber	007 Douche	or temperature
003 Contraceptive foam	008 IUD, coil, loop	012 Withdrawal or pulling out
004 Jelly, cream, or	009 Cervical cap	013 Operation – female sterilization, tubes tied
suppository	010 Morning-After Pill,	014 Operation – male sterilization, vasectomy
005 Diaphragm	or shots	015 Other method

**BOX D-3**

**CHECK CALENDAR.**

IF BIRTH CONTROL PILL WAS NOT USED, ASK D2.  
OTHERWISE, SKIP TO LEAD-IN ABOVE D3.

D2. What was the main reason you never used birth control pills as a method of birth control?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (SKIP TO D8)



You mentioned that you had used birth control pills. Now I'd like to record which pills you have taken.

(BE SURE TO COVER ALL PILL ENTRIES ON THE CALENDAR.)

	D3. During what month and year did you (first/next) start using birth control pills?	D4. Looking at this list of birth control pills, what is the name of the (first/next) pill you started using on (DATE IN D3)? (ENTER COMPLETE NAME AND CODE.)  <b><u>SEE APPENDIX B</u></b>	D5. What was the name and address of the doctor who prescribed (PILL)?	D6. When did you stop taking (PILL)?	D7. Why did you stop taking (PILL) when you did?
1ST PILL USE	____/____ MONTH YEAR	NAME: _____ CODE: _____ _____ _____ _____	ENTER NAME AND ADDRESS OF DOCTOR ON FOLD-OUT PAGE	____/____ MONTH YEAR	
2ND PILL USE	____/____ MONTH YEAR	NAME: _____ CODE: _____ _____ _____ _____	ENTER NAME AND ADDRESS OF DOCTOR ON FOLD-OUT PAGE	____/____ MONTH YEAR	
3RD PILL USE	____/____ MONTH YEAR	NAME: _____ CODE: _____ _____ _____ _____	ENTER NAME AND ADDRESS OF DOCTOR ON FOLD-OUT PAGE	____/____ MONTH YEAR	
4TH PILL USE	____/____ MONTH YEAR	NAME: _____ CODE: _____ _____ _____ _____	ENTER NAME AND ADDRESS OF DOCTOR ON FOLD-OUT PAGE	____/____ MONTH YEAR	

D8. Sometimes women are given birth control pills for reasons other than birth control, for example, for irregular menstrual periods or acne. (Not including the birth control pills you have already told me about,) did you ever take birth control pills for a reason other than birth control?

YES ..... 1

NO ..... 2 (SECTION E)

(ASK D9 THROUGH D13 FOR EACH PILL USE NOT ALREADY ON THE CALENDAR.)

D9. During what month and year did you (first/next) start using birth control pills for reasons other than birth control?		D10. What is the name of the pill you started using on (DATE IN D9)? (ENTER COMPLETE NAME AND CODE.)  <b>SEE APPENDIX B</b>		D11. What was the reason you took (PILL)? (CIRCLE ALL THAT APPLY.)		D12. What was the name and address of the doctor who prescribed (PILL)?		D13. When did you stop taking (PILL) for (this reason /these reasons)?	
1ST PILL USE	_ _ / _ _  MONTH YEAR	NAME: _____  CODE:   _ _ _ _ _	REGULATE PERIODS .....1 FOR ACNE.....2 OTHER (SPECIFY)....6 _____ _____	ENTER NAME AND ADDRESS OF DOCTOR ON FOLD-OUT PAGE	_ _ / _ _  MONTH YEAR	PUT CODE 001 ON CAL.			
2ND PILL USE	_ _ / _ _  MONTH YEAR	NAME: _____  CODE:   _ _ _ _ _	REGULATE PERIODS .....1 FOR ACNE.....2 OTHER (SPECIFY)....6 _____ _____	ENTER NAME AND ADDRESS OF DOCTOR ON FOLD-OUT PAGE	_ _ / _ _  MONTH YEAR	PUT CODE 001 ON CAL.			
3RD PILL USE	_ _ / _ _  MONTH YEAR	NAME: _____  CODE:   _ _ _ _ _	REGULATE PERIODS .....1 FOR ACNE.....2 OTHER (SPECIFY)....6 _____ _____	ENTER NAME AND ADDRESS OF DOCTOR ON FOLD-OUT PAGE	_ _ / _ _  MONTH YEAR	PUT CODE 001 ON CAL.			
4TH PILL USE	_ _ / _ _  MONTH YEAR	NAME: _____  CODE:   _ _ _ _ _	REGULATE PERIODS .....1 FOR ACNE.....2 OTHER (SPECIFY)....6 _____ _____	ENTER NAME AND ADDRESS OF DOCTOR ON FOLD-OUT PAGE	_ _ / _ _  MONTH YEAR	PUT CODE 001 ON CAL.			

**SECTION E. HORMONE MEDICATION HISTORY**

Now I have some questions about the use of female medications.

E1. Did you ever take any type of estrogen, such as Premarin, for relief of menopausal symptoms, irregular periods, or prevention of disease such as bone loss?

YES ..... 1  
NO..... 2 (E21)

E2. Were these estrogens in the form of a...

	<u>YES</u>	<u>NO</u>
a. Pill? .....	1	2
b. Shot?.....	1	2
c. Hormonal vaginal cream or suppository? .....	1	2
d. Patch?.....	1	2

**BOX E-1**

**CHECK E2.**

IF ESTROGEN PILLS REPORTED, ASK E3-E9.  
OTHERWISE, SKIP TO BOX E-2.

	E3. During what month and year did you (first/next) start taking estrogen pills?	E4. What is the name of the (first/next) estrogen pill you took? (ENTER COMPLETE NAME AND CODE. PROBE FOR DOSE)  <b><u>SEE APPENDIX C</u></b>	E5. When did you stop taking (PILL)?
1ST PILL USE	_ _ / _ _  MONTH YEAR	NAME: _____ DOSE:        _ _  CODE:        _ _ _ _ _	_ _ / _ _  MONTH YEAR
2ND PILL USE	_ _ / _ _  MONTH YEAR	NAME: _____ DOSE:        _ _  CODE:        _ _ _ _ _	_ _ / _ _  MONTH YEAR
3RD PILL USE	_ _ / _ _  MONTH YEAR	NAME: _____ DOSE:        _ _  CODE:        _ _ _ _ _	_ _ / _ _  MONTH YEAR
4TH PILL USE	_ _ / _ _  MONTH YEAR	NAME: _____ DOSE:        _ _  CODE:        _ _ _ _ _	_ _ / _ _  MONTH YEAR

E6. When you were taking this estrogen pill between (DATES IN E3 AND E5), did you usually take it every day, every other day, or in cycles, such as 3 weeks on and 1 week off?	E7. While you were taking (PILL), did you also take a progesterone pill?	E8. What is the name of the (first/next) estrogen pill you took? (ENTER COMPLETE NAME AND CODE. PROBE FOR DOSE) <b>SEE APPENDIX C</b>
EVERY DAY .....1 EVERY OTHER DAY .....2 IN CYCLES (SPECIFY) _____ 95 _____ OTHER (SPECIFY) _____ 96 _____	YES.....1  NO.....2 (NEXT OR BOX E-2)	NAME: _____ _____  DOSE:  _ _   CODE:  _ _ _ _ _
EVERY DAY .....1 EVERY OTHER DAY .....2 IN CYCLES (SPECIFY) _____ 95 _____ OTHER (SPECIFY) _____ 96 _____	YES.....1  NO.....2 (NEXT OR BOX E-2)	NAME: _____ _____  DOSE:  _ _   CODE:  _ _ _ _ _
EVERY DAY .....1 EVERY OTHER DAY .....2 IN CYCLES (SPECIFY) _____ 95 _____ OTHER (SPECIFY) _____ 96 _____	YES.....1  NO.....2 (NEXT OR BOX E-2)	NAME: _____ _____  DOSE:  _ _   CODE:  _ _ _ _ _
EVERY DAY .....1 EVERY OTHER DAY .....2 IN CYCLES (SPECIFY) _____ 95 _____ OTHER (SPECIFY) _____ 96 _____	YES.....1  NO.....2 (NEXT OR BOX E-2)	NAME: _____ _____  DOSE:  _ _   CODE:  _ _ _ _ _

E9.

During the (first/next) time period, when you were taking (ESTROGEN PILL) and (PROGESTERONE PILL) in the same month, on which days did you usually take the estrogen and on which days did you usually take the progesterone? (CIRCLE FIRST AND LAST LETTERS FOR EACH PILL. THEN CONNECT FIRST TO LAST WITH A LINE.)

1 2 3 4 5	6 7 8 9 10	11 12 13 14 15	16 17 18 19 20	21 22 23 24 25	26 27 28 29 30
E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P
E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P
E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P
E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P	E E E E E P P P P P

**BOX E-2**

**CHECK E2.**

IF ESTROGEN SHOTS REPORTED, ASK E10-E12.  
OTHERWISE, SKIP TO BOX E-3.

	E10. During what month and year did you (first/next) start receiving estrogen shots?	E10a. What is the name of the estrogen shot you used on (DATE IN E10)? <b>SEE APPENDIX C</b>	E11. When did you stop receiving estrogen shots?	E12. How many times per day, week, month, or year did you receive estrogen shots between (DATES in E10 AND E11)?
1ST USE	____/____ MONTH YEAR	NAME: _____ CODE: _____ _____ _____ _____	____/____ MONTH YEAR	PER DAY .....1 PER WEEK .....2 PER MONTH .....3 PER YEAR .....4 ____  TIMES
2ND USE	____/____ MONTH YEAR	NAME: _____ CODE: _____ _____ _____ _____	____/____ MONTH YEAR	PER DAY .....1 PER WEEK .....2 PER MONTH .....3 PER YEAR .....4 ____  TIMES

**BOX E-3**

**CHECK E2.**

IF ESTROGEN VAGINAL CREAMS OR SUPPOSITORIES REPORTED, ASK E13-16.  
OTHERWISE, SKIP TO BOX E-4.

	E13. During what month and year did you (first/next) start using estrogen vaginal creams or suppositories?	E14. What is the name of the estrogen vaginal cream or suppository you used on (DATE IN E13)? (PROBE FOR DOSE IF APPROPRIATE.)  <u>SEE APPENDIX C</u>	E15. When did you stop using (CREAM/SUPPOSITORY) ?	E16. How many times per day, week, month, or year did you use (CREAM/SUPPOSITORY) between (DATES in E13 AND E15)?						
1ST USE	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	NAME: _____ CODE:  _ _ _ _ _	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	<table border="1"> <tr> <td> _ _ </td> <td>TIMES</td> </tr> </table> PER DAY..... 1 PER WEEK..... 2 PER MONTH ..... 3 PER YEAR ..... 4	_ _	TIMES
_ _ / _ _	MONTH YEAR									
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2ND USE	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	NAME: _____ CODE:  _ _ _ _ _	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	<table border="1"> <tr> <td> _ _ </td> <td>TIMES</td> </tr> </table> PER DAY..... 1 PER WEEK..... 2 PER MONTH ..... 3 PER YEAR ..... 4	_ _	TIMES
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2ND USE	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	NAME: _____ CODE:  _ _ _ _ _	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	<table border="1"> <tr> <td> _ _ </td> <td>TIMES</td> </tr> </table> PER DAY..... 1 PER WEEK..... 2 PER MONTH ..... 3 PER YEAR ..... 4	_ _	TIMES
_ _ / _ _	MONTH YEAR									
_ _ / _ _	MONTH YEAR									
_ _	TIMES									

**BOX E-4**

**CHECK E2.**

IF ESTROGEN PATCHES REPORTED, ASK E17-20.  
OTHERWISE, SKIP TO E21.

	E17. During what month and year did you (first/next) start using estrogen patches?	E18. What is the name of the estrogen patch you used on (DATE IN E17)? (PROBE FOR DOSE IF APPROPRIATE.)  <b><u>SEE APPENDIX C</u></b>	E19. When did you stop using (PATCH)?	E20. How many times per day, week, month, or year did you change (PATCH) between (DATES in E17 AND E19)?						
1ST USE	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	NAME: _____ DOSE:  _ _  CODE:  _ _ _ _ _	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	<table border="1"> <tr> <td> _ _ </td> <td>TIMES</td> </tr> </table> PER DAY..... 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR..... 4	_ _	TIMES
_ _ / _ _	MONTH YEAR									
_ _ / _ _	MONTH YEAR									
_ _	TIMES									
2ND USE	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	NAME: _____ DOSE:  _ _  CODE:  _ _ _ _ _	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	<table border="1"> <tr> <td> _ _ </td> <td>TIMES</td> </tr> </table> PER DAY..... 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR..... 4	_ _	TIMES
_ _ / _ _	MONTH YEAR									
_ _ / _ _	MONTH YEAR									
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2ND USE	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	NAME: _____ DOSE:  _ _  CODE:  _ _ _ _ _	<table border="1"> <tr> <td> _ _ / _ _ </td> <td>MONTH YEAR</td> </tr> </table>	_ _ / _ _	MONTH YEAR	<table border="1"> <tr> <td> _ _ </td> <td>TIMES</td> </tr> </table> PER DAY..... 1 PER WEEK..... 2 PER MONTH..... 3 PER YEAR..... 4	_ _	TIMES
_ _ / _ _	MONTH YEAR									
_ _ / _ _	MONTH YEAR									
_ _	TIMES									



E21. There are a number of reasons that women are given female hormones. <u>Not counting any female hormones already mentioned</u> , did you ever take female hormones for any other reason?	E22. Was the (first/next) medication in the form of pills, shots, vaginal creams, or suppositories, or hormone patches?	E23. During what month and year did you start taking hormones for (REASON)?	E24. When did you stop taking hormones for (REASON)?	E25. What is the name of the female hormone you took for this reason?  <b><u>SEE APPENDIX C</u></b>	E26. When you were taking this hormone between (DATES IN E23 AND E24), did you usually take it every day, every other day, or in cycles, such as 3 weeks on and 1 week off?
YES..... 1 SPECIFY REASON _____ _____ _____ NO ..... 2 (SECTION F)	<b><u>1ST</u></b>  PILLS ..... 1 SHOTS ..... 2  CREAMS/ SUPPOS ..3 PATCHES ...4	_____ MONTH   _____ YEAR	_____ MONTH   _____ YEAR	NAME: _____ _____  CODE: _____	EVERY DAY..... 1 EVERY OTHER DAY..... 2 IN CYCLES (SPECIFY) _____ 95 _____ OTHER (SPECIFY) _____ 96 _____
	<b><u>2ND</u></b>  PILLS ..... 1 SHOTS ..... 2  CREAMS/ SUPPOS ..3 PATCHES ...4	_____ MONTH   _____ YEAR	_____ MONTH   _____ YEAR	NAME: _____ _____  CODE: _____	EVERY DAY..... 1 EVERY OTHER DAY..... 2 IN CYCLES (SPECIFY) _____ 95 _____ OTHER (SPECIFY) _____ 96 _____
	<b><u>3RD</u></b>  PILLS ..... 1 SHOTS ..... 2  CREAMS/ SUPPOS ..3 PATCHES ...4	_____ MONTH   _____ YEAR	_____ MONTH   _____ YEAR	NAME: _____ _____  CODE: _____	EVERY DAY..... 1 EVERY OTHER DAY..... 2 IN CYCLES (SPECIFY) _____ 95 _____ OTHER (SPECIFY) _____ 96 _____

**SECTION F. MEDICAL HISTORY**

This next section is about certain diseases, conditions, and surgeries you may have had. These questions refer to your entire life prior one year ago, that is, any time before (MONTH) of \_\_\_\_\_.

F1. Before (MONTH) of \_\_\_\_\_, did you ever have any surgery involving removal, either partial or total, of one or both of your ovaries, uterus (womb), or tubes? Please include any surgery to remove cysts from the ovaries, uterus, or tubes.

YES ..... 1  
NO..... 2 (F7)

F2. Before (MONTH) of \_\_\_\_\_, how many such operations did you have?

\_\_\_\_\_  
# OPERATIONS

(ASK F3-F6 FOR EACH OPERATION IN F2.)

	F3. In what month and year did you have the (first/next) operation?	F4. What exactly was removed during that operation? (CIRCLE ALL THAT APPLY.)	F5. What was the reason for that operation?	F6. What was the name and address of the doctor and hospital where the surgery was done?
1ST	_ _ / _ _  MONTH YEAR	ONE OVARY – PARTIAL ..... 1 ONE OVARY – TOTAL.....2 BOTH OVARIES – PARTIAL...3 BOTH OVARIES – TOTAL.....4 UTERUS – PARTIAL .....5 UTERUS – TOTAL .....6 ONE TUBE .....7 BOTH TUBES .....8 CYST(S) .....9 OTHER (SPECIFY)..... 96 _____		ENTER NAME AND ADDRESS OF SURGEON & HOSPITAL ON FOLD-OUT PAGE
2ND	_ _ / _ _  MONTH YEAR	ONE OVARY – PARTIAL ..... 1 ONE OVARY – TOTAL.....2 BOTH OVARIES – PARTIAL...3 BOTH OVARIES – TOTAL.....4 UTERUS – PARTIAL .....5 UTERUS – TOTAL .....6 ONE TUBE .....7 BOTH TUBES .....8 CYST(S) .....9 OTHER (SPECIFY)..... 96 _____		ENTER NAME AND ADDRESS OF SURGEON & HOSPITAL ON FOLD-OUT PAGE
3RD	_ _ / _ _  MONTH YEAR	ONE OVARY – PARTIAL ..... 1 ONE OVARY – TOTAL.....2 BOTH OVARIES – PARTIAL...3 BOTH OVARIES – TOTAL.....4 UTERUS – PARTIAL .....5 UTERUS – TOTAL .....6 ONE TUBE .....7 BOTH TUBES .....8 CYST(S) .....9 OTHER (SPECIFY)..... 96 _____		ENTER NAME AND ADDRESS OF SURGEON & HOSPITAL ON FOLD-OUT PAGE

F7. Before (MONTH) \_\_ \_\_ \_\_ \_\_, did you ever have a Pap smear?

YES ..... 1  
NO..... 2 (F10)

F8. How old were you when you first had a Pap smear?

|\_|\_|\_|  
FIRST AGE

F9. During the five years before (MONTH) \_\_ \_\_ \_\_ \_\_, how many times did you have a Pap smear?

|\_|\_|\_|  
TIMES

NONE..... 00

F10. Before (MONTH) \_\_ \_\_ \_\_ \_\_, did you ever do self-exams to examine your breast for lumps?

YES ..... 1  
NO..... 2 (F13)

F11. At what age did you start doing self-exams to examine your breasts for lumps?

|\_|\_|\_|  
AGE BEGAN

F12. During the five years before (MONTH) \_\_ \_\_ \_\_ \_\_, how often per week, month, or year did you usually do this?

|\_|\_|\_| PER WEEK..... 1  
TIMES MONTH ..... 2  
YEAR..... 3  
< ONCE PER YEAR.....003  
NEVER.....000

F13. Before (MONTH) \_\_ \_\_ \_\_ \_\_, were your breasts ever examined by a doctor or other trained professional?

YES ..... 1  
NO..... 2 (F16)

F14. How old were you when you were first examined by a doctor or other trained professional?

|\_|\_|\_|  
FIRST AGE

F15. During the five years before (MONTH) \_\_ \_\_ \_\_ \_\_, how often were your breasts examined by a doctor or other trained professional?

|\_\_|\_\_| PER WEEK..... 1  
TIMES MONTH ..... 2  
YEAR ..... 3  
< ONCE PER YEAR.....003  
NEVER.....000

F16. Before (MONTH) \_\_ \_\_ \_\_ \_\_, did you ever have a mammogram?

YES ..... 1  
NO..... 2 (F19)

F17. How old were you when you first had a mammogram?

|\_\_|\_\_|  
FIRST AGE

F18. During the five years before (MONTH) of \_\_ \_\_ \_\_ \_\_, how many times did you have a mammogram?

|\_\_|\_\_|  
TIMES  
NONE..... 00

F19. Before (MONTH) \_\_ \_\_ \_\_ \_\_, did you ever have any breast surgery for any reason including a breast biopsy, removal of a lump, an aspiration, or enlargement or reduction surgery?

YES ..... 1  
NO..... 2 (F24)

(ASK F20 THROUGH F23 FOR EACH BREAST SURGERY.)

	F20. In what month and year did you have the (first/next) breast surgery?	F21. What exactly was done during this surgery? <b><u>SHOW CARD C</u></b>	F22. Which breast was involved?	F23. What was the name and address of the doctor and hospital where the surgery was done?
1ST	_ _ / _ _  MONTH YEAR	A. BREAST BIOPSY ..... 1 B. ASPIRATION OR NEEDLE BIOPSY ..... 2 C. PARTIAL REMOVAL OF BREAST OR LUMPECTOMY ..... 3 D. TOTAL REMOVAL OF BREAST ..... 4 E. ENLARGEMENT SURGERY ..... 5 F. REDUCTION SURGERY ..... 6 G. OTHER (SPECIFY) _____ 96 _____	LEFT .....1 RIGHT .....2 BOTH .....3	ENTER NAME AND ADDRESS OF SURGEON & HOSPITAL ON FOLD- OUT PAGE
2ND	_ _ / _ _  MONTH YEAR	A. BREAST BIOPSY ..... 1 B. ASPIRATION OR NEEDLE BIOPSY ..... 2 C. PARTIAL REMOVAL OF BREAST OR LUMPECTOMY ..... 3 D. TOTAL REMOVAL OF BREAST ..... 4 E. ENLARGEMENT SURGERY ..... 5 F. REDUCTION SURGERY ..... 6 G. OTHER (SPECIFY) _____ 96 _____	LEFT .....1 RIGHT .....2 BOTH .....3	ENTER NAME AND ADDRESS OF SURGEON & HOSPITAL ON FOLD- OUT PAGE
3RD	_ _ / _ _  MONTH YEAR	A. BREAST BIOPSY ..... 1 B. ASPIRATION OR NEEDLE BIOPSY ..... 2 C. PARTIAL REMOVAL OF BREAST OR LUMPECTOMY ..... 3 D. TOTAL REMOVAL OF BREAST ..... 4 E. ENLARGEMENT SURGERY ..... 5 F. REDUCTION SURGERY ..... 6 G. OTHER (SPECIFY) _____ 96 _____	LEFT .....1 RIGHT .....2 BOTH .....3	ENTER NAME AND ADDRESS OF SURGEON & HOSPITAL ON FOLD- OUT PAGE
4TH	_ _ / _ _  MONTH YEAR	A. BREAST BIOPSY ..... 1 B. ASPIRATION OR NEEDLE BIOPSY ..... 2 C. PARTIAL REMOVAL OF BREAST OR LUMPECTOMY ..... 3 D. TOTAL REMOVAL OF BREAST ..... 4 E. ENLARGEMENT SURGERY ..... 5 F. REDUCTION SURGERY ..... 6 G. OTHER (SPECIFY) _____ 96 _____	LEFT .....1 RIGHT .....2 BOTH .....3	ENTER NAME AND ADDRESS OF SURGEON & HOSPITAL ON FOLD- OUT PAGE

Now I will ask you about some health conditions.

F24. Before (MONTH) ____ ____, did a doctor ever tell you that you had (CONDITION)?	F25. In what year did a doctor first tell you that you had (CONDITION)?	F26. For this condition, have you ever...																											
a. High blood pressure, not during pregnancy  YES ..... 1 NO ..... 2 (F24b)	__ __  YEAR	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. Been hospitalized? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Had surgery? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Been prescribed medication? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. Been hospitalized? .....	1	2	b. Had surgery? .....	1	2	c. Been prescribed medication? .....	1	2															
	<u>YES</u>	<u>NO</u>																											
a. Been hospitalized? .....	1	2																											
b. Had surgery? .....	1	2																											
c. Been prescribed medication? .....	1	2																											
b. High cholesterol  YES ..... 1 NO ..... 2 (F24c)	__ __  YEAR	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. Been hospitalized? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Had surgery? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Been prescribed medication? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. Been hospitalized? .....	1	2	b. Had surgery? .....	1	2	c. Been prescribed medication? .....	1	2															
	<u>YES</u>	<u>NO</u>																											
a. Been hospitalized? .....	1	2																											
b. Had surgery? .....	1	2																											
c. Been prescribed medication? .....	1	2																											
c. Thyroid disease  YES ..... 1 (SPECIFY TYPE) _____ _____ NO ..... 2 (F24d)	__ __  YEAR	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. Been hospitalized? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Had surgery? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Been prescribed medication? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. Been hospitalized? .....	1	2	b. Had surgery? .....	1	2	c. Been prescribed medication? .....	1	2															
	<u>YES</u>	<u>NO</u>																											
a. Been hospitalized? .....	1	2																											
b. Had surgery? .....	1	2																											
c. Been prescribed medication? .....	1	2																											
d. Sugar diabetes, not during a pregnancy  YES ..... 1 NO ..... 2 (F24e)	__ __  YEAR	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. Been hospitalized? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Had surgery? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Been prescribed medication? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. Been hospitalized? .....	1	2	b. Had surgery? .....	1	2	c. Been prescribed medication? .....	1	2															
	<u>YES</u>	<u>NO</u>																											
a. Been hospitalized? .....	1	2																											
b. Had surgery? .....	1	2																											
c. Been prescribed medication? .....	1	2																											
e. Polyps in the colon or rectum  YES ..... 1 NO ..... 2 (F24f)	__ __  YEAR	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. Been hospitalized? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Had surgery? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Been prescribed medication? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. Been hospitalized? .....	1	2	b. Had surgery? .....	1	2	c. Been prescribed medication? .....	1	2															
	<u>YES</u>	<u>NO</u>																											
a. Been hospitalized? .....	1	2																											
b. Had surgery? .....	1	2																											
c. Been prescribed medication? .....	1	2																											
f. Gallstones or gallbladder disease  YES ..... 1 NO ..... 2 (F24g)	__ __  YEAR	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. Been hospitalized? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Had surgery? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Been prescribed medication? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. Been hospitalized? .....	1	2	b. Had surgery? .....	1	2	c. Been prescribed medication? .....	1	2															
	<u>YES</u>	<u>NO</u>																											
a. Been hospitalized? .....	1	2																											
b. Had surgery? .....	1	2																											
c. Been prescribed medication? .....	1	2																											
g. Cancer (SPECIFY TYPE)  YES ..... 1  <b># 1</b> _____  <b># 2</b> _____  NO ..... 2 (F27)	__ __  <b>#1</b> YEAR    __ __  <b>#2</b> YEAR	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td colspan="3"><b># 1</b></td> </tr> <tr> <td>a. Been hospitalized? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Had surgery? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Been prescribed medication? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3"><b># 2</b></td> </tr> <tr> <td>d. Been hospitalized? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Had surgery? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Been prescribed medication? .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	<b># 1</b>			a. Been hospitalized? .....	1	2	b. Had surgery? .....	1	2	c. Been prescribed medication? .....	1	2	<b># 2</b>			d. Been hospitalized? .....	1	2	e. Had surgery? .....	1	2	f. Been prescribed medication? .....	1	2
	<u>YES</u>	<u>NO</u>																											
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e. Had surgery? .....	1	2																											
f. Been prescribed medication? .....	1	2																											

The next questions are about a different time period, that is, only during the past year.

F27. During the past 12 months, have you been diagnosed as having breast cancer?

YES ..... 1  
NO..... 2 (SECTION G)

F28. Who first noticed the problem that led to the discovery of your breast cancer?

**SHOW CARD D**

- A. ROUTINE SELF-EXAM..... 1
  - B. ACCIDENTAL SELF-DISCOVERY ..... 2
  - C. ACCIDENTAL DISCOVERY BY PARTNER ..... 3
  - D. ROUTINE PHYSICAL EXAM BY A DOCTOR ..... 4 (F30)
  - E. ROUTINE MAMMOGRAM..... 5 (F30)
  - F. SOME OTHER WAY (SPECIFY).....96
- 

F29. In what month and year was the problem first noticed?

|\_|\_|\_| / |\_|\_|\_|  
MONTH YEAR

F30. In what month and year did you first see a doctor about the problem?

|\_|\_|\_| / |\_|\_|\_|  
MONTH YEAR

F31. Have you received chemotherapy for your breast cancer?

YES ..... 1  
NO..... 2

F32. Have you received radiation therapy?

YES ..... 1  
NO..... 2

F33. Have you received any other drug therapy?

YES (SPECIFY) ..... 1  
\_\_\_\_\_  
NO..... 2



**SECTION G. DEVELOPMENTAL HISTORY AND PHYSICAL ACTIVITY**

Now I have some questions about your height, weight, and exercise.

- G1. When you were (AGE CATEGORY), how did your height compare with other girls your age? Were you much shorter, somewhat shorter, about the same, somewhat taller, or much taller?

**SHOW CARD E**

	A.	B.	C.	D.	E.
	MUCH	SOMEWHAT	ABOUT	SOMEWHAT	MUCH
	<u>SHORTER</u>	<u>SHORTER</u>	<u>THE SAME</u>	<u>TALLER</u>	<u>TALLER</u>
a. 9 or 10 (in the 4 <sup>th</sup> or 5 <sup>th</sup> grade).....	1	2	3	4	5
b. 12 or 13 (in the 7 <sup>th</sup> or 8 <sup>th</sup> grade).....	1	2	3	4	5
c. 15 or 16 (in the 10 <sup>th</sup> or 11 <sup>th</sup> grade).....	1	2	3	4	5

- G2. Compared with other women your age now, would you say you are...

**SHOW CARD E**

- A. Much shorter, ..... 1
- B. Somewhat shorter,..... 2
- C. About the same,..... 3
- D. Somewhat taller, or ..... 4
- E. Much taller?..... 5

- G3. Now I have a few general questions about your weight. When you were (AGE CATEGORY), how did your weight compare with other girls your age? Were you thinner, somewhat thinner, about the same, somewhat heavier, or much heavier?

**SHOW CARD F**

	A.	B.	C.	D.	E.
	MUCH	SOMEWHAT	ABOUT	SOMEWHAT	MUCH
	<u>THINNER</u>	<u>THINNER</u>	<u>THE SAME</u>	<u>HEAVIER</u>	<u>HEAVIER</u>
a. 9 or 10 (in the 4 <sup>th</sup> or 5 <sup>th</sup> grade).....	1	2	3	4	5
b. 12 or 13 (in the 7 <sup>th</sup> or 8 <sup>th</sup> grade).....	1	2	3	4	5
c. 15 or 16 (in the 10 <sup>th</sup> or 11 <sup>th</sup> grade).....	1	2	3	4	5

- G4. Compared with other women your age now, would you say you are...

**SHOW CARD F**

- A. Much thinner,..... 1
- B. Somewhat thinner,..... 2
- C. About the same,..... 3
- D. Somewhat heavier, or..... 4
- E. Much heavier?..... 5

G5. How much did you weigh when you were 20? (PROBE FOR NON-PREGNANT WEIGHT.)

|\_|\_|\_|\_|  
POUNDS

G6. How much did you weigh last year about this time? (PROBE FOR NON-PREGNANT WEIGHT.)

|\_|\_|\_|\_|  
POUNDS

G7. What is the most you have ever weighed since you were 20 years old? (Do not count any times you were pregnant, nursing, or during the six months after a pregnancy.)

|\_|\_|\_|\_|  
MOST POUNDS

G8. How old were you when you first weighed around (AMOUNT IN G7)?

|\_|\_|  
AGE

G9. What is the least you have ever weighed since you were 20 years old?

|\_|\_|\_|\_|  
LEAST POUNDS

G10. How old were you when you first weighed around (AMOUNT IN G9)?

|\_|\_|  
AGE

G11. When you gain weight, where on your body do you mainly tend to add the weight?

- DON'T GAIN WEIGHT ..... 1
  - AROUND THE CHEST AND SHOULDERS..... 2
  - AROUND THE WAIST/ STOMACH ..... 3
  - AROUND THE HIPS AND THIGHS ..... 4
  - EQUALLY ALL OVER ..... 5
  - OTHER (SPECIFY) ..... 6
- 

G12. (Not counting after a pregnancy,) how many times since you were age 20 have you lost as much as 15 pounds or more and then later gained it back?

|\_|\_|  
TIMES

NONE..... 00

G13. If you compared your food intake at age 20 with your usual food intake over the last twelve months, ignoring any recent changes, would you say at age 20 you ate...

- Much less, ..... 1
- Somewhat less, ..... 2
- About the same, ..... 3
- Somewhat more, or..... 4
- Much more?..... 5

G14. (Not counting any times you were pregnant or nursing,) what has been your usual bra size over your adult life?

|\_|\_| - |\_|\_|\_|  
NUMBER LETTER

G15. Now I have some questions about your physical activities. First, let's talk about your activities when you were 12 to 13 years old. How often did you participate in vigorous physical activities such as lap swimming, dance, basketball, gymnastics, running, fast cycling, aerobics, or field hockey?

**SHOW CARD G**

- A. DAILY.....1
- B. 4-6 TIMES PER WEEK.....2
- C. 2-3 TIMES PER WEEK.....3
- D. ONCE PER WEEK .....4
- E. 1-3 TIMES PER MONTH .....5
- F. LESS THAN ONCE PER MONTH OR NEVER .....6

G16. How often did you participate in moderate physical activities such as brisk walking, volleyball, recreational tennis, softball, leisurely cycling, or golfing?

**SHOW CARD G**

- A. DAILY.....1
- B. 4-6 TIMES PER WEEK.....2
- C. 2-3 TIMES PER WEEK.....3
- D. ONCE PER WEEK .....4
- E. 1-3 TIMES PER MONTH .....5
- F. LESS THAN ONCE PER MONTH OR NEVER .....6

G17. Did you participate in sports such as gymnastics or ballet that required you to keep your weight low?

- YES ..... 1
- NO..... 2

G18. Now let's talk when you were about 20 years old. How often did you participate in vigorous physical activities such as la swimming, dance, basketball, gymnastics, running, fast cycling, aerobics, or field hockey?

**SHOW CARD G**

- A. DAILY.....1
- B. 4-6 TIMES PER WEEK.....2
- C. 2-3 TIMES PER WEEK.....3
- D. ONCE PER WEEK .....4
- E. 1-3 TIMES PER MONTH .....5
- F. LESS THAN ONCE PER MONTH OR NEVER .....6

G19. How often did you participate in moderate activities such as brisk walking, volleyball, recreational tennis, softball, leisurely cycling, or golfing?

- SHOW CARD G**
- A. DAILY..... 1
  - B. 4-6 TIMES PER WEEK..... 2
  - C. 2-3 TIMES PER WEEK..... 3
  - D. ONCE PER WEEK ..... 4
  - E. 1-3 TIMES PER MONTH ..... 5
  - F. LESS THAN ONCE PER MONTH  
OR NEVER ..... 6

G20. Now think about your physical activity over the last twelve months, ignoring any recent changes. How often did you participate in vigorous physical activities such as lap swimming, dance, basketball, gymnastics, running, fast cycling, aerobics, or field hockey?

- SHOW CARD G**
- A. DAILY..... 1
  - B. 4-6 TIMES PER WEEK..... 2
  - C. 2-3 TIMES PER WEEK..... 3
  - D. ONCE PER WEEK ..... 4
  - E. 1-3 TIMES PER MONTH ..... 5
  - F. LESS THAN ONCE PER MONTH  
OR NEVER ..... 6

G21. How often did you participate in moderate activities such as brisk walking, volleyball, recreational tennis, softball, leisurely cycling, or golfing?

- SHOW CARD G**
- A. DAILY..... 1
  - B. 4-6 TIMES PER WEEK..... 2
  - C. 2-3 TIMES PER WEEK..... 3
  - D. ONCE PER WEEK ..... 4
  - E. 1-3 TIMES PER MONTH ..... 5
  - F. LESS THAN ONCE PER MONTH  
OR NEVER ..... 6

G22. How often did you climb at least two or more flights of stairs without stopping? A flight should be at least 10 steps.

- SHOW CARD G**
- A. DAILY..... 1
  - B. 4-6 TIMES PER WEEK..... 2
  - C. 2-3 TIMES PER WEEK..... 3
  - D. ONCE PER WEEK ..... 4
  - E. 1-3 TIMES PER MONTH ..... 5
  - F. LESS THAN ONCE PER MONTH  
OR NEVER ..... 6

**SECTION H. ADOLESCENT DIET**

This section is about your **usual** eating habits when you were 12-13 years old. That would be approximately when you were in grade 7 or 8. It may be difficult to remember, but please answer as well as you can.

(ASK H1 THROUGH H3 FOR EACH FOOD.)

<p>H1. When you were 12 to 13 years old, did you ever (eat/drink) (FOOD)?</p>	<p>H2. How often did you usually (eat/drink) (FOOD)?  <b>SHOW CARD H</b></p>	<p>H3. Thinking of (SIZE) as an average amount, did you usually (eat/drink) less than that, about an average amount, or more than that?</p>
<p>a. Pizza</p> <p>YES.....1 NO .....2 (H1b)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH ..... 3 D. 1-2 PER WEEK ..... 4 E. 3-4 PER WEEK ..... 5 F. 5-6 PER WEEK ..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 slices</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>b. Whole milk, including on cereal</p> <p>YES.....1 NO .....2 (H1c)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH ..... 3 D. 1-2 PER WEEK ..... 4 E. 3-4 PER WEEK ..... 5 F. 5-6 PER WEEK ..... 6 G. 1+ PER DAY ..... 7</p>	<p>An 8 oz. glass</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>c. Ice cream and milk shakes</p> <p>YES.....1 NO .....2 (H1d)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH ..... 3 D. 1-2 PER WEEK ..... 4 E. 3-4 PER WEEK ..... 5 F. 5-6 PER WEEK ..... 6 G. 1+ PER DAY ..... 7</p>	<p>1 scoop or an 8 oz. glass</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>d. Doughnuts and pastries</p> <p>YES.....1 NO .....2 (H1e)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH ..... 3 D. 1-2 PER WEEK ..... 4 E. 3-4 PER WEEK ..... 5 F. 5-6 PER WEEK ..... 6 G. 1+ PER DAY ..... 7</p>	<p>1 doughnut or 1 piece</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>e. Cookies and cakes</p> <p>YES.....1 NO .....2 (H1f)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH ..... 3 D. 1-2 PER WEEK ..... 4 E. 3-4 PER WEEK ..... 5 F. 5-6 PER WEEK ..... 6 G. 1+ PER DAY ..... 7</p>	<p>3 cookies or 1 med. slice</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>

<p>H1. When you were 12 to 13 years old, did you ever (eat/drink) (FOOD)?</p>	<p>H2. How often did you usually (eat/drink) (FOOD)?</p> <p style="text-align: center;"><b><u>SHOW CARD H</u></b></p>	<p>H3. Thinking of (SIZE) as an average amount, did you usually (eat/drink) less than that, about an average amount, or more than that?</p>
<p>f. Fruit juice, not Kool-Aid or Hi-C</p> <p>YES.....1 NO .....2 (H1g)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>An 8 oz. glass</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>g. Fruit, not including juices</p> <p>YES.....1 NO .....2 (H1h)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>1 medium fruit</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>h. Snack foods, such as chips, popcorn, and peanuts</p> <p>YES.....1 NO .....2 (H1i)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 handfuls or 1 cup</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>i. Diet colas, such as Tab</p> <p>YES.....1 NO .....2 (H1j)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>A 12 oz. can or bottle</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>j. Regular colas</p> <p>YES.....1 NO .....2 (H1k)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>A 12 oz. can or bottle</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>k. Hamburgers, cheeseburgers, and other ground beef, including meatloaf, beef casseroles, and meatballs</p> <p>YES.....1 NO .....2 (H1l)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>1 medium or 4 oz.</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>

<p>H1. When you were 12 to 13 years old, did you ever (eat/drink) (FOOD)?</p>	<p>H2. How often did you usually (eat/drink) (FOOD)?</p> <p style="text-align: center;"><b><u>SHOW CARD H</u></b></p>	<p>H3. Thinking of (SIZE) as an average amount, did you usually (eat/drink) less than that, about an average amount, or more than that?</p>
<p>i. Beef steaks or roasts, and pork chops or roasts</p> <p style="text-align: right;">YES.....1 NO .....2 (H1m)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>4 oz.</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>m. Hot dogs, ham, lunch meats</p> <p style="text-align: right;">YES.....1 NO .....2 (H1n)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 hot dogs or 2 oz.</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>n. Bacon</p> <p style="text-align: right;">YES.....1 NO .....2 (H1o)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 strips</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>o. Fish including tuna fish and fishsticks</p> <p style="text-align: right;">YES.....1 NO .....2 (H1p)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 pieces or 4 oz.</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>p. Chicken</p> <p style="text-align: right;">YES.....1 NO .....2 (H1q)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 small or 1 large piece</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>q. Beans, such as baked beans, kidney beans, or limas</p> <p style="text-align: right;">YES.....1 NO .....2 (H1r)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>3/4 cup</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>

<p>H1. When you were 12 to 13 years old, did you ever (eat/drink) (FOOD)?</p>	<p>H2. How often did you usually (eat/drink) (FOOD)?</p> <p style="text-align: center;"><b><u>SHOW CARD H</u></b></p>	<p>H3. Thinking of (SIZE) as an average amount, did you usually (eat/drink) less than that, about an average amount, or more than that?</p>
<p>r. Sweet potatoes or yams</p> <p>YES.....1 NO .....2 (H1s)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>1/2 cup or 1 medium</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>s. French fried potatoes</p> <p>YES.....1 NO .....2 (H1t)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>1/2 cup</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>t. Other potatoes, such as baked</p> <p>YES.....1 NO .....2 (H1u)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>1 medium or 1/2 cup</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>u. Green leafy salads</p> <p>YES.....1 NO .....2 (H1v)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>1 medium bowl</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>v. Vegetables as a side dish, not including potatoes</p> <p>YES.....1 NO .....2 (H1w)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>1/2 cup</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>w. Eggs</p> <p>YES.....1 NO .....2 (H1x)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 eggs</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>



<p style="text-align: center;">H1.</p> <p>When you were 12 to 13 years old, did you ever (eat/drink) (FOOD)?</p>	<p style="text-align: center;">H2.</p> <p>How often did you usually (eat/drink) (FOOD)?</p> <p style="text-align: center;"><b><u>SHOW CARD H</u></b></p>	<p style="text-align: center;">H3.</p> <p>Thinking of (SIZE) as an average amount, did you usually (eat/drink) less than that, about an average amount, or more than that?</p>
<p>x. Cheese, such as cottage cheese, hard cheese, American, and Velveeta</p> <p style="text-align: right;">YES.....1 NO .....2 (H1y)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 slices, 1/2 cup, or 2 oz.</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>y. White bread</p> <p style="text-align: right;">YES.....1 NO .....2 (H1z)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 slices</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>z. Whole grain bread, including rye and wheat</p> <p style="text-align: right;">YES.....1 NO .....2 (H1aa)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 slices</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>aa. Margarine, including on vegetables and bread</p> <p style="text-align: right;">YES.....1 NO .....2 (H1bb)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 pats</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>bb. Butter, including on vegetables and bread</p> <p style="text-align: right;">YES.....1 NO .....2 (H1cc)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 pats</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>
<p>cc. Peanut butter</p> <p style="text-align: right;">YES.....1 NO .....2 (SECT. I)</p>	<p>A. &lt; 1 PER MONTH ..... 1 B. 1 PER MONTH ..... 2 C. 2-3 PER MONTH..... 3 D. 1-2 PER WEEK..... 4 E. 3-4 PER WEEK..... 5 F. 5-6 PER WEEK..... 6 G. 1+ PER DAY ..... 7</p>	<p>2 tablespoons</p> <p>LESS..... 1 AVERAGE ..... 2 MORE ..... 3</p>

**SECTION I. ALCOHOL CONSUMPTION**

Now I have some questions about alcoholic beverages.

11. Have you had more than a total of 12 drinks of alcoholic beverages such as beer, wine, or liquor over your entire life?

YES ..... 1  
NO ..... 2 (SECTION J)

12. Have you ever drunk alcoholic beverages such as beer, wine, or liquor at least once a month for six months or longer?

YES ..... 1  
NO ..... 2 (SECTION J)

People's drinking habits vary a bit at different times in their lives. Now I have some questions about your drinking habits.

(COMPLETE I3 THROUGH I16 FOR ALL TIME PERIODS UP TO TODAY.)

	I3. (ONLY ASK FOR 1 <sup>ST</sup> TIME PERIOD.) How old were you when you first drank alcoholic beverages at least once a month for six months or more?	I4. When you were (AGE IN I3), how often did you usually drink <u>beer</u> ?	I5. When you were (AGE IN I3), how many 12 oz. bottles or cans of <u>beer</u> did you usually drink each time?	I6. When you were (AGE IN I3), how often did you usually drink wine?	I7. How many 4 oz. glasses of <u>wine</u> did you usually drink each time?
1 <sup>ST</sup>	_ _  AGE STARTED	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	_ _  12 OZ. BEER	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	_ _  4 OZ. WINE
2 <sup>ND</sup>	_ _  ENTER AGE FROM 1 <sup>ST</sup> PERIOD I10	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	_ _  12 OZ. BEER	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	_ _  4 OZ. WINE
3 <sup>RD</sup>	_ _  ENTER AGE FROM 2 <sup>ND</sup> PERIOD I10	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	_ _  12 OZ. BEER	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	_ _  4 OZ. WINE
4 <sup>TH</sup>	_ _  ENTER AGE FROM 3 <sup>RD</sup> PERIOD I10	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	_ _  12 OZ. BEER	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	_ _  4 OZ. WINE
5 <sup>TH</sup>	_ _  ENTER AGE FROM 4 <sup>TH</sup> PERIOD I10	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	_ _  12 OZ. BEER	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	_ _  4 OZ. WINE
6 <sup>TH</sup>	_ _  ENTER AGE FROM 5 <sup>TH</sup> PERIOD I10	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	_ _  12 OZ. BEER	_ _  DAY..... 1 TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	_ _  4 OZ. WINE

18. When you were (AGE IN I3), how often did you usually drink <u>liquor</u> ?	19. And how many 1 ½ oz. shots of <u>liquor</u> did you usually drink each time?	110. How old were you when your drinking habits changed from what you just told me?	111. From (AGE IN I3) until (AGE IN I10/TODAY), how often did you drink more <u>beer</u> than your usual amount, such as at a party, on holidays, or at stressful times of you life?	112. From (AGE IN I3) until (AGE IN I10/TODAY), how many 12 oz. bottles or cans of <u>beer</u> did you usually drink each time when you drank more?
<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I10)	<input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER
<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I10)	<input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER
<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I10)	<input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER
<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I10)	<input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER
<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I10)	<input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER
<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I10)	<input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY ..... 1 <input type="text"/> TIMES WEEK ..... 2 <input type="text"/> PER MONTH ..... 3 <input type="text"/> YEAR ..... 4 <input type="text"/> < 1/YR ..... 004 <input type="text"/> NEVER ..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER

I13. From (AGE IN I3) until (AGE IN I10/TODAY), how often did you drink more <u>wine</u> than your usual amount?	I14. How many 4 oz. glasses of <u>wine</u> did you usually drink each time when you drank more?	I15. From (AGE IN I3) until (AGE IN I10/TODAY), how often did you drink more <u>liquor</u> than your usual amount?	I16. And how many 1 ½ oz. shots of <u>liquor</u> did you usually drink each time when you drank more?
<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS
<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS
<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS
<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS
<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS
<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY ..... 1 TIMES WEEK ..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER ..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS

(COMPLETE I3 THROUGH I16 FOR ALL TIME PERIODS UP TO TODAY.)

	I3. (ONLY ASK FOR 1 <sup>ST</sup> TIME PERIOD.) How old were you when you first drank alcoholic beverages at least once a month for six months or more?	I4. When you were (AGE IN I3), how often did you usually drink <u>beer</u> ?	I5. When you were (AGE IN I3), how many 12 oz. bottles or cans of <u>beer</u> did you usually drink each time?	I6. When you were (AGE IN I3), how often did you usually drink wine?	I7. How many 4 oz. glasses of <u>wine</u> did you usually drink each time?
7 <sup>TH</sup>	<input type="text"/> <input type="text"/> ENTER AGE FROM 6 <sup>TH</sup> PERIOD I10	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	<input type="text"/> <input type="text"/> 12 OZ. BEER	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	<input type="text"/> <input type="text"/> 4 OZ. WINE
8 <sup>TH</sup>	<input type="text"/> <input type="text"/> ENTER AGE FROM 7 <sup>TH</sup> PERIOD I10	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	<input type="text"/> <input type="text"/> 12 OZ. BEER	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	<input type="text"/> <input type="text"/> 4 OZ. WINE
9 <sup>TH</sup>	<input type="text"/> <input type="text"/> ENTER AGE FROM 8 <sup>TH</sup> PERIOD I10	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	<input type="text"/> <input type="text"/> 12 OZ. BEER	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	<input type="text"/> <input type="text"/> 4 OZ. WINE
10 <sup>TH</sup>	<input type="text"/> <input type="text"/> ENTER AGE FROM 9 <sup>TH</sup> PERIOD I10	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	<input type="text"/> <input type="text"/> 12 OZ. BEER	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	<input type="text"/> <input type="text"/> 4 OZ. WINE
11 <sup>TH</sup>	<input type="text"/> <input type="text"/> ENTER AGE FROM 10 <sup>TH</sup> PERIOD I10	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	<input type="text"/> <input type="text"/> 12 OZ. BEER	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	<input type="text"/> <input type="text"/> 4 OZ. WINE
12 <sup>TH</sup>	<input type="text"/> <input type="text"/> ENTER AGE FROM 11 <sup>TH</sup> PERIOD I10	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH ..... 3 YEAR ..... 4 < 1/YR.....004 NEVER .....000 (I6)	<input type="text"/> <input type="text"/> 12 OZ. BEER	<input type="text"/> <input type="text"/> DAY..... 1 <input type="text"/> <input type="text"/> TIMES WEEK..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR..... 004 NEVER ..... 000 (I8)	<input type="text"/> <input type="text"/> 4 OZ. WINE

18. When you were (AGE IN I3), how often did you usually drink <u>liquor</u> ?	19. And how many 1 ½ oz. shots of <u>liquor</u> did you usually drink each time?	110. How old were you when your drinking habits changed from what you just told me?	111. From (AGE IN I3) until (AGE IN I10/TODAY), how often did you drink more <u>beer</u> than your usual amount such as at a party, on holidays, or at stressful times of you life?	112. From (AGE IN I3) until (AGE IN I10/TODAY), how many 12 oz. bottles or cans of <u>beer</u> did you usually drink each time when you drank more?
<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I10)	<input type="text"/> <input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER
<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I10)	<input type="text"/> <input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER
<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I10)	<input type="text"/> <input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER
<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I10)	<input type="text"/> <input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER
<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I10)	<input type="text"/> <input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER
<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I10)	<input type="text"/> <input type="text"/> <input type="text"/> 1 ½ OZ. <input type="text"/> SHOTS	<input type="text"/> <input type="text"/> AGE CHANGED <input type="text"/> NEVER <input type="text"/> CHANGED... 00	<input type="text"/> DAY..... 1 <input type="text"/> TIMES WEEK..... 2 <input type="text"/> PER MONTH..... 3 <input type="text"/> YEAR..... 4 <input type="text"/> < 1/YR..... 004 <input type="text"/> NEVER..... 000 (I13)	<input type="text"/> <input type="text"/> 12 OZ. BEER

I13. From (AGE IN I3) until (AGE IN I10/TODAY), how often did you drink more <u>wine</u> than your usual amount?	I14. How many 4 oz. glasses of <u>wine</u> did you usually drink each time when you drank more?	I15. From (AGE IN I3) until (AGE IN I10/TODAY), how often did you drink more <u>liquor</u> than your usual amount?	I16. And how many 1 ½ oz. shots of <u>liquor</u> did you usually drink each time when you drank more?
<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR..... 4 < 1/YR ..... 004 NEVER..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS
<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR..... 4 < 1/YR ..... 004 NEVER..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS
<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR..... 4 < 1/YR ..... 004 NEVER..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS
<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR..... 4 < 1/YR ..... 004 NEVER..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS
<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR..... 4 < 1/YR ..... 004 NEVER..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS
<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR ..... 4 < 1/YR ..... 004 NEVER..... 000 (I15)	<input type="text"/> 4 OZ. WINE	<input type="text"/> DAY..... 1 TIMES WEEK ..... 2 PER MONTH..... 3 YEAR..... 4 < 1/YR ..... 004 NEVER..... 000 (I3)	<input type="text"/> 1 ½ OZ. SHOTS



117. In general, throughout your adult life, when you drank alcoholic beverages did you usually drink them with meals, with snacks, or without food?

- WITH MEALS ..... 1
- WITH SNACKS..... 2
- WITHOUT FOOD ..... 3

118. During what part of the day did you usually drink on weekdays? Would you say mornings, afternoons, or evenings? (MARK ALL THAT APPLY)

- MORNING..... 1
- AFTERNOON ..... 2
- EVENING ..... 3
- DID NOT DRINK ON WEEKDAYS ..... 4

119. During what part of the day did you usually drink on weekends? Would you say mornings, afternoons, or evenings? (MARK ALL THAT APPLY)

- MORNING..... 1
- AFTERNOON ..... 2
- EVENING ..... 3
- DID NOT DRINK ON WEEKDAYS ..... 4

120. In general throughout your adult life, when you drank alcoholic beverages, did you usually drink alone or with other people?

- ALONE ..... 1
- WITH OTHER PEOPLE ..... 2

121. Have you ever had what you would consider a drinking problem?

- YES ..... 1
- NO ..... 2

**SECTION J. SMOKING HISTORY**

Now I have some questions about smoking.

J1. Have you smoked a total of 100 cigarettes or more in your lifetime?

YES ..... 1  
NO ..... 2 (SECTION K)

J2. Have you ever smoked cigarettes on a regular basis for six months or longer?

YES ..... 1  
NO ..... 2 (SECTION K)

J3. How old were you when you first started smoking cigarettes on a regular basis?

|\_|\_|\_|  
AGE STARTED

J4. Do you smoke cigarettes now?

YES ..... 1 (J6)  
NO ..... 2

J5. At what age did you last stop smoking cigarettes?

|\_|\_|\_|  
AGE STOPPED

J6. Thinking about the years between age (AGE FROM J3) and (AGE FROM J5/today), was there ever a period of one year or more in which you did not smoke cigarettes?

YES ..... 1  
NO ..... 2 (J8)

J7. For how many years between age (AGE FROM J3) and (AGE FROM J5/today), did you not smoke cigarettes?

|\_|\_|\_|  
# YEARS

J8. (During the periods when you smoked), how many cigarettes (do/did) you usually smoke per day or per week?

|\_|\_|\_|\_| PER DAY ..... 1  
NUMBER PER WEEK ..... 2  
PER MONTH ..... 3

**SECTION K. OCCUPATIONAL HISTORY**

K1. Have you ever been employed or had a job for six months or more? This would include full-time or part-time, paid or unpaid work, and also any periods of self-employment.

YES ..... 1  
 NO ..... 2 (SECTION L)

I would like some information about the three different types of work that you held the longest. (ASK K2-K7 FOR THE THREE TYPES OF WORK DONE THE LONGEST.)

	K2. What was the job title for the type of work that you did the (longest/next longest)?	K3. What were your <u>usual</u> activities or duties as a (JOB TITLE)?	K4. In the place where you usually worked, what did that part of the company specialize in, that is, what did they make or do?
LONGEST OCCUPATION			
NEXT LONGEST OCCUPATION			
NEXT LONGEST OCCUPATION			

K5. In what year did you start working as a (JOB TITLE)?	K6 Altogether, how many years did you work at that type of job?	K7. Would you say your physical activity on that job was light, moderately strenuous, or very strenuous?
<p style="text-align: center;"> _ _ _  START YEAR</p>	<p style="text-align: center;"> _ _ _  # YEARS</p>	<p>LIGHT .....1  MODERATELY STRENUOUS.....2  VERY STRENUOUS .....3</p>
<p style="text-align: center;"> _ _ _  START YEAR</p>	<p style="text-align: center;"> _ _ _  # YEARS</p>	<p>LIGHT .....1  MODERATELY STRENUOUS.....2  VERY STRENUOUS .....3</p>
<p style="text-align: center;"> _ _ _  START YEAR</p>	<p style="text-align: center;"> _ _ _  # YEARS</p>	<p>LIGHT .....1  MODERATELY STRENUOUS.....2  VERY STRENUOUS .....3</p>

**SECTION L. FAMILY HISTORY**

Now I have some questions about your family.

L1. First, are you adopted?

YES ..... 1 (SECTION M)  
 NO..... 2

L2. Are you a twin?

YES ..... 1  
 NO..... 2

Next I have a few questions about some of your female relatives. I am only interested in your immediate female blood relatives, including your mother, full sisters, half sisters, daughters, and grandmothers. Do not include adopted or foster relatives. I'll start by asking about your mother.

(ASK L3-L9 FOR EACH RELATIVE.)

RELATIVE	L3. In what year was your (RELATIVE) born?	L4. Is she still living?	L5. In what year did she die?	L6. Did she ever have cancer?
a. Mother	_ _ _ _  YEAR BORN	YES..... 1 (L6a) NO..... 2	_ _ _ _  YEAR DIED	YES..... 1 NO ..... 2 (L3b)
b. Mother's mother	_ _ _ _  YEAR BORN	YES..... 1 (L6b) NO..... 2	_ _ _ _  YEAR DIED	YES..... 1 NO ..... 2 (L3c)
c. Father's mother	_ _ _ _  YEAR BORN	YES..... 1 (L6c) NO..... 2	_ _ _ _  YEAR DIED	YES..... 1 NO ..... 2 (L10)

RELATIVE	L7. What type of cancer did your (RELATIVE) have or where did the cancer start?	L8. About how old was she when her cancer was first diagnosed?	L9. (IF BREAST CANCER, ASK): Was only one breast involved or were both?
a. Mother		_ _ _  AGE	ONE.....1 BOTH .....2 DK .....8
b. Mother's mother		_ _ _  AGE	ONE.....1 BOTH .....2 DK .....8
c. Father's mother		_ _ _  AGE	ONE.....1 BOTH .....2 DK .....8

L10. How many full or half-sisters do you have, both living and deceased? (IF ANY, CIRCLE APPROPRIATE CODE FOR TYPE OF SISTER FOR EACH ONE IN L12.)

|\_|\_|\_|  
SISTERS

L11. How many daughters do you have? Be sure to include any who may have died but do not include adopted, step, or foster daughters. (IF ANY, CIRCLE CODE FOR DAUGHTER FOR EACH ONE IN L12.)

|\_|\_|\_|  
DAUGHTERS

(IF ANY CODES CIRCLED IN L12, ASK L13-L19 FOR EACH ONE.)

L12. RELATIONSHIP	L13. In what year was your (RELATIVE) born?	L14. Is she still living?	L15. In what year did she die?	L16. Did she ever have cancer?
a. FULL SISTER.....1 HALF SISTER (MOTHER'S SIDE).....2 HALF SISTER (FATHER'S SIDE).....3 DAUGHTER.....4	_ _ _ _  YEAR BORN	YES..... 1 (L16a) NO..... 2	_ _ _ _  YEAR DIED	YES ..... 1 NO.....2 (L13b)
b. FULL SISTER.....1 HALF SISTER (MOTHER'S SIDE).....2 HALF SISTER (FATHER'S SIDE).....3 DAUGHTER.....4	_ _ _ _  YEAR BORN	YES..... 1 (L16b) NO..... 2	_ _ _ _  YEAR DIED	YES ..... 1 NO.....2 (L13c)
c. FULL SISTER.....1 HALF SISTER (MOTHER'S SIDE).....2 HALF SISTER (FATHER'S SIDE).....3 DAUGHTER.....4	_ _ _ _  YEAR BORN	YES..... 1 (L16c) NO..... 2	_ _ _ _  YEAR DIED	YES ..... 1 NO.....2 (L13d)
d. FULL SISTER.....1 HALF SISTER (MOTHER'S SIDE).....2 HALF SISTER (FATHER'S SIDE).....3 DAUGHTER.....4	_ _ _ _  YEAR BORN	YES..... 1 (L16d) NO..... 2	_ _ _ _  YEAR DIED	YES ..... 1 NO.....2 (L13e)
e. FULL SISTER.....1 HALF SISTER (MOTHER'S SIDE).....2 HALF SISTER (FATHER'S SIDE).....3 DAUGHTER.....4	_ _ _ _  YEAR BORN	YES..... 1 (L16e) NO..... 2	_ _ _ _  YEAR DIED	YES ..... 1 NO.....2 (L13f)
f. FULL SISTER.....1 HALF SISTER (MOTHER'S SIDE).....2 HALF SISTER (FATHER'S SIDE).....3 DAUGHTER.....4	_ _ _ _  YEAR BORN	YES..... 1 (L16f) NO..... 2	_ _ _ _  YEAR DIED	YES ..... 1 NO.....2 (L13g)
g. FULL SISTER.....1 HALF SISTER (MOTHER'S SIDE).....2 HALF SISTER (FATHER'S SIDE).....3 DAUGHTER.....4	_ _ _ _  YEAR BORN	YES..... 1 (L16g) NO..... 2	_ _ _ _  YEAR DIED	YES .....1 NO.....2 (SEC.M)

	L17. What type of cancer did your (RELATIVE) have or where did the cancer start?	L18. About how old was she when her cancer was first diagnosed?	L19. (IF BREAST CANCER, ASK): Was only one breast involved, or were both?
a.		__ __  AGE	ONE..... 1 BOTH ..... 2 DK ..... 8
b.		__ __  AGE	ONE..... 1 BOTH ..... 2 DK ..... 8
c.		__ __  AGE	ONE..... 1 BOTH ..... 2 DK ..... 8
d.		__ __  AGE	ONE..... 1 BOTH ..... 2 DK ..... 8
e.		__ __  AGE	ONE..... 1 BOTH ..... 2 DK ..... 8
f.		__ __  AGE	ONE..... 1 BOTH ..... 2 DK ..... 8
g.		__ __  AGE	ONE..... 1 BOTH ..... 2 DK ..... 8



**SECTION M. LIFESTYLE AND OPINION**

Now I have some questions about lifestyle practices you may have.

M1. Have you ever used an electric blanket, electric mattress pad, or heated water bed on a regular basis?

- YES ..... 1
- NO ..... 2 (M5)

M2. When you used the electric blanket, electric mattress pad, or heated water bed, did you leave it turned on most of the time while you slept, or did you use it only to warm the bed before you slept?

- ON MOST OF THE TIME ..... 1
- WARM ONLY ..... 2

M3. For how many years altogether did you use an electric blanket, electric mattress pad, or heated water bed?

|\_|\_|\_|  
# YEARS

LESS THAN ONE YEAR ..... 00

M4. For how many months per year did you usually use an electric blanket, electric mattress pad, or heated water bed?

|\_|\_|\_|  
# MONTHS

LESS THAN ONE MONTH ..... 00

M5. Including income provided by you, (your spouse,) and any other person living in your household, which range of figures on this card comes closest to your total household income before taxes for the last calendar year? That would be \_\_\_\_\_.  
\_\_\_\_\_.

**SHOW CARD I**

- A. LESS THAN \$15,000 ..... 1
- B. \$15,000 OR MORE ..... 2 (M7)
- C. REFUSED ..... 7 (M9)
- D. DON'T KNOW ..... 8 (M9)

M6. Which range of figures on this card comes closest to your total household income before taxes for the last calendar year?

**SHOW CARD J**

- A. LESS THAN \$4,000 ..... 1 (M8)
- B. \$4,000-\$5,999 ..... 2 (M8)
- C. \$6,000-\$7,999 ..... 3 (M8)
- D. \$8,000-\$9,999 ..... 4 (M8)
- E. \$10,000-\$11,999 ..... 5 (M8)
- F. \$12,000-\$14,999 ..... 6 (M8)
- G. REFUSED ..... 7 (M9)
- H. DON'T KNOW ..... 8 (M9)

M7. Which range of figures on this card comes closest to your total household income before taxes for the last calendar year?

**SHOW CARD K**

- A. \$15,000-\$19,999..... 1
- B. \$20,000-\$24,999..... 2
- C. \$25,000-\$34,999 ..... 3
- D. \$35,000-\$49,999 ..... 4
- E. \$50,000-\$69,999..... 5
- F. \$70,000 OR MORE..... 6
- G. REFUSED..... 7 (M9)
- H. DON'T KNOW..... 8 (M9)

M8. How many people, including yourself, were supported by this income during the last calendar year?

|\_|\_|\_|  
# PEOPLE

M9. Did you have a residential telephone on (REFERENCE DATE)?

- YES ..... 1
- NO..... 2

M10. Do you have any ideas about what may cause breast cancer?

- YES ..... 1
- NO..... 2 (SECTION N)

M11. What do you think causes breast cancer?

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**SECTION N. LOCATING INFORMATION**

**BOX N-1**

**CHECK L4a.**

IF SUBJECT'S MOTHER IS STILL LIVING, CONTINUE.  
OTHERWISE, GO TO END.

As part of the data collection effort for this study, we would like to mail a short questionnaire to your mother. It includes questions about your diet as an adolescent plus a few other topics. So that we can mail this questionnaire, would you please give me your mother's full name, address, and also her telephone number so that we can make sure that she receives the questionnaire.

SUBJECT AGREES ..... 1  
SUBJECT REFUSES TO GIVE  
INFORMATION ..... 2 (END)

MOTHER'S NAME: \_\_\_\_\_

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

TELEPHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

**END:** Thank you for your help on this important health study.

## INTERVIEWER REMARKS

R1. RESPONDENT'S COOPERATION WAS:

VERY GOOD..... 1  
 GOOD ..... 2  
 FAIR ..... 3  
 POOR..... 4

R2. THE QUALITY OF THE INTERVIEW IS: *(COMPLETE FOR EACH SECTION)*

	UNSATIS- FACTORY	QUESTION- ABLE	GENERALLY RELIABLE	HIGH QUALITY
SECTION A: BACKGROUND INFORMATION				
SECTION B: PREGNANCY HISTORY				
SECTION C: MENSTRUATION AND MENOPAUSE HISTORY				
SECTION D: CONTRACEPTIVE HISTORY				
SECTION E: HORMONE MEDICATION HISTORY				
SECTION F: MEDICAL HISTORY				
SECTION G: DEVELOPMENTAL HISTORY AND PHYSICAL ACTIVITY				
SECTION H: ADOLESCENT DIET				
SECTION I: ALCOHOL CONSUMPTION				
SECTION J: SMOKING HISTORY				
SECTION K: OCCUPATIONAL HISTORY				
SECTION L: FAMILY HISTORY				
SECTION M: LIFESTYLE AND OPINION				
SECTION N: LOCATING INFORMATION				

R3. THE OVERALL QUALITY OF THIS INTERVIEW IS:

- UNSATISFACTORY.....1
- QUESTIONABLE.....2
- GENERALLY RELIABLE.....3 (END/COMMENTS)
- HIGH QUALITY .....4 (END/COMMENTS)

R4. THE REASON(S) FOR UNSATISFACTORY OR QUESTIONABLE QUALITY OF INFORMATION (WAS/WERE) BECAUSE THE RESPONDENT: (CIRCLE ALL THAT APPLY)

- DID NOT KNOW ENOUGH INFORMATION REGARDING THE TOPIC ..... 1
  - DID NOT WANT TO BE MORE SPECIFIC ..... 2
  - WAS BORED OR UNINTERESTED ..... 3
  - WAS UPSET, DEPRESSED, OR ANGRY ..... 4
  - HAD POOR HEARING OR SPEECH ..... 5
  - WAS CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS ..... 6
  - WAS INHIBITED BY OTHERS AROUND HER..... 7
  - WAS EMBARRASSED BY THE SUBJECT MATTER ..... 8
  - WAS EMOTIONALLY UNSTABLE ..... 9
  - WAS PHYSICALLY ILL..... 10
  - OTHER (SPECIFY) \_\_\_\_\_
- 
- 96

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

REFERENCE DATE: |\_|\_|\_|\_|/|\_|\_|\_|\_|/|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
MONTH DAY YEAR

A2. CURRENT AGE: |\_|\_|\_|\_|

QUESTION #	DOCTOR/CLINIC/HOSPITAL NAME AND ADDRESS
PREG PROB (B26).....1	DOCTOR #:  _ _ _ _
PREG PROB (B32).....2	DOCTOR/CLINIC/HOSPITAL NAME: _____
BIRTH CONTROL (D5).....3	DOCTOR/CLINIC/HOSPITAL ADDRESS: _____ _____ _____
BIRTH CONTROL (D12).....4	
FEMALE SURG (F6).....5	
BREAST SURG (F23).....6	
PREG PROB (B26).....1	DOCTOR #:  _ _ _ _
PREG PROB (B32).....2	DOCTOR/CLINIC/HOSPITAL NAME: _____
BIRTH CONTROL (D5).....3	DOCTOR/CLINIC/HOSPITAL ADDRESS: _____ _____ _____
BIRTH CONTROL (D12).....4	
FEMALE SURG (F6).....5	
BREAST SURG (F23).....6	
PREG PROB (B26).....1	DOCTOR #:  _ _ _ _
PREG PROB (B32).....2	DOCTOR/CLINIC/HOSPITAL NAME: _____
BIRTH CONTROL (D5).....3	DOCTOR/CLINIC/HOSPITAL ADDRESS: _____ _____ _____
BIRTH CONTROL (D12).....4	
FEMALE SURG (F6).....5	
BREAST SURG (F23).....6	
PREG PROB (B26).....1	DOCTOR #:  _ _ _ _
PREG PROB (B32).....2	DOCTOR/CLINIC/HOSPITAL NAME: _____
BIRTH CONTROL (D5).....3	DOCTOR/CLINIC/HOSPITAL ADDRESS: _____ _____ _____
BIRTH CONTROL (D12).....4	
FEMALE SURG (F6).....5	
BREAST SURG (F23).....6	

ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

REFERENCE DATE: |\_|\_|\_|\_|/|\_|\_|\_|\_|/|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
MONTH DAY YEAR

A2. CURRENT AGE: |\_|\_|\_|\_|

QUESTION #	DOCTOR/CLINIC/HOSPITAL NAME AND ADDRESS
PREG PROB (B26).....1	DOCTOR #:  _ _ _ _
PREG PROB (B32).....2	DOCTOR/CLINIC/HOSPITAL NAME: _____
BIRTH CONTROL (D5).....3	DOCTOR/CLINIC/HOSPITAL ADDRESS: _____ _____ _____
BIRTH CONTROL (D12).....4	
FEMALE SURG (F6).....5	
BREAST SURG (F23).....6	
PREG PROB (B26).....1	DOCTOR #:  _ _ _ _
PREG PROB (B32).....2	DOCTOR/CLINIC/HOSPITAL NAME: _____
BIRTH CONTROL (D5).....3	DOCTOR/CLINIC/HOSPITAL ADDRESS: _____ _____ _____
BIRTH CONTROL (D12).....4	
FEMALE SURG (F6).....5	
BREAST SURG (F23).....6	
PREG PROB (B26).....1	DOCTOR #:  _ _ _ _
PREG PROB (B32).....2	DOCTOR/CLINIC/HOSPITAL NAME: _____
BIRTH CONTROL (D5).....3	DOCTOR/CLINIC/HOSPITAL ADDRESS: _____ _____ _____
BIRTH CONTROL (D12).....4	
FEMALE SURG (F6).....5	
BREAST SURG (F23).....6	
PREG PROB (B26).....1	DOCTOR #:  _ _ _ _
PREG PROB (B32).....2	DOCTOR/CLINIC/HOSPITAL NAME: _____
BIRTH CONTROL (D5).....3	DOCTOR/CLINIC/HOSPITAL ADDRESS: _____ _____ _____
BIRTH CONTROL (D12).....4	
FEMALE SURG (F6).....5	
BREAST SURG (F23).....6	

**WOMEN'S INTERVIEW STUDY OF HEALTH  
PHYSICAL MEASUREMENTS DATA FORM**

DATE: |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|  
MONT  
MEASURER'S NAME: \_\_\_\_\_

RESTING PULSE: |\_\_|\_\_| (Beats/30 seconds)

CLOTHING WORN BY SUBJECT DURING MEASUREMENTS: \_\_\_\_\_

<u>MEASUREMENT</u>	<u>1<sup>ST</sup> READING</u>	<u>2<sup>ND</sup> READING</u>	<u>DIFFERENCE BETWEEN 1<sup>ST</sup> AND 2<sup>ND</sup> READING</u>	<u>TOLERANCE</u>
1. STANDING HEIGHT (cm)	_ _ _ . _			
2. SITTING HEIGHT (cm)	_ _ _ . _			
3. WRIST WIDTH (cm)	_ _ . _	_ _ . _	_ _ .	0.2
4. ELBOW WIDTH (cm)	_ _ . _	_ _ . _	_ _ .	0.2
5. WAIST CIRCUMFERENCE (cm)	_ _ _ . _	_ _ _ . _	_ _ _ .	2
6. HIP CIRCUMFERENCE (cm)	_ _ _ . _	_ _ _ . _	_ _ _ .	2
7. MID-UPPER ARM CIRCUMF. (cm)	_ _ _ . _	_ _ _ . _	_ _ _ .	0.8
8. TRICEPS SKINFOLD (mm)	_ _ _ .	_ _ _ .	_ _ .	2 r
9. SUBSCAPULAR SKINFOLD (mm)	_ _ _ .	_ _ _ .	_ _ .	2 r
10. WEIGHT (kg)	_ _ _ . _			

COMMENTS: \_\_\_\_\_



**APPENDIX A. MEDICATIONS FOR INFERTILITY AND OTHER GYNECOLOGIC DIAGNOSES:**

	<b>CODE #</b>
CLOMID 50MG	850
CLOMIPHENE CITRATE	850
DANAZOL 50 MG	860
DANAZOL 100 MG	861
DANAZOL 200 MG	862
DANAZOL OTHER	868
DANAZOL UNK	869
DANOCRINE 50 MG	860
DANOCRINE 100MG	861
DANOCRINE 200 MG	862
DANOCRINE OTHER	868
DANOCRINE INK	869
LUPRON DEPOT (INJ.) 3.75MG	880
LUPRON DEPOT (INJ.) 7.5MG	881
MILOPHENE	851
NOLVADEX 10 MG	870
PERGONAL INJ	890
SEROPHENE	850
SYNAREL NASAL SOLUTION	882
TAMOXIFEN	871

**APPENDIX B. CONTRACEPTIVE ALPHABETIC INDEX**

	<b>CODE #</b>
BREVICON 21DAY	130
BREVICON 28DAY	130
BREVICON FE	130
BREVICON 1-35	131
BREVICON UNK	139
C-QUENS VARIATION 20DAY	252
C-QUENS VARIATION 28DAY	250
C-QUENS VARIATION 28DAY	251
C-QUENS UNK	259
DEMULEN 1 / 35 21DAY	100
DEMULEN 1 / 35 28DAY	100
DEMULEN 1 / 50 21 DAY	101
DEMULEN 1 / 50 28 DAY	101
DEMULEN FE	101
DEMULEN UNK	109
DESOGEN 28DAY	220
ENOVID 5	171
ENOVID 10	172
ENOVID E 20DAY	170
ENOVID E 21DAY	170
ENOVID UNK	179
ETHYNODIOL DIACETATE 28DAY	410
GENCEPT 1 / 35	131
GENCEPT .5 / 35	130
GENCEPT 10 / 11	300
GENCEPT UNK	139
GENORA 1 / 35 21DAY	131
GENORA 1 / 35 28DAY	131
GENORA 1 / 50 21DAY	140
GENORA 1 / 50 28DAY	140
GENORA UNK	139
JENEST-28	300
LEVLEN 21DAY	200
LEVLEN 28DAY	200
LOESTRIN 1 / 20 21DAY	150
LOESTRIN 1 / 20 FE 28DAY	150
LOESTRIN 1.5 / 30 21DAY	151
LOESTRIN 1.5 / 30 FE 28DAY	151
LOESTRIN UNK	159
LO / OVRAL 21DAY	180
LO / OVRAL 28DAY	180
LUNOVIS MONTHLY	190
MJ MEGESTROL ACETATE .35MG	350
MJ MEGESTROL ACETATE .50MG	351
MJ MEGESTROL ACETATE UNK	359
MICRONOR .35	370
MODICON 21DAY	130
MODICON 28DAY	130

	<b>CODE #</b>
N.E.E. 1 / 35 28DAY	131
N.E.E. 1 / 50	132
N.E.E. UNK	139
NELOVA 1 / 50M 21DAY	140
NELOVA 1 / 50M 28DAY	140
NELOVA 1 / 35E 21DAY	131
NELOVA 1 / 35E 28DAY	131
NELOVA .5 / 35E 21DAY	130
NELOVA .5 / 35E 28DAY	130
NELOVA 10 / 11 21DAY	301
NELOVA 10 / 11 28DAY	301
NELOVA UNK	139
NEOCON 21DAY	131
NORCEPT-E 1-35	131
NORDETTE 21DAY	200
NORDETTE 28DAY	200
NORETHIN 1 / 35E 21DAY	131
NORETHIN 1 / 35E 28DAY	131
NORETHIN 1 / 50M 21DAY	140
NORETHIN 1 / 50M 28DAY	140
NORETHIN UNK	139
NORGESTREL .05MG 28DAY	380
NORGESTREL .062MG 28DAY	381
NORGESTREL .075MG 28DAY	382
NORGESTREL UNK	389
NORIDAY 28DAY	140
NORINYL-1 20DAY	140
NORINYL-1 21DAY	140
NORINYL-1 28DAY	140
NORINYL 1+35 21DAY	131
NORINYL 1+35 28DAY	131
NORINYL 1+50 21DAY	140
NORINYL 1+50 28DAY	140
NORINYL 1+80 21DAY	141
NORINYL 1+80 28DAY	141
NORINYL 1+80 FE 28DAY	141
NORINYL 2MG 20DAY	142
NORINYL 10MG 20DAY	143
NORINYL UNK	149
NORLESTRIN LOW DOSE VAR 21DAY	152
NORLESTRIN 1MG 20DAY	155
NORLESTRIN 1MG 21DAY	155
NORLESTRIN FE 1MG	155
NORLESTRIN 1 / 50 21DAY	155
NORLESTRIN 1 / 50 28DAY	155
NORLESTRIN 1 / 50 FE 28DAY	155
NORLESTRIN 2.5 / 50 20DAY	158
NORLESTRIN 2.5 / 50 21DAY	158
NORLESTRIN 2.5 / 50 FE 28DAY	158
NORLESTRIN SEQ 21DAY	290

	<b>CODE #</b>
NORLESTRIN FE VARIATION BLUE 28DAY	153
NORLESTRIN FE VARIATION RED 28DAY	154
NORLESTRIN FE VARIATION GREEN 28DAY	156
NORLESTRIN FE VARIATION BLACK 28DAY	157
NORLESTRIN UNK	159
NORDULATE 2.5MG 21DAY	401
NOR-Q-D SEQ	370
NORQUEN SEQ 20DAY	280
NORQUEST FE	131
ORACON SEQ 21DAY	260
ORACON SEQ 28DAY	260
ORF 1557 35DAY	370
ORF 1557-BA 21DAY	133
ORF 1557-BE 21DAY	130
ORF 1557-BF 21DAY	131
ORF UNK	139
ORTHO-CEPT 21DAY	220
ORTHO-CEPT 28DAY	220
ORTHO-CYCLEN 21DAY	210
ORTHO-CYCLEN 28DAY	210
ORTHO-NOVUM 10DAY, 20DAY	142
ORTHO-NOVUM 1 / 35 21DAY	131
ORTHO-NOVUM 1 / 35 28DAY	131
ORTHO-NOVUM 1 / 50 20DAY	140
ORTHO-NOVUM 1 / 50 21DAY	140
ORTHO-NOVUM 1 / 50 28DAY	140
ORTHO-NOVUM 1 / 80 21DAY	141
ORTHO-NOVUM 1 / 80 28DAY	141
ORTHO-NOVUM S.Q. SEQ. 20DAY	280
ORTHO-NOVUM 2MG 20DAY	142
ORTHO-NOVUM 2MG 21DAY	142
ORTHO-NOVUM 10MG 20DAY	143
ORTHO-NOVUM 7 / 7 / 7 28DAY	302
ORTHO-NOVUM 7 / 7 / 7 21DAY	302
ORTHO-NOVUM 10 / 11 21DAY	300
ORTHO-NOVUM 10 / 11 28DAY	300
ORTHO-NOVUM 1 / 50 FE	140
ORTHO-NOVUM 1 / 80 FE	141
ORTHO-NOVUM SEQ.	280
ORTHO-TRI CYCLEN 21DAY	320
ORTHO-TRI CYCLEN 28DAY	320
ORTHO-NOVUM UNK	149
OVCON-35 21DAY	134
OVCON-35 28DAY	134
OVCON-50 21DAY	132
OVCON-50 28DAY	132
OVCON UNK	139
OVRAL VARIETY BLUE 21DAY	182
OVRAL VARIETY BROWN 21DAY	181
OVRAL 21 DAY	183

	<b>CODE #</b>
OVRAL 28DAY	183
OVRAL FE 28DAY	183
OVRAL UNK	189
OVRETTE 28DAY	382
OVULEN 20DAY	110
OVULEN 21DAY	110
OVULEN 28DAY	110
OVULEN 50	101
OVULEN FE	110
OVULEN UNK	119
PROFEM SEQ 28DAY	270
PROVEST 20DAY	120
QUINGESTANOL ACETATE 35DAY	390
TRI-LEVLEN 21DAY	310
TRI-LEVLEN 28DAY	310
TRI-NORINYL 21DAY	303
TRI-NORINYL 28DAY	303
TRIPHASIL 21DAY	310
TRIPHASIL 28DAY	310
ZORANE 1 / 20 28DAY	150
ZORANE 1 / 50 28DAY	155
ZORANE 1.5 / 30 28DAY	151
ZORANE UNK	159
UNK COMBINED O.C.	249
UNK SEQUENTIAL O.C.	299
UNK TRIPHASIC O.C.	349
UNK PROGESTIN O.C.	449
KNOWN BUT NOT LISTED O.C.	498
UNKNOWN O.C.	499
<b>INJECTIONS / NORPLANT:</b>	
DELADROXATE INJECTION	450
DEPO-PROVERA 50MG	460
DEPO-PROVERA 100MG	461
DEPO-PROVERA 150MG	462
DEPO-PROVERA 300MG	463
DEPO-PROVERA UNK	469
NORPLANT	480

**APPENDIX C. HORMONE REPLACEMENT THERAPY ALPHABETIC INDEX**

	<b>PROGESTIN / ESTROGEN</b>	<b>CODE #</b>
AMEN	PROG	700
AMENESTROGEN .3MG	EST	570
AMENESTROGEN .625MG	EST	571
AMENESTROGEN 1.25MG	EST	572
AMENESTROGEN 2.5MG	EST	573
AMENESTROGEN OTHER	EST	578
AMENESTROGEN UNK	EST	579
AYGESTIN 5MG	PROG	711
AYGESTIN CYCLE PACK	PROG	711
CONJUGATED ESTROGEN .3MG	EST	520
CONJUGATED ESTROGEN .4MG	EST	521
CONJUGATED ESTROGEN .625MG	EST	522
CONJUGATED ESTROGEN 1.25MG	EST	523
CONJUGATED ESTROGEN 2.5MG	EST	524
CONJUGATED ESTROGEN CREAM	EST	778
CONJUGATED ESTROGEN SUPPOSITORY	EST	778
CONJUGATED ESTROGEN OTHER	EST	528
CONJUGATED ESTROGEN UNK	EST	529
CURRETAB	PROG	700
CYCRIN	PROG	700
DES .1MG	EST	500
DES .25MG	EST	501
DES .5MG	EST	502
DES-ENTERIC .1MG	EST	500
DES-ENTERIC .25MG	EST	501
DES-ENTERIC .5MG	EST	502
DES 1MG	EST	503
DES 5MG	EST	504
DES-ENTERIC 1MG	EST	503
DES-ENTERIC 5MG	EST	504
DES SUPPOSITORY .1MG	EST	750
DES SUPPOSITORY .5MG	EST	751
DES OTHER	EST	508
DES PILL UNK	EST	509
DIENESTROL .1MG	EST	510
DIENESTROL .3MG	EST	511
DIENESTROL .5MG	EST	512
DIENESTROL CREAM .01%	EST	760
DIENESTROL OTHER	EST	518
DIENESTROL UNK	EST	519
DUPHASTON 5MG	PROG	730
DUPHASTON 10MG	PROG	731
DUPHASTON OTHER	PROG	738
DUPHASTON UNK	PROG	739
DV CREAM	EST	760
DV SUPPOSITORY	EST	761
ESTERIFIED ESTROGENS .3MG	EST	570
ESTERIFIED ESTROGENS .625MG	EST	571
ESTERIFIED ESTROGENS 1.25MG	EST	572

		<b>CODE #</b>
ESTERIFIED ESTROGENS 2.5MG	EST	573
ESTERIFIED ESTROGENS .01% CREAM	EST	798
ESTERIFIED ESTROGENS SUPPOSITORY	EST	798
ESTERIFIED ESTROGENS OTHER	EST	578
ESTERIFIED ESTROGENS UNK	EST	579
ESTINYL .02MG	EST	610
ESTINYL .05MG	EST	611
ESTINYL .1MG	EST	612
ESTINYL .5MG	EST	613
ESTINYL OTHER	EST	618
ESTINYL UNK	EST	619
ESTRACE 1MG	EST	600
ESTRACE 2MG	EST	601
ESTRACE CREAM .01%	EST	800
ESTRACE CYCLE PAK 1MG	EST	600
ESTRACE CYCLE PAK 2MG	EST	601
ESTRACE OTHER	EST	608
ESTRACE UNK	EST	609
ESTRADERM .05MG	EST	801
ESTRADERM .10MG	EST	802
ESTRADERM OTHER	EST	808
ESTRADERM UNK	EST	809
ESTRAGUARD CREAM .01%	EST	760
ESTRATAB .3MG	EST	570
ESTRATAB .625MG	EST	571
ESTRATAB .9MG	EST	574
ESTRATAB 1.25MG	EST	572
ESTRATAB 2.5MG	EST	573
ESTRATAB OTHER	EST	578
ESTRATAB UNK	EST	579
ESTRATEST .625MG	EST	580
ESTRATEST 1.25MG	EST	581
ESTRATEST OTHER	EST	588
ESTRATEST UNK	EST	589
ESTROCON .625MG	EST	522
ESTROCON .900MG	EST	525
ESTROCON 1.25MG	EST	523
ESTROCON WITH TEST.	EST	580
ESTROCON OTHER	EST	528
ESTROCON UNK	EST	529
ESTROCON CREAM	EST	820
ESTRONE SUPPOSITORIES	EST	821
ESTROPIPATE .625	EST	560
ESTROPIPATE 1.25	EST	561
ESTROPIPATE 2.5	EST	562
ESTROPIPATE 5.0	EST	563
ESTROPIPATE CREAM	EST	780
ESTROPIPATE OTHER	EST	568
ESTROPIPATE UNK	EST	569
ESTROVIS (QUINESTROL) 100MCG	EST	670
ETHINYL ESTRADIOL .02MG	EST	610

		<b>CODE #</b>
ETHINYL ESTRADIOL .04MG	EST	615
ETHINYL ESTRADIOL .05MG	EST	611
ETHINYL ESTRADIOL .1MG	EST	612
ETHINYL ESTRADIOL .5MG	EST	613
ETHINYL ESTRADIOL CREAM	EST	818
ETHINYL ESTRADIOL SUPPOSITORY	EST	818
ETHINYL ESTRADIOL OTHER	EST	618
ETHINYL ESTRADIOL UNK	EST	619
EVEX .625MG	EST	571
EVEX 1.25MG	EST	572
EVEX 2.5MG	EST	573
EVEX CYCLE PAK	EST	573
EVEX OTHER	EST	578
EVEX UNK	EST	579
FEMINONE .05MG	EST	611
FEMOGEN .625MG	EST	571
FEMOGEN 1.25MG	EST	572
FEMOGEN 2.5MG	EST	573
FEMOGEN CREAM	EST	790
FEMOGEN OTHER	EST	578
FEMOGEN UNK	EST	579
FORMATRIX 1.25MG	EST	532
GYNETONE .02MG	EST	620
GYNETONE .04MG	EST	621
GYNETONE OTHER	EST	628
GYNETONE UNK	EST	629
GYNOREST 5MG	PROG	730
GYNOREST 10MG	PROG	731
GYNOREST OTHER	PROG	738
GYNOREST UNK	PROG	739
HALODRIN .02MG	EST	630
HORMONIN NO.1	EST	590
HORMONIN NO.2	EST	591
HORMONIN OTHER	EST	598
HORMONIN UNK	EST	599
MEDIATRIC PILL .25MG	EST	530
MEDIATRIC LIQUID .25MG	EST	530
MENEST .3MG	EST	570
MENEST .625MG	EST	571
MENEST 1.25MG	EST	572
MENEST 2.5MG	EST	573
MENEST OTHER	EST	578
MENEST UNK	EST	579
MENRIUM 5-2	EST	550
MENRIUM 5-4	EST	551
MENRIUM 10-4	EST	522
MENRIUM OTHER	EST	558
MENRIUM UNK	EST	559
MILPREM 200MG	EST	540
MILPREM 400MG	EST	541
MILPREM OTHER	EST	548



		<b>CODE #</b>
MILPREM UNK	EST	549
NORLUTATE 2.5MG	PROG	710
NORLUTATE 5MG	PROG	711
NORLUTATE OTHER	PROG	718
NORLUTATE UNK	PROG	719
NORLUTIN 5MG	PROG	720
OGEN .625MG	EST	560
OGEN 1.25MG	EST	561
OGEN 2.5MG	EST	562
OGEN 5MG	EST	563
OGEN CREAM 1.5MG / GM	EST	780
OGEN OTHER	EST	568
OGEN UNK	EST	569
ORTHO-DIENESTROL CREAM .01%	EST	760
ORTHO-EST .625MG	EST	560
ORTHO-EST 1.25MG	EST	561
ORTHO-EST OTHER	EST	568
ORTHO-EST UNK	EST	569
OS-CAL MONE PILL	EST	622
PMB 200	EST	540
PMB 400	EST	541
PMB OTHER	EST	548
PMB UNK	EST	549
PRANONE 5MG	PROG	740
PRANONE 10MG	PROG	741
PRANONE 25MG	PROG	742
PREMARIN .3MG	EST	520
PREMARIN .625MG	EST	522
PREMARIN 1.25MG	EST	523
PREMARIN 2.5MG	EST	524
PREMARIN .9MG	EST	525
PREMARIN WITH METHYLTEST. .625 / 5MG	EST	531
PREMARIN WITH METHYLTEST. 1.25 / 10MG	EST	532
PREMARIN WITH METHYLTEST. OTHER	EST	538
PREMARIN WITH METHYLTEST. UNK	EST	539
PREMARIN H-C VAGINAL CREAM	EST	771
PREMARIN WITH METHYLTEST. CREAM	EST	772
PREMARIN OTHER	EST	528
PREMARIN UNK	EST	529
PROVERA 2.5MG	PROG	701
PROVERA 5MG	PROG	702
PROVERA 10MG	PROG	700
PROVERA 10MG DOSEPAK	PROG	700
PROVERA OTHER	PROG	708
PROVERA UNK	PROG	709
SK ESTROGENS .3MG	EST	570
SK ESTROGENS .625MG	EST	571
SK ESTROGENS 1.25MG	EST	572
SK ESTROGENS 2.5MG	EST	573
SEMESTRIN-ENTERIC STILBESTROL	EST	521
(SEE DES)		

		<b>CODE #</b>
TACE 6MG	EST	650
TACE 12MG	EST	651
TACE 25MG	EST	652
TACE 72MG	EST	653
TACE WITH ERGONOVINE 25MG	EST	660
TACE WITH METHYLTEST. 6MG	EST	661
TACE OTHER	EST	658
TACE UNK	EST	659
TYLOSTERONE	EST	505
VALLESTRIL 3MG	EST	640
VALLESTRIL 20MG	EST	641
VALLESTRIL OTHER	EST	648
VALLESTRIL UNK	EST	649
ZESTE .625MG	EST	571
ZESTE 1.25MG	EST	572
ZESTE 2.5MG	EST	573
ZESTE 2.5MG WITH TEST.	EST	581
UNK. ESTROGEN FEM. HORMONE PILL	EST	699
UNK. PROGESTIN FEM. HORMONE PILL	PROG	749
UNK. ESTROGEN CREAM, SUPP, TRANSDERM.	EST	849

**INJECTABLE ESTROGENS:**

	<b>CODE #</b>
CONJ EST INJ	930
DELADUMODE INJ	960
DELESTROGEN INJ	960
DES INJ	910
DIENESTROL INJ	920
DIOVAL INJ	960
DURAGEN INJ	960
ESTERIFIED EST INJ	950
ESTRA-L INJ	960
ESTRADIOL VALERATE INJ	960
ESTRANOL INJ	940
ESTRONE INJ	940
ETHINYL ESTRADIOL INJ	970
FEMOGEN INJ	950
GYNOGEN INJ	960
KESTRONE-5 INJ	940
LAE INJ	960
SEMESTRIN INJ	930
THEELIN INJ	940
VALERGIN INJ	960
UNKNOWN INJ ESTROGEN	979

**INJECTABLE PROGESTINS:**

	<b>CODE #</b>
DURALUTIN INJ	900
GESTEROL INJ	900
HYDROXYPROGESTERONE CAPROATE INJ	900
HYLUTIN INJ	900
HYPROGEST INJ	900
PRO-DEPO INJ	900
PROGESTERONE INJ	901
UNKNOWN PROGESTIN INJ	909
ESTROGEN OR PROGESTIN FEMALE HORMONE SHOTS, CREAMS, SUPPOSITORIES, TRANSDERMALS, PATCHES, OR PILLS; KNOWN, BUT NOT LISTED	998
UNKNOWN ESTROGEN OR PROGESTIN FEMALE HORMONE SHOTS, CREAMS, SUPPOSITORIES, TRANSDERMALS, PATCHES, OR PILLS	999