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INTERVIEWER INITIALS: _____

ID#:

INTERVIEW LENGTH:

SYSTEMIC LUPUS ERYTHEMATOSUS RISK FACTOR QUESTIONNAIRE

Good morning (afternoon/evening). Thank you for agreeing to take part in this study. Our questions will cover your health, personal habits, hobbies and jobs...and (FOR WOMEN) questions about women's health.

Many of the questions will ask you to think back in time to your childhood, your teenage years and, [FOR CONTROLS:] several years ago, [FOR CASES:] before you developed lupus.

We understand that some things will be difficult to remember. We would like to have your best possible answer, so please take the time you need to think things over.

Everything you tell me in the interview will be kept private and confidential, as is required by law. Your name does not go on this form, only an ID number does. But, if for any reason you would rather not answer a question, we can skip it and go on to the next.

Do you have any questions before we begin?

A. Demographics

First I'd like to check the information we already have. You were born (READ BIRTHDATE FROM FLAP) and your age now is (READ AGE FROM FLAP). Is that correct?
 [IF CORRECTIONS NEEDED, SLASH AND CORRECT ON FLAP.]

A1. Where were you born? state: _____ [A2]
 [IF NOT US] country: _____ [A3]

[IF BORN IN NORTH OR SOUTH CAROLINA:]

A2. Which county in (North/South) Carolina were you born in? county: _____

[IF NOT BORN IN THE US:]

A3. How old were you when you came to live in the United States? AGE

A4. Where did you live for the longest time from birth through age 15? state: _____ [A5]
 [IF NOT US] country: _____ [A6]

[IF STATE = NC OR SC]

A5. Which county? county: _____

A6. What is the highest level of schooling that you attended? Was it...
 Grade school..... [A7].....1
 High school..... [A7].....2
 Vocational/Technical..... [A9].....3
 College..... [A8].....4
 Graduate or
 Professional school..... [A9].....5

[IF GRADE OR HIGH SCHOOL:]

A7. What grade did you finish? GRADE

[IF COLLEGE:]

A8. Did you complete a college degree, did you stop before getting a degree, or are you still in school?
 COLLEGE DEGREE1
 SOME COLLEGE.....2
 STILL IN SCHOOL3
 DON'T KNOW8

[SCRIPT FOR CASES ONLY:]

Many times in this interview we will ask you about a time before you got sick. That’s because we are interested in experiences that occurred before you developed lupus. Please understand that this study explores many things that might be related to your health and we do not mean to give you the idea that any of them are known to cause any particular medical problems.

[SCRIPT FOR CONTROLS ONLY:]

Many times in this interview we will ask you about a period of time in the past. For the lupus patients, we ask about the time before their diagnosis. We ask the people in the comparison group about a similar time in the past so that we can compare the experiences of the two groups. The time in the past is called your “reference date” or your “reference age.”

- | | |
|---|--|
| A9. Thinking back to (REF DATE - 3), when you were (REF AGE - 3) years old, were you... | Working full-time01
Working part-time02
Homemaker03
Retired04
Disabled05
Unemployed06
Student07
Other08
SPECIFY: |
|---|--|

DON'T KNOW98

--	--

- | | |
|--|--|
| A10. Thinking back to that same time when you were (REF AGE - 3), did you have any kind of health insurance? | YES1
NO2
DON'T KNOW8 |
|--|--|

- | | |
|--|--|
| A11. At that time, did you ever <u>not</u> get health care or delay getting health care for financial reasons? | YES1
NO2
DON'T KNOW8 |
|--|--|

[CASES ONLY:]

- | | |
|---|--|
| A12. Do you have a (NC/SC) driver’s license (or state-issued ID for non-drivers)? | YES1
NO2
DON'T KNOW8 |
|---|--|

B. Symptoms

[FOR CASES ONLY B1-B10. FOR CONTROLS SKIP TO B11.]

Now I'd like to learn more about your experiences with lupus. Some people are sick for many years before being diagnosed, and others are sick only for a few months.

B1. What was the first symptom you had that you think was related to lupus?

SYMPTOM

B2. When did that occur?

		AND				YEAR
MONTH			YEAR			

B3. Did your lupus illness come on fairly quickly or over a long time, that is...

- within one year [B5].....1
- during 1-2 years..... [B5].....2
- or during 3 or more years3
- DON'T KNOW8

[IF ≥ 3 YEARS:]

B4. About how many years was it?

#YEARS

--	--

B5. How many physicians did you see before your diagnosis was made?

#PHYSICIANS

--	--

B6. Were you given any different diagnoses during (that year/the (B3/B4) years)?

- YES1
- NO [B8].....2
- DON'T KNOW [B8].....8

[IF YES:]

B7. What were they?

- a. _____
- b. _____
- c. _____

B8. Since you were first sick, have you had periods of flare and remission, or has your illness been fairly constant?

- | | | | |
|--|--|--|---|
| | | | 1 |
| | | | 2 |
| | | | 8 |
- Flare and remission.....1
 - Fairly constant [B11].....2
 - DON'T KNOW [B11].....8

[IF FLARES AND REMISSIONS:]

B9. How many flare-ups have you had?

FLARE-UPS

--	--

B10. Are you currently having a flare-up or are you in remission?

- Flare-up1
- Remission2
- DON'T KNOW8

[ASK EVERYONE:]

B11. I have a few questions about your current health. I'm going to read a list of activities you might do during a typical day. Does your health now limit you in...				[IF YES:]	B12. Are you limited a lot or limited a little?	
	Y	N	DK		A LOT	A LITTLE
a. vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports?	1	2	8		1	2
b. moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	1	2	8		1	2
c. lifting or carrying groceries?	1	2	8		1	2
d. climbing several flights of stairs?	1	2	8		1	2
e. climbing one flight of stairs?	1	2	8		1	2
f. bending, kneeling or stooping?	1	2	8		1	2
g. walking more than a mile?	1	2	8		1	2
h. walking several blocks?	1	2	8		1	2
i. walking one block?	1	2	8		1	2
j. bathing or dressing yourself?	1	2	8		1	2

B13. How much bodily pain have you had during the past 4 weeks? [READ]

- none01
- very mild.....02
- mild.....03
- moderate04
- severe.....05
- very severe.....06
- DON'T KNOW98

B14. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? [READ]

- not at all1
- a little bit.....2
- moderately3
- quite a bit.....4
- extremely5
- DON'T KNOW8

[ASK EVERYONE:]

Now I have a list of symptoms or conditions I'm going to ask you about. Please tell me if you have experienced any of these.

B15.		[IF YES:]
Have you ever...		B16. How old were you when you first experienced this?
a. had a raised skin rash caused by too much time in the sun (not a sunburn)?	YES 1 NO [B15b] 2 DK [B15b] 8	<input type="text"/> <input type="text"/> AGE
b. had a red rash across your cheeks for more than a month, called a butterfly or malar rash?	YES 1 NO [B15c] 2 DK [B15c] 8	<input type="text"/> <input type="text"/> AGE
c. had a rash that was round, hard and thickened, and can leave a scar?	YES 1 NO [B15d] 2 DK [B15d] 8	<input type="text"/> <input type="text"/> AGE
d. had ulcers (sores) in your mouth or nose for more than 2 weeks?	YES 1 NO [B15e] 2 DK [B15e] 8	<input type="text"/> <input type="text"/> AGE
e. had arthritis, joint tenderness or swelling in two or more joints for more than 3 months?	YES 1 NO [B15f] 2 DK [B15f] 8	<input type="text"/> <input type="text"/> AGE
f. had pleurisy, or difficulty taking a deep breath, for more than a few days (a sign of inflammation of the lining around your lungs)?	YES 1 NO [B15g] 2 DK [B15g] 8	<input type="text"/> <input type="text"/> AGE
g. had a seizure or convulsion?	YES 1 NO [B15h] 2 DK [B15h] 8	<input type="text"/> <input type="text"/> AGE
h. had rapid loss of lots of hair?	YES 1 NO [B15i] 2 DK [B15i] 8	<input type="text"/> <input type="text"/> AGE
i. had unexplained weight loss of 10 or more pounds?	YES 1 NO [B15j] 2 DK [B15j] 8	<input type="text"/> <input type="text"/> AGE
j. had a gritty or sandy sensation in your eyes?	YES 1 NO [B15k] 2 DK [B15k] 8	<input type="text"/> <input type="text"/> AGE
k. had a dry mouth that caused you to wake up needing water?	YES 1 NO [B15l] 2 DK [B15l] 8	<input type="text"/> <input type="text"/> AGE
l. Have your fingers ever been unusually sensitive to the cold?	YES 1 NO [B15m] 2 DK [B15m] 8	<input type="text"/> <input type="text"/> AGE
m. Have your fingers ever turned white, blue, or red in the cold?	YES 1 NO [B17-CASES/B20-CONTROLS] 2 DK [B17-CASES/B20-CONTROLS] 8	<input type="text"/> <input type="text"/> AGE

[FOR CASES ONLY:]

B17. Besides what we have talked about, did you have any other YES 1

symptoms before your diagnosis that you now think were related to lupus?

NO [SECTION C/D].....2
 DON'T KNOW [C/D].....8

[IF YES:]

B18. What were they?	B19. How old were you the first time this occurred?
a. _____ <div style="text-align: right; border: 1px solid black; width: 60px; height: 20px; margin-left: auto; margin-right: 0;"> </div>	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"> </div> AGE
b. _____ <div style="text-align: right; border: 1px solid black; width: 60px; height: 20px; margin-left: auto; margin-right: 0;"> </div>	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"> </div> AGE
c. _____ <div style="text-align: right; border: 1px solid black; width: 60px; height: 20px; margin-left: auto; margin-right: 0;"> </div>	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"> </div> AGE

[SKIP TO SECTION C FOR WOMEN/SECTION D FOR MEN.]

[FOR CONTROLS ONLY:]

B20. Have you ever...		[IF YES:] B21. How old were you when you first experienced this?
a. been told by a doctor that you had anemia, low blood, or a low white cell or platelet count?	YES 1	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"> </div> AGE
	NO [B20b] 2	
	DK [B20b] 8	
b. been told by a doctor that you had protein in your urine?	YES 1	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"> </div> AGE
	NO [B20c] 2	
	DK [B20c] 8	
c. been told by a doctor that you had a positive blood test for anti-nuclear antibodies, or a positive FANA or ANA test?	YES 1	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"> </div> AGE
	NO [B20d] 2	
	DK [B20d] 8	
d. been told by a doctor that you had a blood test positive for anti-DNA antibodies?	YES 1	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"> </div> AGE
	NO [B22a] 2	
	DK [B22a] 8	

[CONTINUED, FOR CONTROLS ONLY:]

					[IF YES:]				
B22. Did a doctor ever say you have (CONDITION)?					B23. How old were you when you were first diagnosed with (CONDITION)? AGE	B24. Have you taken any prescription medicine for (CONDITION)?			
	Y	N	RF	DK		Y	N	RF	DK
a. rheumatoid arthritis (a crippling arthritis that can deform the hands)	1	2	7	8	<input type="text"/>	1	2	7	8
b. scleroderma or systemic sclerosis (a shrinking or tightening of the skin)	1	2	7	8	<input type="text"/>	1	2	7	8
c. lupus	1	2	7	8	<input type="text"/>	1	2	7	8
d. undifferentiated or mixed connective tissue disease	1	2	7	8	<input type="text"/>	1	2	7	8
e. multiple sclerosis	1	2	7	8	<input type="text"/>	1	2	7	8
f. any other disease called connective tissue disease or auto-immune disease? SPECIFY: _____	1	2	7	8	<input type="text"/>	1	2	7	8
SPECIFY: _____					<input type="text"/>	1	2	7	8
g. diabetes	1	2	7	8	<input type="text"/>	Do you use insulin? 1 2 7 8			

[FOR MEN, SKIP TO SECTION D.]

C. Reproductive History

FOR WOMEN ONLY

[COMPLETE THE CLU REPRODUCTIVE CALENDAR ON THE SEPARATE DOCUMENT. THE SCRIPT TO COLLECT CALENDAR INFORMATION FOLLOWS.]

Now I'd like to fill out this calendar of events relating to women's health.

C1. Your age now is ____, right?

[CIRCLE CURRENT AGE; IF OVER 60, WRITE IN BOX.]

C2. Your reference age is ____.

[CIRCLE REFERENCE AGE.]

C3. How old were you when you started having periods?

[IF DK, PROBE FOR GRADE IN SCHOOL. CIRCLE MENARCHE AGE; IF < 10, WRITE AGE IN BOX.]

C4. Now let's put your pregnancies on the calendar. Have you ever been pregnant?

[IF NO, SKIP TO C6.]

[IF CURRENT AGE < 55:]

C4a. Are you currently pregnant?

I'll ask about each one of your past pregnancies. I would like to know about all pregnancies, including any miscarriages, stillbirths, abortions, and other kinds of lost pregnancies.

C4b. Tell me about the (first/next) pregnancy in your life. How old were you when the pregnancy ended?

[CIRCLE AGE.]

C4c. Did this pregnancy end in a live birth, miscarriage, stillbirth, abortion or something else?

[IF LIVE BIRTH:]

Was it a single birth or twins or more?

[WRITE CODE LETTER IN OUTCOME BOX BELOW CORRESPONDING AGE.]

[IF MISCARRIAGE:]

C4d. How many weeks or months were you pregnant?

[WRITE # WEEKS, CONVERT FROM MONTHS IF NECESSARY, IN BOX BELOW OUTCOME.]

[REPEAT FOR EACH PREGNANCY. IF MORE THAN ONE PREGNANCY AT THE SAME AGE, USE C4e, f, g TO RECORD INFORMATION FOR THE SECOND.]

So you have had a total of ____ pregnancies (not counting your current pregnancy) in your life, right?

[CHECK TOTAL NUMBER OF PREGNANCIES AND WRITE NUMBER IN BOXES TO FAR RIGHT, NOT COUNTING A CURRENT PREGNANCY.]

[IF ANY LIVE BIRTHS:]

C5. Did you breastfeed (any of) your baby(ies) for at least 2 weeks?

[IF NO, SKIP TO C6.]

C5a. Which ones did you breastfeed?

[CIRCLE AGE(S) CORRESPONDING TO BIRTH(S).]

C5b. About how many weeks or months did you breastfeed this (first/second/etc.) baby?

[WRITE # WEEKS, CONVERT FROM MONTHS IF NECESSARY, IN BOX BELOW AGE.]

[REPEAT FOR EACH BREASTFED BABY.]

C6. Now I'm going to ask about birth control pills. Did you ever take the pill?

[CIRCLE 1, 2, OR 8.] [IF NO, SKIP TO C7.]

C6a. How old were you when you (started taking the pill the first time/took the pill again)?

C6b. Did you take it then for less than a year, or a year, or more?

[CIRCLE AGE BEGAN PILL.] [WRITE 'P' FOR SINGLE PARTIAL YEAR IN BOX BELOW AGE.]

[IF ≥ 1 YEAR:]

How many years did you take it (that time)?

[CIRCLE SUBSEQUENT AGES PILL TAKEN.] [WRITE 'F' FOR FULL YEARS; IF ONLY ONE FULL YEAR, WRITE 'F' IN START AGE BOX, AND/OR 'C' IN LAST BOX IF CURRENTLY USING.]

C6c. Did you ever stop or change to a different pill because you had problems with it?

[CIRCLE 1, 2, OR 8.]

C6d. What was the reason?

[CODE REASON LETTER IN BOX(ES) PROVIDED; THERE ARE SPACES FOR A MAXIMUM OF TWO REASONS.] [IF "OTHER" REASON IS CODED, WRITE THE REASON ON THE SPECIFY LINE TO THE RIGHT.] [REPEAT C6a THROUGH C6d, UNTIL NO FURTHER USE.]

C7. Did you ever get any shots or implants to prevent pregnancy?

[IF NO, SKIP TO C8.]

C7a. How old were you when you first used this?

[CIRCLE ALL AGE(S) PRODUCT WAS EFFECTIVE.]

Did you use shots or implants any other time?

How old were you then?

[CIRCLE AGE(S).]

[REPEAT UNTIL NO FURTHER USE.]

Now I'm going to ask some questions to find out if you had any surgeries involving your female organs, or a hysterectomy, or if you may have gone through menopause.

C8. Have you ever had surgery to remove your uterus (or womb) or one or both ovaries?

[IF NO, SKIP TO C9.]

[IF YES:]

C8a, b, c. What was removed?

[CIRCLE 'Y,' 'N,' OR 'DK' FOR EACH; a. 1 OVARY, b. 2 OVARIES, c. UTERUS. IF MULTIPLE ORGANS REMOVED, ASK:]

Were all removed in the same surgery?

How old were you?

[CIRCLE AGE(S). IF 2 OVARIES REMOVED SEPARATELY, CIRCLE 2 AGES ON 2 OVARIES LINE.]

[IF UTERUS REMOVED:]

C8d. In the year before your surgery, did you have one or more menstrual periods?

[IF NO, SKIP TO C9.]

[IF YES:]

C8e. Were your periods pretty regular, that is at least every 2 months, or infrequent, that is more than 2 months between periods or very irregular?

YEAR [WRITE 'R' FOR REGULAR AND 'I' FOR INFREQUENT OR IRREGULAR IN THE BOX BELOW THE BEFORE SURGERY. SKIP TO C11.]

[IF NO TO SURGERY:]

C9. Have you gone through or do you think you could be going through menopause? [IF NO, SKIP TO C11.]

[IF NO PERIODS BEFORE SURGERY:]

So before your surgery had you gone through menopause? [IF NO, SKIP TO C11.]

[IF YES:]

C9a. Was it a natural menopause or was it caused by medical treatment or something else?

[IF NO TO NATURAL, SKIP TO C10.]

[IF YES TO NATURAL:]

C9b. How old were you when you think you began menopause?

How old were you when you had your last period?

[CIRCLE AGES FROM AGE BEGAN TO LAST PERIOD. IF STILL GOING THROUGH MENOPAUSE, CIRCLES SHOW THROUGH PRESENT AGE.]

[IF LAST PERIOD AGE < 2 YEARS BEFORE CURRENT AGE:]

C9c. How many months has it been since your last menstrual period?

[FILL # MONTHS IN BOXES.]

C10. [IF MEDICAL OR OTHER CAUSE, CIRCLE 1 FOR #10.]

C10a. What was the cause or reason for your menopause?

[WRITE REASON ON SPECIFY LINE.]

C10b. How old were you?

[CIRCLE AGE(S).]

C11. Have you ever used any estrogen or other female hormone, such as Premarin or an estrogen patch or cream, often taken for menopause?

[IF NO, SKIP TO INSTRUCTION ABOVE C12.]

C11a. How old were you when you started using this medication (again)?

[CIRCLE AGE BEGAN HORMONE.]

C11b. How many months or years did you (take/use) it (that time)?

[CIRCLE SUBSEQUENT AGES HORMONES USED.] [CODE 'P' FOR ONE PARTIAL YEAR, 'F' FOR FULL YEARS; FOR ONE FULL YEAR, WRITE 'F' IN START AGE BOX, AND/OR 'C' IN LAST BOX IF CURRENTLY USING.]

[REPEAT C11a AND C11b UNTIL NO FURTHER USE.]

[REFER TO CALENDAR. IF DID NOT TAKE REPLACEMENT ESTROGEN CHECK (☐) HERE _____ AND SKIP TO C17.] [IF TOOK ESTROGEN REPLACEMENT PER CALENDAR, ASK:]

C12. What were the main reasons you started taking estrogen? [READ LIST.] Please choose one or two of those.

	<u>Y</u>	<u>N</u>	<u>DK</u>
a. hot flashes or night sweats	1	2	8
b. heavy bleeding	1	2	8
c. a doctor's recommendation	1	2	8
d. to help prevent osteoporosis	1	2	8
e. to help prevent heart disease	1	2	8
f. other	1	2	8

1. _____

2. _____

<p style="text-align: center;">C13.</p> <p>When you were age _____, what estrogen product did you (use/take) the (first/second/third) time? [TAKE AGES FROM CALENDAR]</p>		<p style="text-align: center;">C14.</p> <p>[IF C13 = 01, 02, or 03:] Can you identify which (estrogen/progesterone) you took? [SHOW PICTURES]</p>	
<p>01. <input type="text" value=""/><input type="text" value=""/> AGE</p>	<p>estrogen pill (such as Premarin)01 progesterone (Provera or Cycrin)02 both estrogen (Premarin) and progesterone (Provera/Cycrin)03 estrogen patch.....04 estrogen cream.....05 OTHER.....06 SPECIFY: _____ _____ DON'T KNOW <input type="text" value=""/><input type="text" value=""/>98</p>	<p>Estrogen: <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/> CODE _____ NAME</p> <p>Progestin: <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/> CODE _____ NAME</p>	
<p>02. <input type="text" value=""/><input type="text" value=""/> AGE</p>	<p>estrogen pill (such as Premarin)01 progesterone (Provera or Cycrin)02 both estrogen (Premarin) and progesterone (Provera/Cycrin)03 estrogen patch.....04 estrogen cream.....05 OTHER.....06 SPECIFY: _____ _____ DON'T KNOW <input type="text" value=""/><input type="text" value=""/>98</p>	<p>Estrogen: <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/> CODE _____ NAME</p> <p>Progestin: <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/> CODE _____ NAME</p>	
<p>03. <input type="text" value=""/><input type="text" value=""/> AGE</p>	<p>estrogen pill (such as Premarin)01 progesterone (Provera or Cycrin)02 both estrogen (Premarin) and progesterone (Provera/Cycrin)03 estrogen patch.....04 estrogen cream.....05 OTHER.....06 SPECIFY: _____ _____ DON'T KNOW <input type="text" value=""/><input type="text" value=""/>98</p>	<p>Estrogen: <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/> CODE _____ NAME</p> <p>Progestin: <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/> CODE _____ NAME</p>	

C15.			C16.			
Did you stop or change to a different prescription because you had problems with (PRODUCT)?			What was the reason?			
Y	N	DK	Y	N	DK	
1	2	8	bleeding between periods.....	1	2	8
↓			depression/mood swings	1	2	8
[IF YES:]			headaches	1	2	8
Did you stop,.....	1		weight gain.....	1	2	8
or change?.....	2		OTHER	1	2	8
DON'T KNOW	8		SPECIFY:			
			_____			<input type="text"/>
1	2	8	bleeding between periods.....	1	2	8
↓			depression/mood swings	1	2	8
[IF YES:]			headaches	1	2	8
Did you stop,.....	1		weight gain.....	1	2	8
or change?.....	2		OTHER	1	2	8
DON'T KNOW	8		SPECIFY:			
			_____			<input type="text"/>
1	2	8	bleeding between periods.....	1	2	8
↓			depression/mood swings	1	2	8
[IF YES:]			headaches	1	2	8
Did you stop,.....	1		weight gain.....	1	2	8
or change?.....	2		OTHER	1	2	8
DON'T KNOW	8		SPECIFY:			
			_____			<input type="text"/>

IF ALWAYS UNDER THE INFLUENCE OF BIRTH CONTROL PILLS, PREGNANCY, BREASTFEEDING OR ANY OTHER HORMONES, CHECK HERE ____ AND SKIP TO C31.]

SUB

Now I have some other questions about your menstrual periods.[LOOK AT CALENDAR WITH RESPONDENT.]

[WORK NOTES NOT CODED] ↓	C17. In the first few years after age (MENARCHE AGE)/After age (C19 AGE), about how many days on average were there between the start of one period and the start of the next?	C18. Looking at time periods over the years when you were <u>not</u> [CHOOSE APPLICABLE ITEMS] (taking birth control pills/pregnant/breastfeeding/using any other hormones), did your periods stay about that length or did they change?	[IF CHANGED:] C19. About how old were you when they (first/next) changed in length?
01. FROM: ____ AGE TO: ____ AGE	≤ 24 days 01 25-30 days 02 31-34 days 03 35-60 days 04 Infrequent, > 2 months apart 05 Irregular, could not tell within 1 week when your period would come 06 DON'T KNOW 98	Stayed the same [C20]..... 1 Changed 2 DK [C20]..... 8	<div style="text-align: center;"> <input type="text"/> <input type="text"/> AGE </div>
02. FROM: ____ AGE TO: ____ AGE	≤ 24 days 01 25-30 days 02 31-34 days 03 35-60 days 04 Infrequent, > 2 months apart 05 Irregular, could not tell within 1 week when your period would come 06 DON'T KNOW 98	Stayed the same [C20]..... 1 Changed 2 DK [C20]..... 8	<div style="text-align: center;"> <input type="text"/> <input type="text"/> AGE </div>
03. FROM: ____ AGE TO: ____ AGE	≤ 24 days 01 25-30 days 02 31-34 days 03 35-60 days 04 Infrequent, > 2 months apart 05 Irregular, could not tell within 1 week when your period would come 06 DON'T KNOW 98	Stayed the same [C20]..... 1 Changed 2 DK [C20]..... 8	<div style="text-align: center;"> <input type="text"/> <input type="text"/> AGE </div>
04. FROM: ____ AGE TO: ____ AGE	≤ 24 days 01 25-30 days 02 31-34 days 03 35-60 days 04 Infrequent, > 2 months apart 05 Irregular, could not tell within 1 week when your period would come 06 DON'T KNOW 98	Stayed the same [C20]..... 1 Changed 2 DK [C20]..... 8	<div style="text-align: center;"> <input type="text"/> <input type="text"/> AGE </div>

Continuation page? Y N

C20. Did you ever go to the doctor because you had very long, very short, or irregular cycles? YES..... 1
 NO [C24] 2
 DON'T KNOW [C24] 8

[IF YES TO C20:]

C21.			[IF YES TO C21:]			C22.			C23.
Did a doctor ever prescribe any treatment?			What was it?			[FOR EACH TREATMENT, RECORD AGE AT FIRST USE.]			How old were you then?
Y	N	DK				Y	N	DK	
1	2	8							
			a.	oral contraceptives		1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> AGE
			b.	other medication SPECIFY: _____		1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> AGE
						<input type="text"/>	<input type="text"/>		
			c.	other treatment SPECIFY: _____		1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> AGE
						<input type="text"/>	<input type="text"/>		

C24. During your late teens (and 20s), (when you were not using birth control pills/shots/implants) about how many days did your period usually flow? Was it...
 1-2 days..... 1
 3-5 days..... 2
 6-7 days..... 3
 more than 1 week..... 4
 DON'T KNOW 8
 NOT APPLICABLE..... 6

C25. How would you describe your periods during those years? [READ]
 light..... 1
 medium 2
 or heavy 3
 DON'T KNOW 8
 NOT APPLICABLE..... 6

C26. During your late teens (and 20s), (when you were not using birth control pills/shots/implants) how much pain did you have with your periods? [READ]
 no pain 1
 mild cramps with
 medication seldom needed..... 2
 moderate cramps with
 medication usually needed..... 3
 severe cramps with
 bed rest needed 4
 DON'T KNOW 8
 NOT APPLICABLE..... 6

C27. Did you ever tell a doctor that you had long, heavy or painful periods?

YES..... 1
 NO [C31] 2
 DON'T KNOW [C31] 8

[IF YES TO C27:]

C28.			[IF YES TO C28:]			C29.			C30.
Did a doctor ever prescribe any treatment?			What was it?						How old were you then?
Y	N	DK				Y	N	DK	
1	2	8				1	2	8	
			a.	oral contraceptives		1	2	8	<input type="text"/> <input type="text"/>
									AGE
			b.	ibuprofen, Motrin, Advil or other similar products		1	2	8	<input type="text"/> <input type="text"/>
									AGE
			c.	other medication		1	2	8	<input type="text"/> <input type="text"/>
				SPECIFY:					AGE
				_____		<input type="text"/>	<input type="text"/>		
			d.	other treatment		1	2	8	<input type="text"/> <input type="text"/>
				SPECIFY:					AGE
				_____		<input type="text"/>	<input type="text"/>		

Now I'm going to ask about some other women's health problems.

C31. Did a doctor ever say that you had...	Y	N	DK	[IF YES:] C32. How old were you? AGE
a. polycystic ovarian disease?	1	2	8	<input type="text"/> <input type="text"/>
b. premature ovarian failure or early menopause?	1	2	8	<input type="text"/> <input type="text"/>
c. dysfunctional uterine bleeding?	1	2	8	<input type="text"/> <input type="text"/>
d. endometriosis?	1	2	8	<input type="text"/> <input type="text"/>

[IF NO OR DK TO ENDOMETRIOSIS, SKIP TO C37.]

[IF YES TO ENDOMETRIOSIS:]

C33. Did you have any tests done to find out that you had endometriosis?

YES..... 1
 NO[C35] 2
 DON'T KNOW[C35] 8

[IF YES:]

C34. What tests were done...

	<u>Y</u>	<u>N</u>	<u>DK</u>
a. ultrasound	1	2	8
b. laparoscopy	1	2	8
c. other surgery	1	2	8
d. anything else	1	2	8

SPECIFY:

C35. Was any treatment prescribed?

YES..... 1
 NO[C37] 2
 DON'T KNOW[C37] 8

[IF YES:]

C36. What was the treatment...

medication..... 1
 surgery 2
 or something else 3

SPECIFY:

C37. Did you ever try to get pregnant for more than 12 months without success? YES..... 1
 NO 2
 DON'T KNOW 8

C38. Have you ever visited a doctor, clinic, or hospital because of difficulty becoming pregnant? YES..... 1
 NO [SECTION D] 2
 REFUSED [SECTION D] 7
 DON'T KNOW [SECTION D] 8

[IF YES:]

C39. Was (the/any) doctor able to tell you why you and your partner were having difficulty? YES..... 1
 NO [C41] 2
 REFUSED [C41] 7
 DON'T KNOW [C41] 8

[IF YES:]

C40. What was the nature of the problem?
 [RECORD VERBATIM]

C41. Did you ever take any medication or hormone, including shots, to help in getting pregnant? YES..... 1
 NO [SECTION D]... 2
 REFUSED [SECTION D]... 7
 DON'T KNOW [SECTION D]... 8

[IF YES:]	C42.				C43.		C44.
Were you given [READ LIST]...?					How old were you when you began taking (AGENT)?	How many months did you use (AGENT)?	
	Y	N	RF	DK	AGE	#MONTHS	
a. progesterone (Provera)	1	2	7	8	<input type="text"/>	<input type="text"/>	
b. danazol (Danocrine)	1	2	7	8	<input type="text"/>	<input type="text"/>	
c. bromocriptine (Parlodel)	1	2	7	8	<input type="text"/>	<input type="text"/>	

[IF YES:]	[IF YES:]
-----------	-----------

D. Early Environment

Now I'm going to ask you some things about your childhood.

- D1. When you were a child and up until you were age 15, did you live most of the time...
- in a city (>100,000 pop.)1
 - in a suburb2
 - in a town3
 - in a rural area (in the country, but not on a farm).....4
 - on a farm.....5
 - or somewhere else.....6

SPECIFY :

--	--

DON'T KNOW8

- D2. Up until age 15, was the main source of drinking water for your home city water, well water or some other system?
- CITY WATER1
 - PRIVATE SYSTEM.....2
 - WELL WATER3
 - CISTERN.....4
 - BOTTLED WATER5
 - OR SOMETHING ELSE.....6

SPECIFY:

--	--

- D3. As a teenager, how often did you get sunburned on average...
- more than once a year1
 - once a year2
 - once every few years.....3
 - never.....4
 - DON'T KNOW8

- D4. As a child or teenager, did you ever miss more than 2 months of school in one year because of an illness?
- YES1
 - NO [E1]2
 - DON'T KNOW [E1]8

[IF YES:]

D5. How old were you? AGE	D6. What (was/were) the illness(es) or condition(s)?					
a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____			
b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

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E. Occupational History

Now I'm going to ask you about your jobs and about some materials that you may have handled.

E1. Have you ever worked at a job outside of the home for at least 1 year? YES [E3].....1
NO2

[IF NO:]

E2. Have you worked in a job training program for at least 1 year? YES1
NO [E15]2

Let's start with the first job (or job training program) you held for at least one year. Also tell me about jobs you might have held seasonally for a few years.

E3. What was the job title of the (1st/2nd/etc.) job you held for 1 year or longer?	E4. What kind of company or organization (did/do) you work for? [IF CONGLOMERATE:] What did your part of the (co./org.) specialize in, that is, what did they make or do?	E5. What were your main activities or duties as a (JOB TITLE)?	E6. In what year did you start working at that job?	E7. In what year did that job end?	E8. How many hours per week (did/do) you work?
01. JOB 1	<hr/> <hr/> Industry □□□□	<hr/> <hr/> Occupation □□□□	<div style="text-align: center;">□□□□</div> Start year	<div style="text-align: center;">□□□□</div> Stop year	<div style="text-align: center;">□□</div> hours/wk
02. JOB 2	<hr/> <hr/> Industry □□□□	<hr/> <hr/> Occupation □□□□	<div style="text-align: center;">□□□□</div> Start year	<div style="text-align: center;">□□□□</div> Stop year	<div style="text-align: center;">□□</div> hours/wk
03. JOB 3	<hr/> <hr/> Industry □□□□	<hr/> <hr/> Occupation □□□□	<div style="text-align: center;">□□□□</div> Start year	<div style="text-align: center;">□□□□</div> Stop year	<div style="text-align: center;">□□</div> hours/wk
04. JOB 4	<hr/> <hr/> Industry □□□□	<hr/> <hr/> Occupation □□□□	<div style="text-align: center;">□□□□</div> Start year	<div style="text-align: center;">□□□□</div> Stop year	<div style="text-align: center;">□□</div> hours/wk
05. JOB 5	<hr/> <hr/> Industry □□□□	<hr/> <hr/> Occupation □□□□	<div style="text-align: center;">□□□□</div> Start year	<div style="text-align: center;">□□□□</div> Stop year	<div style="text-align: center;">□□</div> hours/wk

□□□□

□□□□

E9. How many months per year (did/do) you work at this job?	E10. Did you work mostly days, evenings, nights (from 11pm to 7am or a close variation), or rotating shifts at this job?	E11. Did you work outside in the sun for at least 10 hours per week for at least 3 months of the year? Y N DK	E12. Was your work area noticeably dusty?	[IF YES TO E12:]	
				E13. Was the dust from ground dirt or something else? Y N DK	E14. Did you usually use a mask or respirator? Y N DK
<input type="text"/> <input type="text"/> months/yr	Days.....1 Evenings.....2 Nights3 Rotating, day/eve.....4 Rotating, day/night....5	1 2 8	YES..... 1 NO..... 2 DK..... 8	Dirt1 2 8 Other1 2 8 SPECIFY: _____ _____	Mask1 2 8 Respirator1 2 8
<input type="text"/> <input type="text"/> months/yr	Days.....1 Evenings.....2 Nights3 Rotating, day/eve.....4 Rotating, day/night....5	1 2 8	YES..... 1 NO..... 2 DK..... 8	Dirt1 2 8 Other1 2 8 SPECIFY: _____ _____	Mask1 2 8 Respirator1 2 8
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06. JOB 6	<hr/> <hr/> Industry	<hr/> <hr/> Occupation	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="5">Start year</td></tr> </table>						Start year					<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="5">Stop year</td></tr> </table>						Stop year					<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td></tr> <tr><td colspan="2">hours/wk</td></tr> </table>			hours/wk							
Start year																																			
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hours/wk																																			
07. JOB 7	<hr/> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> </table> <hr/> Industry				<hr/> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> </table> <hr/> Occupation				<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="5">Start year</td></tr> </table>						Start year					<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="5">Stop year</td></tr> </table>						Stop year					<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td></tr> <tr><td colspan="2">hours/wk</td></tr> </table>			hours/wk	
Start year																																			
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08. JOB 8	<hr/> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> </table> <hr/> Industry				<hr/> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> </table> <hr/> Occupation				<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="5">Start year</td></tr> </table>						Start year					<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="5">Stop year</td></tr> </table>						Stop year					<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td></tr> <tr><td colspan="2">hours/wk</td></tr> </table>			hours/wk	
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09. JOB 9	<hr/> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> </table> <hr/> Industry				<hr/> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> </table> <hr/> Occupation				<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="5">Start year</td></tr> </table>						Start year					<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="5">Stop year</td></tr> </table>						Stop year					<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td></tr> <tr><td colspan="2">hours/wk</td></tr> </table>			hours/wk	
Start year																																			
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10. JOB 10	<hr/> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> </table> <hr/> Industry				<hr/> <table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> </table> <hr/> Occupation				<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="5">Start year</td></tr> </table>						Start year					<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="5">Stop year</td></tr> </table>						Stop year					<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td></tr> <tr><td colspan="2">hours/wk</td></tr> </table>			hours/wk	
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				E13. Was the dust from ground dirt or something else? Y N DK	E14. Did you usually use a mask or respirator? Y N DK
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Continuation pages? (circle) Y N

Just to be sure that we haven't missed any jobs that might have been part of your working experience, I would like to read you a list of some industries. Please tell me if you ever worked in any of these industries, even if you have already told me about specific jobs in that industry, or even if you worked for only a few months.

E15. Did you ever work at any of these jobs.... [IF YES, ASK E16 - E18.]	Y	N	DK	E16. At what age were you first employed in (INDUSTRY)? AGE	E17. How many years did you work in (INDUSTRY)? [01 = < 1 YR] #YEARS	E18. About how many months per year did you work? MOS/YR
a. textile, clothing, or hosiery manufacturing?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. poultry processing plant?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. hog processing plant?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. cleaning or sorting agricultural products, such as produce or tobacco?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. paper or pulp mill, lumbering or saw mill?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. glass manufacturing?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. pottery, ceramics, or china manufacturing?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. stone or brick mason, brick layer, or in a quarry?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. sandblasting or abrasive grinding of rocks or stone?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. other grinding, of glass or other material?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. cleaning metal parts, for example in engines, machines, or guns?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
l. mining?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
m. manufacturing of scouring powder or other cleansers?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
n. manufacturing of plastics, petroleum products, rubber, chemicals, or dyes?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
o. paint manufacturing or commercial painting?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
p. furniture manufacturing, repair, or refinishing?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
q. manufacturing cosmetics or drugs?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
r. as an artist or sculptor working with clay?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>

E15. Did you ever work at any of these jobs.... [IF YES, ASK E16 - E18.]	Y N DK			E16. At what age were you first employed in (INDUSTRY)? AGE	E17. How many years did you work in (INDUSTRY)? [01 = < 1 YR] #YEARS	E18. About how many months per year did you work? MOS/YR
	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
s. other arts and crafts using glues, paints, or solvents?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
t. as a beautician, barber, or a cosmetologist?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
u. dry cleaning?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
v. house cleaning, maid, janitor, or other cleaning worker?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
w. extermination of pests, insects, or rodents?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
x. landscaping or gardening?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
y. as a lifeguard?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
z. outdoor instruction or service, for example in sports or nature activities?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
aa. film developing?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
bb. dental lab or office?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
cc. medical diagnostic lab?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
dd. pathology lab?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
ee. research lab?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
ff. nursing?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>

[IF NO TO NURSING, SKIP TO E22.]

[IF YES TO NURSING, ASK:]

[IF YES:]

E19. Did you...	Y N DK			E20. For how many months or years in total did you do (ACTIVITY)?			E21. During those (months/years) about how often did you do (ACTIVITY)?			
	1	2	8	#	Months	Years	# times	Per Week	Per Month	Per Year
a. administer chemotherapy drugs?	1	2	8	<input type="text"/>	1	2	<input type="text"/>	1	2	3
b. work with anesthetic gases?	1	2	8	<input type="text"/>	1	2	<input type="text"/>	1	2	3

Now I'm going to read you a list of chemicals and other compounds that you may have used at least once a week on any job.

E22. At least once a week on a job, have you used or worked with... [IF YES, ASK E23-E26.]				E23. What age were you when you started using (MATERIAL)?	E24. How many years in total did you use (MATERIAL)? [ADD YEARS] [00 = < 1 YR]	E25. During the _____ years you used (MATERIAL), how many days per year did you use it?	E26. While working with (MATERIAL), did you usually use special protective clothing, such as coveralls, gloves, or masks?		
	Y	N	DK	AGE	#YEARS	#DAYS	Y	N	DK
a. mercury?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
b. cadmium?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
c. scouring powder or scouring cleanser (such as Comet or Ajax)?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
d. stains, varnish, or other wood finishes?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
e. paints or paint products, or paint thinner or remover?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
f. perchloroethylene (PERC) or tetrachloroethylene (Solvene, cleaning solvents)?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
g. trichloroethylene (TCE, Triasol, Carbona)?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
h. tile or fiberglass?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
i. clay?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
j. enamel?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
k. super-glue products?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
l. chlorine?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8
m. benzene, xylene, or toluene?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	8

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F. Farming Experience

I have some questions about farming.

F1. Since age 10, did you ever work or live on a farm? YES1
 NO [SECTION G]2
 DON'T KNOW [SECTION G]8

[IF YES:]

<p>F2. Did you work or live on a farm (AGE RANGE)? [AFTER REF DECADE, SKIP TO F14.]</p> <p>YES NO DK</p>	<p>F3. In what state was this farm? [IF NC/SC:] What county?</p>	<p>F4. What were the major products that were grown or raised on the farm? [READ LIST:]</p> <p>Y N DK</p>	<p>F5. During harvest time, about how many days per week did you spend working in the fields or with the crops?</p>	<p>F6. During harvest time, about how many hours per day did you work in the fields or with the crops?</p>
<p>a. 1 2 8</p> <p>From age 10 through age 15 [IF NO, SKIP TO F2b.]</p>	<p>_____ state</p> <p><input type="text"/> <input type="text"/></p> <p>_____ county</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>a. tobacco.....1 2 8</p> <p>b. sweet potatoes ...1 2 8</p> <p>c. soybeans1 2 8</p> <p>d. corn1 2 8</p> <p>e. peaches1 2 8</p> <p>f. peanuts1 2 8</p> <p>g. grains1 2 8</p> <p>h. cotton1 2 8</p> <p>i. livestock.....1 2 8</p> <p>j. other1 2 8</p> <p>SPECIFY:</p> <p>_____</p> <p>[IF LIVESTOCK ONLY, SKIP TO F9.] <input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p> <p>#DAYS</p> <p>[IF 00, SKIP TO F7.]</p>	<p><input type="text"/> <input type="text"/></p> <p>#HOURS</p>
<p>b. 1 2 8</p> <p>From age 16 through age 19 [IF NO, SKIP TO F2c.]</p>	<p>_____ state</p> <p><input type="text"/> <input type="text"/></p> <p>_____ county</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>a. tobacco.....1 2 8</p> <p>b. sweet potatoes ...1 2 8</p> <p>c. soybeans1 2 8</p> <p>d. corn1 2 8</p> <p>e. peaches1 2 8</p> <p>f. peanuts1 2 8</p> <p>g. grains1 2 8</p> <p>h. cotton1 2 8</p> <p>i. livestock.....1 2 8</p> <p>j. other1 2 8</p> <p>SPECIFY:</p> <p>_____</p> <p>[IF LIVESTOCK ONLY, SKIP TO F9.] <input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p> <p>#DAYS</p> <p>[IF 00, SKIP TO F7.]</p>	<p><input type="text"/> <input type="text"/></p> <p>#HOURS</p>

F7. Other than harvest time, about how many days per week did you spend working in the fields?	F8. Other than harvest time, about how many hours per day did you work in the fields?	F9. Did you personally mix insecticides (not fertilizers) on the farm? Y N DK	[IF YES TO F9:]		F12. Did you personally apply insecticides (not fertilizers) to crops or animals or livestock buildings? Y N DK	[IF YES TO F12:]
			F10. About how often did you mix insecticides?	F11. Did you wear rubber gloves or a respirator?		F13. About how often did you apply insecticides?
<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #DAYS [IF 00, SKIP TO F9.] </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #HOURS </div>	1 2 8 [IF NO OR DK, GO TO F12.]	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #TIMES per week 1 per month 2 per year 3 in total 4 </div>	both..... 1 neither 2 gloves only..... 3 resp. only..... 4 DK..... 8	1 2 8 [IF NO OR DK, GO TO F2b.]	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #TIMES per week 1 per month 2 per year 3 in total 4 </div>
<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #DAYS [IF 00, SKIP TO F9.] </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #HOURS </div>	1 2 8 [IF NO OR DK, GO TO F12.]	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #TIMES per week 1 per month 2 per year 3 in total 4 </div>	both..... 1 neither 2 gloves only..... 3 resp. only..... 4 DK..... 8	1 2 8 [IF NO OR DK, GO TO F2c.]	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #TIMES per week 1 per month 2 per year 3 in total 4 </div>

[IF YES:]

F2.	F3.	F4.	F5.	F6.
-----	-----	-----	-----	-----

<p>Did you work or live on a farm (AGE RANGE)?</p> <p>[AFTER REF DECADE, SKIP TO F14.]</p> <p>YES NO DK</p>	<p>In what state was this farm?</p> <p>[IF NC/SC:] What county?</p>	<p>What were the major products that were grown or raised on the farm?</p> <p>[READ LIST:]</p> <p>Y N DK</p>	<p>During harvest time, about how many days per week did you spend working in the fields or with the crops?</p>	<p>During harvest time, about how many hours per day did you work in the fields or with the crops?</p>
<p>c. 1 2 8</p> <p>During your 20s and 30s</p> <p>[IF NO, SKIP TO F2d.]</p>	<p>_____</p> <p>state</p> <p>_____</p> <p>county</p> <p><input type="text"/><input type="text"/></p> <p>_____</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>a. tobacco.....1 2 8</p> <p>b. sweet potatoes ...1 2 8</p> <p>c. soybeans1 2 8</p> <p>d. corn1 2 8</p> <p>e. peaches1 2 8</p> <p>f. peanuts1 2 8</p> <p>g. grains1 2 8</p> <p>h. cotton1 2 8</p> <p>i. livestock.....1 2 8</p> <p>j. other1 2 8</p> <p>SPECIFY:</p> <p>_____</p> <p>[IF LIVESTOCK ONLY, SKIP TO F9.]</p>	<p><input type="text"/><input type="text"/><input type="text"/></p> <p>#DAYS</p> <p>[IF 00, SKIP TO F7.]</p>	<p><input type="text"/><input type="text"/><input type="text"/></p> <p>#HOURS</p>
<p>d. 1 2 8</p> <p>After age 40</p> <p>[IF NO, SKIP TO F14.]</p>	<p>_____</p> <p>state</p> <p>_____</p> <p>county</p> <p><input type="text"/><input type="text"/></p> <p>_____</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>a. tobacco.....1 <input type="text"/><input type="text"/><input type="text"/> 8</p> <p>b. sweet potatoes ...1 <input type="text"/><input type="text"/><input type="text"/> 8</p> <p>c. soybeans1 2 8</p> <p>d. corn1 2 8</p> <p>e. peaches1 2 8</p> <p>f. peanuts1 2 8</p> <p>g. grains1 2 8</p> <p>h. cotton1 2 8</p> <p>i. livestock.....1 2 8</p> <p>j. other1 2 8</p> <p>SPECIFY:</p> <p>_____</p> <p>[IF LIVESTOCK ONLY, SKIP TO F9.]</p>	<p><input type="text"/><input type="text"/><input type="text"/></p> <p>#DAYS</p> <p>[IF 00, SKIP TO F7.]</p>	<p><input type="text"/><input type="text"/><input type="text"/></p> <p>#HOURS</p>

			[IF YES TO F9:]		[IF YES TO F12:]		
F7. Other than harvest time, about how many days per week did you spend working in the fields?	F8. Other than harvest time, about how many hours per day did you work in the fields?	F9. Did you personally mix insecticides (not fertilizers) on the farm? Y N DK	F10. About how often did you mix insecticides?	F11. Did you wear rubber gloves or a respirator?	F12. Did you personally apply insecticides (not fertilizers) to crops or animals or livestock buildings? Y N DK	F13. About how often did you apply insecticides?	
<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #DAYS [IF 00, SKIP TO F9.] </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #HOURS </div>	1 2 8 [IF NO OR DK, GO TO F12.]	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #TIMES per week 1 per month 2 per year 3 in total 4 </div>	both..... 1 neither 2 gloves only..... 3 resp. only..... 4 DK..... 8	1 2 8 [IF NO OR DK, GO TO F2d.]	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #TIMES per week 1 per month 2 per year 3 in total 4 </div>	
<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #DAYS [IF 00, SKIP TO F9.] </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #HOURS </div>	1 2 8 [IF NO OR DK, GO TO F12.]	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #TIMES per week 1 per month 2 per year 3 in total 4 </div>	both..... 1 neither 2 gloves only..... 3 resp. only..... 4 DK..... 8	1 2 8 [IF NO OR DK, GO TO F14.]	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> #TIMES per week 1 per month 2 per year 3 in total 4 </div>	

F14. To the best of your knowledge, was DDT ever used on the farm(s) where you worked or lived?

YES 1
 NO 2
 DON'T KNOW 8

G. Hobbies and Leisure

I have a few questions about hobbies and leisure activities.

[IF YES:]									
G1. Before (REFERENCE AGE), did you do any of the following activities, <u>not</u> as part of a job, on 5 or more occasions? OUTSIDE OF WORK: Y N DK	G2. How old were you when you (first did ACTIVITY/ last did ACTIVITY)? AGES		G3. [IF ≤ 1 YR, WRITE 01 IN BOXES. IF > 1 YR, ASK]: During those years, how many years did you do (ACTIVITY) at least once? #YEARS	G4. In (those/that) year(s), about how many days per month or year did you do (ACTIVITY)? FREQUENCY PER PER #DAYS MO YR					
a. Print making or silk screening	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1	2
b. Developing or printing photographs	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1	2
c. Stained or leaded glass art	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1	2
d. Oil or acrylic painting	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1	2
e. Ceramics or pottery	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1	2
f. Furniture refinishing	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1	2
g. Model building	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1	2

G5. Before (REF AGE), did you swim for sport or exercise at least once a week for 2 or more months of the year?

YES1
NO[G10]2
DON'T KNOW[G10]8

[IF YES:]

G6. How old were you when you started swimming this often?

AGE

G7. How many years did you swim at least once a week for 2 or more months of the year?

#YEARS

G8. About how many weeks per year?

#WKS/YR
Y N DK

G9. Did you swim in an...

indoor pool..... 1 2 8

outdoor pool..... 1 2 8
 or somewhere else..... 1 2 8

SPECIFY:

G10. Before (REF AGE), did you garden (not as a job) on a regular basis, that is at least 3 or more hours a week for 3 or more months of the year?

YES 1
 NO [G16] 2
 DON'T KNOW [G16] 8

[IF YES:]

G11. How old were you when you started gardening regularly?

AGE

G12. How many years did you garden regularly?

#YEARS

G13. During those years, did you usually work in the garden about...

3 months..... 1
 6 months..... 2
 9 months..... 3
 or 12 months of the year 4

G14. Did you apply bug or weed killers to the garden, or did you work in the garden shortly after someone else applied bug or weed killers?

YES 1
 NO [G16] 2
 DON'T KNOW [G16] 8

[IF YES:]

G15. About how often did you apply these chemicals (or work after someone else applied them)...

about 1-2 times a year 1
 several (3-6) times a year 2
 many (>6) times a year 3
 DON'T KNOW 8

G16. Between (REF AGE - 3) and (REF AGE), did you spend leisure time in the summer sun, for example sun bathing, hiking, or boating, or things like that, during at least ten days each summer?

YES 1
 NO 2
 DON'T KNOW 8

H. Diet

The next section is about dietary supplements and a few foods.

- H1. During the three years between (REF AGE - 3) and (REF AGE), did you take any vitamins or minerals for at least 6 months in total? YES1
 NO [H4].....2
 DON'T KNOW[H4].....8

[IF YES:]

H2. Did you take...	Y			N			DK			
	1	2	8	1	2	8	1	2	8	
a. any kind of multiple vitamin?	1	2	8	1	2	8	1	2	8	
b. vitamin A?	1	2	8	1	2	8	1	2	8	
c. vitamin C?	1	2	8	1	2	8	1	2	8	
d. vitamin E?	1	2	8	1	2	8	1	2	8	
e. beta-carotene?	1	2	8	1	2	8	1	2	8	
f. selenium?	1	2	8	1	2	8	1	2	8	
g. zinc?	1	2	8	1	2	8	1	2	8	
h. iron?	1	2	8	1	2	8	1	2	8	
i. anything else? SPECIFY:	1	2	8							
1. _____							1	2	3	8
2. _____							1	2	3	8
3. _____							1	2	3	8

H4. During those three years between (REF AGE - 3) and (REF AGE), did you use or take any dietary supplements or preparations, including alfalfa products, echinacea, horsetail or silica?

YES1
 NO[H6].....2
 DK[H6].....8

[IF YES:]

H5. Did you (use/take)...

Y N DK

a. alfalfa tablets?..... 1 2 8
 b. alfalfa extract? 1 2 8
 c. alfalfa tea? 1 2 8
 d. echinacea?..... 1 2 8
 e. horsetail?..... 1 2 8
 f. silica?..... 1 2 8
 g. anything especially for hair, bones or nails?... 1 2 8
 SPECIFY:

--	--	--

h. anything else? 1 2 8
 SPECIFY:

--	--	--

H6. During those three years did you eat...	[IF YES:]			H7. About how often did you eat them?				
	Y	N	DK	<1 time/mo	1-3 times/mo	once a week	2-4 times/wk	5-7 times/wk
a. alfalfa sprouts?	1	2	8	1	2	3	4	5
b. peas (frozen, canned or fresh)?	1	2	8	1	2	3	4	5

I. Smoking History

The next questions are about smoking.

I-1. Have you ever smoked cigarettes regularly, at least 1 cigarette a day for 3 or more months?

YES1
NO[SECTION J]2
DON'T KNOW[SECTION J]8

I-2. At what age did you first start smoking cigarettes regularly?

START AGE

I-3. Did you smoke cigarettes regularly when you were (REFERENCE AGE)?

YES[I-5]1
NO2
DON'T KNOW[I-5]8

[IF NO:]

I-4. How old were you when you stopped?

AGE STOPPED

I-5. On average, over the entire time you have smoked, how much (do/did) you smoke each day? [1 PACK = 20 CIGS.]

#CIGARETTES
(<1 cig/day=00)

J. Hair Treatments

				[IF YES:]				
J1. Have you used, at least 5 times in your life...				J2. How old were you when you (first used PRODUCT/last used PRODUCT)?		J3. [IF ≤ 1 YR, WRITE 01 IN BOXES. IF > 1 YR, ASK]: During those years, about how many years did you use (PRODUCT) at least once per year?	J4. What color or colors did you use most?	
Y N DK				AGES		#YEARS		
a. a hair permanent (to curl or to straighten)?	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
b. permanent hair dye in which liquids are mixed together?	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>
c. hair rinse, color, or frosting that washes out after a few shampoos?	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>

K. Medical History

Now I would like to ask you about skin conditions and allergies you may have had.

K1. Did a doctor ever say you had (CONDITION)?					[IF YES:] K2. How old were you when you were first diagnosed with (CONDITION)?
	Y	N	RF	DK	
a. psoriasis	1	2	7	8	AGE: <input type="text"/> <input type="text"/>
b. eczema	1	2	7	8	AGE: <input type="text"/> <input type="text"/>
c. asthma	1	2	7	8	AGE: <input type="text"/> <input type="text"/>

Have you ever had (CONDITION)?					How old were you when you first had (CONDITION)?
	Y	N	RF	DK	
d. hay fever	1	2	7	8	AGE: <input type="text"/> <input type="text"/>
e. hives	1	2	7	8	AGE: <input type="text"/> <input type="text"/>
f. poison ivy, poison oak, or poison sumac	1	2	7	8	AGE: <input type="text"/> <input type="text"/>
g. an allergic reaction to a food (this means the food gave you a rash or breathing difficulties, not that it made you sick to your stomach)	1	2	7	8	AGE: <input type="text"/> <input type="text"/>
h. an allergic reaction to a bee or wasp sting	1	2	7	8	AGE: <input type="text"/> <input type="text"/>
i. an allergic reaction to animals	1	2	7	8	AGE: <input type="text"/> <input type="text"/>

We are interested in allergic reactions to medicine which cause a rash, or make a person swell up, or make it difficult to breathe, but not those which just make a person sick to their stomach.

K3. Have you ever had an allergic reaction to a medicine? YES1
 NO [K7]2
 DON'T KNOW [K7]8

[IF YES:] K4. Are you allergic to...				[IF YES:] K5. How old were you the first time you reacted to (MEDICINE)?
	Y	N	DK	
a. penicillin?	1	2	8	AGE: <input type="text"/> <input type="text"/>
b. sulfa drugs?	1	2	8	AGE: <input type="text"/> <input type="text"/>
c. codeine?	1	2	8	AGE: <input type="text"/> <input type="text"/>
d. others? SPECIFY:	1	2	8	AGE: <input type="text"/> <input type="text"/>
_____		<input type="text"/>	<input type="text"/>	AGE: <input type="text"/> <input type="text"/>
_____		<input type="text"/>	<input type="text"/>	AGE: <input type="text"/> <input type="text"/>

K6. How many medications in total are you allergic to? #MEDICINES

				[IF YES:]
K7. Were you ever vaccinated for hepatitis B?				K8. How old were you when you were vaccinated?
Y	N	RF	DK	AGE
1	2	7	8	<input type="text"/> <input type="text"/>

					[IF YES:]							
K9. Did you ever have any kind of hepatitis?					K10. How old were you when you had it?			K11. Which kind of hepatitis did you have?				
	Y	N	RF	DK	AGE			A	B	C	OTHER	DK
	1	2	7	8	<input type="text"/> <input type="text"/>			1	2	3	4	8

				[IF YES:]						
K12. Before you were (REF AGE), did you ever have (CONDITION)?				K13. How old were you (the first time)?		K14.				
	Y	N	DK	AGE		Did you take isoniazid?		Y	N	DK
a. infectious mononucleosis	1	2	8	<input type="text"/> <input type="text"/>		1		2	8	
b. tuberculosis	1	2	8	<input type="text"/> <input type="text"/>		When you developed shingles, were you taking any prescription medication?		Y	N	DK
c. shingles (also called herpes zoster)	1	2	8	<input type="text"/> <input type="text"/>		[IF YES:] What were you taking?		1	2	8
d. urinary tract infections	1	2	8	<input type="text"/> <input type="text"/>		About how many of these infections did you have before age (REF AGE)?		<input type="text"/> <input type="text"/> <input type="text"/>		
						#INFECTIONS				

Now I'm going to ask about some more common infections that you may have had between the ages of (REF AGE - 3) and (REF AGE).

K15. During these years, how many times did you have (CONDITION)?

K15a. A cold? [READ LIST]	more than once a year.....1
	once a year.....2
	every few years.....3
	never.....4
	DON'T KNOW.....8
K15b. The flu? [READ LIST]	more than once a year.....1
	once a year.....2
	every few years.....3
	never.....4
	DON'T KNOW.....8
K15c. A cold sore on or around your mouth? [READ LIST]	more than once a year.....1
	once a year.....2
	every few years.....3
	never.....4
	DON'T KNOW.....8

K16. Have you ever had a blood transfusion?

YES 1
 NO [K20] 2
 DON'T KNOW [K20] 8

[IF YES:]

K17. How many times have you had a transfusion?

#TIMES	

SUB









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K18. What was the reason you had a transfusion the (first/second/third) time?	K19. How old were you the (first/second/third) time?							
Injury with blood loss.....1 C-section.....2 Surgery3 Other.....4 SPECIFY: _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td colspan="2" style="text-align: center;">AGE</td></tr></table>			AGE	
AGE								
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AGE								

K20. Have you ever had a...				[IF YES:] K21. How old were you? AGE		
	Y	N	DK			
a. stroke?	1	2	8	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
b. blood clot?	1	2	8	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
c. pulmonary embolism?	1	2	8	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
d. hypertension?	1	2	8	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
[IF EVER PREGNANT:] e. pre-eclampsia or eclampsia during pregnancy?	1	2	8	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

K22. Have you ever had any device or implant surgically inserted into your body for one month or more?

YES1
 NO [K32]2
 DON'T KNOW [K32]8

K23. What did you have implanted? Was it.....? Y N DK	[IF YES:]		[IF NO:]
	K24. How old were you when the (DEVICE) was implanted? AGE	K25. Do you have the (DEVICE) now? Y N DK	K26. How old were you when it was removed? AGE
a. a pacemaker 1 2 8	<div style="text-align: center;">  AGE </div>	1 2 8	<div style="text-align: center;">  AGE </div>
b. an artificial heart valve 1 2 8	<div style="text-align: center;">  AGE </div>	1 2 8	<div style="text-align: center;">  AGE </div>
c. a lens in your eye 1 2 8	<div style="text-align: center;">  AGE </div>	1 2 8	<div style="text-align: center;">  AGE </div>
d. dental implants 1 2 8	<div style="text-align: center;">  AGE </div>	1 2 8	<div style="text-align: center;">  AGE </div>

K27. What did you have implanted? Was it.....?	[IF YES:]			K28. In what part of the body is or was it located?	K29. How old were you when the (DEVICE) was implanted?	K30. Do you have the (DEVICE) now?	K31. How old were you when it was removed?		
	Y	N	DK					BODY SITE	AGE
a. a pump to administer medication	1	2	8	_____	AGE	1	2	8	AGE
b. a shunt, for example, to drain fluid away from the brain or spinal column	1	2	8	_____	AGE	1	2	8	AGE
c. a urinary catheter or other kind of catheter that was placed long-term	1	2	8	_____	AGE	1	2	8	AGE
d. artificial joints, pins, or plates	1	2	8	_____	AGE	1	2	8	AGE
e. artificial arteries, veins, or ligaments	1	2	8	_____	AGE	1	2	8	AGE
f. implants that reconstruct or enhance parts of the body, such as breasts, ears, or chin or nose	1	2	8	_____	AGE	1	2	8	AGE

K32. People can have difficult times with an illness or death in the family, divorce or marital problems, trouble at work,

YES1

or many other things. Have you had a time or times in your life that were particularly stressful?

NO[SECTION L]2
 DON'T KNOW[SECTION L]8

[IF YES:]

K33. Briefly, please tell me about one or two, perhaps three of the most stressful times in your life. What happened?	K34. How old were you then?										
a. _____	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="padding: 0 10px;">TO</td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2">AGE</td> <td></td> <td colspan="2">AGE</td> </tr> </table>			TO			AGE			AGE	
		TO									
AGE			AGE								
b. _____ <table style="float: right; border: 1px solid black; width: 40px; height: 20px; text-align: center;"> </table>	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="padding: 0 10px;">TO</td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2">AGE</td> <td></td> <td colspan="2">AGE</td> </tr> </table>			TO			AGE			AGE	
		TO									
AGE			AGE								
c. _____ <table style="float: right; border: 1px solid black; width: 40px; height: 20px; text-align: center;"> </table>	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="padding: 0 10px;">TO</td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2">AGE</td> <td></td> <td colspan="2">AGE</td> </tr> </table>			TO			AGE			AGE	
		TO									
AGE			AGE								

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L. Family History

Now I'm going to ask a few questions about the health of your blood relatives. We will not ask about adoptive or step relatives.

L1. Were you adopted? YES1
 NO [L3].....2
 DON'T KNOW [L3].....8

[IF YES:]

L2. Sometimes people were adopted but still know
 some things about their biological parents. Do
 you have any knowledge of your biological parents? YES1
 NO [L20].....2
 DON'T KNOW [L20].....8

	L3. In what year was your (mother/father) born? YEAR	L4. Is (s/he) still alive? Y N DK	L5. [IF YES:] How old is (s/he) now? [IF NO:] How old was (s/he) when (s/he) died? What did (s/he) die of?														
Mother:	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> YEAR					<table border="1" style="margin: auto;"> <tr><td>1</td><td>2</td><td>8</td></tr> </table>	1	2	8	AGE: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> CAUSE OF DEATH: <hr style="width: 80%; margin-left: 0;"/> <div style="text-align: right; margin-top: 20px;"> <table border="1" style="display: inline-table;"> <tr><td> </td><td> </td><td> </td></tr> </table> </div>							
1	2	8															
Father:	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> YEAR					<table border="1" style="margin: auto;"> <tr><td>1</td><td>2</td><td>8</td></tr> </table>	1	2	8	AGE: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> CAUSE OF DEATH: <hr style="width: 80%; margin-left: 0;"/> <div style="text-align: right; margin-top: 20px;"> <table border="1" style="display: inline-table;"> <tr><td> </td><td> </td><td> </td></tr> </table> </div>							
1	2	8															

<p style="text-align: center;">L6.</p> <p>Most families, except Native Americans, originally came to the US from other countries. What country or countries or part of the world did your (mother's/father's) ancestors come from?</p>	<p style="text-align: center;">L7.</p> <p>How would you describe (her/his) racial or ethnic identity? I will read you a list and you can choose more than one.</p> <p style="text-align: right;">Y N DK</p>	<p style="text-align: center;">L8.</p> <p>Did (s/he) live or work on a farm as a teenager or before you were born?</p> <p style="text-align: right;">Y N DK</p>
<p>a. _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>b. _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>c. _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>d. _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>DON'T KNOW 998</p>	<p>African American/Black 1 2 8</p> <p>American Indian or Native American 1 2 8</p> <p>SPECIFY TRIBE:</p> <p>_____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Asian 1 2 8</p> <p>Hispanic 1 2 8</p> <p>White..... 1 2 8</p> <p>Other 1 2 8</p> <p>SPECIFY:</p> <p>_____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p style="text-align: center;">1 2 8</p>
<p>a. _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>b. _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>c. _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>d. _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>DON'T KNOW 998</p>	<p>African American/Black 1 2 8</p> <p>American Indian or Native American 1 2 8</p> <p>SPECIFY TRIBE:</p> <p>_____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Asian 1 2 8</p> <p>Hispanic 1 2 8</p> <p>White..... 1 2 8</p> <p>Other 1 2 8</p> <p>SPECIFY:</p> <p>_____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p style="text-align: center;">1 2 8</p>

Did a doctor ever tell your mother or father that they had any of the following diseases?													
L9. Any kind of thyroid disease?				L10. Cancer? What kind of cancer was it when it was first found (e.g. breast, lung)?				L11. Sjogren's syndrome?			L12. Rheumatoid arthritis?		
Y	N	DK		Y	N	DK		Y	N	DK	Y	N	DK
Mother:	1	2	8	1	2	8	1	2	8	1	2	8	
	SPECIFY:			SPECIFY:									
	_____			_____									
			<input type="checkbox"/>			<input type="checkbox"/>							
Father:	1	2	8	1	2	8	1	2	8	1	2	8	
	SPECIFY:			SPECIFY:									
	_____			_____									
			<input type="checkbox"/>			<input type="checkbox"/>							

L13. Scleroderma, or systemic sclerosis?	L14. Lupus?	L15. Diabetes (not gestational)?	L16. Multiple sclerosis?	L17. Psoriasis?	L18. Has your (mother/father) ever had any allergy to medicine, insects, or food that caused a skin rash, not just an upset stomach?
Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
1 2 8	1 2 8	1 2 8 ↓ [IF YES:] (Does/Did) she use insulin? 1 2 8	1 2 8	1 2 8	1 2 8 SPECIFY: _____ <input type="text"/> <input type="text"/>
1 2 8	1 2 8	1 2 8 ↓ [IF YES:] (Does/Did) he use insulin? 1 2 8	1 2 8	1 2 8	1 2 8 SPECIFY: _____ <input type="text"/> <input type="text"/>

L19. One more question about your mother: A medicine called diethylstilbestrol or DES was sometimes given to prevent miscarriages. As far as you know, did your mother take DES while she was pregnant with you?

YES1
NO2
DON'T KNOW8

Now I'd like to find out about whether you had brothers and sisters. We would like to know about brothers and sisters that had the same parents you had. We will not ask about step, half or adopted siblings.

L20. How many full brothers do you have, either living or deceased?

#BROTHERS

L21. How many full sisters do you have, either living or deceased?

#SISTERS

[IF NO SIBLINGS, WRITE '00' IN BOTH BROTHERS AND SISTERS RESPONSES, AND SKIP TO SECTION M.]

Did a doctor ever tell any of your siblings that they had any of the following diseases?

L22. Is your (oldest/next) sibling a brother or a sister? Is (s/he) still alive? Sibling Living? B S Y N		L23. [IF YES:] How old is (s/he) now? [IF NO:] How old was (s/he) when (s/he) passed away? What did (s/he) die of? [DK=998]	L24. Any kind of thyroid disease?	L25. Cancer? What kind of cancer was it when it was first found (e.g., breast, lung)?	L26. Sjogren's syndrome?	L27. Rheumatoid arthritis?
1	2		Y N DK	Y N DK	Y N DK	Y N DK
01	1 2	1 2 AGE: <input type="text"/> <input type="text"/> Cause of death: _____	1 2 8 SPECIFY: _____	1 2 8 SPECIFY: _____	1 2 8	1 2 8
02	1 2	1 2 AGE: <input type="text"/> <input type="text"/> Cause of death: _____	1 2 8 SPECIFY: _____	1 2 8 SPECIFY: _____	1 2 8	1 2 8
03	1 2	1 2 AGE: <input type="text"/> <input type="text"/> Cause of death: _____	1 2 8 SPECIFY: _____	1 2 8 SPECIFY: _____	1 2 8	1 2 8
04	1 2	1 2 AGE: <input type="text"/> <input type="text"/> Cause of death: _____	1 2 8 SPECIFY: _____	1 2 8 SPECIFY: _____	1 2 8	1 2 8
05	1 2	1 2 AGE: <input type="text"/> <input type="text"/> Cause of death: _____	1 2 8 SPECIFY: _____	1 2 8 SPECIFY: _____	1 2 8	1 2 8
06	1 2	1 2 AGE: <input type="text"/> <input type="text"/> Cause of death: _____	1 2 8 SPECIFY: _____	1 2 8 SPECIFY: _____	1 2 8	1 2 8

L28. Scleroderma, or systemic sclerosis?	L29. Lupus?	L30. Diabetes, [FOR SISTERS:] not gestational?	L31. Multiple sclerosis?	L32. Psoriasis?	L33. Has your sister or brother ever had any allergy to medicine, insects, or food that caused a skin rash, not just an upset stomach?
Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
1 2 8	1 2 8	1 2 8 ↓ [IF YES:] (Does/Did) (s/he) use insulin? 1 2 8	1 2 8	1 2 8	1 2 8 SPECIFY: _____ <input type="text"/> <input type="text"/>
1 2 8	1 2 8	1 2 8 ↓ [IF YES:] (Does/Did) (s/he) use insulin? 1 2 8	1 2 8	1 2 8	1 2 8 SPECIFY: _____ <input type="text"/> <input type="text"/>
1 2 8	1 2 8	1 2 8 ↓ [IF YES:] (Does/Did) (s/he) use insulin? 1 2 8	1 2 8	1 2 8	1 2 8 SPECIFY: _____ <input type="text"/> <input type="text"/>
1 2 8	1 2 8	1 2 8 ↓ [IF YES:] (Does/Did) (s/he) use insulin? 1 2 8	1 2 8	1 2 8	1 2 8 SPECIFY: _____ <input type="text"/> <input type="text"/>
1 2 8	1 2 8	1 2 8 ↓ [IF YES:] (Does/Did) (s/he) use insulin? 1 2 8	1 2 8	1 2 8	1 2 8 SPECIFY: _____ <input type="text"/> <input type="text"/>
1 2 8	1 2 8	1 2 8 ↓ [IF YES:] (Does/Did) (s/he) use insulin? 1 2 8	1 2 8	1 2 8	1 2 8 SPECIFY: _____ <input type="text"/> <input type="text"/>

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M. Closing

M1. Considering the **kinds** of questions we've asked in this interview, is there anything else you think we need to know?

These are all the questions I have for you. Thank you very much for your patience and cooperation.

Please understand that the questions I've asked you about working with chemicals and about different lifestyle habits are standard questions in this type of research study. It is not known whether any of these things can cause any particular medical problems.

N. Interviewer Remarks

N1. Where was the interview conducted? Clinic1
 Home2
 Other3
 SPECIFY:

--	--

N2. Respondent's cooperation was: Very good1
 Good2
 Fair3
 Poor4
 Other5
 SPECIFY:

--	--

N3. The overall quality of responses was: High quality [N7]1
 Generally reliable [N5]2
 Questionable3
 Unsatisfactory4
 Other5
 SPECIFY:

--	--

[IF CODE 3, 4 OR 5 ABOVE:]

N4. The main reason for questionable or unsatisfactory quality of information was because the respondent:

Did not know enough information regarding the topic01
 Did not want to be more specific02
 Sounded bored or uninterested03
 Sounded upset, depressed or angry04
 Had poor hearing or speech05
 Was confused or distracted by frequent interruptions06
 Was inhibited by others around him or her07
 Was embarrassed by the subject matter08
 Was emotionally unstable09
 Was physically ill10
 Other (specify): _____

--	--

N5. The respondent:		<u>Y</u>	<u>N</u>	<u>DK</u>
Had trouble with amounts or frequencies	1	2	8	
Had trouble with dates	1	2	8	
Had trouble recalling overall.....	1	2	8	
Other.....	1	2	8	
SPECIFY:				
_____				<input type="checkbox"/>

N6. The respondent had trouble with the following sections:		<u>Y</u>	<u>N</u>	<u>NA</u>	<u>DK</u>
A. Demographics	1	2			8
B. Symptoms	1	2			8
C. Reproductive History.....	1	2	6		8
D. Early Environment.....	1	2			8
E. Occupational History	1	2			8
F. Farming Experience.....	1	2			8
G. Hobbies and Leisure	1	2			8
H. Diet	1	2			8
I. Smoking History.....	1	2			8
J. Hair Treatments	1	2			8
K. Medical History	1	2			8
L. Family History	1	2			8

N7. Use this space for any other comments you have which may affect the interpretation of this respondent's answers.
