AMERICAN CANCER SOCIETY

CPS-II NUTRITION SURVEY

ARE THE NAMES AT LEFT CORRECT?

○ Yes ○ No

Correct Legal Name (Man):

First Middle

Last

Correct Legal Name (Woman):

First Middle

Last

Dear CPS-II Participant(s),

Thank you for taking part in Cancer Prevention Study II in 1982. The information that you and over one million others provided has made CPS-II one of the largest and most valuable studies of cancer cause and prevention in the world. Exciting findings in the last year include:

- Low doses of aspirin may reduce risk of fatal colon cancer.
- A diet high in vegetables, grains and fruit may further reduce colon cancer risk.
- Women whose mothers or sisters had breast cancer are at especially high risk of breast cancer at younger ages.

This booklet contains a ***new questionnaire*** to obtain updated, detailed information about diet and other risk factors for cancer. Because of increasing interest in diet and cancer, we are asking for more detailed information about your diet. We are also asking for updated information about other lifestyle factors such as smoking and exercise.

Please help us in our fight against cancer by completing and returning the questionnaire soon. Two questionnaires are included in this booklet, one for men (BLUE border), and one for women (RED border).

Complete the appropriate questionnaire(s) for the CPS-II participant(s) named above. *Please do not take the booklet apart or remove any pages.* The information you give will be kept strictly confidential and will be used for statistical purposes only.

Also, please take a moment to verify that the name(s) printed above are full legal name(s). If incorrect or incomplete, please print the correct information in the space provided. We will use this information to identify future cases of cancer through state cancer registries and death indexes. The information will be used *only* for this purpose, and it is very important that you correct any errors.

Again, thank you for your continued participation in this important study. What we learn may help you, your children, and your grandchildren.

Sincerely,

Clark W. Heath, Jr.

Clark W. Heath, Jr., M.D.
Vice President for
Epidemiology and Statistics

DO NOT MARK IN THIS AREA

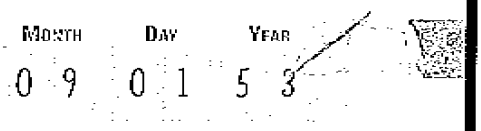
PRECEPT™ by NCS EM-152738:32 Printed in U.S.A.

INSTRUCTIONS

This questionnaire should take approximately 30 minutes to complete. Please take your time and respond to all applicable questions. The accuracy of the data derived from this questionnaire will help us in our continuing research.

The form is designed to be read by optical-scanning equipment, so it is important that you make **NO STRAY MARKS** and keep any write-in responses **within** the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

EXAMPLE 1: Use a No. 2 pencil or black ink pen. **Do not use a felt-tip marker** which will bleed through the page.



EXAMPLE 2: Completely fill in the appropriate response circles with a heavy, dark mark as shown.

EXAMPLE 3: Please *PRINT LEGIBLY*. Use one character per block in the indicated areas. Keep all handwriting within the boxes.

Do not make any stray marks on this questionnaire. Stray marks, smudges, food stains, coffee stains, notes written on the form itself may be identified as valid marks by the optical image scanner.

4. Has a physician ever diagnosed you with any type of cancer?

○ No → ***(Go to question 5.)***
● Yes

IF YES, have you been diagnosed with any of these cancers? *(Mark all that apply.)*

○ Colon cancer
○ Prostate cancer
○ Skin cancer (non-melanoma type)
○ Lung cancer
● Other cancer
(Specify up to 3 types below)

OFFICE USE

LYMPHATIC

THANK YOU VERY MUCH FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE.

A. DEMOGRAPHICS/MEDICAL

1. What is your date of birth? MONTH ☐☐ DAY ☐☐ YEAR ☐☐

2. What is your current marital status? *(Mark one only.)*

○ Married ○ Separated
○ Widowed ○ Never married
○ Divorced

3. Has a physician ever diagnosed you with any of the following conditions? *(Mark Yes or No for EACH condition.)*

	No	Yes
High blood pressure	○	○
Heart attack	○	○
Stroke	○	○
Emphysema	○	○
Other lung disease	○	○
Diabetes	○	○
Elevated cholesterol	○	○
Thyroid disease	○	○
Gallstones/gallbladder disease	○	○
Kidney stones	○	○
Colon polyp(s)	○	○
Prostate problems	○	○

4. Has a physician ever diagnosed you with any type of cancer?

○ No → ***(Go to question 5.)***
○ Yes

IF YES, have you been diagnosed with any of these cancers? *(Mark all that apply.)* YEAR

○ Colon cancer ☐☐
○ Prostate cancer ☐☐
○ Skin cancer (non-melanoma type) ☐☐
○ Lung cancer ☐☐
○ Other cancer *(Specify up to 3 types below)*

1. ☐☐
2. ☐☐
3. ☐☐

B. WEIGHT HISTORY

5. What is your current weight? POUNDS ☐☐☐

6. How much did you weigh at age 18? POUNDS ☐☐☐

7. What was the most you ever weighed since age 18? POUNDS ☐☐☐

8. How many times in your life have you purposely lost 10 pounds or more? *(If never, put 00.)* TIMES ☐☐

9. How many times in your life have you regained as much as 10 pounds that you previously had lost? *(If never, put 00.)* TIMES ☐☐

10. What is the most weight you have ever purposely lost in your life? *(If none, put 000.)* POUNDS ☐☐☐

11. When you gain weight, where on your body do you mainly add the weight? *(Mark all that apply.)*

○ Chest and shoulders ○ Other part of body
○ Waist ○ Equally all over
○ Hips and thighs ○ Don't gain weight

C. SMOKING HISTORY

12. During the period from birth to age 18, did you ever live for more than 1 year with someone who smoked on a daily basis?

○ No → ***(Go to question 13.)***
○ Yes

a. For how many years?

○ 1-3 years ○ 7-9 years ○ 13-15 years
○ 4-6 years ○ 10-12 years ○ 16-18 years

b. Was this usually...

○ one person
○ two persons
○ more than two persons

CORRECT MARK ○ ● ○ INCORRECT MARKS ✗ ✓ ✓

13. **Whether or not you smoke, about how many hours per week are you currently exposed to the smoke of others...**

a. At home?
(If not exposed to smoke at home put 00.)
HOURS PER WEEK ☐☐

b. In other places?
(If not exposed to smoke in other places put 00.)
HOURS PER WEEK ☐☐

14. **Have you smoked at least 100 cigarettes in your entire life?**

○ No → ***(Go to question 16.)***
○ Yes

15. **Do you smoke cigarettes now?**

○ Yes
a. **On average, about how many cigarettes a day do you smoke?** *(If less than 1 cigarette per day, put 00.)* CIGARETTES ☐☐
b. **How many years have you smoked?** *(If less than 1, put 00.)* YEARS ☐☐
c. **How many times since you first started smoking have you quit smoking for 6 months or longer?** *(If never, put 00.)* TIMES ☐☐

○ No
a. **How old were you the last time you quit smoking cigarettes?** YEARS OLD ☐☐
b. **Did you quit smoking because you had a serious health problem that was caused or made worse by smoking?**
○ No
○ Yes
c. **On average, how many cigarettes a day did you smoke?** *(If less than 1 cigarette per day, put 00.)* CIGARETTES ☐☐
d. **How many years did you smoke?** *(If less than 1, put 00.)* YEARS ☐☐
e. **During the years that you were smoking, how many times did you quit smoking for 6 months or longer?** *(If never, put 00.)* TIMES ☐☐

D. ACTIVITIES

16. **During the past year, what was the average time per week you spent at the following kinds of activities?**

	HOURS PER WEEK			
a. **Recreation**	NONE	1-3	4-6	7+
Walking	○	○	○	○
Jogging/running	○	○	○	○
Lap swimming	○	○	○	○
Tennis or racquetball	○	○	○	○
Bicycling/stationary bike	○	○	○	○
Aerobics/calisthenics	○	○	○	○
Dancing	○	○	○	○
b. **Other Activities**				
Gardening, mowing, planting, etc.	○	○	○	○
Heavy housework, vacuuming, etc.	○	○	○	○
Heavy home repair, painting, etc.	○	○	○	○
Shopping	○	○	○	○

17. **At age 40, what was the average time per week you spent at the following kinds of activities?**

	HOURS PER WEEK			
a. **Recreation**	NONE	1-3	4-6	7+
Walking	○	○	○	○
Jogging/running	○	○	○	○
Lap swimming	○	○	○	○
Tennis or racquetball	○	○	○	○
Bicycling/stationary bike	○	○	○	○
Aerobics/calisthenics	○	○	○	○
Dancing	○	○	○	○
b. **Other Activities**				
Gardening, mowing, planting, etc.	○	○	○	○
Heavy housework, vacuuming, etc.	○	○	○	○
Heavy home repair, painting, etc.	○	○	○	○
Shopping	○	○	○	○

18. **During the past year, on an average day, (not counting time spent at your job) how many hours per day did you spend...**

ACTIVITY	HOURS PER DAY				
	NONE	LESS THAN 3	3-5	6-8	MORE THAN 8
Sitting (watching TV, reading, etc.)	○	○	○	○	○
Light housekeeping	○	○	○	○	○

E. EATING HABITS

19. This section is about your USUAL eating habits over the past year.

- Please DO NOT SKIP any foods.
- If you never eat a food, mark "NEVER OR LESS THAN ONCE A MONTH", skipping the serving size altogether.

FIRST: • Mark whether your usual serving size is small, medium or large. Please DO NOT OMIT serving size.

SECOND: • Mark the column to show how often, on the average, you ate the food during the past year. Include meals you ate out as well as those eaten at home. Please be careful to mark your answer in the correct column.

ADDITIONAL COMMENTS:
- A small serving is about one-half the medium serving size or less.
- A large serving is about one-and-a-half times the medium serving size or more.

This person ate a medium serving of rice (about 3/4 cup) once per week during the past year and never ate squash.

TYPE OF FOOD	QUANTITY				AVERAGE USE LAST YEAR								
	MEDIUM SERVING	YOUR SERVING SIZE			NEVER OR LESS THAN ONCE PER MONTH	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
		S	M	L									
Rice	3/4 cup	○	●	○	○	○	○	●	○	○	○	○	○
Winter squash, baked squash	1/2 cup	○	○	○	●	○	○	○	○	○	○	○	○

Complete the following list to reflect your **USUAL** eating habits over the past year (at home, in restaurants, and other places):

TYPE OF FOOD	QUANTITY				AVERAGE USE LAST YEAR								
	MEDIUM SERVING	YOUR SERVING SIZE			NEVER OR LESS THAN ONCE PER MONTH	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
FRUITS AND JUICES		S	M	L									
Apples, applesauce, pears	1 medium fruit or 1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Cantaloupe (in season)	1/4 melon	○	○	○	○	○	○	○	○	○	○	○	○
Oranges	1 orange	○	○	○	○	○	○	○	○	○	○	○	○
Grapefruit	1/2 medium	○	○	○	○	○	○	○	○	○	○	○	○
Orange juice or grapefruit juice	6 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
Other fruit juices, fortified fruit drinks	6 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
Any other fruit, including bananas, fruit cocktail	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
BREAKFAST FOODS													
High fiber, bran or granola cereals, shredded wheat	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
Highly fortified cereals, such as Product 19, Total or Most	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
Other cold cereals, such as corn flakes, Rice Krispies	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
Cooked Cereals	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
Eggs	1 egg = small 2 eggs = medium	○	○	○	○	○	○	○	○	○	○	○	○
Bacon	2 slices	○	○	○	○	○	○	○	○	○	○	○	○
Sausage	2 patties or links	○	○	○	○	○	○	○	○	○	○	○	○

MEN'S SECTION

CORRECT MARK ○ ● ○ INCORRECT MARKS ✗ ⊘ ✓

TYPE OF FOOD	QUANTITY				AVERAGE USE LAST YEAR								
	MEDIUM SERVING	YOUR SERVING SIZE			NEVER OR LESS THAN ONCE PER MONTH	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
VEGETABLES		S	M	L									
Beans such as baked beans, limas, pintos, kidney, or in chili	3/4 cup	○	○	○	○	○	○	○	○	○	○	○	○
Tomatoes, tomato juice	1 medium or 6 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
Broccoli	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Spinach	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Mustard greens, turnip greens, collards	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Coleslaw, cabbage, sauerkraut	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Carrots, or mixed vegetables containing carrots	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Green salad	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
Regular salad dressing & mayonnaise, including on sandwiches	2 tablespoons	○	○	○	○	○	○	○	○	○	○	○	○
French fries and fried potatoes	3/4 cup	○	○	○	○	○	○	○	○	○	○	○	○
Sweet potatoes, yams	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Other potatoes, including boiled, baked, mashed, & potato salad	1 medium or 1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Rice	3/4 cup	○	○	○	○	○	○	○	○	○	○	○	○
Any other vegetable, including green beans, corn, peas	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Butter, margarine, or other fat on vegetables, potatoes, etc.	2 pats	○	○	○	○	○	○	○	○	○	○	○	○
BREADS, SNACKS, SPREADS													
Biscuits, muffins, burger rolls (including fast food)	1 medium piece	○	○	○	○	○	○	○	○	○	○	○	○
White breads (including sandwiches, bagels, crackers, French or Italian bread)	2 slices or 3 crackers	○	○	○	○	○	○	○	○	○	○	○	○
Dark breads such as whole wheat, rye, pumpernickel	2 slices or 3 crackers	○	○	○	○	○	○	○	○	○	○	○	○
Corn bread, corn muffins, corn tortillas, or grits	1 medium piece	○	○	○	○	○	○	○	○	○	○	○	○
Salty snacks, such as potato chips, corn chips, or popcorn	2 handfuls	○	○	○	○	○	○	○	○	○	○	○	○
Peanuts, peanut butter	2 tablespoons	○	○	○	○	○	○	○	○	○	○	○	○
Margarine on bread	2 pats	○	○	○	○	○	○	○	○	○	○	○	○
Butter on bread	2 pats	○	○	○	○	○	○	○	○	○	○	○	○
Cheeses and cheese spreads (not including cottage cheese)	2 slices or 2 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Yogurt (including frozen)	1 cup	○	○	○	○	○	○	○	○	○	○	○	○
Low fat yogurt (including low fat frozen yogurt)	1 cup	○	○	○	○	○	○	○	○	○	○	○	○

TYPE OF FOOD	QUANTITY				AVERAGE USE LAST YEAR								
MEAT, FISH, POULTRY, LUNCH ITEMS	MEDIUM SERVING	YOUR SERVING SIZE S	M	L	NEVER OR LESS THAN ONCE PER MONTH	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
Hamburgers, cheeseburgers, meatloaf, casserole with ground beef	1 medium or 4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Beef (steaks, roasts, etc. including on sandwiches)	4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Beef stew, or pot pie with carrots or other vegetables	1 cup	○	○	○	○	○	○	○	○	○	○	○	○
Liver, including chicken livers	4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Pork, including chops, roast	2 chops/ 4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Fried chicken	2 small or 1 large piece	○	○	○	○	○	○	○	○	○	○	○	○
Chicken or turkey (roasted, stewed, broiled, ground, including sandwiches)	2 small or 1 large piece, 4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Fried fish or fish sandwich	4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Tuna, tuna salad, tuna casserole	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Other fish (broiled or baked)	2 pieces/ 4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Spaghetti, lasagna, other pasta with tomato sauce	1 cup	○	○	○	○	○	○	○	○	○	○	○	○
Noodles, pasta with other sauces (not tomato), or pasta salad	1 cup	○	○	○	○	○	○	○	○	○	○	○	○
Hot dogs	2 hot dogs	○	○	○	○	○	○	○	○	○	○	○	○
Ham, bologna, salami, lunchmeat	2 slices	○	○	○	○	○	○	○	○	○	○	○	○
Vegetable & tomato soups, including vegetable beef, minestrone	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
SWEETS													
Ice cream	1 scoop or 1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Doughnuts, cookies, cake or pastry	1 piece or 3 cookies	○	○	○	○	○	○	○	○	○	○	○	○
Pies	1 medium slice	○	○	○	○	○	○	○	○	○	○	○	○
Chocolate candy	1 small bar or 1 ounce	○	○	○	○	○	○	○	○	○	○	○	○

SUMMARY QUESTIONS	AVERAGE USE LAST YEAR									
	NEVER	LESS THAN ONCE PER WEEK	1-2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	1 1/2 PER DAY	2 PER DAY	3 PER DAY	4+ PER DAY
a. How often did you eat beef, pork, or lamb as a main dish, e.g., steak, roast ham, etc. (4-6 ounces)?	○	○	○	○	○	○	○	○	○	○
b. Not counting salad or potatoes, how many servings of vegetables did you eat?	○	○	○	○	○	○	○	○	○	○
c. Not counting juices, how many servings of fruit did you eat?	○	○	○	○	○	○	○	○	○	○
d. How often did you use fat or oil in cooking?	○	○	○	○	○	○	○	○	○	○

MEN'S SECTION

CORRECT MARK ○ ● ○ INCORRECT MARKS ✗ ⊘ ✱

PLEASE NOTE THAT THE CATEGORIES FOR THESE COLUMNS ARE DIFFERENT

TYPE OF FOOD	QUANTITY				AVERAGE USE LAST YEAR								
	MEDIUM SERVING	YOUR SERVING SIZE S	M	L	NEVER OR LESS THAN ONCE PER MONTH	1-3 PER MONTH	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
BEVERAGES (Note that frequency categories are different)													
Whole milk & beverages with whole milk (not including on cereal or in coffee)	8 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
2% milk & beverages with 2% milk (not including on cereal or in coffee)	8 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
Skim milk, 1% or buttermilk (not including on cereal or in coffee)	8 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
Regular soft drinks (not diet)	12 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Beer	12 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Wine or wine coolers	1 medium glass	○	○	○	○	○	○	○	○	○	○	○	○
Liquor	1 shot	○	○	○	○	○	○	○	○	○	○	○	○
Milk or cream in coffee or tea	1 tablespoon	○	○	○	○	○	○	○	○	○	○	○	○
Sugar in coffee, tea or cereal	2 teaspoons	○	○	○	○	○	○	○	○	○	○	○	○

20. For each of the following food items, how does your USUAL diet over the LAST YEAR differ from your diet around 1982?

	CURRENTLY EAT				
	A LOT MORE	A LITTLE MORE	ABOUT THE SAME	A LITTLE LESS	A LOT LESS
a. Red meat (beef, pork, lamb)	○	○	○	○	○
b. Chicken/turkey	○	○	○	○	○
c. Fish	○	○	○	○	○
d. Saturated fats (butter, cheese, whole milk, ice cream, lard, etc.)	○	○	○	○	○
e. Fruits	○	○	○	○	○
f. Vegetables	○	○	○	○	○
g. Fiber and whole grains (whole wheat bread, bran, high fiber cereal)	○	○	○	○	○

21. In the past year, how often did you eat the following foods from restaurants or carry-outs?

TYPE OF RESTAURANT	NEVER IN PAST YEAR	1-4 TIMES IN PAST YEAR	5-11 TIMES IN PAST YEAR	1-3 TIMES A MONTH	ONCE A WEEK	2-4 TIMES PER WEEK	ALMOST EVERY DAY
Fried chicken	○	○	○	○	○	○	○
Burgers	○	○	○	○	○	○	○
Pizzas	○	○	○	○	○	○	○
Chinese food	○	○	○	○	○	○	○
Mexican food	○	○	○	○	○	○	○
Fried fish	○	○	○	○	○	○	○

22. When you eat the following foods, how often do you eat a low-fat or non-fat version of that food?

	FREQUENTLY	SOMETIMES	RARELY	NEVER	DON'T EAT THIS FOOD
Ice cream/Yogurt	○	○	○	○	○
Cheese	○	○	○	○	○
Salad dressing	○	○	○	○	○
Hamburger	○	○	○	○	○
Hot dogs/Lunch meat	○	○	○	○	○

23. What kinds of fat do you usually use in cooking (to fry, stir-fry, or sauté)? *(Mark only one or two.)*

- ○ Stick margarine
- ○ Oil
- ○ Pam or no oil
- ○ Soft tub margarine
- ○ Lard, fatback, bacon fat
- ○ Butter
- ○ Low-calorie margarine
- ○ Shortening
- ○ Don't know or don't cook

24. What kinds of fat do you usually add to vegetables, potatoes, etc.? *(Mark only one or two.)*

- ○ Stick margarine
- ○ Butter
- ○ Shortening
- ○ Low-calorie margarine
- ○ Lard, fatback, bacon fat
- ○ Soft tub margarine
- ○ Whipped butter
- ○ 1/2 butter, 1/2 margarine
- ○ Don't add fat

25. How often do you eat the skin on chicken?

- ○ Seldom/Never
- ○ Sometimes
- ○ Often/Always
- ○ Don't eat chicken

26. How often do you eat the fat on meat?

- ○ Seldom/Never
- ○ Sometimes
- ○ Often/Always
- ○ Don't eat meat

27. When you eat red meat such as beef, pork, or lamb, how well done is it cooked?

- ○ Rare
- ○ Medium rare
- ○ Medium well done
- ○ Well done
- ○ Don't eat red meat

F. MEDICATION/ VITAMINS

28. During the past year have you taken any vitamins or minerals at least once each week?

- ○ No, or less than once a week → ***(Go to question 29.)***
- ○ Yes, at least once per week

IF YES, which of the following did you take at least once each week?

VITAMIN TYPE	NUMBER OF TABLETS							
Multiple Vitamins	DID NOT TAKE	1-3 PER WEEK	4-6 PER WEEK	1 PER DAY	2 PER DAY	3 PER DAY	4 PER DAY	5+ PER DAY
Stress-tabs type	○	○	○	○	○	○	○	○
Therapeutic, Theragran type	○	○	○	○	○	○	○	○
One-a-day type, or Centrum	○	○	○	○	○	○	○	○
Other Vitamins								
Vitamin A	○	○	○	○	○	○	○	○
Vitamin E	○	○	○	○	○	○	○	○
Calcium or Dolomite	○	○	○	○	○	○	○	○
Beta Carotene	○	○	○	○	○	○	○	○
Vitamin C	○	○	○	○	○	○	○	○

If you take Calcium, Vitamin C, or Vitamin E:

How many milligrams in each Calcium tablet?	○ 250	○ 500	○ 600	○ 750	○ Don't know
How many milligrams in each Vitamin C tablet?	○ 250	○ 500	○ 1000	○ 1500	○ Don't know
How many units in each Vitamin E tablet?	○ 100	○ 200	○ 400	○ 1000	○ Don't know

MEN'S SECTION

CORRECT MARK ○ ● ○ INCORRECT MARKS ✗ ⊘ ✓

29. During the past year, did you take any of the following medications regularly?

	No	Yes	On Average, Used How Many Days Each Month?	On Days Used, Average Number Of Pills Per Day	Used For How Many Years
Aspirin (includes Bufferin, Anacin, etc.)	○	○ →		→	→
Tylenol or other Acetaminophen	○	○ →		→	→
Ibuprofen (Motrin, Advil, Nuprin, Mediprin, etc.)	○	○ →		→	→
Other non-steroidal analgesics (Naprosyn, Voltaren, Feldene, etc.)	○	○ →		→	→
Cholesterol Lowering Drugs (Lopid, Mevacor, Questran, etc.)	○	○ →		→	→
Blood pressure lowering medication	○	○ →		→	→
Insulin	○	○ →			

G. OCCUPATION

30. a. What occupation have you worked at for the longest time? *(Example: manager, engineer, machinist)*

b. What were your most important activities or duties? *(Example: supervised order department, designed circuits, operated lathe)*

c. In what kind of business or industry did you have this occupation the longest? *(Example: state government, health care, steel manufacturing) [DO NOT PUT A COMPANY NAME]*

31. How many years did you work at this occupation? YEARS

32. Are you retired?

○ No → ***(Go to question 33.)***

○ Yes, what year did you retire?

19

33. What is your Social Security Number?

Please provide your social security number. It will be kept confidential and used for positive identification in the event of loss of contact or death.

THIS COMPLETES THE MEN'S SECTION OF THE SURVEY. THANK YOU.

A. DEMOGRAPHICS/MEDICAL

1. What is your date of birth? MONTH DAY YEAR

2. What is your current marital status? *(Mark one only.)*

○ Married ○ Separated
○ Widowed ○ Never married
○ Divorced

3. Has a physician ever diagnosed you with any of the following conditions? *(Mark Yes or No for EACH condition.)*

	No	Yes
High blood pressure	○	○
Heart attack	○	○
Stroke	○	○
Emphysema	○	○
Other lung disease	○	○
Diabetes	○	○
Elevated cholesterol	○	○
Thyroid disease	○	○
Gallstones/gallbladder disease	○	○
Kidney stones	○	○
Colon polyp(s)	○	○
Lump(s) or cyst(s) in the breast(s)	○	○

4. Has a physician ever diagnosed you with any type of cancer?

○ No → ***(Go to question 5.)***
○ Yes

IF YES, have you been diagnosed with any of these cancers? *(Mark all that apply.)* YEAR

○ Colon cancer
○ Breast cancer
○ Skin cancer (non-melanoma type)
○ Lung cancer
○ Other cancer *(Specify up to 3 types below)*

1
2
3

B. WEIGHT HISTORY

5. What is your current weight? POUNDS

6. How much did you weigh at age 18? POUNDS

7. What was the most you ever weighed since age 18? POUNDS

8. How many times in your life have you purposely lost 10 pounds or more? (Do not include weight loss within 6 months of delivery.) *(If never, put 00.)* TIMES

9. How many times in your life have you regained as much as 10 pounds that you previously had lost? *(If never, put 00.)* TIMES

10. What is the most weight you have ever purposely lost in your life? *(If none, put 000.)* POUNDS

11. When you gain weight, where on your body do you mainly add the weight? *(Mark all that apply.)*

○ Chest and shoulders ○ Other part of body
○ Waist ○ Equally all over
○ Hips and thighs ○ Don't gain weight

C. SMOKING HISTORY

12. During the period from birth to age 18, did you ever live for more than 1 year with someone who smoked on a daily basis?

○ No → ***(Go to question 13.)***
○ Yes

a. For how many years?

○ 1-3 years ○ 7-9 years ○ 13-15 years
○ 4-6 years ○ 10-12 years ○ 16-18 years

b. Was this usually...

○ one person
○ two persons
○ more than two persons

Correct Mark ● Incorrect Marks ✗ ⊘ ▨

13. Whether or not you smoke, about how many hours per week are you currently exposed to the smoke of others...

a. At home? *(If not exposed to smoke at home put 00.)* — Hours Per Week ☐☐

b. In other places? *(If not exposed to smoke in other places put 00.)* — Hours Per Week ☐☐

14. Have you smoked at least 100 cigarettes in your entire life?

○ No → *(Go to question 16.)*

○ Yes

15. Do you smoke cigarettes now?

○ Yes

a. On average, about how many cigarettes a day do you smoke? *(If less than 1 cigarette per day, put 00.)* — Cigarettes ☐☐

b. How many years have you smoked? *(If less than 1, put 00.)* — Years ☐☐

c. How many times since you first started smoking have you quit smoking for 6 months or longer? *(If never, put 00.)* — Times ☐☐

○ No

a. How old were you the last time you quit smoking cigarettes? — Years Old ☐☐

b. Did you quit smoking because you had a serious health problem that was caused or made worse by smoking?

○ No
○ Yes

c. On average, how many cigarettes a day did you smoke? *(If less than 1 cigarette per day, put 00.)* — Cigarettes ☐☐

d. How many years did you smoke? *(If less than 1, put 00.)* — Years ☐☐

e. During the years that you were smoking, how many times did you quit smoking for 6 months or longer? *(If never, put 00.)* — Times ☐☐

D. Activities

16. During the past year, what was the average time per week you spent at the following kinds of activities?

	Hours Per Week			
a. Recreation	None	1-3	4-6	7+
Walking	○	○	○	○
Jogging/running	○	○	○	○
Lap swimming	○	○	○	○
Tennis or racquetball	○	○	○	○
Bicycling/stationary bike	○	○	○	○
Aerobics/calisthenics	○	○	○	○
Dancing	○	○	○	○
b. Other Activities				
Gardening, mowing, planting, etc.	○	○	○	○
Heavy housework, vacuuming, etc.	○	○	○	○
Heavy home repair, painting, etc.	○	○	○	○
Shopping	○	○	○	○

17. At age 40, what was the average time per week you spent at the following kinds of activities?

	Hours Per Week			
a. Recreation	None	1-3	4-6	7+
Walking	○	○	○	○
Jogging/running	○	○	○	○
Lap swimming	○	○	○	○
Tennis or racquetball	○	○	○	○
Bicycling/stationary bike	○	○	○	○
Aerobics/calisthenics	○	○	○	○
Dancing	○	○	○	○
b. Other Activities				
Gardening, mowing, planting, etc.	○	○	○	○
Heavy housework, vacuuming, etc.	○	○	○	○
Heavy home repair, painting, etc.	○	○	○	○
Shopping	○	○	○	○

18. During the past year, on an average day, (not counting time spent at your job) how many hours per day did you spend...

	Hours Per Day				
Activity	None	Less Than 3	3-5	6-8	More Than 8
Sitting (watching TV, reading, etc.)	○	○	○	○	○
Light housekeeping	○	○	○	○	○

E. EATING HABITS

19. This section is about your **USUAL** eating habits over the past year.

- Please **DO NOT SKIP** any foods.
- If you never eat a food, mark **"NEVER OR LESS THAN ONCE A MONTH"**, skipping the serving size altogether.

FIRST: • Mark whether your usual serving size is small, medium or large. Please **DO NOT OMIT** serving size.

SECOND: • Mark the column to show how often, on the average, you ate the food during the past year. Include meals you ate out as well as those eaten at home. Please be careful to mark your answer in the correct column.

ADDITIONAL COMMENTS: • A small serving is about one-half the medium serving size or less.
• A large serving is about one-and-a-half times the medium serving size or more.

This person ate a medium serving of rice (about 3/4 cup) once per week during the past year and never ate squash.

TYPE OF FOOD	QUANTITY				AVERAGE USE LAST YEAR								
	MEDIUM SERVING	YOUR SERVING SIZE S	M	L	NEVER OR LESS THAN ONCE PER MONTH	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
Rice	3/4 cup	○	●	○	○	○	○	●	○	○	○	○	○
Winter squash, baked squash	1/2 cup	○	○	○	●	○	○	○	○	○	○	○	○

Complete the following list to reflect your USUAL eating habits over the past year (at home, in restaurants, and other places):

TYPE OF FOOD	QUANTITY				AVERAGE USE LAST YEAR								
FRUITS AND JUICES	MEDIUM SERVING	YOUR SERVING SIZE S	M	L	NEVER OR LESS THAN ONCE PER MONTH	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
Apples, applesauce, pears	1 medium fruit or 1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Cantaloupe (in season)	1/4 melon	○	○	○	○	○	○	○	○	○	○	○	○
Oranges	1 orange	○	○	○	○	○	○	○	○	○	○	○	○
Grapefruit	1/2 medium	○	○	○	○	○	○	○	○	○	○	○	○
Orange juice or grapefruit juice	6 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
Other fruit juices, fortified fruit drinks	6 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
Any other fruit, including bananas, fruit cocktail	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
BREAKFAST FOODS													
High fiber, bran or granola cereals, shredded wheat	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
Highly fortified cereals, such as Product 19, Total or Most	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
Other cold cereals, such as corn flakes, Rice Krispies	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
Cooked Cereals	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
Eggs	1 egg = small 2 eggs = medium	○	○	○	○	○	○	○	○	○	○	○	○
Bacon	2 slices	○	○	○	○	○	○	○	○	○	○	○	○
Sausage	2 patties or links	○	○	○	○	○	○	○	○	○	○	○	○

WOMEN'S SECTION

Correct Mark ○ ● ○ Incorrect Marks ✗ Ø ✓

TYPE OF FOOD	QUANTITY				AVERAGE USE LAST YEAR								
VEGETABLES	MEDIUM SERVING	YOUR SERVING SIZE S	M	L	Never Or Less Than Once Per Month	1 Per Month	2-3 Per Month	1 Per Week	2 Per Week	3-4 Per Week	5-6 Per Week	1 Per Day	2+ Per Day
Beans such as baked beans, limas, pintos, kidney, or in chili	3/4 cup	○	○	○	○	○	○	○	○	○	○	○	○
Tomatoes, tomato juice	1 medium or 6 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
Broccoli	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Spinach	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Mustard greens, turnip greens, collards	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Coleslaw, cabbage, sauerkraut	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Carrots, or mixed vegetables containing carrots	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Green salad	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
Regular salad dressing & mayonnaise, including on sandwiches	2 tablespoons	○	○	○	○	○	○	○	○	○	○	○	○
French fries and fried potatoes	3/4 cup	○	○	○	○	○	○	○	○	○	○	○	○
Sweet potatoes, yams	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Other potatoes, including boiled, baked, mashed, & potato salad	1 medium or 1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Rice	3/4 cup	○	○	○	○	○	○	○	○	○	○	○	○
Any other vegetable, including green beans, corn, peas	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Butter, margarine, or other fat on vegetables, potatoes, etc.	2 pats	○	○	○	○	○	○	○	○	○	○	○	○
BREADS, SNACKS, SPREADS													
Biscuits, muffins, burger rolls (including fast food)	1 medium piece	○	○	○	○	○	○	○	○	○	○	○	○
White breads (including sandwiches, bagels, crackers, French or Italian bread)	2 slices or 3 crackers	○	○	○	○	○	○	○	○	○	○	○	○
Dark breads such as whole wheat, rye, pumpernickel	2 slices or 3 crackers	○	○	○	○	○	○	○	○	○	○	○	○
Corn bread, corn muffins, corn tortillas, or grits	1 medium piece	○	○	○	○	○	○	○	○	○	○	○	○
Salty snacks, such as potato chips, corn chips, or popcorn	2 handfuls	○	○	○	○	○	○	○	○	○	○	○	○
Peanuts, peanut butter	2 tablespoons	○	○	○	○	○	○	○	○	○	○	○	○
Margarine on bread	2 pats	○	○	○	○	○	○	○	○	○	○	○	○
Butter on bread	2 pats	○	○	○	○	○	○	○	○	○	○	○	○
Cheeses and cheese spreads (not including cottage cheese)	2 slices or 2 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Yogurt (including frozen)	1 cup	○	○	○	○	○	○	○	○	○	○	○	○
Low fat yogurt (including low fat frozen yogurt)	1 cup	○	○	○	○	○	○	○	○	○	○	○	○

TYPE OF FOOD	QUANTITY				AVERAGE USE LAST YEAR								
MEAT, FISH, POULTRY, LUNCH ITEMS	MEDIUM SERVING	YOUR SERVING SIZE			NEVER OR LESS THAN ONCE PER MONTH	1 PER MONTH	2-3 PER MONTH	1 PER WEEK	2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2+ PER DAY
		S	M	L									
Hamburgers, cheeseburgers, meatloaf, casserole with ground beef	1 medium or 4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Beef (steaks, roasts, etc. including on sandwiches)	4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Beef stew, or pot pie with carrots or other vegetables	1 cup	○	○	○	○	○	○	○	○	○	○	○	○
Liver, including chicken livers	4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Pork, including chops, roast	2 chops/ 4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Fried chicken	2 small or 1 large piece	○	○	○	○	○	○	○	○	○	○	○	○
Chicken or turkey (roasted, stewed, broiled, ground, including sandwiches)	2 small or 1 large piece, 4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Fried fish or fish sandwich	4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Tuna, tuna salad, tuna casserole	1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Other fish (broiled or baked)	2 pieces/ 4 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Spaghetti, lasagna, other pasta with tomato sauce	1 cup	○	○	○	○	○	○	○	○	○	○	○	○
Noodles, pasta with other sauces (not tomato), or pasta salad	1 cup	○	○	○	○	○	○	○	○	○	○	○	○
Hot dogs	2 hot dogs	○	○	○	○	○	○	○	○	○	○	○	○
Ham, bologna, salami, lunchmeat	2 slices	○	○	○	○	○	○	○	○	○	○	○	○
Vegetable & tomato soups, including vegetable beef, minestrone	1 medium bowl	○	○	○	○	○	○	○	○	○	○	○	○
SWEETS													
Ice cream	1 scoop or 1/2 cup	○	○	○	○	○	○	○	○	○	○	○	○
Doughnuts, cookies, cake or pastry	1 piece or 3 cookies	○	○	○	○	○	○	○	○	○	○	○	○
Pies	1 medium slice	○	○	○	○	○	○	○	○	○	○	○	○
Chocolate candy	1 small bar or 1 ounce	○	○	○	○	○	○	○	○	○	○	○	○

SUMMARY QUESTIONS	AVERAGE USE LAST YEAR									
	NEVER	LESS THAN ONCE PER WEEK	1-2 PER WEEK	3-4 PER WEEK	5-6 PER WEEK	1 PER DAY	1 1/2 PER DAY	2 PER DAY	3 PER DAY	4+ PER DAY
a. How often did you eat beef, pork, or lamb as a main dish, e.g., steak, roast ham, etc. (4-6 ounces)?	○	○	○	○	○	○	○	○	○	○
b. Not counting salad or potatoes, how many servings of vegetables did you eat?	○	○	○	○	○	○	○	○	○	○
c. Not counting juices, how many servings of fruit did you eat?	○	○	○	○	○	○	○	○	○	○
d. How often did you use fat or oil in cooking?	○	○	○	○	○	○	○	○	○	○

CORRECT MARK ● INCORRECT MARKS ✗ ⊘ ✓

PLEASE NOTE THAT THE CATEGORIES FOR THESE COLUMNS ARE DIFFERENT

TYPE OF FOOD	QUANTITY: MEDIUM SERVING	QUANTITY: YOUR SERVING SIZE S	M	L	AVERAGE USE LAST YEAR: NEVER OR LESS THAN ONCE PER MONTH	1-3 PER MONTH	1 PER WEEK	2-4 PER WEEK	5-6 PER WEEK	1 PER DAY	2-3 PER DAY	4-5 PER DAY	6+ PER DAY
BEVERAGES (Note that frequency categories are different)													
Whole milk & beverages with whole milk (not including on cereal or in coffee)	8 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
2% milk & beverages with 2% milk (not including on cereal or in coffee)	8 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
Skim milk, 1% or buttermilk (not including on cereal or in coffee)	8 ounce glass	○	○	○	○	○	○	○	○	○	○	○	○
Regular soft drinks (not diet)	12 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Beer	12 ounces	○	○	○	○	○	○	○	○	○	○	○	○
Wine or wine coolers	1 medium glass	○	○	○	○	○	○	○	○	○	○	○	○
Liquor	1 shot	○	○	○	○	○	○	○	○	○	○	○	○
Milk or cream in coffee or tea	1 tablespoon	○	○	○	○	○	○	○	○	○	○	○	○
Sugar in coffee, tea or cereal	2 teaspoons	○	○	○	○	○	○	○	○	○	○	○	○

20. **For each of the following food items, how does your USUAL diet over the LAST YEAR differ from your diet around 1982?**

	CURRENTLY EAT: A LOT MORE	A LITTLE MORE	ABOUT THE SAME	A LITTLE LESS	A LOT LESS
a. Red meat (beef, pork, lamb)	○	○	○	○	○
b. Chicken/turkey	○	○	○	○	○
c. Fish	○	○	○	○	○
d. Saturated fats (butter, cheese, whole milk, ice cream, lard, etc.)	○	○	○	○	○
e. Fruits	○	○	○	○	○
f. Vegetables	○	○	○	○	○
g. Fiber and whole grains (whole wheat bread, bran, high fiber cereal)	○	○	○	○	○

21. **In the past year, how often did you eat the following foods from restaurants or carry-outs?**

TYPE OF RESTAURANT	NEVER IN PAST YEAR	1-4 TIMES IN PAST YEAR	5-11 TIMES IN PAST YEAR	1-3 TIMES A MONTH	ONCE A WEEK	2-4 TIMES PER WEEK	ALMOST EVERY DAY
Fried chicken	○	○	○	○	○	○	○
Burgers	○	○	○	○	○	○	○
Pizzas	○	○	○	○	○	○	○
Chinese food	○	○	○	○	○	○	○
Mexican food	○	○	○	○	○	○	○
Fried fish	○	○	○	○	○	○	○

22. **When you eat the following foods, how often do you eat a low-fat or non-fat version of that food?**

	FREQUENTLY	SOMETIMES	RARELY	NEVER	DON'T EAT THIS FOOD
Ice cream/Yogurt	○	○	○	○	○
Cheese	○	○	○	○	○
Salad dressing	○	○	○	○	○
Hamburger	○	○	○	○	○
Hot dogs/Lunch meat	○	○	○	○	○

23. **What kinds of fat do you usually use in cooking (to fry, stir-fry, or sauté)?** *(Mark only one or two.)*

- ○ Stick margarine
- ○ Oil
- ○ Pam or no oil
- ○ Soft tub margarine
- ○ Lard, fatback, bacon fat
- ○ Butter
- ○ Low-calorie margarine
- ○ Shortening
- ○ Don't know or don't cook

24. **What kinds of fat do you usually add to vegetables, potatoes, etc.?** *(Mark only one or two.)*

- ○ Stick margarine
- ○ Butter
- ○ Shortening
- ○ Low-calorie margarine
- ○ Lard, fatback, bacon fat
- ○ Soft tub margarine
- ○ Whipped butter
- ○ 1/2 butter, 1/2 margarine
- ○ Don't add fat

25. **How often do you eat the skin on chicken?**

- ○ Seldom/Never
- ○ Sometimes
- ○ Often/Always
- ○ Don't eat chicken

26. **How often do you eat the fat on meat?**

- ○ Seldom/Never
- ○ Sometimes
- ○ Often/Always
- ○ Don't eat meat

27. **When you eat red meat such as beef, pork, or lamb, how well done is it cooked?**

- ○ Rare
- ○ Medium rare
- ○ Medium well done
- ○ Well done
- ○ Don't eat red meat

F. MEDICATION/ VITAMINS

28. **During the past year have you taken any vitamins or minerals at least once each week?**

- ○ No, or less than once a week → ***(Go to question 29.)***
- ○ Yes, at least once per week

IF YES, which of the following did you take at least once each week?

VITAMIN TYPE	NUMBER OF TABLETS							
Multiple Vitamins	DO NOT TAKE	1-3 PER WEEK	4-6 PER WEEK	1 PER DAY	2 PER DAY	3 PER DAY	4 PER DAY	5+ PER DAY
Stress-tabs type	○	○	○	○	○	○	○	○
Therapeutic, Theragran type	○	○	○	○	○	○	○	○
One-a-day type, or Centrum	○	○	○	○	○	○	○	○
Other Vitamins								
Vitamin A	○	○	○	○	○	○	○	○
Vitamin E	○	○	○	○	○	○	○	○
Calcium or Dolomite	○	○	○	○	○	○	○	○
Beta Carotene	○	○	○	○	○	○	○	○
Vitamin C	○	○	○	○	○	○	○	○

If you take Calcium, Vitamin C, or Vitamin E:

How many milligrams in each Calcium tablet?	○ 250	○ 500	○ 600	○ 750	○ Don't know
How many milligrams in each Vitamin C tablet?	○ 250	○ 500	○ 1000	○ 1500	○ Don't know
How many units in each Vitamin E tablet?	○ 100	○ 200	○ 400	○ 1000	○ Don't know

Correct Mark ○ ● ○ Incorrect Marks ✗ ✓ ✗

29. During the past year, did you take any of the following medications regularly?

	No	Yes	On Average, Used How Many Days Each Month?	On Days Used, Average Number Of Pills Per Day	Used For How Many Years
Aspirin (includes Bufferin, Anacin, etc.)	○	○ →		→	→
Tylenol or other Acetaminophen	○	○ →		→	→
Ibuprofen (Motrin, Advil, Nuprin, Mediprin, etc.)	○	○ →		→	→
Other non-steroidal analgesics (Naprosyn, Voltaren, Feldene, etc.)	○	○ →		→	→
Cholesterol Lowering Drugs (Lopid, Mevacor, Questran, etc.)	○	○ →		→	→
Blood pressure lowering medication	○	○ →		→	→
Insulin	○	○ →			

G. Occupation

30. a. What occupation have you worked at for the longest time? *(Example: homemaker, nurse, manager)*

b. What were your most important activities or duties? *(Example: maintained household, patient care, supervised order department)*

c. In what kind of business or industry did you have this occupation the longest? *(Example: private home, health care, state government) [DO NOT PUT A COMPANY NAME]*

31. How many years did you work at this occupation? Years

32. Are you retired?

○ No → ***(Go to question 33.)***

○ Yes, what year did you retire?

19

33. What is your Social Security Number?

Please provide your social security number. It will be kept confidential and used for positive identification in the event of loss of contact or death. Thank you.

H. WOMEN'S HEALTH ISSUES

1. Have you ever had a mammogram (an X-ray of the breasts)?

- ○ No → *(Go to question 2.)*
- ○ Don't know → *(Go to question 2.)*
- ○ Yes

a. About how many mammograms have you ever had in your life? MAMMOGRAMS

b. When did you have your most recent mammogram?

- ○ Within the last year
- ○ 1-3 years ago
- ○ Over 3 years ago
- ○ Don't know

c. What was the main reason you had your most recent mammogram? *(Mark only one)*

- ○ Because of a specific breast problem
- ○ Follow up to a previous breast problem
- ○ Part of a routine physical exam
- ○ Had it for screening purposes
- ○ Some other reason
- ○ Don't know

2. Have your menstrual periods stopped permanently?

- ○ No → *(Go to question 3.)*
- ○ Not sure → *(Go to question 3.)*
- ○ Yes, no menstrual periods
- ○ Yes, had menopause, but now have periods induced by hormones

a. How old were you when your periods stopped? YEARS OLD

b. For what reason did your periods stop?

- ○ Natural menopause
- ○ Surgery
- ○ Radiation/Chemotherapy

c. Have you had surgery to remove any female organs? *(mark all that apply)*

- ○ No
- ○ One ovary removed
- ○ Both ovaries removed
- ○ Uterus removed
- ○ Don't know

3. When did you have your most recent pap smear?

- ○ Within the last year
- ○ 1-3 years ago
- ○ More than 3 years ago
- ○ Don't know when
- ○ Never had one

4. Have you ever used female hormones (other than oral contraceptives) for relief of menopausal symptoms, irregular periods, or prevention of diseases such as bone loss?

- ○ No → *(Go to question 5.)*
- ○ Yes

a. Are you currently using them?

- ○ No, not currently
- ○ Yes, currently

b. What type of hormone have you used (did you use) the longest?

- ○ Oral Premarin or other conjugated estrogen alone
- ○ Oral progesterone (e.g. Provera) alone
- ○ Oral conjugated estrogen and progesterone
- ○ Patch estrogen and oral progesterone
- ○ Patch estrogen alone
- ○ Vaginal estrogen
- ○ Other (e.g. Ogen, Estrace)

c. How many years have you used (did you use) the type that you used the longest? YEARS
(If less than 1 year put 00.)

d. What type of hormone have you used (did you use) most recently?

- ○ Oral Premarin or other conjugated estrogen alone
- ○ Oral progesterone (e.g. Provera) alone
- ○ Oral conjugated estrogen and progesterone
- ○ Patch estrogen and oral progesterone
- ○ Patch estrogen alone
- ○ Vaginal estrogen
- ○ Other (e.g. Ogen, Estrace)

e. How many years have you used (did you use) the type that you used most recently? YEARS
(If less than 1 year put 00.)

Go to next page.

CORRECT MARK ● INCORRECT MARKS ✗ ✓ ⋀⋁

Questions 5-7 pertain to **BLOOD RELATIVES**. Include your natural mother and any sisters related to you by blood. (Do not include adopted or foster sisters.)

5. Did your mother ever have breast cancer?

No ⟹ ***(Go to question 6.)***
Don't know ⟹ ***(Go to question 6.)***
Yes ⟹ a) Where was the cancer?

In one breast In both breasts Don't know

b) How old was she when breast cancer was diagnosed?

Less than 50 50-59 60-69 70 or older Don't know

6. Have any of your sisters been diagnosed with breast cancer?

No ⟹ ***This completes the survey. Thank you.***
Yes

7. For any sister(s) ever diagnosed with breast cancer, complete the following information:

AGE WHEN DIAGNOSED WITH BREAST CANCER	Less than 50 50-59 60-69 70 or older Don't know	Less than 50 50-59 60-69 70 or older Don't know	Less than 50 50-59 60-69 70 or older Don't know	Less than 50 50-59 60-69 70 or older Don't know
WAS THE BREAST CANCER IN...	One breast Both breasts Don't know	One breast Both breasts Don't know	One breast Both breasts Don't know	One breast Both breasts Don't know

With Personal thanks from the entire staff of Epidemiology and Statistics!

AMERICAN CANCER SOCIETY