

GENERAL INFORMATION

1. What is your current marital status? (Choose One)
 - Married or living as married
 - Separated
 - Widowed
 - Never married
 - Divorced

2. Are you currently... (Choose One)
 - Homemaker
 - Unemployed
 - Employed full-time
 - Retired
 - Employed part-time
 - Disabled
 - Extended sick leave
 - Other (specify) _____

3. Into what religion were you born? (Choose One)
 - Catholic
 - Christian Scientist
 - Greek Orthodox
 - Jewish
 - LDS or Mormon
 - Protestant
 - Seventh Day Adventist
 - Other (specify) _____
 - None

FAMILY BACKGROUND AND BODY TYPE

4. Are you Hispanic or Latino? (Choose One)
 - Yes, Hispanic or Latino
 - No, not Hispanic or Latino

5. What is your race? (Choose One)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

6. What is your current family income? (Choose One)

- Less than \$20,000
- \$20,000 to 49,999
- \$50,000 to 99,999
- \$100,000 to 200,000
- More than \$200,000
- Prefer not to answer

7. What is your current height? (Record your height in feet and inches.)

Feet _____ Inches _____

8. Please estimate your weight when you were the following ages. (EXCLUDE ANY PERIODS WHEN YOU WERE PREGNANT)

Age	Weight	
30s		Pounds
40s		Pounds
50s		Pounds
60s		Pounds
70s		Pounds

9. What is your current weight?

_____ Pounds

10. When you gain weight, where do you MAINLY tend to add the weight?

- Don't gain weight
- Around the chest and shoulders
- Around the waist and stomach
- Around the hips and thighs
- Equally all over
- Other (specify) _____

11. When you are trying to slim down, where is it most difficult to lose the weight?

- Don't try to lose weight
- Can't lose weight
- Around the chest and shoulders
- Around the waist and stomach
- Around the hips and thighs
- Equally all over
- Other (specify) _____

12. Compared to other people of the same sex and height, when sitting, are you... (Choose One)

- Especially tall
- Somewhat tall
- Typical
- Somewhat short
- Especially short

13. How would you describe your waist in comparison to your hips (waist-to-hip ratio)? (Choose One)

- Waist much smaller than hips
- Waist somewhat smaller than hips
- Waist similar to hips
- Waist somewhat larger than hips
- Waist much larger than hips

14. What was your father's age when you were born? (Choose One)

- Less than 20
- 20 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 or older
- Unknown

15. What was your mother's age when you were born? (Choose One)

- Less than 20
- 20 to 24
- 25 to 29
- 30 to 34
- 35 to 39
- 40 to 44
- 45 or older
- Unknown

16. How many of each of the following blood relatives (do not count half sisters or half brothers) do/did you have? (PLEASE INCLUDE ANY DECEASED)

- | | | | | | | |
|-----------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------------|
| Sisters | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 or more |
| Brothers | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 or more |
| Daughters | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 or more |
| Sons | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 or more |

17. Were any of your blood relatives ever diagnosed with cancer?
 (BLOOD RELATIVES INCLUDE MOTHER, FATHER, SISTERS, BROTHERS, CHILDREN. DO NOT INCLUDE SKIN CANCER UNLESS IT WAS MELANOMA.) (Choose One)

- No relatives diagnosed with cancer (GO TO QUESTION 18)
- Yes, at least one relative diagnosed with cancer (COMPLETE THE TABLE BELOW. IF YOU HAVE MORE THAN FIVE RELATIVES DIAGNOSED WITH CANCER, PLEASE INCLUDE A SEPARATE PAGE WITH THIS INFORMATION.)

FOR EACH ROW, MARK ONE RELATIVE WHO HAD CANCER	What type(s) of cancer did he/she have? (MARK ALL THAT APPLY)	At what age was he/she diagnosed with first cancer?
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sister/Brother <input type="radio"/> Daughter/Son	<input type="radio"/> Breast <input type="radio"/> Lymphoma <input type="radio"/> Leukemia <input type="radio"/> Prostate <input type="radio"/> Colorectal <input type="radio"/> Other <input type="radio"/> Lung <input type="radio"/> Endometrial _____ <input type="radio"/> Ovarian <input type="radio"/> Bladder <input type="radio"/> Don't know	<input type="radio"/> Less than 40 <input type="radio"/> 70 to 79 <input type="radio"/> 40 to 49 <input type="radio"/> Age 80 or greater <input type="radio"/> 50 to 59 <input type="radio"/> Don't know <input type="radio"/> 60 to 69
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sister/Brother <input type="radio"/> Daughter/Son	<input type="radio"/> Breast <input type="radio"/> Lymphoma <input type="radio"/> Leukemia <input type="radio"/> Prostate <input type="radio"/> Colorectal <input type="radio"/> Other <input type="radio"/> Lung <input type="radio"/> Endometrial _____ <input type="radio"/> Ovarian <input type="radio"/> Bladder <input type="radio"/> Don't know	<input type="radio"/> Less than 40 <input type="radio"/> 70 to 79 <input type="radio"/> 40 to 49 <input type="radio"/> Age 80 or greater <input type="radio"/> 50 to 59 <input type="radio"/> Don't know <input type="radio"/> 60 to 69
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HEALTH HISTORY

18. Were you ever diagnosed with:

[IF YES:] At what age were you first diagnosed?

a. A stroke?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 50 to 59	<input type="radio"/> 60 to 69 <input type="radio"/> 70 or older
b. A heart attack?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 50 to 59	<input type="radio"/> 60 to 69 <input type="radio"/> 70 or older
c. High cholesterol?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 50 to 59	<input type="radio"/> 60 to 69 <input type="radio"/> 70 or older
d. High blood pressure?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 50 to 59	<input type="radio"/> 60 to 69 <input type="radio"/> 70 or older
e. Diabetes?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 50 to 59	<input type="radio"/> 60 to 69 <input type="radio"/> 70 or older
f. Osteoporosis?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 50 to 59	<input type="radio"/> 60 to 69 <input type="radio"/> 70 or older
g. Asthma?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 50 to 59	<input type="radio"/> 60 to 69 <input type="radio"/> 70 or older
h. Emphysema?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 50 to 59	<input type="radio"/> 60 to 69 <input type="radio"/> 70 or older

19. Were you ever diagnosed with arthritis? (Choose One) <input type="radio"/> Yes <input type="radio"/> No	[IF YES:] What type of arthritis? (Choose One) <input type="radio"/> Rheumatoid Arthritis <input type="radio"/> Osteoarthritis <input type="radio"/> Not sure which type	[IF YES:] At what age were you first diagnosed with arthritis? (Choose One) <input type="radio"/> Less than 30 <input type="radio"/> 30 to 39 <input type="radio"/> 40 to 49 <input type="radio"/> 50 to 59 <input type="radio"/> 60 to 69 <input type="radio"/> 70 or older
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20. After you were 40 years old, did you ever have a bone fracture or broken bone in any of the following parts of your body? (MARK ALL THAT APPLY)

- Hip
- Forearm or wrist
- Vertebra
- Any other bone
- No bones fractured or broken

QUESTIONS 21 TO 28 CONCERN MEDICATIONS (EITHER PRESCRIPTION OR OVER-THE-COUNTER) THAT ARE ANTI-INFLAMMATORY OR PAIN RELIEVERS.

21. During the last 12 months, about how often did you usually take aspirin (examples of aspirin include Bayer, Bufferin, Anacin, and baby aspirin)? (Choose One)
- None or less than 1 time per month
 - 1 to 3 times per month
 - 1 to 2 times per week
 - 3 to 6 times per week
 - 7 or more times per week
22. When you took aspirin, what strength or dose did you usually take? (Choose One)
- None
 - Adult strength (usually 325 mg)
 - Baby strength (usually 81 mg)
 - Some other strength
 - Don't know the strength
23. For how many years have you taken aspirin at least once a week? (Choose One)
- None
 - Less than 10 years
 - 10 to 19 years
 - 20 to 39 years
 - 40 or more years
24. During the last 12 months, about how often did you usually take acetaminophen (examples of acetaminophen include Tylenol and Panadol)? (Choose One)
- None or less than 1 time per month
 - 1 to 3 times per month
 - 1 to 2 times per week
 - 3 to 6 times per week
 - 7 or more times per week
25. For how many years have you taken acetaminophen at least once per week? (Choose One)
- None
 - Less than 10 years
 - 10 to 19 years
 - 20 to 39 years
 - 40 or more years

26. Not including aspirin, during the last 12 months, did you take any of the following nonsteroidal anti-inflammatory drugs (NSAIDs) at least once a week? (MARK ALL THAT APPLY)

- Aleve
- Advil
- Bextra
- Celebrex
- Indocin
- Medipren
- Motrin
- Naprosyn
- Nuprin
- Vioxx
- Other _____
- None of the NSAIDs

27. During the last 12 months, about how often did you usually take nonsteroidal anti-inflammatory drugs (NSAIDs)? (Choose One)

- None or less than 1 time per month
- 1 to 3 times per month
- 1 to 2 times per week
- 3 to 6 times per week
- 7 or more times per week

28. For how many years have you taken NSAIDs at least once per week? (Choose One)

- None
- Less than 10 years
- 10 to 19 years
- 20 to 39 years
- 40 or more years

PHYSICAL ACTIVITY

The next few questions refer to your usual physical activities over the last 12 months. Work includes paid employment or volunteer work.

29. Think about your activities at work over the past 12 months. Which of the following choices best describes your usual activities at work?

- Did not work during past 12 months
- Mostly sitting with little walking
- Mostly walking with some sitting
- Mostly walking with some manual labor or exercise
- Mostly manual labor or exercise

30. Not including any time at work, think about your activities over the past 12 months. How often did you walk a mile or more at a time without stopping?

- None or less than 1 time per month
- 1 to 3 times per month
- 1 to 2 times per week
- 3 to 6 times per week
- 7 or more times per week

31. In the past 12 months did you:		[IF YES:] In the past 12 months, how often did you do this activity?
a. Jog or run outside or on a treadmill?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-3 times/month <input type="radio"/> 7+ times/week <input type="radio"/> 1-2 times/week
b. Ride a bicycle or an exercise bicycle?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-3 times/month <input type="radio"/> 7+ times/week <input type="radio"/> 1-2 times/week
c. Swim?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-3 times/month <input type="radio"/> 7+ times/week <input type="radio"/> 1-2 times/week
d. Do aerobics, water aerobics or aerobic dancing?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-3 times/month <input type="radio"/> 7+ times/week <input type="radio"/> 1-2 times/week
e. Do other dancing?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-3 times/month <input type="radio"/> 7+ times/week <input type="radio"/> 1-2 times/week
f. Do calisthenics or exercise?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-3 times/month <input type="radio"/> 7+ times/week <input type="radio"/> 1-2 times/week
g. Garden or do yard work?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-3 times/month <input type="radio"/> 7+ times/week <input type="radio"/> 1-2 times/week
h. Lift weights?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-3 times/month <input type="radio"/> 7+ times/week <input type="radio"/> 1-2 times/week

32. Over the last 12 months, on average, how many days per week did you spend in any physical activity strenuous enough to work up a sweat or to increase your breathing and heart rate to very high levels? (Choose One)
- None or less than 1 day per week
 - 2 to 3 days per week
 - 4 to 5 days per week
 - 6 to 7 days per week
33. Over the last 12 months, on average, how long was each session of strenuous activity? (Choose One)
- None or less than 15 minutes
 - 16 to 19 minutes
 - 20 to 29 minutes
 - 30 to 39 minutes
 - 40 minutes or more
34. Over the last 12 months, on average, how many days per week did you spend in any moderate physical activity where you worked up a light sweat or increased your breathing and heart rate to moderately high levels? (Choose One)
- None or less than 1 day per week
 - 2 to 3 days per week
 - 4 to 5 days per week
 - 6 to 7 days per week
35. Over the last 12 months, on average, how long was each session of moderate activity? (Choose One)
- None or less than 15 minutes
 - 16 to 19 minutes
 - 20 to 29 minutes
 - 30 to 39 minutes
 - 40 minutes or more
36. Over the last 12 months, on average, how many hours per week did you spend doing light work around the house including preparing meals, cleaning, doing small repairs, washing dishes, etc.? (Choose One)
- None or less than 1 hour per week
 - Around 1 hour per week
 - 2 to 3 hours per week
 - 4 to 5 hours per week
 - 6 to 7 hours per week
 - More than 7 hours per week

37. What is your usual walking pace? (Choose One)
- Easy (less than 2 mph)
 - Normal, average (2 to 2.9 mph)
 - Brisk pace (3 to 3.9 mph)
 - Very brisk, striding (4 mph or faster)
 - Unable to walk
38. How many flights of stairs do you usually climb daily? (Choose One)
- No flights
 - 1 to 2 flights
 - 3 to 4 flights
 - 5 to 9 flights
 - 10 flights or more
39. How often do you leave your home for shopping or other activities? (Choose One)
- None or less than 1 time per week
 - 1 time per week
 - 2 to 4 times per week
 - 5 to 6 times per week
 - 7 or more times per week
40. Compared with yourself 10 years ago, are you now more active, less active, or about the same? (Choose One)
- More active
 - Less active
 - About the same

TOBACCO SECTION

Now think about your smoking history.

41. Have you smoked at least 100 cigarettes in your entire life? (Choose One)
- Yes (CONTINUE WITH QUESTION 42)
 - No (GO TO QUESTION 55)
42. How old were you when you first started smoking cigarettes fairly regularly?
AGE STARTED SMOKING _____
- OR
- NEVER SMOKED REGULARLY

43. Over your lifetime, did you mainly smoke Ultra-light, Light, or Regular cigarettes? (Choose One)
- Ultra-light
 - Light or mild
 - Regular or full-flavor
 - No usual type of cigarettes
44. Over your lifetime, did you mainly smoke menthol or non-menthol cigarettes? (Choose One)
- Menthol
 - Non-menthol
 - No usual type of cigarettes
45. In the past 30 days, did you smoke cigarettes every day, some days, or not at all? (Choose One)
- Every day (CONTINUE WITH QUESTION 46)
 - Some days (CONTINUE WITH QUESTION 46)
 - Not at all (GO TO QUESTION 52)
46. In the past 30 days, on days that you smoked, about how many cigarettes did you usually smoke each day? (Choose One)
- 1 to 5 each day
 - 6 to under 1 pack each day
 - About 1 pack each day
 - About 1 ½ packs each day
 - About 2 packs each day
 - More than 2 packs each day
47. How soon after you wake up do you usually smoke your first cigarette of the day? (Choose One)
- Within 5 minutes
 - 6 to 30 minutes
 - 31 to 60 minutes
 - More than 60 minutes
48. For each of the following statements mark if it is true for you.
- True False "I have trouble going more than a few hours without smoking."
 - True False "Even in a bad rainstorm, if I ran out of cigarettes, I would probably go to the store to get more."
 - True False "When I go without smoking for a few hours, I experience craving."
 - True False "If I were in a public place where smoking was not allowed, I would probably go outside to smoke a cigarette, even in cold or rainy weather."

49. Are you considering quitting smoking during the next 6 months? (Choose One)
- Yes, plan to stop within next 30 days
 - Yes, plan to stop within next 6 months, but not within next 30 days
 - No, not thinking of quitting in next 6 months
50. In the past, have you ever made a serious attempt to quit smoking? That is, have you stopped smoking for at least one day or longer because you were trying to quit? (Choose One)
- Yes (CONTINUE WITH QUESTION 51)
 - No (GO TO QUESTION 54)
51. What was the longest length of time you stopped smoking because you were trying to quit? (Choose One)
- Less than 1 week
 - 1 to 3 weeks
 - 1 to 2 months
 - 3 to 11 months
 - 1 to 4 years
 - 5 to 9 years
 - 10 years or more
52. How old were you when you most recently quit smoking?
- AGE STOPPED SMOKING _____
53. Thinking of the most recent time you quit smoking, did you use any of the following products (MARK EACH ONE THAT YOU USED)
- Nicotine gum
 - Nicotine patch
 - Nicotine nasal spray, inhaler, lozenge, or tablet
 - Prescription pill such as Zyban, Bupropion, or Wellbutrin
 - None of these
54. During the past 12 months did any doctor, dentist, nurse, or any other health professional advise you to quit smoking? (Choose One)
- Yes
 - No, was not advised to quit
 - No, did not see a health professional in past 12 months
 - No, did not smoke in past 12 months

Now think about your exposure to other peoples' smoke.

55. Before you were 18, did you ever live with someone who smoked cigarettes in the home on a regular basis? (Choose One)

- Yes, during most of your childhood
- Yes, during some of your childhood
- No, not at all

56. As an adult (AFTER you turned 18), did you ever live with someone who smoked cigarettes in the home on a regular basis? (Choose One)

- Yes, during most of your adult life
- Yes, during some of your adult life
- No, not at all

57. As an adult (AFTER you turned 18), did you ever work indoors with someone who smoked cigarettes in your work area on a regular basis? (Choose One)

- Yes, during most of your work experience
- Yes, during some of your work experience
- No, not at all

58. How often do you worry about getting lung cancer? Would you say: (Choose One)

- Rarely or never
- Sometimes
- Often
- All of the time

59. Compared to others your age who currently smoke, what do you think are your chances of being diagnosed with lung cancer during your lifetime?

Are you: (Choose One)

- at much less risk
- at less risk
- at the same risk
- at higher risk
- at much higher risk

QUESTIONS 60 TO 73 ARE FOR WOMEN ONLY. MEN PLEASE GO TO QUESTION 74.

WOMEN ONLY

60. During any of your pregnancies, were you carrying more than one baby (twins, triplets, etc.)? (Choose One)

- Yes
- No
- Never pregnant

61. In your lifetime, how many total months have you breast-fed? (Choose One)

- None or never pregnant
- Less than 6 months
- 6 to 11 months
- 12 to 35 months
- 36 months or more

62. When did you have your last Pap smear? (Choose One)

- Never
- Less than 1 year ago
- 2 to 3 years ago
- 4 or more years ago

63. When did you have your last mammogram? (Choose One)

- Never
- Less than 1 year ago
- 1 year ago
- 2 to 3 years ago
- 4 or more years ago

64. Did you ever take any of the following medications to strengthen your bones or for any other reason?

Did you ever take:	[IF EVER TOOK:] Are you taking this medication now?	
a. Nolvadex (Tamoxifen)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Evista (Raloxifene)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Fosamax (Alendronate)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Actonel (Risendronate)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Miacalcin (Calcitonin)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
f. Didronel (Etidronate)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
g. Forteo (Teriparatide)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
h. Boniva (Ibandronate)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

<p>65. Did you ever have a breast biopsy?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>[IF YES:] How many have you had?</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3 or more</p>	<p>[IF YES:] At what age was your most recent one?</p> <p><input type="radio"/> Less than 30</p> <p><input type="radio"/> 30 to 39</p> <p><input type="radio"/> 40 to 49</p> <p><input type="radio"/> 50 to 59</p> <p><input type="radio"/> 60 to 69</p> <p><input type="radio"/> 70 or older</p>
<p>66. Have you ever had an ovary removed?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>[IF YES:] How many ovaries have been removed?</p> <p><input type="radio"/> Both ovaries</p> <p><input type="radio"/> One ovary</p> <p><input type="radio"/> Partial removal of an ovary</p> <p><input type="radio"/> Not sure</p>	<p>[IF YES:] At what age was your most recent ovary removal?</p> <p><input type="radio"/> Less than 40</p> <p><input type="radio"/> 40 to 44</p> <p><input type="radio"/> 45 to 49</p> <p><input type="radio"/> 50 to 54</p> <p><input type="radio"/> 55 to 59</p> <p><input type="radio"/> 60 to 69</p> <p><input type="radio"/> 70 to 79</p> <p><input type="radio"/> 80 or older</p>
<p>67. Have you ever had a hysterectomy, that is, have you had your uterus or womb removed?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>[IF YES:] At what age was your hysterectomy?</p> <p><input type="radio"/> Less than 40</p> <p><input type="radio"/> 40 to 44</p> <p><input type="radio"/> 45 to 49</p> <p><input type="radio"/> 50 to 54</p> <p><input type="radio"/> 55 to 59</p> <p><input type="radio"/> 60 to 69</p> <p><input type="radio"/> 70 to 79</p> <p><input type="radio"/> 80 or older</p>	

Sometimes women take female hormones, such as estrogen or progestin during or after menopause. The next few questions ask about your use of such hormones, often called hormone replacement therapy or HRT.

68. Have you ever taken HRT? (Choose One)
- Yes (CONTINUE WITH QUESTION 69)
- No (END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE)

69. At about what age did you first begin taking HRT?

AGE FIRST TOOK HRT _____

70. What type of HRT did you take when you first began HRT? (Choose One)

- Estrogen pills only (such as Premarin, Estrace, Estratab, Menest, Orthoest, Ogen, Gynodiol, Cenestin, or Alora)
- Progesterone/progestin pills only (such as Provera, Amen, Cycrin, Megace, Curretab, Prometrium, or Aygestin)
- Estrogen and progesterone/progestin in the same pill (such as Prempro or Premphase) or in different pills
- Estrogen creams, shots, or patches
- Progesterone/progestin creams, shots, or patches
- Estrogen and progesterone/progestin creams, shots, or patches
- Not sure

71. Are you still taking this type of HRT, or did you stop, or switch types? (Choose One)

- Still taking this type of HRT (END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE)
- Stopped taking this type of HRT
At what age did you Stop _____ (END. THANK YOU FOR COMPLETING THIS QUESTIONNAIRE)
- Switched taking this type of HRT
At what age did you Switch _____

72. When you switched, what type of HRT did you switch to? (Choose One)

- Estrogen pills only
- Progesterone/progestin pills only
- Estrogen and progesterone/progestin in the same pill or in different pills
- Estrogen creams, shots, or patches
- Progesterone/progestin creams, shots, or patches
- Estrogen and progesterone/progestin creams, shots, or patches
- Not sure

73. Are you still taking this type of HRT? (Choose One)

- Yes
- No

WOMEN END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE

MEN ONLY

74. What was your hair pattern at age 45? (Choose One)



75. During a typical night in the last 12 months, how many times did you wake up to urinate? (Choose One)

- Never 3 times
- Once 4 or more times
- 2 times

76. How old were you when you first began waking up to urinate more than once a night on a regular basis?

- Never woke up to urinate more than once a night
- Less than 30
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 or older

77. Has a doctor ever told you that you had an enlarged prostate or benign prostatic hypertrophy (BPH)? (Choose One)

- Yes (CONTINUE WITH QUESTION 78)
- No (END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE)

78. How old were you when a doctor first told you that you had this problem? (Choose One)

- Less than 30
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 or older

MEN END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE