

Study ID Number STUDY ID

2/28/97

# Carolina Breast Cancer Study Carcinoma *In Situ* Study

**Specialized Program of Research Excellence  
(SPORE) in Breast Cancer**

**UNC Lineberger Comprehensive Cancer Center**

## Schools of Public Health and Medicine

## QUESTIONNAIRE

(m) (D) (Y)  
Date of Interview: P2A1, P2A2, P2A3

Interviewer Code: P2A4

Time Began: 02:00:00 am/pm 02 AM (1 = am)  
(2 = pm)

Time Ended: 12:00 am/pm **P2AME** (1 = am)  
(2 = pm)



**SECTION A: INTRODUCTORY STATEMENT**

Thank you for agreeing to be interviewed. The goal of this study is to collect information that may help us to better understand the causes of breast cancer and carcinoma in situ. I will be asking you questions about a number of topics, including your family's history of cancer, your menstrual and pregnancy history, your medical history, and certain aspects of your daily life. Some of these questions ask you to think back to events that may have occurred many years ago. Although the answers may be hard to remember, please do the best you can. There are no right or wrong answers to any of these questions. You should just report what you have experienced in your life.

Before we start, I want to remind you that your participation in this study is voluntary, and all the information collected will be kept completely confidential. If we should come to any question that you do not want to answer, just let me know and we'll go on to the next question. Do you have any questions before we begin?

**SECTION B: BACKGROUND INFORMATION**

*I will start by asking for some background information about you and your family.*

B1. What is your date of birth?

P2B1A, P2B1B, P2B1C  
 \_\_\_\_\_  
 Month Day Year Calculate Age

B2. Where were you born?

P2B2A (char - up to 20) P2B2B (char) , P2B2C (3 digit code)  
 City County  
P2B2D (2 digit code) P2B2E (2 digit code)  
 State Country

B3. Are you adopted?

P2B3 1 \_\_\_ Yes, does not know family history ----> **SKIP TO B8**  
 2 \_\_\_ Yes, but knows family history  
 3 \_\_\_ No  
 9 \_\_\_ NA

*It is important for us to learn as much as possible about any history of cancer in your family, especially cancer of the breast or ovary. For those relatives who have had cancer, we would like to know the type of cancer and when the cancer was diagnosed. We are interested in living and deceased members of your family, but only if they are full-blood relatives.*

B4. Let's start with your parents:

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What is your [PARENT'S] first name?	Is your [PARENT] still living?	How old [is he/she now / was he/she when he/she died]?	Was he/she ever diagnosed with cancer?
<b>Father</b> _____  _____	1__ Yes 2__ No 9__ NA <b>P2B4A</b>	<b>P2B4B</b> years (999 = unknown)	1__ Yes 2__ No 9__ NA  <b>P2B4C</b> --> SKIP TO MOTHER
<b>Mother</b> _____  _____	1__ Yes 2__ No 9__ NA <b>P2B4J</b>	<b>P2B4K</b> years (999 = unknown)	1__ Yes 2__ No 9__ NA  <b>P2B4L</b> --> SKIP TO B5

What is the type of cancer(s) that your [PARENT] had?	How old was he/she when this cancer was diagnosed?
<b>Father</b>	
( 3 digit code)	
<u>P2B4 D</u>	<u>P2B4 E</u> (99=DK) years
<u>P2B4 F</u>	<u>P2B4 G</u> years
<u>P2B4 H</u>	<u>P2B4 I</u> years
<b>Mother</b>	
( 3 digit code)	
<u>P2B4 M</u>	<u>P2B4 N</u> (99=DK) years
<u>P2B4 O</u>	<u>P2B4 P</u> years
<u>P2B4 Q</u>	<u>P2B4 R</u> years

- B5.** Now I would like to ask about your full brothers and sisters, that is, those with whom you share both birth mother and father. Please include brothers and sisters who are living or deceased, but do not include adopted, foster, half or step brothers or sisters.

How many full brothers do you have? P2B5A (99= unknown)

How many full sisters do you have? P2B5B

**IF NO BROTHERS AND SISTERS, DON'T KNOW, OR REFUSED SKIP TO QUESTION B8.**

- B6.** Do you have a twin brother or sister?

1 ☐ Yes ----->

2 ☐ No P2B6A

9 ☐ NA

Are you and your twin identical or not identical?

1 ☐ Identical

2 ☐ Not identical (fraternal)

9 ☐ NA

P2B6B

B7. Now, let's start with the oldest among your brothers and sisters, including yourself.

Who is the oldest?/What is the first name of your next brother or sister?	What is [NAME'S] sex?	Is [NAME] still living?	How old [is [NAME] now/ was [NAME] when he/she died]?
1. <u>P2B7A (sib number)</u>	1 <input type="checkbox"/> Male <u>P2B7B</u> 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <u>P2B7C</u> 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	<u>P2B7D</u> years (99 = unknown)
2. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	_____ years
3. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	_____ years
4. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	_____ years
5. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	_____ years
6. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	_____ years
7. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	_____ years
8. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	_____ years
9. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	_____ years
10. _____	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Respondent 9 <input type="checkbox"/> NA	_____ years

Has [NAME] ever been diagnosed with cancer?	What is the type of cancer(s) that [NAME] had?	How old was he/she when this cancer was diagnosed?
1__ Yes 2__ No 9__ NA <b>P2B7E</b> --> Go to next sibling	(3 digit code) <b>P2B7F</b> <b>P2B7H</b> <b>P2B7J</b>	<b>P2B7G</b> years <b>P2B7I</b> years (99 = DK) <b>P2B7K</b> years
1__ Yes 2__ No 9__ NA --> Go to next sibling		____ years ____ years ____ years
1__ Yes 2__ No 9__ NA --> Go to next sibling		____ years ____ years ____ years
1__ Yes 2__ No 9__ NA --> Go to next sibling		____ years ____ years ____ years
1__ Yes 2__ No 9__ NA --> Go to next sibling		____ years ____ years ____ years
1__ Yes 2__ No 9__ NA --> Go to next sibling		____ years ____ years ____ years
1__ Yes 2__ No 9__ NA --> Go to next sibling		____ years ____ years ____ years
1__ Yes 2__ No 9__ NA --> Go to next sibling		____ years ____ years ____ years
1__ Yes 2__ No 9__ NA --> Go to next sibling		____ years ____ years ____ years
1__ Yes 2__ No 9__ NA --> Go to next sibling		____ years ____ years ____ years
1__ Yes 2__ No 9__ NA --> Go to next sibling		____ years ____ years ____ years
1__ Yes 2__ No 9__ NA --> Go to next sibling		____ years ____ years ____ years

IF MORE THAN 10 SIBLINGS CHECK HERE \_\_\_\_ AND ADD ADDITIONAL PAGES.

Now, I would like to ask you about your children. Again, please include only your biological children, whether they are living or deceased, but not adopted, foster or step-children.

B8. How many children do you have?

P2B8 (99 = unknown)

IF NO CHILDREN, DON'T KNOW, OR REFUSED, SKIP TO QUESTION B10.

B9.

What is the first name of your [oldest / next] child?	What is [NAME'S] sex?	Is [NAME] still living?	How old [is [NAME] now/was [NAME] when he/she died]?
1. <u>P2B9A (child number)</u>	1 <u>Male</u> <u>P2B9B</u> 2 <u>Female</u> 9 <u>NA</u>	1 <u>Yes</u> 2 <u>No</u> <u>P2B9C</u> 9 <u>NA</u>	<u>P2B9D</u> years (99 = unknown)
2. _____	1 <u>Male</u> 2 <u>Female</u> 9 <u>NA</u>	1 <u>Yes</u> 2 <u>No</u> 9 <u>NA</u>	_____ years
3. _____	1 <u>Male</u> 2 <u>Female</u> 9 <u>NA</u>	1 <u>Yes</u> 2 <u>No</u> 9 <u>NA</u>	_____ years
4. _____	1 <u>Male</u> 2 <u>Female</u> 9 <u>NA</u>	1 <u>Yes</u> 2 <u>No</u> 9 <u>NA</u>	_____ years
5. _____	1 <u>Male</u> 2 <u>Female</u> 9 <u>NA</u>	1 <u>Yes</u> 2 <u>No</u> 9 <u>NA</u>	_____ years
6. _____	1 <u>Male</u> 2 <u>Female</u> 9 <u>NA</u>	1 <u>Yes</u> 2 <u>No</u> 9 <u>NA</u>	_____ years
7. _____	1 <u>Male</u> 2 <u>Female</u> 9 <u>NA</u>	1 <u>Yes</u> 2 <u>No</u> 9 <u>NA</u>	_____ years
8. _____	1 <u>Male</u> 2 <u>Female</u> 9 <u>NA</u>	1 <u>Yes</u> 2 <u>No</u> 9 <u>NA</u>	_____ years
9. _____	1 <u>Male</u> 2 <u>Female</u> 9 <u>NA</u>	1 <u>Yes</u> 2 <u>No</u> 9 <u>NA</u>	_____ years
10. _____	1 <u>Male</u> 2 <u>Female</u> 9 <u>NA</u>	1 <u>Yes</u> 2 <u>No</u> 9 <u>NA</u>	_____ years

Has [NAME] ever been diagnosed with cancer?	What is the type of cancer(s) that [NAME] had?	How old was he/she when this cancer was diagnosed?
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	(3 digit code) <u>P289E</u> <u>P289F</u> <u>P289H</u> <u>P289J</u>	<u>P289G</u> years (99=DK) <u>P289I</u> years <u>P289K</u> years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	--> Go to next child	____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	--> Go to next child	____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	--> Go to next child	____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	--> Go to next child	____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	--> Go to next child	____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	--> Go to next child	____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	--> Go to next child	____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	--> Go to next child	____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	--> Go to next child	____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	--> Go to next child	____ years ____ years ____ years
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA	--> Go to next child	____ years ____ years ____ years

IF MORE THAN 10 OFFSPRING, CHECK HERE \_\_\_\_ AND ADD ADDITIONAL PAGES.

**B10.** As far as you know, were any of these relatives diagnosed with breast cancer?

P2B10A Mother's mother (maternal grandmother)? 1 \_\_\_ Yes 2 \_\_\_ No 9 \_\_\_ N/A

P2B10B Father's mother (paternal grandmother)? 1 \_\_\_ Yes 2 \_\_\_ No 9 \_\_\_ N/A

P2B10C Mother's sister(s) [maternal aunt(s)]? 1 \_\_\_ Yes 2 \_\_\_ No 3 \_\_\_ No maternal aunt(s) 9 \_\_\_ N/A  
\_\_\_\_\_ How many with breast cancer? P2B10H

P2B10D Father's sister(s) [paternal aunt(s)]? 1 \_\_\_ Yes 2 \_\_\_ No 3 \_\_\_ No paternal aunt(s) 9 \_\_\_ N/A  
\_\_\_\_\_ How many with breast cancer? P2B10I

P2B10E Your half-sister(s)? 1 \_\_\_ Yes 2 \_\_\_ No 3 \_\_\_ No half-sisters 9 \_\_\_ N/A  
\_\_\_\_\_ How many with breast cancer? P2B10J

P2B10F Any male relative(s)? 1 \_\_\_ Yes 2 \_\_\_ No 3 \_\_\_ No male relatives 9 \_\_\_ N/A (2 digit code)  
\_\_\_\_\_ Please specify: P2B10K, P2B10L, P2B10M

P2B10G Other relative(s)? 1 \_\_\_ Yes 2 \_\_\_ No 3 \_\_\_ No other relatives 9 \_\_\_ N/A (2 digit code)  
\_\_\_\_\_ Please specify: P2B10N, P2B10O, P2B10P

*Now I'll go through the same list of relatives for ovarian cancer diagnoses.*

**B11.** As far as you know, were any of these relatives diagnosed with ovarian cancer?

P2B11 A Mother's mother (maternal grandmother)? 1 \_\_\_ Yes 2 \_\_\_ No 9 \_\_\_ N/A

P2B11 B Father's mother (paternal grandmother)? 1 \_\_\_ Yes 2 \_\_\_ No 9 \_\_\_ N/A

P2B11 C Mother's sister(s) [maternal aunt(s)]? 1 \_\_\_ Yes 2 \_\_\_ No 3 \_\_\_ No maternal aunt(s) 9 \_\_\_ N/A  
\_\_\_\_\_ How many with breast cancer? P2B11 G

P2B11 D Father's sister(s) [paternal aunt(s)]? 1 \_\_\_ Yes 2 \_\_\_ No 3 \_\_\_ No paternal aunt(s) 9 \_\_\_ N/A  
\_\_\_\_\_ How many with breast cancer? P2B11 H

P2B11 E Your half-sister(s)? 1 \_\_\_ Yes 2 \_\_\_ No 3 \_\_\_ No half-sister(s) 9 \_\_\_ N/A  
\_\_\_\_\_ How many with breast cancer? P2B11 I

P2B11 F Other relative(s)? 1 \_\_\_ Yes 2 \_\_\_ No 3 \_\_\_ No other relative(s) 9 \_\_\_ N/A  
\_\_\_\_\_ Please specify: P2B11 J, P2B11 K, P2B11 L  
(2 digit code)

## SECTION C: MENSTRUAL AND PREGNANCY HISTORY

Next, I would like to ask you several questions about your menstrual periods and pregnancies.

C1. How old were you when you had your first menstrual period?

P2C1 Years of age (99 = DK)  
(Use 98 for never menstruated and  
SKIP TO C11.)

C2. Are you still having menstrual periods?

1 Yes ----->

2 No -----> GO TO C3

9 NA -----> SKIP TO C11 if cannot sort  
out with probes

P2C2A

Are you taking female hormones other than birth control pills?

1 Yes P2C2B

2 No -----> SKIP TO C11

9 NA

Before you started taking female hormones, had your periods stopped?

1 Yes -----> SKIP TO C4

2 No -----> SKIP TO C11

9 NA P2C2C

C3. Are you currently or recently pregnant or are you breastfeeding?

1 Yes -----> SKIP TO C11

P2C3

2 No

9 NA

The next few questions ask about reasons why your periods stopped.

C4. Did your periods stop by themselves because of menopause (change of life)?

1 Yes -----> What was the date of your last period? P2C4B / P2C4C -----> SKIP TO C11

2 No P2C4A

9 NA

Month Year  
(99 = DK) (11 = DK)

C5. Did your periods stop because of an operation (removal of uterus or ovaries)?

1 Yes -----> What was the date of this operation? P2C5B / P2C5C

2 No -----> SKIP TO C9

9 NA P2C5A

Month Year (11 = DK)  
(99 = DK)

C6. Was your uterus (womb) removed?

P2C6 1 Yes  
2 No  
9 NA

**C7.** Were one or both ovaries removed?

1 ☐ Yes, both ovaries-----> **SKIP TO C11**

P2C7

2 ☐ Yes, one ovary

3 ☐ No

9 ☐ NA

**C8.** Did you experience any menopausal symptoms or otherwise notice going through the change of life sometime after your surgery?

1 ☐ Yes -----> What year did you notice these changes? 19 P2C8B -----> **SKIP TO C11**

2 ☐ No -----> **SKIP TO C11**

(11 = DK)

9 ☐ NA P2C8A

**C9.** Did your periods stop because of chemotherapy or radiation treatment?

1 ☐ Yes -----> What was the date of your last period? P2C9B / P2C9C -----> **SKIP TO C11**

2 ☐ No P2C9A

Month Year (11 = DK)

9 ☐ NA

(99 = DK)

**C10.** Did your periods stop for some other reason?

1 ☐ Yes ----->

2 ☐ No P2C10A

9 ☐ NA

Please describe: P2C10B (2 digit code)

What was the date of your last period? P2C10C / P2C10D  
Month Year

(99 = DK)

(11 = DK)

*In the next questions, I will ask you about any pregnancies you might have had, including live births, stillbirths, miscarriages, induced abortions, and tubal pregnancies.*

- C11.** During your lifetime, how many times have you been pregnant? (Be sure to count this pregnancy if you are currently pregnant.)

20 11 Pregnancies

(Use 00 for never  
pregnant-> **SKIP TO C13.**)

**C12.** Now I would like to get some detailed information about each of your pregnancies.

	a. What was the outcome of your [first / next] pregnancy? (USE CARD)	b. How many months [did this pregnancy last /along is this pregnancy]?	c. In what month and year did this pregnancy end? (Use 98/9998 if currently pregnant.)
First Pregnancy  P2C12A  (pregnancy number)	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth P2C12B 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) P2C12C (2 digit code) 9 ___ NA	P2C12D Months	P2C12E / P2C12F Month Year (1911 = DK) (99 = DK)
Second Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) 9 ___ NA	___ Months	___ / ___ Month Year
Third Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) 9 ___ NA	___ Months	___ / ___ Month Year
Fourth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) 9 ___ NA	___ Months	___ / ___ Month Year
Fifth Pregnancy	0 ___ Current pregnancy 1 ___ Single live birth 2 ___ Multiple birth 3 ___ Stillbirth 4 ___ Spontaneous miscarriage 5 ___ Induced abortion 6 ___ Tubal or ectopic pregnancy 7 ___ Other (specify:) 9 ___ NA	___ Months	___ / ___ Month Year

d. For about how many months did you <u>not</u> have menstrual periods after this pregnancy?	e. Did you breastfeed this baby?	f. For how many months did you breastfeed?	g. Were you given any medication to stop milk production?
<p><u>P2C124</u> Months</p> <p>If live birth, go to e; if not, skip to g.</p> <p>(99 = DK)</p>	<p>1 <input type="checkbox"/> Yes <u>P2C12H</u></p> <p>No:</p> <p>2 <input type="checkbox"/> Tried, but unable</p> <p>3 <input type="checkbox"/> Prior problems -&gt; GO TO g</p> <p>4 <input type="checkbox"/> Chose not to</p> <p>9 <input type="checkbox"/> NA</p>	<p><u>P2C12I</u> Months</p> <p>(99 = DK)</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No <u>P2C12J</u></p> <p>9 <input type="checkbox"/> NA</p>
<p>____ Months</p> <p>If live birth, go to e; if not, skip to g.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>No:</p> <p>2 <input type="checkbox"/> Tried, but unable</p> <p>3 <input type="checkbox"/> Prior problems -&gt; GO TO g</p> <p>4 <input type="checkbox"/> Chose not to</p> <p>9 <input type="checkbox"/> NA</p>	<p>____ Months</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> NA</p>
<p>____ Months</p> <p>If live birth, go to e; if not, skip to g.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>No:</p> <p>2 <input type="checkbox"/> Tried, but unable</p> <p>3 <input type="checkbox"/> Prior problems -&gt; GO TO g</p> <p>4 <input type="checkbox"/> Chose not to</p> <p>9 <input type="checkbox"/> NA</p>	<p>____ Months</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> NA</p>
<p>____ Months</p> <p>If live birth, go to e; if not, skip to g.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>No:</p> <p>2 <input type="checkbox"/> Tried, but unable</p> <p>3 <input type="checkbox"/> Prior problems -&gt; GO TO g</p> <p>4 <input type="checkbox"/> Chose not to</p> <p>9 <input type="checkbox"/> NA</p>	<p>____ Months</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> NA</p>
<p>____ Months</p> <p>If live birth, go to e; if not, skip to g.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>No:</p> <p>2 <input type="checkbox"/> Tried, but unable</p> <p>3 <input type="checkbox"/> Prior problems -&gt; GO TO g</p> <p>4 <input type="checkbox"/> Chose not to</p> <p>9 <input type="checkbox"/> NA</p>	<p>____ Months</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> NA</p>

	a. What was the outcome of your next pregnancy? (USE CARD)	b. How many months [did this pregnancy last / along is this pregnancy]?	c. In what month and year did this pregnancy end? (Use 98/9998 if currently pregnant.)
Sixth Pregnancy	0 <input type="checkbox"/> Current pregnancy 1 <input type="checkbox"/> Single live birth 2 <input type="checkbox"/> Multiple birth 3 <input type="checkbox"/> Stillbirth 4 <input type="checkbox"/> Spontaneous miscarriage 5 <input type="checkbox"/> Induced abortion 6 <input type="checkbox"/> Tubal or ectopic pregnancy 7 <input type="checkbox"/> Other (specify:) _____ 9 <input type="checkbox"/> NA	____ Months	____ / ____ Month Year
Seventh Pregnancy	0 <input type="checkbox"/> Current pregnancy 1 <input type="checkbox"/> Single live birth 2 <input type="checkbox"/> Multiple birth 3 <input type="checkbox"/> Stillbirth 4 <input type="checkbox"/> Spontaneous miscarriage 5 <input type="checkbox"/> Induced abortion 6 <input type="checkbox"/> Tubal or ectopic pregnancy 7 <input type="checkbox"/> Other (specify:) _____ 9 <input type="checkbox"/> NA	____ Months	____ / ____ Month Year
Eighth Pregnancy	0 <input type="checkbox"/> Current pregnancy 1 <input type="checkbox"/> Single live birth 2 <input type="checkbox"/> Multiple birth 3 <input type="checkbox"/> Stillbirth 4 <input type="checkbox"/> Spontaneous miscarriage 5 <input type="checkbox"/> Induced abortion 6 <input type="checkbox"/> Tubal or ectopic pregnancy 7 <input type="checkbox"/> Other (specify:) _____ 9 <input type="checkbox"/> NA	____ Months	____ / ____ Month Year
Ninth Pregnancy	0 <input type="checkbox"/> Current pregnancy 1 <input type="checkbox"/> Single live birth 2 <input type="checkbox"/> Multiple birth 3 <input type="checkbox"/> Stillbirth 4 <input type="checkbox"/> Spontaneous miscarriage 5 <input type="checkbox"/> Induced abortion 6 <input type="checkbox"/> Tubal or ectopic pregnancy 7 <input type="checkbox"/> Other (specify:) _____ 9 <input type="checkbox"/> NA	____ Months	____ / ____ Month Year
Tenth Pregnancy	0 <input type="checkbox"/> Current pregnancy 1 <input type="checkbox"/> Single live birth 2 <input type="checkbox"/> Multiple birth 3 <input type="checkbox"/> Stillbirth 4 <input type="checkbox"/> Spontaneous miscarriage 5 <input type="checkbox"/> Induced abortion 6 <input type="checkbox"/> Tubal or ectopic pregnancy 7 <input type="checkbox"/> Other (specify:) _____ 9 <input type="checkbox"/> NA	____ Months	____ / ____ Month Year

<b>d. For about how many months did you <u>not</u> have menstrual periods after this pregnancy?</b>	<b>e. Did you breastfeed this baby?</b>	<b>f. For how many months did you breastfeed?</b>	<b>g. Were you given any medication to stop milk production?</b>
____ Months  <b>If live birth, go to e; if not, skip to g.</b>	1 ____ Yes  No: 2 ____ Tried, but unable 3 ____ Prior problems 4 ____ Chose not to 9 ____ NA -> <b>GO TO g</b>	____ Months	1 ____ Yes  2 ____ No  9 ____ NA
____ Months  <b>If live birth, go to e; if not, skip to g.</b>	1 ____ Yes  No: 2 ____ Tried, but unable 3 ____ Prior problems 4 ____ Chose not to 9 ____ NA -> <b>GO TO g</b>	____ Months	1 ____ Yes  2 ____ No  9 ____ NA
____ Months  <b>If live birth, go to e; if not, skip to g.</b>	1 ____ Yes  No: 2 ____ Tried, but unable 3 ____ Prior problems 4 ____ Chose not to 9 ____ NA -> <b>GO TO g</b>	____ Months	1 ____ Yes  2 ____ No  9 ____ NA
____ Months  <b>If live birth, go to e; if not, skip to g.</b>	1 ____ Yes  No: 2 ____ Tried, but unable 3 ____ Prior problems 4 ____ Chose not to 9 ____ NA -> <b>GO TO g</b>	____ Months	1 ____ Yes  2 ____ No  9 ____ NA
____ Months  <b>If live birth, go to e; if not, skip to g.</b>	1 ____ Yes  No: 2 ____ Tried, but unable 3 ____ Prior problems 4 ____ Chose not to 9 ____ NA -> <b>GO TO g</b>	____ Months	1 ____ Yes  2 ____ No  9 ____ NA

IF MORE THAN 10 PREGNANCIES, CHECK HERE \_\_\_\_ AND ADD ADDITIONAL PAGES.

C13. Have you ever tried to get pregnant for one straight year or more and, during that time, not become pregnant?

1 \_\_\_ Yes

P2C13 2 \_\_\_ No

9 \_\_\_ NA

C14. Did you or your husband (partner) ever visit a doctor, clinic, or hospital because you had a problem getting pregnant?

1 \_\_\_ Yes

P2C14 2 \_\_\_ No

9 \_\_\_ NA

-----> SKIP TO D1

(1 = Yes)

C15. What reason(s) did the doctor give to explain why you had trouble getting pregnant? (Check all that apply.)

P2C15A a \_\_\_ No problem was found

f \_\_\_ Problem with uterus P2C15F

P2C15B b \_\_\_ Problem with ovaries

g \_\_\_ Partner had fertility problem P2C15G

P2C15C c \_\_\_ Problem with fallopian tubes

h \_\_\_ Other (specify:) P2C15H

P2C15D d \_\_\_ Endometriosis

P2C15J (2 digit code)

P2C15E e \_\_\_ Problem with cervix

i \_\_\_ NA P2C15I

C16. Did you ever take any medication(s) to help you get pregnant?

1 \_\_\_ Yes

P2C16 2 \_\_\_ No

9 \_\_\_ NA

**SECTION D: MEDICAL HISTORY**

In this section, I will ask you about your personal medical history.

**D1.** Have you ever been told by a doctor that you have any of the following?

		How old were you when you were first diagnosed?
<b>a.</b> Diabetes (also called sugar diabetes or diabetes mellitus)? Specify type: <u>P2D1A1</u> (2 digit code)	1 <input type="checkbox"/> Yes -----> 2 <input type="checkbox"/> No   ---> GO TO b 9 <input type="checkbox"/> NA   <u>P2D1A2</u>	<u>P2D1A3</u> Years (99 = DK)
<b>b.</b> Problem with your ovaries? Specify: <u>P2D1B1</u> (2 digit code)	1 <input type="checkbox"/> Yes -----> 2 <input type="checkbox"/> No   ---> GO TO c 9 <input type="checkbox"/> NA   <u>P2D1B2</u>	<u>P2D1B3</u> Years (99 = DK)
<b>c.</b> Problem with your thyroid? Specify: <u>P2D1C1</u> (2 digit code)	1 <input type="checkbox"/> Yes -----> 2 <input type="checkbox"/> No   ---> GO TO D2 9 <input type="checkbox"/> NA   <u>P2D1C2</u>	<u>P2D1C3</u> Years (99 = DK)

**D2.** Have you ever been told by a doctor that you had cancer in a place other than your breasts?  
 (NOTE: Report breast cancer in D4).

1 ☐ Yes P2D2  
 2 ☐ No | → **SKIP TO D4**  
 9 ☐ NA

<b>D3.</b>	<b>a.</b> Where was this cancer located ?	<b>b.</b> How old were you when this cancer was diagnosed ?
First Diagnosis	<u>P2D3A1</u> (3 digit code)	<u>P2D3B1</u> Age (Enter 99 if don't know)
Second Diagnosis	<u>P2D3A2</u>	<u>P2D3B2</u> Age (Enter 99 if don't know)
Third Diagnosis	<u>P2D3A3</u>	<u>P2D3B3</u> Age (Enter 99 if don't know)
Fourth Diagnosis	<u>P2D3A4</u>	<u>P2D3B4</u> Age (Enter 99 if don't know)

The next several questions ask about conditions involving your breasts.

- D4.** Have you ever been told by a doctor that you had either breast cancer OR carcinoma in situ? This includes any past as well as recent diagnoses.

1 ☐ Yes ☒ No ☐ NA ☒ --> **SKIP TO D7**

P2D4A

<p><b>a. What were you told that you had ?</b> (Check more than one, if necessary) (USE CARD)</p> <p>P2D4B Invasive breast cancer</p> <p>P2D4C Breast cancer, NOS</p> <p>P2D4D Ductal carcinoma in-situ</p> <p>P2D4E Lobular carcinoma in-situ</p> <p>P2D4F Carcinoma in-situ, NOS</p> <p>P2D4G Other, specify: <u>P2D4I (2 digit code)</u></p> <p>P2D4H NA</p>	<p><b>b. How old were you when this diagnosis was made ?</b></p> <p>P2D4J Age</p> <p>(Enter 99 if don't know)</p>
---	---

- D5.** How was the [BREAST CONDITION] first detected?

1 ☐ You found a lump. P2D5A

2 ☐ Your spouse or partner found a lump.

3 ☐ A routine mammogram showed something suspicious.

4 ☐ Doctor or nurse found a lump.

5 ☐ Other, specify: P2D5B (2 digit code)

9 ☐ NA

- D6.** At the time of your diagnosis did you have any of the following symptoms?

Pain or discomfort in your breast?	P2D6A	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> NA
Discharge from the nipple?	P2D6B	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> NA
Change in the skin of the breast?	P2D6C	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> NA
Any other symptoms?	P2D6D	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> NA

↳ Specify: P2D6E, P2D6F (2 digit code)

\* Modified skipping pattern. If CASE (identified by path report) answered NO to D4, continue to D4A.

Now I am going to ask you about other breast conditions that you may have had.

**D7.** Have you ever been told by a doctor that you had a breast condition or breast disease that was not breast cancer or carcinoma in situ?

1 ☐ Yes **P2D7**  
 2 ☐ No → **SKIP TO D9**  
 9 ☐ NA

<b>D8.</b>	<b>a. What were you told that you had?</b>	<b>b. Was this condition in your right, left or both breasts ?</b>	<b>c. How old were you when this diagnosis was made ?</b>
First Diagnosis	<u>P2D8A1 (2 digit code)</u>	1 <input type="checkbox"/> Right 2 <input type="checkbox"/> Left <b>P2D8B1</b> 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> NA	<u>P2D8C1</u> Age (Enter 99 if NA)
Second Diagnosis	<u>P2D8A2</u>	1 <input type="checkbox"/> Right 2 <input type="checkbox"/> Left <b>P2D8B2</b> 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> NA	<u>P2D8C2</u> Age (Enter 99 if NA)
Third Diagnosis	<u>P2D8A3</u>	1 <input type="checkbox"/> Right 2 <input type="checkbox"/> Left <b>P2D8B3</b> 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> NA	<u>P2D8C3</u> Age (Enter 99 if NA)
Fourth Diagnosis	<u>P2D8A4</u>	1 <input type="checkbox"/> Right 2 <input type="checkbox"/> Left <b>P2D8B4</b> 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> NA	<u>P2D8C4</u> Age (Enter 99 if NA)

**D9.** Have you ever had a breast biopsy ?  
 Please include both surgical and needle biopsies, as well as needle aspirations.

1 ☐ Yes →  
 2 ☐ No **P2D9A**  
 9 ☐ NA

How many?  
P2D9B  
 (Enter 99 if NA)

[**PROBE:** Were any conditions found in these biopsies that were not reported above?  
 If yes, obtain information and record in table **D4** or **D8**.]

**Mammography and level of health care**

The next few questions are about mammograms. As you probably know, a mammogram is an X-ray of the breast that is taken by a machine that presses against the breast while the picture is being taken.

**D10.** Have you ever had a mammogram?

1 ☐ Yes P2D10  
 2 ☐ No | → **SKIP TO D14**  
 9 ☐ NA

**D11.** How old were you when you had your first mammogram?

P2D11 Age (enter 99 if don't know)

Now I will be asking about the mammograms you had at different ages.

<b>D12.</b>	<b>Before Age 40</b>	<b>Between 40 and 50</b>	<b>Since Age 50</b>
How many mammograms did you have?	<u>P2D12A</u> (Enter 00 for no mammograms in this age period.) (99 = DK)	<u>P2D12C</u> (Enter 00 for no mammograms in this age period. Enter 98 for not that old yet.) (99 = DK)	<u>P2D12E</u> (Enter 00 for no mammograms in this age period. Enter 98 for not that old yet.) (99 = DK)
Did you ever have more than one mammogram in a single year?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <u>P2D12B</u> 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <u>P2D12D</u> 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <u>P2D12F</u> 9 <input type="checkbox"/> NA

Now I would like to ask you about your most recent mammograms.

**D13.** In the past TWO years, how many mammograms have you had?

P2D13A (Number) \_\_\_\_\_>  
 If 99 or 00, SKIP TO D14

In what month and year did you have your most recent mammogram?

P2D13B / P2D13C  
 (month) (year)

And the one before that?

P2D13D / P2D13E

And the one before that?

P2D13F / P2D13G

And the one before that?

P2D13H / P2D13I

And the one before that?

P2D13J / P2D13K

And the one before that?

P2D13L / P2D13M

(99/11 = unknown)

- D14. CONTROLS:** During the past TWO years, how many times did you visit a physician for any reason?  
**CASES:** During the TWO years prior to your diagnosis of [BREAST CANCER/CARCINOMA IN SITU], how many times did you visit a physician for any reason?

P2D14

- 1 \_\_\_ Never  
 2 \_\_\_ Once  
 3 \_\_\_ Twice  
 4 \_\_\_ Three or more times  
 9 \_\_\_ NA

- D15. CONTROLS:** During the past TWO years, how many times did a physician or other health care professional conduct a breast exam on you?  
**CASES:** During the TWO years prior to your diagnosis of [BREAST CANCER/CARCINOMA IN SITU], how many times did a physician or other health care professional conduct a breast exam on you?

P2D15

- 1 \_\_\_ Never  
 2 \_\_\_ Once  
 3 \_\_\_ Twice  
 4 \_\_\_ Three or more times  
 9 \_\_\_ NA

- D16. CONTROLS:** During the past TWO years, did you do a breast exam on yourself?  
**CASES:** During the TWO years prior to your diagnosis of [BREAST CANCER/CARCINOMA IN SITU], did you do a breast exam on yourself?

By this we mean, have you ever felt your own breasts the way a doctor or nurse does to look for lumps or other changes?

P2D16A

- 1 \_\_\_ Yes ----->  
 2 \_\_\_ No  
 9 \_\_\_ NA

How often did you conduct a breast exam on yourself?

- 1 \_\_\_ Less than once a year  
 2 \_\_\_ About once or twice a year  
 3 \_\_\_ Every 2 to 3 months  
 4 \_\_\_ About once a month  
 5 \_\_\_ More often than once a month  
 9 \_\_\_ NA P2D16B

## Radiation Exposure

2/28/97

*These next questions are about x-rays you may have had other than mammograms.*

**FOR CASES:** Please do not include x-ray procedures that were done as part of your diagnosis or follow-up of [BREAST CANCER/CARCINOMA IN SITU].

**D17.** Have you ever had a chest x-ray other than a mammogram?

P2D17

1 ☐ Yes

2 ☐ No

9 ☐ NA

-----> **SKIP TO D22**

**D18.** How old were you when you first had a chest x-ray?

P2D18

1 ☐ younger than 10 years old

2 ☐ 10 - 14 years old

3 ☐ 15 - 19 years old

4 ☐ 20 - 29 years old

5 ☐ 30 - 39 years old

6 ☐ 40 - 49 years old

7 ☐ 50 years or older

9 ☐ NA

**D19.** How old were you when you last had a chest x-ray?

P2D19

1 ☐ younger than 10 years old

2 ☐ 10 - 14 years old

3 ☐ 15 - 19 years old

4 ☐ 20 - 29 years old

5 ☐ 30 - 39 years old

6 ☐ 40 - 49 years old

7 ☐ 50 years or older

9 ☐ NA

**D20.** How many times in your life have you had a chest x-ray?

P2D20

1 ☐ 1 - 5

2 ☐ 6 - 10

3 ☐ 11 - 30

4 ☐ > 30

9 ☐ NA

**D21.** Why did you have these chest x-rays?

P2D21A , P2D21B (2 digit code)

- D22.** Have you ever had a coronary angiogram, angioplasty or cardiac catheterization? These are special x-ray procedures performed to look at your heart, or the blood vessels of your heart.
- 1 ☐ Yes P2D22  
 2 ☐ No -----> **SKIP TO D26**  
 9 ☐ NA
- D23.** How old were you the first time this procedure was performed? P2D23 Years  
 (99 if don't know)
- D24.** How old were you the last time this procedure was performed? P2D24  
 (99 if don't know)
- D25.** How many times in your life was this procedure performed? P2D25 (Number)
- D26.** Have you ever had x-rays taken of your back, neck or spine? This includes plain x-rays, myelograms, and radiopaque dye injection.
- 1 ☐ Yes P2D26  
 2 ☐ No -----> **SKIP TO D30**  
 9 ☐ NA
- D27.** How old were you the first time this procedure was performed? P2D27 Years  
 (99 if don't know)
- D28.** How old were you the last time this procedure was performed? P2D28  
 (99 if don't know)
- D29.** How many times in your life was this procedure performed? P2D29 (Number)

Now I would like to ask you about radiation treatments you may have had. These might have been called cobalt, radium, radioisotopes, or x-ray therapy.

- D30.** Have you ever had radiation to treat or monitor any condition? This includes cancer treatment, chest fluoroscopy for TB or mastitis, pulmonary arteriograms and venograms, or radiation for thyroid, skin, or other conditions.

1 ☐ Yes P2D30  
 2 ☐ No ---> **SKIP TO E1**  
 9 ☐ NA

D31. For what disease were you treated or monitored with radiation?	What body part was treated?	What was your age at first treatment?	What was your age at last treatment?
a. First disease <u>P2D31A1</u> (2 digit code)	<u>P2D31A2</u> (3 digit code)	<u>P2D31A3</u> Years (99 if don't know)	<u>P2D31A4</u> Years (99 if don't know) (98 if ongoing)
b. Second disease <u>P2D31B1</u>	<u>P2D31B2</u>	<u>P2D31B3</u> Years (99 if don't know)	<u>P2D31B4</u> Years (99 if don't know) (98 if ongoing)
c. Third disease <u>P2D31C1</u>	<u>P2D31C2</u>	<u>P2D31C3</u> Years (99 if don't know)	<u>P2D31C4</u> Years (99 if don't know) (98 if ongoing)

## SECTION E - MEDICATION USE/HORMONES

2/28/97

*In this part of the questionnaire, I will be asking about medications that you may have taken. The first questions will be about hormones.*

### Oral Contraceptives

- E1. Have you ever taken birth control pills for birth control or for any other reason?
- 1 ☐ Yes **P2E1**  
2 ☐ No | ----> **SKIP TO E6**  
9 ☐ NA
- E2. How old were you when you first took birth control pills? **P2E2** Years (99=DK)
- E3. How old were you when you last took birth control pills? **P2E3** Years (99=DK)  
(Enter 98 if still taking.)
- E4. Keeping in mind that you may have started and stopped several times, for how many months or years [did you take/have you taken] birth control pills overall?
- P2E4A** Years (99=DK)  
**P2E4B** Months (99=DK)
- E5. Before your first full-term pregnancy, for how many months or years did you take birth control pills?
- P2E5A** Years (99=DK)  
**P2E5B** Months (99=DK)  
(Enter 98 if never had full-term pregnancy.)

### Hormone Replacement Therapy

*Now I am going to ask about hormones that you may have taken for reasons other than birth control.*

- E6. Tamoxifen or Nolvadex is sometimes used to treat or to prevent breast cancer. Have you ever taken tamoxifen?
- 1 ☐ Yes **P2E6**  
2 ☐ No | -----> **SKIP TO E10**  
9 ☐ NA
- E7. How old were you when you first took tamoxifen? **P2E7** Years (99=DK)
- E8. How old were you when you last took tamoxifen? **P2E8** Years (99=DK)  
(Enter 98 if still using.)
- E9. For how many months or years [did you take/have you taken] tamoxifen overall?
- P2E9A** Years (99=DK)  
**P2E9B** Months (99=DK)

*Sometimes women take female hormones, such as estrogen, at menopause (the change of life), after surgery, or at other times. We are interested in hormone pills that you took or skin patches that you used.*

- E10. Have you ever used estrogens, progestins, or other female hormones (other than for birth control or for breast cancer)?
- 1 ☐ Yes **P2E10**  
2 ☐ No | ----> **SKIP TO E12**  
9 ☐ NA

Now I would like to get some more detailed information about how and when you took these hormones.

E11. [USE PHOTO CARD.]	What dose of [HORMONE] did you take/use?	What was your age at first use?	What was your age at last use?	Overall, for how many months or years did you take/use (HORMONE)?	How did you take/use [HORMONE]?
<b>a. Have you ever taken Premarin or conjugated estrogens?</b> P2E11A1 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ---> <b>SKIP TO c</b> 9 <input type="checkbox"/> NA	P2E11A3	P2E11A4 Years	P2E11A5 Years	P2E11A6 Years P2E11A7 Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> >21 days/mo 3 <input type="checkbox"/> <21 days/mo 9 <input type="checkbox"/> NA P2E11A8
<b>b. Did you ever take progestin along with Premarin or conjugated estrogens?</b> P2E11B1 1 <input type="checkbox"/> Yes; Specify: P2E11B2 (2 digit code) 2 <input type="checkbox"/> No ---> <b>GO TO c</b> 9 <input type="checkbox"/> NA	P2E11B3	P2E11B4 Years	P2E11B5 Years	P2E11B6 Years P2E11B7 Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> >14 days/mo 3 <input type="checkbox"/> 10-13 days/mo 4 <input type="checkbox"/> <10 days/mo 9 <input type="checkbox"/> NA P2E11B8
<b>c. Have you ever taken other estrogen pills?</b> P2E11C1 1 <input type="checkbox"/> Yes; Specify: P2E11C2 (2 digit code) 2 <input type="checkbox"/> No ---> <b>SKIP TO e</b> 9 <input type="checkbox"/> NA	P2E11C3	P2E11C4 Years	P2E11C5 Years	P2E11C6 Years P2E11C7 Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> >21 days/mo 3 <input type="checkbox"/> <21 days/mo 9 <input type="checkbox"/> NA P2E11C8
<b>d. Did you ever take progestin along with [ESTROGEN]?</b> P2E11D1 1 <input type="checkbox"/> Yes; Specify: P2E11D2 (2 digit code) 2 <input type="checkbox"/> No ---> <b>GO TO e</b> 9 <input type="checkbox"/> NA	P2E11D3	P2E11D4 Years	P2E11D5 Years	P2E11D6 Years P2E11D7 Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> >14 days/mo 3 <input type="checkbox"/> 10-13 days/mo 4 <input type="checkbox"/> <10 days/mo 9 <input type="checkbox"/> NA P2E11D8
<b>e. Have you ever used estrogen patches?</b> P2E11E1 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ---> <b>SKIP TO g</b> 9 <input type="checkbox"/> NA	P2E11E3	P2E11E4 Years	P2E11E5 Years	P2E11E6 Years P2E11E7 Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> >21 days/mo 3 <input type="checkbox"/> <21 days/mo 9 <input type="checkbox"/> NA P2E11E8
<b>f. Did you ever take progestin when you were using estrogen patches?</b> P2E11F1 1 <input type="checkbox"/> Yes; Specify: P2E11F2 (2 digit code) 2 <input type="checkbox"/> No ---> <b>GO TO g</b> 9 <input type="checkbox"/> NA	P2E11F3	P2E11F4 Years	P2E11F5 Years	P2E11F6 Years P2E11F7 Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> >14 days/mo 3 <input type="checkbox"/> 10-13 days/mo 4 <input type="checkbox"/> <10 days/mo 9 <input type="checkbox"/> NA P2E11F8
<b>g. Have you ever taken progestin alone?</b> P2E11G1 1 <input type="checkbox"/> Yes; Specify: P2E11G2 (2 digit code) 2 <input type="checkbox"/> No ---> <b>GO TO h</b> 9 <input type="checkbox"/> NA	P2E11G3	P2E11G4 Years	P2E11G5 Years	P2E11G6 Years P2E11G7 Months	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> >14 days/mo 3 <input type="checkbox"/> 10-13 days/mo 4 <input type="checkbox"/> <10 days/mo 9 <input type="checkbox"/> NA P2E11G8
<b>h. Have you ever used any other female hormones?</b> P2E11H2 (2 digit code) 1 <input type="checkbox"/> Yes, specify if known 2 <input type="checkbox"/> No ---> <b>GO TO E12</b> 9 <input type="checkbox"/> NA P2E11H1	P2E11H3	P2E11H4 Years	P2E11H5 Years	P2E11H6 Years P2E11H7 Months	1 <input type="checkbox"/> >14 days/mo 2 <input type="checkbox"/> 10-13 days/mo 3 <input type="checkbox"/> <10 days/mo 9 <input type="checkbox"/> NA P2E11H8

IF MORE THAN ONE TABLE NEEDED, CHECK HERE \_\_\_\_\_ AND ADD ADDITIONAL PAGES.

Now I would like to know if you have ever used anti-depressant medications. In addition to being used for depression, these medications are sometimes taken for other reasons, including headaches, nerves or anxiety, bladder problems, neurological problems, or to help you sleep. This chart shows the most commonly used anti-depressants, but there are others that you might have used as well.

**E12.** During the past TEN years, have you taken any anti-depressant medications?

1 ☐ Yes **P2E12**  
 2 ☐ No → **SKIP TO E14**  
 9 ☐ NA

**E13.** Which medications have you taken?

**P2E13NUM**

<b>a. Name of drug</b>	<b>P2E13A</b> (3 digit) (Pictorial display code) or (name) (dose per pill)	<b>_____</b> (Pictorial display code) or (name) (dose per pill)	<b>_____</b> (Pictorial display code) or (name) (dose per pill)	<b>_____</b> (Pictorial display code) or (name) (dose per pill)
<b>b. For what condition(s) did you take (DRUG)? (USE CARD)</b>	<b>P2E13B1</b> Depression <b>P2E13B2</b> To help w/sleep <b>P2E13B3</b> Nerves/anxiety <b>P2E13B4</b> Headaches <b>P2E13B5</b> Bladder problem <b>P2E13B6</b> Other, specify <b>P2E13B8, P2E13B9</b> <b>P2E13B7</b> NA	<b>_____</b> Depression <b>_____</b> To help w/sleep <b>_____</b> Nerves/anxiety <b>_____</b> Headaches <b>_____</b> Bladder problem <b>_____</b> Other, specify <b>_____</b> NA	<b>_____</b> Depression <b>_____</b> To help w/sleep <b>_____</b> Nerves/anxiety <b>_____</b> Headaches <b>_____</b> Bladder problem <b>_____</b> Other, specify <b>_____</b> NA	<b>_____</b> Depression <b>_____</b> To help w/sleep <b>_____</b> Nerves/anxiety <b>_____</b> Headaches <b>_____</b> Bladder problem <b>_____</b> Other, specify <b>_____</b> NA
<b>c. When you took (DRUG), how did you usually take it?</b>	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA <b>P2E13C</b>	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA
<b>d. Overall, for how many years or months did you take (DRUG)?</b>	<b>P2E13D1</b> Years <b>P2E13D2</b> Months (Enter 99 if don't know)	<b>_____</b> Years <b>_____</b> Months (Enter 99 if don't know)	<b>_____</b> Years <b>_____</b> Months (Enter 99 if don't know)	<b>_____</b> Years <b>_____</b> Months (Enter 99 if don't know)
<b>e. CASES: Did you take this medication before your diagnosis, after, or both?</b>	1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After <b>P2E13E</b> 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> NA

CHECK HERE ☐ AND ADD ADDITIONAL PAGES IF MORE THAN FOUR MEDICATIONS USED.

Now I am going to ask you about medications you may have taken for pain or inflammation. Conditions that are treated with these medications include arthritis; menstrual cramps; headaches; injuries like sprains, pulled muscles, or fractures; minor surgery or dental procedures; or back pain.

This first card shows only prescription drugs. We are interested in any of these medications you have taken, whether you have taken them regularly or just once in a while.

E14. During the past TEN years, have you taken any of these medications for pain or inflammation ?

1 ☐ Yes **P2E14**  
 2 ☐ No → **SKIP TO E16**  
 9 ☐ NA

E15. Which of the medications have you taken?  
**P2E15 NUM**

(List each medication reported then ask the rest of the questions for each one.)

a. Name of drug	<b>P2E15A</b> (Pictorial display code) or (name)  (dose per pill)	 (Pictorial display code) or (name)  (dose per pill)	 (Pictorial display code) or (name)  (dose per pill)	 (Pictorial display code) or (name)  (dose per pill)
b. For what condition(s) did you take (DRUG)? (USE CARD)	<b>P2E15B1</b> Arthritis, bursitis or rheumatism <b>P2E15B2</b> Gout <b>P2E15B3</b> Menstrual cramps <b>P2E15B4</b> Injury <b>P2E15B5</b> Surgical/ dental pain <b>P2E15B6</b> Back pain <b>P2E15B7</b> Headache <b>P2E15B8</b> Other, specify <b>P2E15B10</b> <b>P2E15B11</b> <b>P2E15B9</b> NA	 Arthritis, bursitis or rheumatism Gout Menstrual cramps Injury Surgical/ dental pain Back pain Headache Other, specify NA	 Arthritis, bursitis or rheumatism Gout Menstrual cramps Injury Surgical/ dental pain Back pain Headache Other, specify NA	 Arthritis, bursitis or rheumatism Gout Menstrual cramps Injury Surgical/ dental pain Back pain Headache Other, specify NA
c. When you took (DRUG), how did you usually take it ?	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA <b>P2E15C</b>	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA
d. Overall, for how many years or months did you take (DRUG)?	<b>P2E15D1</b> Years <b>P2E15D2</b> Months (Enter 99 if don't know)	 Years Months (Enter 99 if don't know)	 Years Months (Enter 99 if don't know)	 Years Months (Enter 99 if don't know)
e. CASES: Did you take this medication before your diagnosis, after, or both?	1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After 3 <input type="checkbox"/> Both <b>P2E15E</b> 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Before 2 <input type="checkbox"/> After 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> NA

CHECK HERE ☐ AND ADD ADDITIONAL PAGES IF MORE THAN FOUR MEDICATIONS USED.

This card shows non-prescription medications for pain and inflammation that you might have taken for the conditions we talked about before. Once again, we are interested both in medications that you took regularly and those you took once in a while.

E16. During the past FIVE years, have you taken any of these medications?

1 ☐ Yes

2 ☐ No

9 ☐ NA

→ SKIP TO E18

P2E16

E17. Which of these medications have you taken?

(List each medication reported then ask the rest of the questions for each one.)

P2E17NUM

a. Name of drug	P2E17A (2 digit code)	(name)	(name)	(name)
	(dose per pill)	(dose per pill)	(dose per pill)	(dose per pill)
b. For what condition(s) did you take (DRUG)? (USE CARD)	P2E17B1 Arthritis, bursitis or rheumatism P2E17B2 Gout P2E17B3 Menstrual cramps P2E17B4 Injury P2E17B5 Surgical/ dental pain P2E17B6 Back pain P2E17B7 Headache P2E17B8 Other, specify P2E17B10 ; P2E17B11 P2E17B9 NA	Arthritis, bursitis or rheumatism Gout Menstrual cramps Injury Surgical/ dental pain Back pain Headache Other, specify NA	Arthritis, bursitis or rheumatism Gout Menstrual cramps Injury Surgical/ dental pain Back pain Headache Other, specify NA	Arthritis, bursitis or rheumatism Gout Menstrual cramps Injury Surgical/ dental pain Back pain Headache Other, specify NA
c. When you took (DRUG), how did you usually take it?	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA P2E17C	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA	1 <input type="checkbox"/> Daily/almost daily 2 <input type="checkbox"/> > 14 days/month 3 <input type="checkbox"/> 8 - 14 days/month 4 <input type="checkbox"/> 2 - 7 days/month 5 <input type="checkbox"/> ≤ 1 day/month 9 <input type="checkbox"/> NA
d. Overall, for how many years or months did you take (DRUG)?	P2E17D1 Years P2E17D2 Months (Enter 99 if don't know)	Years Months (Enter 99 if don't know)	Years Months (Enter 99 if don't know)	Years Months (Enter 99 if don't know)

CHECK HERE ☐ AND ADD ADDITIONAL PAGES IF MORE THAN FOUR MEDICATIONS USED.

**E18.** Over the past FIVE years, have you taken vitamin or mineral supplements?

1 ☐ Yes **P2E18**  
 2 ☐ No **---> SKIP TO E20**  
 9 ☐ NA

Now I am going to ask you about some specific vitamins and minerals you might have taken.

**E19.**

Over the past FIVE years have you taken:	Overall, for how many months during the past FIVE years have you taken them?	During those months, about how days per week did you usually take the pills?	What type of pill did you take? [READ OPTIONS]
<b>a. Multivitamins?</b> 1 <input type="checkbox"/> Yes, regularly 2 <input type="checkbox"/> Yes, but irregularly 3 <input type="checkbox"/> No <b>---&gt;GO TO b</b> 9 <input type="checkbox"/> NA <b>P2E19A1</b>	<b>P2E19A2</b> Months	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> 5-6 per week 3 <input type="checkbox"/> 3-4 per week 4 <input type="checkbox"/> 1-2 per week 5 <input type="checkbox"/> <1 per week 9 <input type="checkbox"/> NA <b>P2E19A3</b>	1 <input type="checkbox"/> One-a-day 2 <input type="checkbox"/> One-a-day+minerals 3 <input type="checkbox"/> Stress- tabs 4 <input type="checkbox"/> Therapeutic or Theragran type 5 <input type="checkbox"/> Therapeutic + minerals 9 <input type="checkbox"/> NA <b>P2E19A4</b>
Not counting multivitamins, over the past FIVE years have you taken:	For how many months during the past FIVE years have you taken it?	During those months, about how many days per week did you usually take [VITAMIN]?	What dose did you usually take when you took [VITAMIN]?
<b>b. Vitamin A?</b> 1 <input type="checkbox"/> Yes, regularly 2 <input type="checkbox"/> Yes, but irregularly 3 <input type="checkbox"/> No <b>---&gt;GO TO c</b> 9 <input type="checkbox"/> NA <b>P2E19B1</b>	<b>P2E19B2</b> Months	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> 5-6 per week 3 <input type="checkbox"/> 3-4 per week 4 <input type="checkbox"/> 1-2 per week 5 <input type="checkbox"/> <1 per week 9 <input type="checkbox"/> NA <b>P2E19B3</b>	1 <input type="checkbox"/> < 8,000 IU 2 <input type="checkbox"/> 8,000 - 12,000 IU 3 <input type="checkbox"/> 12,001 - 22,000 IU 4 <input type="checkbox"/> > 22,000 IU 9 <input type="checkbox"/> NA <b>P2E19B4</b>
<b>c. Vitamin C?</b> 1 <input type="checkbox"/> Yes, regularly 2 <input type="checkbox"/> Yes, but irregularly 3 <input type="checkbox"/> No <b>---&gt;GO TO d</b> 9 <input type="checkbox"/> NA <b>P2E19C1</b>	<b>P2E19C2</b> Months	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> 5-6 per week 3 <input type="checkbox"/> 3-4 per week 4 <input type="checkbox"/> 1-2 per week 5 <input type="checkbox"/> <1 per week 9 <input type="checkbox"/> NA <b>P2E19C3</b>	1 <input type="checkbox"/> <400 mg 2 <input type="checkbox"/> 400 - 749 mg 3 <input type="checkbox"/> 750 - 1250 mg 4 <input type="checkbox"/> > 1250 mg 9 <input type="checkbox"/> NA <b>P2E19C4</b>
<b>d. Vitamin E?</b> 1 <input type="checkbox"/> Yes, regularly 2 <input type="checkbox"/> Yes, but irregularly 3 <input type="checkbox"/> No <b>---&gt;GO TO e</b> 9 <input type="checkbox"/> NA <b>P2E19D1</b>	<b>P2E19D2</b> Months	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> 5-6 per week 3 <input type="checkbox"/> 3-4 per week 4 <input type="checkbox"/> 1-2 per week 5 <input type="checkbox"/> <1 per week 9 <input type="checkbox"/> NA <b>P2E19D3</b>	1 <input type="checkbox"/> < 100 IU 2 <input type="checkbox"/> 100 - 250 IU 3 <input type="checkbox"/> 251 - 500 IU 4 <input type="checkbox"/> > 500 IU 9 <input type="checkbox"/> NA <b>P2E19D4</b>
<b>e. Beta- Carotene?</b> 1 <input type="checkbox"/> Yes, regularly 2 <input type="checkbox"/> Yes, but irregularly 3 <input type="checkbox"/> No <b>---&gt;GO TO f</b> 9 <input type="checkbox"/> NA <b>P2E19E1</b>	<b>P2E19E2</b> Months	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> 5-6 per week 3 <input type="checkbox"/> 3-4 per week 4 <input type="checkbox"/> 1-2 per-week 5 <input type="checkbox"/> <1 per week 9 <input type="checkbox"/> NA <b>P2E19E3</b>	1 <input type="checkbox"/> < 8,000 IU 2 <input type="checkbox"/> 8,000 - 12,000 IU 3 <input type="checkbox"/> 12,001- 22,000 IU 4 <input type="checkbox"/> > 22,000 IU 9 <input type="checkbox"/> NA <b>P2E19E4</b>
<b>f. Calcium?</b> 1 <input type="checkbox"/> Yes, regularly 2 <input type="checkbox"/> Yes, but irregularly 3 <input type="checkbox"/> No <b>---&gt;GO TO E20</b> 9 <input type="checkbox"/> NA <b>P2E19F1</b>	<b>P2E19F2</b> Months	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> 5-6 per week 3 <input type="checkbox"/> 3-4 per week 4 <input type="checkbox"/> 1-2 per week 5 <input type="checkbox"/> <1 per week 9 <input type="checkbox"/> NA <b>P2E19F3</b>	1 <input type="checkbox"/> < 400 mg 2 <input type="checkbox"/> 400 - 900 mg 3 <input type="checkbox"/> 901 - 1300 mg 4 <input type="checkbox"/> > 1300 mg 9 <input type="checkbox"/> NA <b>P2E19F4</b>

# Anthropometry

2/28/97

Now I am going to ask you some questions about your height and weight at various times in your life.

E20. What has been your usual adult height (since age 20 without shoes on)? P2E20A Feet P2E20B Inches

E21. One year ago, how much did you weigh? P2E21 Pounds (999=DK)  
(If was pregnant, query weight just prior to pregnancy.)

E22. What has been your lowest weight as an adult (since age 20)? P2E22 Pounds (999=DK)

E23. What has been your highest weight as an adult (since age 20 and excluding when you were pregnant)? P2E23 Pounds (999=DK)

E24. Now when you were [AGE], how much did you weigh? (Use 998 if not that old yet.)

55 years old	35 years old	18 years-old
<u>P2E24A</u> pounds	<u>P2E24B</u> pounds	<u>P2E24C</u> pounds

E25. Thinking back to the 5th grade, or when you were about 10 years old, how did your weight compare to other girls your age and height?  
Were you: [READ OPTIONS]

- 1 P2E25 Thinner?  
2 About the same?  
3 Heavier?  
9 NA

E26. Again, thinking back to the 5th grade, or when you were about 10 years old, how did your height compare to other girls your age?  
Were you: [READ OPTIONS]

- 1 P2E26 Shorter?  
2 About the same?  
3 Taller?  
9 NA

## SECTION F: LIFESTYLE FACTORS AND EXPOSURES

In the next part, I would like to ask you some questions about your lifestyle and personal habits.

### Physical Activity

The next several questions ask about physical activity related to playtime, sports or chores when you were younger.

- F1. When you were 12 years old (in about 7th grade) compared to other girls your age, would you say you were: [READ OPTIONS]

- 1 \_\_\_ Far less physically active?  
 2 \_\_\_ A bit less physically active?  
 3 \_\_\_ About as physically active?  
 4 \_\_\_ Usually more physically active?  
 5 \_\_\_ Much more physically active?  
 9 \_\_\_ NA

P2F1

- F2. When you were 12 years old, did you participate in competitive sports or serious training as a dancer or gymnast?

- 1 \_\_\_ Yes ----->  
 2 \_\_\_ No P2F2A  
 9 \_\_\_ NA

How many days per week did you play sports/practice dance or gymnastics?

- 1 \_\_\_ Daily or almost daily (6-7 days a wk)  
 2 \_\_\_ Several times a week (3-5 days a wk)  
 3 \_\_\_ Once or twice a week  
 4 \_\_\_ Less than once a week  
 9 \_\_\_ NA P2F2B

- F3. When you were 12 years old, did you perform any vigorous chores like the following around the house or farm? [SHOW CARD]

- 1 \_\_\_ Yes ----->  
 2 \_\_\_ No P2F3A  
 9 \_\_\_ NA

On average, how many days per week did you perform one or more of these chores?

- 1 \_\_\_ Daily or almost daily (6-7 days a wk)  
 2 \_\_\_ Several times a week (3-5 days a wk)  
 3 \_\_\_ Once or twice a week  
 4 \_\_\_ Less than once a week  
 9 \_\_\_ NA P2F3B

- F4. When you were 12 years old, did you walk to school?

- 1 \_\_\_ Yes ----->  
 2 \_\_\_ No P2F4A  
 9 \_\_\_ NA

How far did you walk to school (one way)?

- 1 \_\_\_ < 1/2 mile  
 2 \_\_\_ ≥ 1/2 mile but < 1 mile  
 3 \_\_\_ ≥ 1 mile but < 2 miles  
 4 \_\_\_ ≥ 2 miles but < 3 miles  
 5 \_\_\_ ≥ 3 miles  
 9 \_\_\_ NA P2F4B

F5. When you were 12 years old, did you ride a bicycle to school?

- 1 ☐ Yes →  
 2 ☐ No P2F5A  
 9 ☐ NA

How far did you ride a bicycle (one way)?

- 1 ☐ < 1/2 mile  
 2 ☐ ≥ 1/2 mile but < 1 mile  
 3 ☐ ≥ 1 mile but < 2 miles  
 4 ☐ ≥ 2 miles but < 3 miles  
 5 ☐ ≥ 3 miles P2F5B  
 9 ☐ NA

F6. About three months ago, aside from any work you did at home or at a job, did you do anything regularly--that is, on a weekly basis--that helped you keep physically fit?

- 1 ☐ Yes →  
 2 ☐ No P2F6A  
 9 ☐ NA

What did you do? P2F6B,  
P2F6C,  
P2F6D (2 digit code)

How often did you do physical activity?

- 1 ☐ Daily ( 7 days a week)  
 2 ☐ Several times a week (5 - 6 times a week)  
 3 ☐ Every other day ( 3 - 4 times a week)  
 4 ☐ Once or twice a week  
 9 ☐ NA P2F6E

The next several questions ask about your diet. First I am going to ask you about how often you eat these vegetables [SHOW CARD]. Although you probably eat other vegetables as well, I need you to think about these vegetables for the next two questions.

F7. Last year during the winter season (from December-March), about P2F7 per week how many 1/2-cup-sized servings of these vegetables did you eat per week?

F8. Last year during the summer season (from June-September), about P2F8 per week how many 1/2-cup-sized servings of these vegetables did you eat per week?

Now I am going to ask you about how often you eat these fruits and fruit juices [SHOW CARD]. Again, even though you probably eat other fruits, please think about these only as you answer the next two questions.

F9. Last year during the winter season (from December-March), about how P2F9 per week many 1/2-cup-sized servings of these fruits or fruit juices did you have per week?

F10. Last year during the summer season (from June-September), about P2F10 per week how many 1/2-cup-sized servings of these fruits or fruit juices did you have per week?

Now I am going to ask you about how often you eat various meats, fish and poultry. Instead of your diet now, please think back to FIVE years ago to answer these questions.

**F11.** Thinking back to FIVE years ago, did you eat any meat, fish or poultry regularly, that is, at least once a month?

1 ☐ Yes  
2 ☐ No → SKIP TO F17  
9 ☐ NA

P2F11

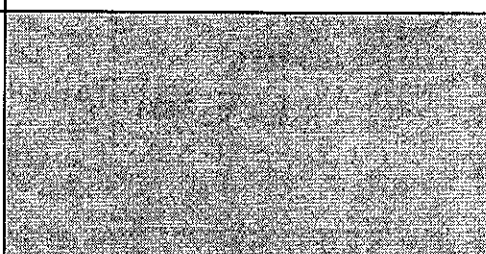
**F12.** FIVE years ago when you ate meat, fish, or poultry, was it cooked by pan-frying, oven-broiling, or grilling? This does not include deep-frying, stir-frying, or baking.

1 ☐ Yes  
2 ☐ No → SKIP TO F17  
9 ☐ NA

P2F12

The next few questions are about different kinds of meat that you may have eaten, and how they were cooked. Please answer the following questions about your usual meat intake 5 years ago.

<b>F13.</b> About FIVE years ago, did you eat any of the following foods regularly, that is, at least once a month?	How much did you usually eat each time?	How often did you have it:		
<b>a. Chicken</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → GO TO b 9 <input type="checkbox"/> NA P2F13A1	P2F13A2 _____ thighs or drumsticks P2F13A3 _____ 1/2-breasts P2F13A4 _____ wings	pan-fried? P2F13A5 _____ times per (1) week (2) month (3) year P2F13A6	oven-broiled? P2F13A7 _____ times per (1) week (2) month (3) year P2F13A8	grilled or barbecued? P2F13A9 _____ times per (1) week (2) month (3) year P2F13A10
<b>b. Fish steak or fish prepared whole</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → GO TO c 9 <input type="checkbox"/> NA P2F13B1 P2F13B2 (picture #) P2F13B3 (portions)	[USE CARD(s) and ask if she prefers fish steaks or fillets to judge portions] 1 <input type="checkbox"/> Picture #1 2 <input type="checkbox"/> Picture #2 3 <input type="checkbox"/> Picture #3 4 <input type="checkbox"/> Picture #4 5 <input type="checkbox"/> Picture #5 9 <input type="checkbox"/> NA	pan-fried? P2F13B5 _____ times per (1) week (2) month (3) year P2F13B6	oven-broiled? P2F13B7 _____ times per (1) week (2) month (3) year P2F13B8	grilled or barbecued? P2F13B9 _____ times per (1) week (2) month (3) year P2F13B10
<b>c. Hamburger</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → GO TO d 9 <input type="checkbox"/> NA P2F13C1 Was it usually at least a quarter-pound hamburger? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → GO TO d 9 <input type="checkbox"/> NA P2F13C2	P2F13C3 _____ patties	either pan-fried or oven-broiled? P2F13C5 _____ times per (1) week (2) month (3) year P2F13C6	grilled or barbecued? P2F13C7 _____ times per (1) week (2) month (3) year P2F13C8	

<b>F13. About FIVE years ago, did you eat any of the following foods regularly, that is, at least once a month?</b>	<b>How much did you usually eat each time?</b>	<b>How often did you have it:</b>	
<b>d. Beef steak</b> 1 <input type="checkbox"/> Yes <b>P2F13D1</b> 2 <input type="checkbox"/> No → <b>GO TO e</b> 9 <input type="checkbox"/> NA  Was it usually at least a 1/4" thick? 1 <input type="checkbox"/> Yes <b>P2F13D2</b> 2 <input type="checkbox"/> No → <b>GO TO e</b> 9 <input type="checkbox"/> NA	(USE CARD) <b>P2F13D3</b> (pic #) 1 <input type="checkbox"/> Picture #1 2 <input type="checkbox"/> Picture #2 3 <input type="checkbox"/> Picture #3 4 <input type="checkbox"/> Picture #4 5 <input type="checkbox"/> Picture #5 9 <input type="checkbox"/> NA <b>P2F13D4</b> (portions)	either pan-fried or oven-broiled? <b>P2F13D5</b> _____ times per (1) week (2) month (3) year <b>P2F13D6</b>	grilled or barbecued? <b>P2F13D7</b> _____ times per (1) week (2) month (3) year <b>P2F13D8</b>
<b>e. Pork chops</b> 1 <input type="checkbox"/> Yes <b>P2F13E1</b> 2 <input type="checkbox"/> No → <b>GO TO f</b> 9 <input type="checkbox"/> NA	Picture #1 <b>P2F13E2</b> (pic #) _____ # of chops OR <b>P2F13E3</b> (portions) Picture #2 _____ # of chops	either pan-fried or oven-broiled? <b>P2F13E5</b> _____ times per (1) week (2) month (3) year <b>P2F13E6</b>	grilled or barbecued? <b>P2F13E7</b> _____ times per (1) week (2) month (3) year <b>P2F13E8</b>
<b>f. Bacon</b> 1 <input type="checkbox"/> Yes <b>P2F13F1</b> 2 <input type="checkbox"/> No → <b>GO TO g</b> 9 <input type="checkbox"/> NA	<b>P2F13F2</b> # of slices	either pan-fried or oven-broiled? <b>P2F13F5</b> _____ times per (1) week (2) month (3) year <b>P2F13F6</b>	
<b>g. Breakfast sausage</b> 1 <input type="checkbox"/> Yes <b>P2F13G1</b> 2 <input type="checkbox"/> No → <b>GO TO h</b> 9 <input type="checkbox"/> NA	<b>P2F13G2</b> # of links or patties	either pan-fried or oven-broiled? <b>P2F13G5</b> _____ times per (1) week (2) month (3) year <b>P2F13G6</b>	grilled or barbecued? <b>P2F13G7</b> _____ times per (1) week (2) month (3) year <b>P2F13G8</b>
<b>h. Hot dogs or other sausage, such as Polish sausage</b> 1 <input type="checkbox"/> Yes <b>P2F13H1</b> 2 <input type="checkbox"/> No → <b>GO TO F14</b> 9 <input type="checkbox"/> NA	<b>P2F13H2</b> # of hot dogs or hot-dog sized pieces	either pan-fried or oven-broiled? <b>P2F13H5</b> _____ times per (1) week (2) month (3) year <b>P2F13H6</b>	grilled or barbecued? <b>P2F13H7</b> _____ times per (1) week (2) month (3) year <b>P2F13H8</b>

**F14.** FIVE years ago, how did you usually prefer your beef cooked on the inside, in steaks, roasts, and hamburgers ?

- 1 ☐ Rare to medium rare (red or dark pink)  
 2 ☐ Medium to medium well (light pink)  
 3 ☐ Well-done (gray-brown with juice or dry)  
 9 ☐ NA

P2F14

**F15.** In general, FIVE years ago how did you usually prefer the outside of the meat to be cooked ?

- 1 ☐ Not browned  
 2 ☐ Lightly browned  
 3 ☐ Well-browned  
 4 ☐ Heavily browned or charred  
 9 ☐ NA

P2F15

**F16.** FIVE years ago, how often did you eat the drippings or gravy from cooked meat ?

- 1 ☐ Never  
 2 ☐ Rarely  
 3 ☐ Sometimes  
 4 ☐ Often  
 5 ☐ Always  
 9 ☐ NA

P2F16

### Alcohol Consumption

Now I have some questions about beverages that contain alcohol. Alcoholic beverages include beer, wine and liquor. Liquor includes vodka, gin, spirits and other similar beverages.

**F17.** Have you had twelve or more drinks of any type of alcoholic beverage in your lifetime?

- 1 ☐ Yes  
 2 ☐ No  
 9 ☐ NA

P2F17

-----&gt; SKIP TO F20

**F18.** How old were you when you first started to drink:  
 (Use 98 if never drank that beverage.)

Beer? P2F18A Years old  
 Wine? P2F18B Years old  
 Liquor? P2F18C Years old

(99 = PK)

- F19.** We would like to know about what kinds of alcohol and how much you drank at different times in your life.  
(Use 00 for never; use 98 for not that old yet.)

	Before age 25,	From ages 25 to 49,	Since age 50,
about how many 12 oz cans or bottles of beer [did you / do you] usually drink per week, per month, or per year?	<u>P2F19A1</u> (1) per week (2) per month <u>P2F19A2</u> (3) per year	<u>P2F19B1</u> (1) per week <u>P2F19B2</u> (2) per month (3) per year	<u>P2F19C1</u> (1) per week (2) per month <u>P2F19C2</u> (3) per year
about how many 4 oz glasses of wine [did you / do you] usually drink per week, per month, or per year?	<u>P2F19A3</u> (1) per week (2) per month <u>P2F19A4</u> (3) per year	<u>P2F19B3</u> (1) per week (2) per month <u>P2F19B4</u> (3) per year	<u>P2F19C3</u> (1) per week (2) per month <u>P2F19C4</u> (3) per year
about how many 1 oz shots of hard liquor, taken straight or in a mixed drink [did you/ do you] usually drink per week, per month, or per year?	<u>P2F19A5</u> (1) per week (2) per month <u>P2F19A6</u> (3) per year	<u>P2F19B5</u> (1) per week (2) per month <u>P2F19B6</u> (3) per year	<u>P2F19C5</u> (1) per week (2) per month <u>P2F19C6</u> (3) per year
In general when you drank alcoholic beverages, did you usually drink them with meals?	1 ___ Yes 2 ___ No <u>P2F19A7</u> 3 ___ Both 9 ___ NA	1 ___ Yes 2 ___ No <u>P2F19B7</u> 3 ___ Both 9 ___ NA	1 ___ Yes 2 ___ No <u>P2F19C7</u> 3 ___ Both 9 ___ NA
about how many times per week, per month or per year [did you/ do you] have more than five drinks on one day?	<u>P2F19A8</u> (1) per week (2) per month <u>P2F19A9</u> (3) per year	<u>P2F19B8</u> (1) per week <u>P2F19B9</u> (2) per month (3) per year	<u>P2F19C8</u> (1) per week (2) per month <u>P2F19C9</u> (3) per year

### Smoking

The next several questions ask about your exposure to tobacco.

- F20.** Have you smoked at least 100 cigarettes (5 packs) in your lifetime? -

1 \_\_\_ Yes P2F20  
2 \_\_\_ No -----> SKIP TO F26  
9 \_\_\_ NA

- F21.** How old were you when you first began smoking on a regular basis?

P2F21 Years

- F22.** Do you smoke now?

1 \_\_\_ Yes ----> SKIP TO F24  
2 \_\_\_ No P2F22  
9 \_\_\_ NA

F23. How old were you when you completely stopped smoking?

P2F23 Years

F24. Keeping in mind that you may have stopped and started several times, overall how many years [have you /did you] smoke[d] regularly?

- 1 \_\_\_ < 1 year  
 2 \_\_\_ 1 to 5 years  
 3 \_\_\_ 6 to 10 years  
 4 \_\_\_ 11 to 20 years  
 5 \_\_\_ 21 to 30 years  
 6 \_\_\_ More than 31 years  
 9 \_\_\_ NA

P2F24

F25. On average, how many cigarettes [do you /did you] smoke per day?

- 1 \_\_\_ More than 2 packs  
 2 \_\_\_ >1-1/2 to 2 packs  
 3 \_\_\_ >1 to 1-1/2 pack  
 4 \_\_\_ 1/2 to 1 pack  
 5 \_\_\_ Less than 1/2 pack  
 6 \_\_\_ Once in a while, not every day  
 9 \_\_\_ NA

P2F25

F26. Have you used chewing tobacco or snuff?

P2F26

- 1 \_\_\_ Yes  
 2 \_\_\_ No  
 9 \_\_\_ NA

-----> SKIP TO F28

F27. For how many years did you use chewing tobacco or snuff?

- 1 \_\_\_ Less than one year  
 2 \_\_\_ 1 to 5 years  
 3 \_\_\_ 6 to 10 years  
 4 \_\_\_ 11 to 20 years  
 5 \_\_\_ More than 20 years  
 9 \_\_\_ NA

P2F27

F28. Before you were 18, did you live with someone who smoked?

- 1 \_\_\_ Yes----->  
 2 \_\_\_ No  
 9 \_\_\_ NA

P2F28A

For how many years?

P2F28B Years

F29. Since you were 18, have you lived with someone who smoked?

- 1 \_\_\_ Yes----->  
 2 \_\_\_ No  
 9 \_\_\_ NA

P2F29A

For how many years?

P2F29B Years

**SECTION G: OCCUPATIONAL HISTORY**

Now, I would like to ask you about jobs you may have had.

- G1. Have you ever had a job for 6 months or more? This includes full-time or part-time, paid or unpaid work, as well as self-employment.

1 ☐ Yes2 ☐ No9 ☐ NA

-----&gt; SKIP TO G9

P261

In the next questions, I would like some information about your usual type of work. This can be the work you did the longest or that you spent the most time doing.

- G2. What was the job title for your usual type of work?

Job title : P262 (up to 60 chars)

- G3. What were your usual activities or duties as a [JOB TITLE]?

P263 (up to 60 chars)

- G4. For what kinds of business or industry did you work?

P264A

(up to 60 chars)

P264B

(up to 60 chars)

P264C

(up to 60 chars)

- G5. At what age did you start working as a [JOB TITLE] at [BUSINESS or INDUSTRY]? (If more than one business or industry, repeat question for each one.)

P265A yearsP265B yearsP265C years

- G6. How many years did you work as a [JOB TITLE] at [BUSINESS or INDUSTRY]? (If more than one business or industry, repeat question for each one.)

P266A yearsP266B yearsP266C years

- G7. On average, how many hours per week did you usually work when you were a [JOB TITLE]? P267 Hours

- G8.** Have you ever had any jobs where you were exposed to ionizing radiation, such as x-ray technician, dental hygienist or inspector at nuclear energy facilities ?

1 ☐ Yes ----->

2 ☐ No P268A

9 ☐ NA

How old were you when you first worked in this kind of job?

P268B Years

For how many years total did you work at these jobs?

P268C Years

Did you ever wear a film badge to monitor your exposure to radiation?

1 ☐ Yes P268D

2 ☐ No

9 ☐ NA

- G9.** During your entire life, have you ever lived on a farm?

1 ☐ Yes ----->

2 ☐ No P269A

9 ☐ NA

How old were you when you first lived on a farm?

P269B Years

For how many years total did you live on any farm?

P269C Years

- G10.** Have you ever worked on any farms other than ones you lived on?

1 ☐ Yes ----->

2 ☐ No P2610A

9 ☐ NA

How old were you when you first worked on such a farm?

P2610B Years

For how many years total did you work on any farms you didn't live on?

P2610C Years

**H. LIFE EVENTS**

Now I am going to ask you about some important life events that may have happened to you during the past FIVE years. Some of these may be difficult to recall, but you may answer by simply responding Yes or No.

**H1. Over the past FIVE years:****a. Did your spouse or partner have a serious illness?**1 ☐ Yes2 ☐ No9 ☐ NA

P2H1A

**b. Did your spouse or partner die?**1 ☐ Yes2 ☐ No9 ☐ NA

P2H1B

**c. Did any of your children, parents or siblings have a serious illness?**1 ☐ Yes2 ☐ No9 ☐ NA

P2H1C

**d. Did either of your parents die?**1 ☐ Yes2 ☐ No9 ☐ NA

P2H1D

**e. Did any of your children die?**1 ☐ Yes2 ☐ No9 ☐ NA

P2H1E

**f. Did any other close family members or friends die or have a serious illness?**1 ☐ Yes2 ☐ No9 ☐ NA

P2H1F

**g. Did you have any major problems with money?**1 ☐ Yes2 ☐ No9 ☐ NA

P2H1G

**h. Did you get married?**1 ☐ Yes2 ☐ No9 ☐ NA

P2H1H

**i. Did you have a divorce or break-up with a spouse or partner?**1 ☐ Yes2 ☐ No9 ☐ NA

P2H1I

- J. Did a close family member or friend have a divorce or break-up?  
 1 ☐ Yes  
 2 ☐ No P2H1J  
 9 ☐ NA
- k. Did you have a baby or adopt a child?  
 1 ☐ Yes  
 2 ☐ No P2H1K  
 9 ☐ NA
- l. Did any of your children have a baby or adopt a child?  
 1 ☐ Yes  
 2 ☐ No P2H1L  
 9 ☐ NA
- m. Did you have a major conflict with children or grandchildren?  
 1 ☐ Yes  
 2 ☐ No P2H1M  
 9 ☐ NA
- n. Did you or your spouse/partner lose your job or retire?  
 1 ☐ Yes  
 2 ☐ No P2H1N  
 9 ☐ NA
- o. Were you or your spouse/partner threatened with a lay-off?  
 1 ☐ Yes  
 2 ☐ No P2H1O  
 9 ☐ NA
- p. Did any other close family members or friends lose their job or retire?  
 1 ☐ Yes  
 2 ☐ No P2H1P  
 9 ☐ NA
- q. Did a cherished pet die?  
 1 ☐ Yes  
 2 ☐ No P2H1Q  
 9 ☐ NA
- r. Did you experience any major accidents, disasters, unwanted sexual experiences, robberies, or similar events?  
 1 ☐ Yes  
 2 ☐ No P2H1R  
 9 ☐ NA
- s. Were you physically abused by being hit, pushed, or threatened with a weapon by a family member or friend?  
 1 ☐ Yes  
 2 ☐ No P2H1S  
 9 ☐ NA

- t. Were you verbally abused by being made fun of, severely criticized, or threatened with harm by a family member or friend?
- 1 \_\_\_ Yes **P2H1T**  
 2 \_\_\_ No  
 9 \_\_\_ NA

- H2. What were the three (3) most stressful events that occurred in your life over the past 5 years? Please include those from the list or others we have not mentioned.  
 (Indicate letter from above or describe other event).

1 \_\_\_ or **P2H2A** (a letter from A to T or 2 digit code)  
 2 \_\_\_ or **P2H2B**  
 3 \_\_\_ or **P2H2C**

## SECTION I: DEMOGRAPHIC FACTORS

We are now almost finished with the interview. The last few questions will give us a little more background information about you.

- I1. What is your present marital status?

1 \_\_\_ Never married or lived as married  
 2 \_\_\_ Married, or living as married  
 3 \_\_\_ Widowed  
 4 \_\_\_ Separated, divorced,  
 or no longer living as married  
 9 \_\_\_ NA

**P2I1**

- I2. What race would you describe yourself as? [READ OPTIONS]

1 \_\_\_ White  
 2 \_\_\_ Black/African American  
 3 \_\_\_ American Indian, Eskimo  
 4 \_\_\_ Asian or Pacific Islander  
 5 \_\_\_ Other **P2I2B** (2 digit code)  
 9 \_\_\_ NA

**P2I2A**

- I3. Are you Hispanic?

1 \_\_\_ Yes  
 2 \_\_\_ No  
 9 \_\_\_ NA

**P2I3**

14. What is the highest level of school that you completed?

P2I4

- 1 \_\_\_ 0-8 years
- 2 \_\_\_ 9-12 years, but not a high school graduate
- 3 \_\_\_ High school graduate (or GED)
- 4 \_\_\_ Technical or business school
- 5 \_\_\_ Some college
- 6 \_\_\_ College graduate
- 7 \_\_\_ Post-graduate or professional degree
- 9 \_\_\_ NA

15. What is the highest level of school completed by your husband/partner?

P2I5

- 1 \_\_\_ Never had partner or husband
- 2 \_\_\_ 0-8 years
- 3 \_\_\_ 9-12 years, but not a high school graduate
- 4 \_\_\_ High school graduate (or GED)
- 5 \_\_\_ Technical or business school
- 6 \_\_\_ Some college
- 7 \_\_\_ College graduate
- 8 \_\_\_ Post-graduate or professional degree
- 9 \_\_\_ NA

16. What is the highest level of school completed by the head of your family household when you were young, about 10 - 14 years old?

P2I6

- 1 \_\_\_ Did not have head of family household
- 2 \_\_\_ 0-8 years
- 3 \_\_\_ 9-12 years, but not a high school graduate
- 4 \_\_\_ High school graduate (or GED)
- 5 \_\_\_ Technical or business school
- 6 \_\_\_ Some college
- 7 \_\_\_ College graduate
- 8 \_\_\_ Post-graduate or professional degree
- 9 \_\_\_ NA

The following three questions all use the same card showing types of occupations. [SHOW CARD F]

17. Which of the following categories best describes the usual type of paid work you have done?

P2I7A

- 1 \_\_\_ Farmer, farm worker  
 2 \_\_\_ Service worker or laborer  
 3 \_\_\_ Craftworker, factory worker, mechanic  
 4 \_\_\_ Clerical worker, salesperson or technician  
 5 \_\_\_ Professional, administrator, executive  
 6 \_\_\_ Other (specify) P2I7B (2 digit code)  
 7 \_\_\_ Never worked  
 9 \_\_\_ NA

18. Which of the following categories best describes the usual type of paid work your husband or partner has done?

P2I8A

- 0 \_\_\_ Never had partner or husband  
 1 \_\_\_ Farmer, farm worker  
 2 \_\_\_ Service worker or laborer  
 3 \_\_\_ Craftworker, factory worker, mechanic  
 4 \_\_\_ Clerical worker, salesperson or technician  
 5 \_\_\_ Professional, administrator, executive  
 6 \_\_\_ Other (specify) P2I8B (2 digit code)  
 7 \_\_\_ Never worked  
 9 \_\_\_ NA

19. Which of the following categories best describes the usual type of paid work carried out by the head of your family household when you were young, about 10 - 14 years old?

P2I9A

- 0 \_\_\_ Did not have head of family household  
 1 \_\_\_ Farmer, farm worker  
 2 \_\_\_ Service worker or laborer  
 3 \_\_\_ Craftworker, factory worker, mechanic  
 4 \_\_\_ Clerical worker, salesperson or technician  
 5 \_\_\_ Professional, administrator, executive  
 6 \_\_\_ Other (specify) P2I9B (2 digit code)  
 7 \_\_\_ Never worked  
 9 \_\_\_ NA

The next two questions refer to the types of communities shown on this card. [SHOW CARD G]

I10. What kind of community did you live in the longest before you were 18 years old?

- 1 \_\_\_ Large city (population >100,000)  
 2 \_\_\_ Suburb of large city  
 3 \_\_\_ Town or city  
     (pop. 50,000-100,000)  
 4 \_\_\_ Town or city  
     (pop. 10,000-50,000)  
 5 \_\_\_ Town (pop. <10,000)  
 6 \_\_\_ Rural, non-farm (in the country,  
     but not on a farm)  
 7 \_\_\_ On a farm  
 9 \_\_\_ NA

P2I10

I11. What kind of community did you live in the longest since age 25?

- 0 \_\_\_ Not that old yet  
 1 \_\_\_ Large city (population >100,000)  
 2 \_\_\_ Suburb of large city  
 3 \_\_\_ Town or city  
     (pop. 50,000-100,000)  
 4 \_\_\_ Town or city  
     (pop. 10,000-50,000)  
 5 \_\_\_ Town (pop. <10,000)  
 6 \_\_\_ Rural, non-farm (in the country,  
     but not on a farm)  
 7 \_\_\_ On a farm  
 9 \_\_\_ NA

P2I11

I12. Do you have a valid driver's license or Division of Motor Vehicles identification card?

- 1 \_\_\_ Yes \_\_\_\_\_>  
 2 \_\_\_ No  
 9 \_\_\_ NA

Is it issued by the state of North Carolina?

- 1 \_\_\_ Yes  
 2 \_\_\_ No  
 9 \_\_\_ NA

I13. (FOR WOMEN 65 AND OLDER) Are you enrolled in Medicare?

- 1 \_\_\_ Yes  
 2 \_\_\_ No  
 9 \_\_\_ NA

P2I13

I14. Last year, what was your total family income range, before taxes?  
[SHOW CARD H]

- 0 \_\_\_ Less than \$5,000  
1 \_\_\_ \$5,000 to \$10,000  
2 \_\_\_ \$10,000 to \$15,000  
3 \_\_\_ \$15,000 to \$20,000  
4 \_\_\_ \$20,000 to \$30,000  
5 \_\_\_ \$30,000 to \$50,000  
6 \_\_\_ \$50,000 to \$100,000  
7 \_\_\_ More than \$100,000  
8 \_\_\_ Don't know  
9 \_\_\_ Refused

P2I14

I15. How many people are supported by this income?

P2I15 People

#### SECTION J: CLOSING COMMENTS

CASES Only: CONTROLS SKIP TO J1.

Earlier in the interview we talked about your diagnosis of breast cancer. Now I'd like to ask you a few questions about any surgery you might have had.

J0a. What kind of surgery did you have after your diagnosis of breast cancer?

- 1 \_\_\_ No surgery —> SKIP TO J1  
2 \_\_\_ Mastectomy  
3 \_\_\_ Lumpectomy or breast conserving surgery  
4 \_\_\_ Biopsy only  
5 \_\_\_ Other, please specify \_\_\_\_\_  
9 \_\_\_ NA

P2J0A1

P2J0A2

J0b. Were your axillary lymph nodes removed?

- 1 \_\_\_ No  
2 \_\_\_ Yes  
9 \_\_\_ NA

P2J0B

J0c. Did your physician or any health care professional tell you about exercises that you can do after surgery to increase the movement and strength in your affected arm/arms?

- 1 \_\_\_ No  
2 \_\_\_ Yes  
9 \_\_\_ NA

P2J0C

J0d. Have you done these exercises ?

- 1 \_\_\_\_ No  
 2 \_\_\_\_ Yes, occasionally  
 3 \_\_\_\_ Yes, regularly  
 9 \_\_\_\_ NA

P2J0D

J1. Do you have any ideas about what may cause breast cancer?

1 \_\_\_\_ Yes

2 \_\_\_\_ No

9 \_\_\_\_ NA

→ SKIP TO J3

P2J1

J2. What do you think causes breast cancer?

P2J2A , P2J2B , P2J2C , P2J2D , P2J2E (3 digit code)

*Thank you for answering these questions.*

J3. Before we end the interview part of the visit, do you have any comments about the interview or is there anything you would like to add that was not covered by the interview?

P2J3A (3 digit code)

P2J3B

P2J3C

Again, thank you very much for your help with this interview.

# SECTION K: INTERVIEWER REMARKS

7/11/97

K1. Where was the interview conducted?

P2K1A

1 \_\_\_ Woman's home

2 \_\_\_ Other:

(Specify) P2K1B (2 digit code)

K2. Were other people present in the room during the interview?

P2K2

1 \_\_\_ Yes, the whole time

2 \_\_\_ Yes, for part(s) of the interview

3 \_\_\_ No

K3. Respondent's cooperation was:

P2K3A

1 \_\_\_ Very good

2 \_\_\_ Good

3 \_\_\_ Fair

4 \_\_\_ Poor

5 \_\_\_ Other:

(Specify) P2K3B (2 digit code)

K4. The quality of the responses was:

P2K4A

1 \_\_\_ High quality

2 \_\_\_ Generally reliable

3 \_\_\_ Questionable

4 \_\_\_ Unsatisfactory

5 \_\_\_ Other:

(Specify) P2K4B (2 digit code)

K5. The respondent:

P2K5A

P2K5B

P2K5C

1 \_\_\_ Recalled all information

2 \_\_\_ Had trouble with amounts or frequencies

3 \_\_\_ Had trouble with dates

4 \_\_\_ Had trouble recalling overall

5 \_\_\_ Other:

(Specify) P2K5D, P2K5E, P2K5F

K6. If respondent had difficulty recalling, check reason(s) for unsatisfactory or questionable information.

01 \_\_\_ Did not want to be more specific

P2K6A

02 \_\_\_ Did not understand or speak English well

P2K6B

03 \_\_\_ Was bored or uninterested

P2K6C

04 \_\_\_ Was upset, depressed or angry

05 \_\_\_ Had poor hearing or speech

06 \_\_\_ Was confused or distracted by frequent interruptions

07 \_\_\_ Was inhibited by others around her

08 \_\_\_ Was embarrassed by the subject matter

09 \_\_\_ Was emotionally unstable

10 \_\_\_ Was physically ill

11 \_\_\_ Other (Specify) P2K6D, P2K6E, P2K6F (2 digit code)

CAROLINA BREAST CANCER STUDY ID Number STUDYID

## ANTHROPOMETRIC MEASUREMENTS

1. HEIGHT: P2AN1 . \_\_\_\_ cm (to nearest 0.5 cm)2. WEIGHT: P2AN2 . \_\_\_\_ kg (to nearest 0.5 kg)3. Circumferences: . (to nearest 0.5 cm)  
Take third measurement if first 2 differ by more than 1.0 cm.Waist: P2AN3A . \_\_\_\_ P2AN3B . \_\_\_\_ P2AN3C . \_\_\_\_Hip: P2AN3D . \_\_\_\_ P2AN3E . \_\_\_\_ P2AN3F . \_\_\_\_

4. Over the past year, have you gained or lost more than 5 pounds?

1 \_\_\_\_ Yes P2AN4

2 \_\_\_\_ No

----&gt; SKIP to 6

9 \_\_\_\_ NA

5. How much weight have you:

Gained? P2AN5ALost? P2AN5B

1 \_\_\_\_ 6-10 pounds

1 \_\_\_\_ 6-10 pounds

2 \_\_\_\_ 11-20 pounds

2 \_\_\_\_ 11-20 pounds

3 \_\_\_\_ 21+ pounds

3 \_\_\_\_ 21+ pounds

9 \_\_\_\_ NA

9 \_\_\_\_ NA

6. Were any modifications to the standard procedures made?

1 \_\_\_\_ Yes P2AN6A

2 \_\_\_\_ No

If yes, please specify: P2AN6B7. Nurse-interviewer Code: P2AN7



# Phase II

CAROLINA BREAST CANCER STUDY ID Number 1-8

## BLOOD COLLECTION FORM

DATE DRAW  
Date of Blood Draw: 9-16  
TIME DRAW  
Time of Blood Draw: 17-20 am/pm 21-22  
PHLEBOTOMIST  
Phlebotomist Code: 23-24

Size of Tube TUBE SIZE 25-28 ml  
Number of Tubes TUBE NUM 29 Full 30 Partial 31

1st attempt Site of blood draw \_\_\_\_\_  
Size and type of needle \_\_\_\_\_  
2nd attempt Site of blood draw \_\_\_\_\_  
Size and type of needle \_\_\_\_\_  
3rd attempt Site of blood draw \_\_\_\_\_  
Size and type of needle \_\_\_\_\_

LAST MEAL  
# of hours since last meal 32-33

### FOR PREMENOPAUSAL WOMEN: LAST MENS

Date of last menstrual period: 34-39  
(First day of bleeding at last period)

### FOR CASES:

CHEMO 40  
Have you received chemotherapy? Yes ----->  
No  
NA

Date of last treatment  
LAST CHEM  
41-46

Comments \_\_\_\_\_  
\_\_\_\_\_