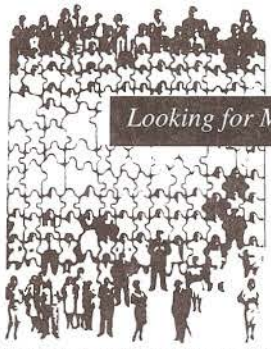

JOHNS HOPKINS RESEARCH CENTER
P.O. BOX 2067
HAGERSTOWN, MD 21742-2067

Study Number_____

INTRODUCTION

Please follow the instructions carefully and answer all the questions unless otherwise instructed. Then return the completed questionnaire in the stamped envelope provided. All of the information you provide is confidential.

Thank you very much for your valuable help with this research.

INSTRUCTIONS

1. **Read each question carefully. Then use a no. 2 pencil to answer by filling in the blank space and darkening the circles.**

   Example: What is your date of birth?
   (Write in date as shown)

MONTH		DAY		YEAR	
0	1	0	8	3	0

MARKING INSTRUCTIONS

Use a No. 2 pencil only.
Make heavy black marks that darken the circle completely.
If you change your mind, please erase completely.

2. **Unless the instructions tell you otherwise, darken only one circle.**

3. **Some questions have instructions next to the answer telling you to skip questions which do not apply to you. First darken the circle. Then follow the skip as directed.**

PLEASE CHECK THE INFORMATION BELOW AND CORRECT THE INFORMATION IF THERE IS A MISTAKE.

DO NOT MARK IN THIS AREA

THANK YOU!

If you have any questions, please feel free to call our office at (301) 791-3230

CURRENT HEALTH STATUS

1. What is your date of birth?
(Write in number and darken circles)

MONTH		DAY		YEAR	
0 1	0 1 2 3 4 5 6 7 8 9	0 1 2 3	0 1 2 3 4 5 6 7 8 9	0 1	0 1 2 3 4 5 6 7 8 9

2. How much do you weigh?
(Write in number and darken circles)

POUNDS		
0 1 2 3 4 5	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

3. What is your marital status?

- ○ Never married
- ○ Married
- ○ Widowed
- ○ Divorced
- ○ Separated

4. After you were 21 years old, about how many times have you GAINED AND LOST 10 or more pounds? (NOT counting PREGNANCY and NURSING.)

- ○ Never
- ○ 1-5 times
- ○ 6-10 times
- ○ 11-15 times
- ○ 16 or more times

HEALTH HISTORY

5. Have you ever been told by a doctor or other health professional that you have any of the conditions listed below?

	No	Yes	How old were you when you were first told you had this condition?
a. Diabetes	○	○	_____
b. High cholesterol	○	○	_____
c. Heart attack	○	○	_____
d. Angina pectoris	○	○	_____
e. Stroke	○	○	_____
f. TIA (transient ischemic attack)	○	○	_____
g. Peripheral artery disease or claudication of legs (pain with walking or exercise) (not varicose veins)	○	○	_____
h. Osteoporosis	○	○	_____
i. Hip fractures	○	○	_____
j. Wrist or Colles' fracture	○	○	_____
k. Fibrocystic disease of the breast or other benign breast disease	○	○	_____
l. Endometriosis	○	○	_____
m. Uterine fibroids	○	○	_____
n. High blood pressure (excluding during pregnancy)	○	○	_____
o. Migraine headaches	○	○	_____
p. Thyroid disease	○	○	_____
q. Rheumatoid arthritis	○	○	_____
r. Gallbladder disease	○	○	_____
s. Gastric or duodenal ulcer	○	○	_____
t. Macular degeneration of the retina	○	○	_____

HEALTH HISTORY CONTINUED

Question 5 continued from page 2	No	Yes	How old were you when you were first told you had this condition?
u. Cataract	☐	☐	_____
v. Asthma	☐	☐	_____
w. Emphysema or chronic bronchitis	☐	☐	_____
x. Diverticulitis/diverticulosis	☐	☐	_____
y. Parkinson's disease	☐	☐	_____
z. Kidney stones	☐	☐	_____
aa. Ulcerative colitis/Crohn's disease	☐	☐	_____
bb. Breast cancer	☐	☐	_____
cc. Cancer of the cervix (Include in-situ)	☐	☐	_____
dd. Cancer of the uterus (endometrium)	☐	☐	_____
ee. Cancer of the ovary	☐	☐	_____
ff. Colon or rectal polyp (benign)	☐	☐	_____
gg. Cancer of the colon or rectum	☐	☐	_____
hh. Cancer of the lung	☐	☐	_____
ii. Melanoma	☐	☐	_____
jj. Basal cell skin cancer	☐	☐	_____
kk. Squamous cell skin cancer	☐	☐	_____
ll. Prostate cancer	☐	☐	_____
mm. Other cancer (Specify site of other cancer)	☐	☐	_____
nn. Other major illness (specify illness)	☐	☐	_____ _____ _____

6. Have you ever had any of the following surgical operations?

Operation or Surgery	How old were you when you had this surgery?	Where was this surgery done?
BREAST BIOPSY OR LUMPECTOMY (removal of breast tissue) ☐ No ☐ Yes If yes, number of biopsies or lumpectomies ☐ One ☐ Two ☐ Three or more How old were you when you had your MOST RECENT BIOPSY? Did the biopsies show breast cancer? ☐ No ☐ Yes	_____ Years old	☐ Washington County Hospital ☐ Other, specify hospital, city, state: _____ _____
MASTECTOMY (removal of a breast) ☐ No ☐ Yes If yes, how many breasts were removed? ☐ One breast ☐ Both breasts	_____ Years old	☐ Washington County Hospital ☐ Other, specify hospital, city, state: _____ _____

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DO NOT MARK IN THIS AREA

6. Have you ever had any of the following surgical operations? (Continued)

Operation or Surgery	How old were you when you had this surgery?	Where was this surgery done?
HYSTERECTOMY (removal of uterus) ☐ No ☐ Yes	_____ Years old	☐ Washington County Hospital ☐ Other, specify hospital, city, state: _____ _____
OOPHORECTOMY (removal of ovaries) ☐ No ☐ Yes ☐ One ovary ☐ Both ovaries	_____ Years old	☐ Washington County Hospital ☐ Other, specify hospital, city, state: _____ _____
PROSTATE SURGERY ☐ No ☐ Yes If yes, what type of surgery? Transurethral Resection (TURP) ☐ No ☐ Yes Biopsy ☐ No ☐ Yes Prostatectomy (removal of the prostate gland) ☐ No ☐ Yes	_____ Years old _____ Years old _____ Years old	☐ Washington County Hospital ☐ Other, specify hospital, city, state: _____ _____
VASECTOMY (male sterilization) ☐ No ☐ Yes	_____ Years old	☐ Washington County Hospital ☐ Other, specify hospital, city, state: _____ _____
OTHER SURGERIES ☐ No ☐ Yes If yes, what other surgeries have you had? _____ _____ _____	_____ Years old _____ Years old _____ Years old	☐ Washington County Hospital ☐ Other _____ ☐ Washington County Hospital ☐ Other _____ ☐ Washington County Hospital ☐ Other _____

FAMILY HISTORY

7. Have any of the following blood-related relatives ever had cancer?(Do not count foster or step parents)

Relative	Ever had cancer			Type(s) of cancer	Age when cancer was found
Mother	☐ No	☐ Yes	☐ Don't know	_____	_____ Years old
Mother's Mother	☐ No	☐ Yes	☐ Don't know	_____	_____ Years old
Mother's Father	☐ No	☐ Yes	☐ Don't know	_____	_____ Years old
Father	☐ No	☐ Yes	☐ Don't know	_____	_____ Years old
Father's Mother	☐ No	☐ Yes	☐ Don't know	_____	_____ Years old
Father's Father	☐ No	☐ Yes	☐ Don't know	_____	_____ Years old

8. How many blood related SISTERS do you have?

☐ None (Go to Question 11) ☐ Two ☐ Four ☐ Six or more
☐ One ☐ Three ☐ Five

9. How many of your blood related SISTERS ever had cancer?

☐ None (Go to Question 11) ☐ Two ☐ Four ☐ Six or more
☐ One ☐ Three ☐ Five ☐ Don't know

10. For each of your blood related SISTERS who ever had cancer, please list the type(s) of cancer and how old your SISTER was when the cancer was found.

Sister #	Type(s) of cancer	Age when cancer was found
☐ 1	_____	_____ years old
☐ 2	_____	_____ years old
☐ 3	_____	_____ years old

11. How many blood related BROTHERS do you have?

☐ None (Go to Question 14) ☐ Two ☐ Four ☐ Six or more
☐ One ☐ Three ☐ Five

12. How many of your blood related BROTHERS ever had cancer?

☐ None (Go to Question 14) ☐ Two ☐ Four ☐ Six or more
☐ One ☐ Three ☐ Five ☐ Don't know

13. For each of your blood related BROTHERS who ever had cancer, please list the type(s) of cancer and how old your BROTHER was when the cancer was found.

Brother #	Type(s) of cancer	Age when cancer was found
☐ 1	_____	_____ years old
☐ 2	_____	_____ years old
☐ 3	_____	_____ years old

14. How many blood related CHILDREN do you have? (Do not count, adopted, foster, or step children)

☐ None (Go to Question 17) ☐ Two ☐ Four ☐ Six or more
☐ One ☐ Three ☐ Five

15. How many of your blood related CHILDREN ever had cancer?

☐ None (Go to Question 17) ☐ Two ☐ Four ☐ Six or more
☐ One ☐ Three ☐ Five ☐ Don't know

16. For each of your blood related CHILDREN who ever had cancer, please list the type(s) of cancer and how old your CHILD was when the cancer was found.

Child #	Type(s) of cancer	Age when cancer was found
☐ 1	_____	_____ years old
☐ 2	_____	_____ years old
☐ 3	_____	_____ years old

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DO NOT MARK IN THIS AREA

17. How often on average have you taken any of the following medications?

MEDICATION	NUMBER OF PILLS TAKEN								DOSE / STRENGTH				DURATION — How many years taken?							Are you taking now?	
	None	Less than 1 per week	1-3 per week	4-6 per week	1 per day	2 per day	3 per day	4 or more per day	Baby	Regular (325mg)	Extra Strength (500 mg)	Don't Know	1	2-4	5-9	10-14	15-19	20-24	25+	NO	YES
Acetaminophin (for example, Tylenol, Anacin-3 or other brands)																					
Aspirin (for example, Bufferin, AlkaSeltzer, Bayer, Ecotrin or other brands)																					
Other Anti-Inflammatory (for example Ibuprofen, Advil, Ibuprin, Motrin, Excedrin IB, Aleve, Ansaid, Naproxen, Naprosyn, Sulindac, Orudis, Piroxicam, Nalfon, or other brands)	Usual Brand: ______ ______ ______																				
Melatonin																					

18. Have you ever taken any MULTIPLE vitamins or minerals regularly (at least once per week)?
☐ No (Go to Question 19) ☐ Yes (Please complete the following):

Brand Name	How many Years taken?							Usual Number of Tablets or Capsules taken						Are you taking now?	
	1or less	2-4	5-9	10-14	15-19	20-24	25+	Less Than 1 per week	One per week	2-3 per week	4-6 per week	1 per day	More than 1 per day	No	Yes
______															
______															
______															
______															
______															
______															
______															
______															

19. Have you ever taken any INDIVIDUAL vitamin or INDIVIDUAL mineral regularly (at least once per week)?

☐ No (Go to Question 20) ☐ Yes (Please complete the following):

Name of INDIVIDUAL Vitamin or Mineral	Dose per tablet or capsule	How many Years INDIVIDUAL VITAMIN OR MINERAL taken?							Usual Number of Tablets or Capsules taken						Are you taking now?	
Example Vitamin C	400 mg.	1 or less	2-4	5-9	10-14	15-19	20-24	25+	Less Than 1 per week	One per week	2-3 per week	4-6 per week	1 per day	More than 1 per day	No	Yes
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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20. Since 1989, have you had a colonoscopy or sigmoidoscopy (examination of the colon)?

☐ NO ☐ YES

21. Have you and your spouse (or partner) ever tried to become PREGNANT for more than one year without success?

☐ NO (Go to Question 26) ☐ YES ☐ NOT APPLICABLE (Go to Question 26)

DO NOT MARK IN THIS AREA

22. What was the cause of infertility? Mark all that apply.

☐ Did not look for cause
☐ Tubal blockage
☐ Ovulation / hormonal problem
☐ Endometriosis
☐ Cervical mucus factor
☐ Cause not found
☐ Male infertility
☐ Other, specify____________________

23. Were you treated for infertility?

☐ NO (Go to Question 26) ☐ YES

24. What treatments did you have for infertility? Mark all that apply.

☐ Surgery
☐ Pergonal
☐ Chlomid
☐ Other, specify____________________

25. Were the treatments successful?

☐ NO ☐ YES ☐ DON'T KNOW

26. Have you ever used any of the following?

- ☐ Cigars
- ☐ Pipes
- ☐ Snuff
- ☐ Chewing tobacco
- ☐ Cigarettes
- ☐ None

If you've never smoked cigarettes, go to question 31.

27. At what ages were you smoking? (Complete all that apply)

- ☐ 5 - 14 years old
- ☐ 15 - 24 years old
- ☐ 25 - 34 years old
- ☐ 35 - 44 years old
- ☐ 45 - 54 years old
- ☐ 55 - 64 years old
- ☐ 65 years or older

Total number of years smoked cigarettes_____

28. How many cigarettes do you or did you usually smoke each day?

- ☐ Less than 1 per day
- ☐ 1-4
- ☐ 5-14
- ☐ 15-24
- ☐ 25-34
- ☐ 35 or more

29. Have you ever stopped smoking for 6 months or more?

☐ NO (Go to Question 31) ☐ YES

30. If YES, how many times have you stopped smoking for 6 months or more?

- ☐ Once
- ☐ Twice
- ☐ Three times
- ☐ Four times or more

31. Before you were 21 years old, how many years did you work in the same room or live with someone who smoked cigarettes?

Number of years (Write in number and darken circles)

0	0
1	1
2	2
3	3
4	4
5	5
6	6
	7
	8
	9

32. After you were 21 years old, how many years did you work in the same room or live with someone who smoked cigarettes?

Number of years (Write in number and darken circles)

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

33. When you lived or worked with someone who smoked cigarettes, on average how many hours per day were you exposed to someone else's smoke?

- ☐ 0 Hours
- ☐ 1 - 3 Hours
- ☐ 4 - 6
- ☐ 7 - 10
- ☐ 11 - 16
- ☐ More than 17 hours

34. Have you ever drunk alcoholic beverages (such as beer, wine or liquor) at least once a month?

○ No (Go to Question 40) ○ Yes

35. How old were you when you FIRST STARTED drinking alcoholic beverages at least once a month?

Years Old (Write in number and darken circles)

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
	8
	9

36. Do you drink alcoholic beverages at least once a month NOW?

○ No ○ Yes

37. Considering the time you may have stopped drinking and then restarted, how many TOTAL YEARS have you actually drunk alcohol?

Number of years (Write in number and darken circles)

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

38. How many drinks of alcoholic beverage do/did you USUALLY have PER WEEK? (Consider a drink to be a drink or shot of liquor, a 4oz. serving of wine, or one 12oz. can or bottle of beer, light beer, or a wine cooler.)

Number of drinks per week (Write in number and darken circles)

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

39. On how many DAYS do/did you drink each of the following?

	None	1-3 days per month	1 day per week	2-3 days per week	4-6 days per week	Every day
Beer	○	○	○	○	○	○
Wine	○	○	○	○	○	○
Liquor	○	○	○	○	○	○

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40. The questions in this section ask about whether, and how often, you ate certain kinds of meat during the LAST 12 MONTHS.

For each of the foods you eat, please mark how often you eat it and how it was cooked.

During the LAST 12 MONTHS or so, how often did you eat...	AVERAGE USE LAST 12 MONTHS: Never or seldom	1 per month	2-3 per month	1 per week	2 per week	3-4 per week	5-6 per week	1 per day	2+ per day	What was the one most common method of cooking?(check one)	How was it usually cooked on the outside?
A. Hamburger/ Cheeseburger?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Pan fried ☐ Oven-broiled ☐ Grilled/barbecued ☐ Other	☐ Not browned or ☐ Slightly browned ☐ Medium brown ☐ Well browned ☐ Blackened/charred
B. Beef Steak?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Pan fried ☐ Oven-broiled ☐ Grilled/barbecued ☐ Other	☐ Not browned or ☐ Slightly browned ☐ Medium brown ☐ Well browned ☐ Blackened/charred
C. Fried Chicken?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Pan fried ☐ Oven-Fried ☐ Deep Fried	☐ Not browned or ☐ Slightly browned ☐ Medium brown ☐ Well browned ☐ Blackened/charred
D. Chicken (other than fried)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Oven-Baked ☐ Grilled/barbecued ☐ Broiled ☐ Other	☐ Not browned or ☐ Slightly browned ☐ Medium brown ☐ Well browned ☐ Blackened/charred
E. Pork Chops?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Pan fried ☐ Oven-broiled ☐ Grilled/barbecued ☐ Other	☐ Not browned or ☐ Slightly browned ☐ Medium brown ☐ Well browned ☐ Blackened/charred
F. Bacon?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Pan fried ☐ Oven-broiled ☐ Grilled/barbecued ☐ Other	☐ Not browned or ☐ Slightly browned ☐ Medium brown ☐ Well browned ☐ Blackened/charred
G. Fish?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Pan fried ☐ Oven-broiled ☐ Grilled/barbecued ☐ Other	☐ Not browned or ☐ Slightly browned ☐ Medium brown ☐ Well browned ☐ Blackened/charred

DO NOT MARK IN THIS AREA

41. When you were an infant were you breast fed or bottle fed?

☐ Breast fed ☐ Bottle fed ☐ Both breast and bottle fed ☐ Don't Know

42. When did your hair begin to gray? By graying we mean the appearance of more than just a few gray hairs.

☐ Not yet
☐ Less than 20 years old
☐ 20 to 24 years old
☐ 25 to 29 years old
☐ 30 to 34 years old
☐ 35 to 39 years old
☐ 40 to 44 years old
☐ 45 to 49 years old
☐ 50 years or older

43. Have you ever used hair coloring products for more than 6 months?

☐ No (Men: Continue with question 47)
(Women: Continue with Question 53)

☐ Yes (Please complete the following)

First answer "Yes" or "No" for each type of hair color product listed. If you answered "Yes" in Column A then answer the questions in Columns B, C, D & E for that product. If answered "No" then go to the next hair coloring product.

A	B	C	D	E
Have you ever used this product?	At What Age Did You Start Using This Product?	How Many Years Have You Used This?	How Often Did You Apply This Coloring Product?	What Color Did You Usually Use?
44. Temporary Rinses (Color removed by 1-2 shampoos) ☐ Yes → ☐ No (Go to question 45)	_____Years Old	_____Years	☐ 1-2 times per year ☐ 3-10 times per year ☐ 11-20 times per year ☐ 21-40 times per year ☐ 40 or more times per year	☐ Brown ☐ Black ☐ Red ☐ Blond ☐ Silver toners ☐ Other
45. Semi-permanent products (Color washed out by 6-12 shampoos) ☐ Yes → ☐ No (Go to question 46)	_____Years Old	_____Years	☐ 1-2 times per year ☐ 3-10 times per year ☐ 11-20 times per year ☐ 21-40 times per year ☐ 40 or more times per year	☐ Brown ☐ Black ☐ Red ☐ Blond ☐ Silver toners ☐ Other
46. Permanent products (Color does not wash out when you shampoo your hair) ☐ Yes → ☐ No Men: (Go to question 47) Women: (Go to question 53)	_____Years Old	_____Years	☐ 1-2 times per year ☐ 3-10 times per year ☐ 11-20 times per year ☐ 21-40 times per year ☐ 40 or more times per year	☐ Brown ☐ Black ☐ Red ☐ Blond ☐ Silver toners ☐ Other

MEN: PLEASE COMPLETE QUESTIONS 47 THROUGH 52
WOMEN: PLEASE GO TO QUESTION 53

47. A digital rectal exam is when a doctor inserts his finger in the rectum to check for problems such as an enlarged prostate gland or polyps.

Have you ever had a digital rectal exam?

- ○ No (Go to Question 49)
- ○ Yes (Continue with Question 48)

48. How many years has it been since your last digital rectal exam?

- ○ Less than one year
- ○ one year
- ○ two years
- ○ three or more years

49. Have you ever had a blood test (PSA) to see if you had prostate cancer?

- ○ No (Go to Question 52)
- ○ Yes (Continue with Question 50)

50. Has your PSA blood test ever been abnormal?

- ○ No (Go to Question 52)
- ○ Yes (Continue with Question 51)

51. Was it followed up by: (Mark all that apply.)

- ○ Not followed up
- ○ Ultrasound
- ○ Biopsy
- ○ Surgical operation
- ○ Radiation
- ○ Hormones

52. Have you ever taken the following hormones?

			How many years did you take the hormones?						
			1 or less	2 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 +
Thyroid Hormones	○ No	○ Yes	○	○	○	○	○	○	○
Testosterone	○ No	○ Yes	○	○	○	○	○	○	○
Anabolic Steroids	○ No	○ Yes	○	○	○	○	○	○	○

MEN: PLEASE GO TO QUESTION 77
WOMEN: PLEASE COMPLETE THE FOLLOWING QUESTIONS

53. How old were you when you first started having MENSTRUAL PERIODS?

Age Periods Started (Write in number and darken circles)

0	0
1	1
2	2
	3
	4
	5
	6
	7
	8
	9

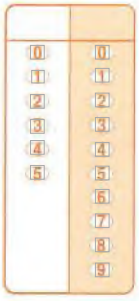
DO NOT MARK IN THIS AREA

54. Have your MENSTRUAL PERIODS stopped permanently?

- ○ Yes, menstrual periods stopped. (Continue with Question 55)
- ○ Had menopause, but now have periods due to hormone replacement therapy. (Continue with Question 55)
- ○ No, still menstruating (Go to Question 57)
- ○ Not sure (Go to Question 57)

55. How old were you when your natural MENSTRUAL PERIODS stopped?

Age Periods Stopped (Write in number and darken circles)



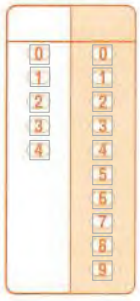
56. Why did your natural MENSTRUAL PERIODS stop?

- ○ Surgical Menopause (Hysterectomy or removal of uterus)
- ○ Natural menopause (Change of Life)
- ○ Other, specify_____

57. Have you ever taken BIRTH CONTROL PILLS (oral contraceptives)?

- ○ No (Go to Question 60)
- ○ Yes (Continue with Question 58)

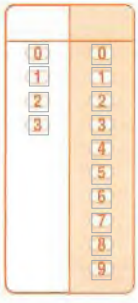
58. At what age did you first use birth control pills?



(Write in number and darken circles)

59. Altogether, how many years did you take BIRTH CONTROL PILLS (oral contraceptives)?

Total Number of Years

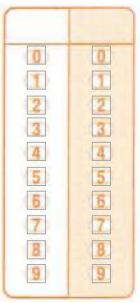


(Write in number and darken circles)

60. Have you EVER taken ESTROGENS (hormones, such as Premarin) alone or in combination with progestin for symptoms or effects of menopause?

- ○ No (Go to Question 65)
- ○ Yes (Continue with Question 61)

61. At what age did you first use estrogens for effects of menopause?



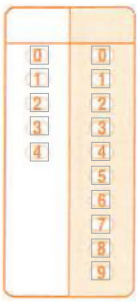
(Write in number and darken circles)

62. Are you currently taking ESTROGENS?

- ○ No
- ○ Yes

63. Altogether, how many years did you take ESTROGENS?

Total number of years (Write in number and darken circles)



64. What type of estrogens do/did you use?

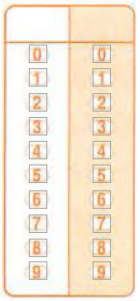
- ○ Patch
- ○ Pills
- ○ Shots
- ○ Vaginal creams or suppositories
- ○ Not sure
- ○ Other, specify:_____

65. Have you ever taken PROGESTINS (hormones such as Provera) alone or in combination with estrogens for symptoms or effects of MENOPAUSE?

- ○ No (Go to Question 69)
- ○ Yes

DO NOT MARK IN THIS AREA

66. At what age did you first use **PROGESTINS?**



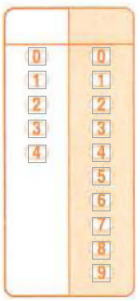
(Write in number and darken circles)

67. Are you currently taking **PROGESTINS?**

- ☐ No
- ☐ Yes

68. Altogether, how many years did you take **PROGESTINS?**

Total Number of Years



(Write in number and darken circles)

69. Have you ever taken thyroid hormones?

- ○ No (Go to Question 71)
- ○ Yes (Continue with Question 70)

70. How many years did you take thyroid hormones?

0 - 1	2 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25+
○	○	○	○	○	○	○

71. Have you ever been pregnant?

- ○ No (Go to Question 77)
- ○ Yes (Continue with Question 72)

72. For each time you became pregnant, please mark the outcome of the **PREGNANCY.**

	PREGNANCY OUTCOME			
	Live Birth	Stillborn	Miscarriage	Abortion
1st Pregnancy	☐	☐	☐	☐
2nd Pregnancy	☐	☐	☐	☐
3rd Pregnancy	☐	☐	☐	☐
4th Pregnancy	☐	☐	☐	☐
5th Pregnancy	☐	☐	☐	☐
6th Pregnancy	☐	☐	☐	☐
7th Pregnancy	☐	☐	☐	☐
8th Pregnancy	☐	☐	☐	☐
9th Pregnancy	☐	☐	☐	☐
10th Pregnancy	☐	☐	☐	☐
11th Pregnancy	☐	☐	☐	☐

73. How old were you when your first child was born?

Age (Write in number and darken circles)

☐ 0	☐ 0
☐ 1	☐ 1
☐ 2	☐ 2
☐ 3	☐ 3
☐ 4	☐ 4
☐ 5	☐ 5
	☐ 6
	☐ 7
	☐ 8
	☐ 9

☐ Does not apply

74. Are you pregnant now?

☐ No

☐ Yes

75. Did you breastfeed any of your children?

☐ No (Go to Question 77)

☐ Yes (Continue with Question 76)

76. In total, how many months of your life have you spent breast feeding?

Months (Write in number and darken circles)

☐ 0	☐ 0
☐ 1	☐ 1
☐ 2	☐ 2
☐ 3	☐ 3
☐ 4	☐ 4
☐ 5	☐ 5
☐ 6	☐ 6
☐ 7	☐ 7
☐ 8	☐ 8
☐ 9	☐ 9

77. PLEASE INDICATE THE NAME OF SOMEONE AT A DIFFERENT ADDRESS THAT WE MIGHT WRITE TO IN THE EVENT WE ARE UNABLE TO CONTACT YOU.

Name: _____ Relationship: _____
First Middle Last

Address: _____

_____

DO NOT MARK IN THIS AREA

THANK YOU FOR COMPLETING THE QUESTIONNAIRE!