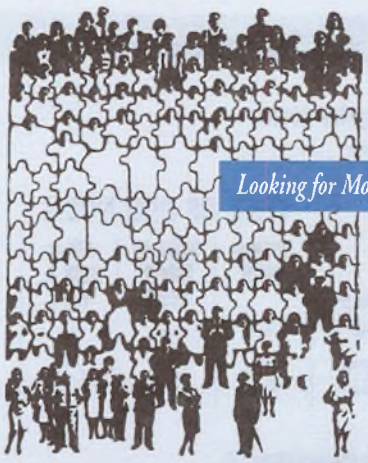

CLUE II

STUDY NO.

0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
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9 9 9 9 9

Please check the information above and correct the information if there is a mistake.

*If the person whose name appears on this form is deceased, please **STOP HERE** and provide the **date of death**:*

__ / __ / __
MONTH DAY YEAR

Please return the booklet in the enclosed postage-paid envelope.

INSTRUCTIONS

USE A NO. 2 PENCIL ONLY

THIS FORM IS DESIGNED TO BE READ BY OPTICAL SCANNING EQUIPMENT.

1. Please use an ordinary **NO. 2 PENCIL** to answer all questions.
2. Make heavy black marks that darken the circle *completely*.
   Please do *not* mark this way: ✓ ✗ ⬭ ⊙ Please mark this way: ●
3. If you change your mind, please erase completely.
4. Unless the instructions tell you otherwise, darken only one circle.
5. Note that some questions ask for information by certain time periods and some ask for current status.

EXAMPLE

Have you been told by a doctor or other health professional that you have any of the conditions listed to the right?

*Mark the "Yes" circle **and** Year of First Diagnosis circle for each illness you have had diagnosed.*

	Mark here for "Yes".	YEAR OF FIRST DIAGNOSIS: Before 1989	1989 to July 1, 1996	After July 1, 1996
Diabetes mellitus	●	●	○	○
Elevated cholesterol	○	○	○	○
High blood pressure	●	○	○	●

6. If you have comments, please write them on the last page of the booklet.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE AT (301) 791-3230.

PLEASE DO NOT WRITE IN THIS AREA

0027837

1 **What is your date of birth?** ___/___/___ MONTH DAY YEAR

2 **Have you been told that you have cancer?**

	YEAR OF DIAGNOSIS		
	Before 1989	1989 to July 1, 1996	After July 1, 1996
Mark here for "Yes".	○	○	○

If "No", go to question 5.

3 **If you had cancer, what type of cancer did you have? (Please mark below)**

TYPES OF CANCER

- ○ Bladder
- ○ Breast
- ○ Cervix
- ○ Colon or rectum
- ○ Leukemia
- ○ Lung
- ○ Lymphoma or Hodgkins
- ○ Melanoma
- ○ Ovary
- ○ Pancreas
- ○ Prostate
- ○ Skin (basal or squamous)
- ○ Uterus or endometrium
- ○ Other or unknown (Please specify) _____

Age at diagnosis of *first* cancer (excluding skin cancer):

- ○ Under 20
- ○ 20–39
- ○ 40–49
- ○ 50–59
- ○ 60–69
- ○ 70 or over

4 **Where was the cancer diagnosed?**

- ○ Washington County Hospital
- ○ Other (Please specify hospital or office and city, state) _____

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

Mark here for "Yes".	YEAR OF DIAGNOSIS: Before 1989	1989 to July 1, 1996	After July 1, 1996	Where was the diagnosis made? (Please specify hospital or office and city, state.)
A. Diabetes	○	○	○	○	
B. Heart attack	○	○	○	○	
C. Angina pectoris	○	○	○	○	
D. Stroke	○	○	○	○	
E. Peripheral artery disease (pain with walking or exercise; not varicose veins)	○	○	○	○	
F. Osteoporosis	○	○	○	○	
G. Hip fracture	○	○	○	○	
H. Wrist fracture	○	○	○	○	
I. Fibrocystic disease of the breast or other benign breast disease (not cancer)	○	○	○	○	
J. Endometriosis	○	○	○	○	
K. Uterine fibroids	○	○	○	○	
L. Macular degeneration of the retina	○	○	○	○	
M. Cataracts	○	○	○	○	
N. Colon or rectal polyps (benign; not cancer)	○	○	○	○	
O. Other major illness (Specify illness)	○	○	○	○	

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6 **During the *past 10 years* (since the time you donated to CLUE II) on average, how often have you taken the following? (Please answer each item below.)**

MEDICATIONS	NUMBER OF PILLS TAKEN: Never or less than one a month	Less than one per week	1–3 per week	4–6 per week	1 per day	2 per day	3 per day	4 or more per day
Aspirin—Baby or low-dose (162 mg or less)	○	○	○	○	○	○	○	○
Regular or extra-strength aspirin—(163 mg or more) For example: Bufferin, Anacin, Bayer, Excedrin, Ecotrin, etc.	○	○	○	○	○	○	○	○
Acetaminophen—For example: Tylenol, Phenaphen, etc.	○	○	○	○	○	○	○	○
Ibuprofen—For example: Motrin, Advil, Nuprin, Mediprin, etc.	○	○	○	○	○	○	○	○
Anti-inflammatory analgesics (other than aspirin)—For example: Naprosyn, Anaprox, Aleve, Voltaren, Feldene, Toradol, Indocin, etc.	○	○	○	○	○	○	○	○

7 **During the *past 10 years* (since the time you donated to CLUE II), have you taken any of the following medications for your heart or blood pressure?**

	No	Yes, but not currently	Yes, currently
Calcium Blocker—For example: Procardia, Cardizem, Norvase, Calan, Adalat, Sudar, verapamil, amlodipine, etc.	○	○	○
Beta Blocker—For example: Lopressor, Tenormin, Inderal, atenolol, metroprolol, etc.	○	○	○
ACE Inhibitor—For example: Vasotec, Zestril, Capoten, Prinivil, Lotensin, Accupril, Monopril, captopril, etc.	○	○	○
Diuretic—For example: Lasix, Lozol, triamterene, HCTZ, furosemide, thiazides, etc.	○	○	○
Other—Mark here if unsure of name of heart or blood pressure medication category (Specify medicine)	○	○	○

8 **Do you *now* use any of the following tobacco products?**

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

9 **If you smoke cigarettes, how many do you usually smoke each day at the *present* time?**

- ○ Do not smoke cigarettes
- ○ Less than 1 per day
- ○ 1–4
- ○ 5–14
- ○ 15–24
- ○ 25–34
- ○ 35 or more

10 **Have you ever used "nicotine gum" or a "nicotine patch" to try to quit smoking?**

- ○ No
- ○ Yes, nicotine gum only
- ○ Yes, nicotine patch only
- ○ Yes, both nicotine gum and nicotine patch

11 **This question asks about exercise during high school and young adulthood. During these ages, on average about how many months during the year did you take part in moderate or strenuous (aerobic) physical activity or sports at least twice per week?**

(Examples are swimming, aerobics, field hockey, basketball, cycling, and running; farm chores; brisk walking; other strenuous work)

	MONTHS PER YEAR				
	Never	Less than 4	4–6	7–9	10–12
During high school	○	○	○	○	○
During ages 18–22	○	○	○	○	○

12 **How many years (on average) over your whole life did you take part in moderate or strenuous exercise 4 or more hours per week?**

- ○ Less than 1 year
- ○ 1–5 years
- ○ 6–10 years
- ○ 11–15 years
- ○ 16–20 years
- ○ More than 20 years

SELECT THE ANSWER TO EACH QUESTION WHICH BEST DESCRIBES YOU.

13 **What is/was your *MAIN* occupation?**
(Include homemaker and voluntary work)

_____

14 **Are you currently employed?**
(Answer only one)

○ No ○ Yes ○ Retired (not working) ○ Retired but still working

15 **Currently at work I . . .**

	Never	Seldom	Some-times	Often	Always
sit	○	○	○	○	○
stand	○	○	○	○	○
walk	○	○	○	○	○
lift heavy loads	○	○	○	○	○

16

	Never	Seldom	Some-times	Often	Very often
After working, I am tired	○	○	○	○	○
At work I sweat	○	○	○	○	○

17 **In comparison with others of my own age I think my work is physically:**

○ Much heavier ○ Heavier ○ As heavy ○ Lighter ○ Much lighter

18 **For each activity that you do, please darken the circle for the number of hours per week *and* the number of months per year.**

ACTIVITY	Do not do	NUMBER OF HOURS PER WEEK: Less than 1	1–2	2–3	3–4	More than 4	NUMBER OF MONTHS PER YEAR: Less than 1	1–3	4–6	7–9	More than 9
Walking or hiking (include walking to activities)	○	○	○	○	○	○	○	○	○	○	○
Jogging (slower than 10 min/mile)	○	○	○	○	○	○	○	○	○	○	○
Running (10 min/mile or faster)	○	○	○	○	○	○	○	○	○	○	○
Bicycling (include stationary machine)	○	○	○	○	○	○	○	○	○	○	○
Calisthenics/Aerobics/ Aerobic Dancing/Rowing Machine/Treadmill	○	○	○	○	○	○	○	○	○	○	○
Tennis/Squash/Racquet Ball	○	○	○	○	○	○	○	○	○	○	○
Swimming	○	○	○	○	○	○	○	○	○	○	○
Household activities (sweeping, vacuuming, washing floor)	○	○	○	○	○	○	○	○	○	○	○
Lawn work and gardening	○	○	○	○	○	○	○	○	○	○	○
Other activities (Please specify) _____	○	○	○	○	○	○	○	○	○	○	○

19 **In comparison with others of my own age, I think my physical activity during leisure time is:**

- ○ Much less
- ○ More
- ○ Less
- ○ Much more
- ○ The same

20 **During my leisure time I sweat:**

- ○ Never
- ○ Seldom
- ○ Sometimes
- ○ Often
- ○ Very often

21 **During leisure time I . . .**

	Never	Seldom	Some-times	Often	Always
play sports	○	○	○	○	○
watch television	○	○	○	○	○
walk	○	○	○	○	○
bicycle	○	○	○	○	○

22 **How many minutes do you walk and/ or bicycle per day (for example, to and from work, school and shopping)?**

- ○ None
- ○ Less than 5
- ○ 5–15
- ○ 15–30
- ○ 30–45
- ○ More than 45

23 **What is your usual walking pace outdoors?**

- ○ Easy, casual (less than 2 mph)
- ○ Normal, average (2–2.9 mph)
- ○ Brisk pace (3–3.9 mph)
- ○ Very brisk/striding (4 mph or faster)
- ○ Unable to walk

24 **How many *flights* of stairs (not individual steps) do you climb daily? (1 flight = 10 steps)**

- ○ 2 flights or less
- ○ 3–4 flights
- ○ 5–9 flights
- ○ 10–14 flights
- ○ 15 or more flights

PLEASE DO NOT WRITE IN THIS AREA

THERE IS INTEREST IN WHETHER SLEEP PATTERNS ARE RELATED TO HEALTH. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR SLEEP HABITS.

25 **How many hours do you usually sleep at night (or your main sleep period) on weekdays or workdays?**

- ○ Less than 6 hours
- ○ 6 hours
- ○ 7 hours
- ○ 8 hours
- ○ 9 hours
- ○ 10 hours
- ○ More than 10 hours

26 **How many hours do you usually sleep at night (or your main sleep period) on weekends or your non-work days?**

- ○ Less than 6 hours
- ○ 6 hours
- ○ 7 hours
- ○ 8 hours
- ○ 9 hours
- ○ 10 hours
- ○ More than 10 hours

27 **On average, during the *past year,* how often have you felt sleepy during the day, no matter how much sleep you had?**

- ○ Never
- ○ Rarely (one day per month or less)
- ○ Sometimes (2–4 days per month)
- ○ Often (5–15 days per month)
- ○ Almost always (16–30 times per month)

28 **On average, during the *past year,* how often have you ever taken sleeping pills, melatonin, or other medicine to help you sleep?**

- ○ Never
- ○ Rarely (once per month or less)
- ○ Sometimes (2–4 times per month)
- ○ Often (5–15 times per month)
- ○ Almost always (16–30 times per month)

29 **The questions below ask how many servings of the following items you ate or drank during the *past year.***

During the PAST YEAR, how often did you eat or drink . . .	Never or less than once a month	1–3 times a month	1–2 times a week	3–4 times a week	5–6 times a week	1 time a day	2 times a day	3 times a day	4 times a day	5+ times a day
100% orange juice	○	○	○	○	○	○	○	○	○	○
100% grapefruit juice	○	○	○	○	○	○	○	○	○	○
Other 100% fruit juices (not counting fruit drinks)	○	○	○	○	○	○	○	○	○	○
Fruit (not counting juices)	○	○	○	○	○	○	○	○	○	○
Green salads (with or without other vegetables)	○	○	○	○	○	○	○	○	○	○
French fries or fried potatoes	○	○	○	○	○	○	○	○	○	○
Baked, boiled or mashed potatoes	○	○	○	○	○	○	○	○	○	○
Vegetables (not counting salads or potatoes)	○	○	○	○	○	○	○	○	○	○

30 **In the *past year*, about how often did you drink tea—hot or iced, caffeinated or decaffeinated (not herbal)?**

- ○ Never
- ○ 1–3 cups per month
- ○ 1–2 cups per week
- ○ 3–4 cups per week
- ○ 5–6 cups per week
- ○ 1 cup per day
- ○ 2 cups per day
- ○ 3 cups per day
- ○ 4 cups per day
- ○ 5 or more cups per day

If you drink hot tea, do you add milk to your hot tea?

- ○ No
- ○ Yes
- ○ Do not drink hot tea

31 **In the *past year*, about how often did you drink wine? (1 glass = 5 oz. serving)**

- ○ Never or seldom
- ○ 1–3 glasses per month
- ○ 1–2 glasses per week
- ○ 3–4 glasses per week
- ○ 5–6 glasses per week
- ○ 1 glass per day
- ○ 2 glasses per day
- ○ 3 glasses per day
- ○ 4 glasses per day
- ○ 5 or more glasses per day

32 **If you drink wine, what kind of wine do you *usually* drink?**

- ○ White
- ○ Red
- ○ Blush

COMMENTS

THANK YOU

PLEASE CHECK TO MAKE SURE YOU HAVE NOT ACCIDENTALLY SKIPPED ANY PAGES.

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