Please complete this survey ONLY if you are

**Marking Instructions**
Please use a No. 2 pencil or black or blue ink only.
Print legible numbers and capital block letters in the boxes.

**Correct Numbers and Letters**
Correct Mark
Incorrect Marks

1. What is your date of birth?

- Month
- Day
- Year

What is your CURRENT:

2. Marital status (please mark one)

- Married, or living as married with a partner
- Separated or divorced
- Single, never been married
- Widowed

3. Employment status (please mark the one that best describes your situation)

- Work for pay, full time
- Work for pay, part time
- Unemployed
- On disability
- Retired
- Housewife

4. Total household income, per year (please mark one)

- <$15,000
- $15,000 – $24,999
- $25,000 – $49,999
- $50,000 – $99,999
- $100,000 or more

5. Health insurance coverage (please mark ALL that apply)

- None
- Medicaid
- Medicare
- Private insurance
- Military
- Other type

6. Cigarette smoking status:

- Smoker
- Non-smoker (skip to question 7)

How many cigarettes do you smoke per day?

What brand and type of cigarettes do you smoke (for example: Salem ultra-light 100s)?

Are the cigarettes you usually smoke MENTHOL?

- Yes
- No

How soon after you wake up do you smoke your first cigarette?

- Within 5 minutes
- 6 – 30 minutes
- 31 – 60 minutes
- After 60 minutes

7. How much do you currently weigh?

- Pounds

8. What is the main source of your home water supply?

- A city, county, or town water system
- A private well serving your home
- A small water system operated by a home association
- Other source

9. Which of the following best describes the water that you drink at home most often?

- Unfiltered tap water
- Filtered tap water
- Bottled water
- Water from another source

10. How many years have you lived in your current home? [If less than one year, enter 00.]

11. Since you joined the study in , how many times have you moved to a different address...

- in the same city?
- in a different city but in the same state?
- in a different state?

12. During your childhood, up to age 12, which of the following describes your living situation? I lived...

- (please mark ALL that apply):

- with both my mother and my father
- with my mother (but not my father)
- with my father (but not my mother)
- with a grandparent, aunt, uncle, or other relative
- in an orphanage
- on the streets
- in a foster home
- none of the above
13. When you were growing up, during your first 18 years of life:
   a. Did a parent or other adult in the household often... swear at you, insult you, put you down, or humiliate you OR act in a way that made you afraid that you might be physically hurt?  
   b. Did a parent or other adult in the household often... push, grab, slap, or throw something at you OR ever hit you so hard that you had marks or were injured?  
   c. Did an adult or person at least 5 years older than you ever... touch or fondle you or have you touch their body in a sexual way OR try to or actually have oral, anal, or vaginal sex with you?  
   d. Did you often feel that... no one in your family loved you or thought you were important or special OR your family didn't look out for each other, feel close to each other, or support each other?  
   e. Did you often feel that... you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you OR your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
   f. Were your parents ever separated or divorced?  
   g. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her OR Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit over at least a few minutes or threatened with a gun or a knife?  
   h. Did you live with anyone who was a problem drinker or alcoholic OR who used street drugs?  
   i. Was a household member depressed or mentally ill OR did a household member attempt suicide?  
   j. Did a household member go to prison?  

14. During your adult life, has your spouse, family member or close friend ever:
   a. Slapped, hit, punched, kicked, pushed, shoved, or otherwise physically hurt you?  
   b. Shouted, yelled, screamed, scolded, made fun of, severely criticized, said you were stupid or worthless, threatened, or psychologically harmed you?  
   c. Threatened you with a gun or weapon?  

15. After joining this study in diabetes or high blood sugar?  
   No Yes  
   If yes, to the best of your memory, please tell us the month and year when this occurred.  
   Month Year  

16. After joining this study in have the following events occurred?  
   Heart attack or myocardial infarction (MI)  
   Stroke (not a mini-stroke or TIA)  
   Hip fracture (broken hip)  
   If yes, to the best of your memory, please tell us the month and year when this happened. If it happened more than once after you joined the study, tell us the first time it happened after.  
   Month Year  

17. Have you EVER had a breast biopsy? (where a doctor collects a small sample of breast tissue or cells, using a needle or other method)  
   No Yes  
   How many breast biopsies have you had in your lifetime?  
   Total What was your age at your first breast biopsy? What was your age at your most recent breast biopsy?  

18. Have you EVER had:  
   Uterus/womb removed  
   Any ovaries removed One Both  
   If yes, to the best of your memory, please tell us the month and year when this occurred.  
   Month Year  

19. After joining this study in have you been diagnosed with any type of CANCER?  
   No Yes  
   What type of cancer?  
   Breast Cervix Colon/rectum Lung Other (specify):  
   Please tell us when and where your cancer was diagnosed: Date of Diagnosis:  
   Month Year  
   Name of hospital:  
   City and State of hospital:
20. How often do you usually get the following screening tests:

<table>
<thead>
<tr>
<th>Test</th>
<th>Every Year</th>
<th>Every 2–4 years</th>
<th>Every 5 years</th>
<th>Less than every 5 years</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy (a long tube inserted into the entire colon to look for colorectal polyps or cancer, while you are sedated)</td>
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<tr>
<td>Sigmoidoscopy (a tube inserted partway into the colon to look for colorectal polyps or cancer)</td>
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<tr>
<td>A test to check your stool/feces for blood (to detect colorectal cancer)</td>
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<tr>
<td>Mammogram (x-ray to check for breast cancer)</td>
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<tr>
<td>Pap smear</td>
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<tr>
<td>Blood test to check for diabetes</td>
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</tbody>
</table>

21. Have you been through menopause, or have your natural menstrual periods stopped for at least six months?

- No
- Yes

Why did your periods stop? (please mark one)

- Natural menopause
- Radiation, chemotherapy, or medication
- Surgery that removed uterus or ovaries
- Other reason

How old were you when your natural menstrual periods stopped?

Age

22. Are you currently taking hormone replacement therapy (HRT)?

- No
- Yes

If yes, what type of HRT? (mark ALL that apply)

- Estrogen pill (such as Premarin, Cenestin, Estinyl, Estrace, Menest, Ogen)
- Estrogen patch (such as Alora, Climara, Esclim, Estraderm, Menostar, Vivelle, Vivelle-Dot)
- Estrogen vaginal cream (such as Estrace, Ogen, Premarin, Ortho Dienestrol)
- Estrogen vaginal ring (such as Estrin, Femring)
- Estrogen vaginal tablet (such as Vagifem)
- Combined estrogen/progesterin pill (such as Prempro, Premphase, Actrelia, FemHRT)
- Combined estrogen/progesterin patch (such as CombiPatch, Climara-Pro)
- Progesterin pill (such as Amen, Provera, Prometrium, Aygestin, Currretab, Cyclin, Megace)
- Progesterin vaginal gel (such as Prochieve)
- Other

23. Do you CURRENTLY take any of the following at least once per week?

- Aspirin (regular or low-dose)
- Multivitamin
- Vitamin D supplement (with or without calcium)

If yes, how many pills/tablets per week?

24. Do you CURRENTLY take prescription medication to control diabetes?

- No
- Yes

Injectable medicine: (NOT insulin)

- Symlin (Pramlintide)
- Byetta (Exenatide)
- Victoza (Liraglutide)

Oral medicine:

- Actos (Pioglitazone)
- Glucophage (Metformin)
- Glynset (Miglitol)
- Prandin (Repaglinide)
- Tradjenta (Linagliptin)
- Amaryl (Glimepiride)
- Glucotrol (Glipizide)
- Januvia (Sitagliptin)
- Precose (Acarbose)
- Other

- Avandia (Rosiglitazone)
- Glynase (Glyburide)
- Onglyza ( saxagliptin)
- Starlix (Nateglinide)

25. Have you EVER TAKEN, or do you CURRENTLY TAKE, the following prescription medications?

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Currently take</th>
<th>Took in the past</th>
<th>Length of time taken (years)</th>
<th>Age when first started taking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raloxifene (Evista)</td>
<td></td>
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<td>[If less than one year, enter 00.]</td>
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<tr>
<td>Tamoxifen (Nolvadex)</td>
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<td>[If less than one year, enter 00.]</td>
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</tr>
<tr>
<td>Exemestane (Aromasin)</td>
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<td>[If less than one year, enter 00.]</td>
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</tbody>
</table>
26. Do you CURRENTLY take prescription medication to lower your cholesterol?

- No
- Yes

Which one(s): (mark ALL that apply)

- Crestor (Rosuvastatin)
- Lopid (Gemfibrozil)
- Vytorin (Ezetimibe/Simvastatin)
- Lecol (Fluvastatin)
- Mevacor (Lovastatin)
- Zetia (Ezetimibe)
- Lipitor (Atorvastatin)
- Pravachol (Pravastatin)
- Zocor (Simvastatin)
- Other(s) (specify):

27. What is your CURRENT usual source of medical care (please mark one)

- Community health center or free clinic
- Private doctor's office
- Hospital (not in the emergency room)
- Other source
- Emergency room
- You have no source
- Veterans Affairs (VA)

28. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

- No
- Yes

29. In the past 12 months, how many times did you go to an emergency room to get care for yourself?

30. In the past 12 months, how many times did you go to a doctor's office or clinic to get care for yourself?

31. Have you ever experienced discrimination, been treated poorly, been prevented from doing something, or been hassled or made to feel inferior in any of the following five situations because of your race or ethnicity?

<table>
<thead>
<tr>
<th>Situation</th>
<th>No</th>
<th>Yes</th>
<th>If yes, how often?</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting a job</td>
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<tr>
<td>Getting housing</td>
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<tr>
<td>At work</td>
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<tr>
<td>Getting medical care</td>
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<tr>
<td>On the street or in public setting</td>
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</tbody>
</table>

32. Have you ever experienced discrimination, been treated poorly, been prevented from doing something, or been hassled or made to feel inferior in any of the following five situations because of your social or economic situation (because of how much money or education you have)?

<table>
<thead>
<tr>
<th>Situation</th>
<th>No</th>
<th>Yes</th>
<th>If yes, how often?</th>
<th>Rarely</th>
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<tr>
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</tbody>
</table>

Please update YOUR information below:

Name:

Address:

City:            State:           ZIP Code:

Please update YOUR telephone numbers for our records:

YOUR HOME NUMBER (  )  -  

YOUR CELL NUMBER (  )  -  

Can you please provide us with the name and telephone number of a close friend or family member (not living with you) who would know how to get in touch with you if you moved:

Name of friend/family member NOT LIVING WITH YOU:  Telephone number of friend/family member: (  )  -  

(SAMPLE)