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 2 3  A  B  C  [X]  [✓]  [✗]  [✗]

1. What is your date of birth?
   [ ] Month  [ ] Day  [ ] 19  [ ]

What is your CURRENT:

2. Cigarette smoking status:  [ ] Non-smoker  [ ] Smoker  [ ]
   How many cigarettes per day?

3. 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

4. Health insurance coverage (please mark ALL that apply)
   [ ] None  [ ] Medicaid  [ ] Medicare  [ ] Private insurance  [ ] Military  [ ] Other type

5. Usual source of medical care (please mark one)
   [ ] Community health center or free clinic  [ ] Private doctor’s office  [ ] Emergency room  [ ] Veterans Affairs (VA)
   [ ] Hospital (not in the emergency room)  [ ] Other source  [ ] You have no source

6. Marital status (please mark one)
   [ ] Married, or living as married with a partner  [ ] Separated or divorced  [ ] Widowed  [ ] Single, never been married

7. 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

8. About how many HOURS PER DAY, on average, do you spend OUTDOORS on weekdays and weekends?
   Weekdays:  [ ] None  [ ] less than 1  [ ] 1 to 2  [ ] 3 to 4  [ ] 5 to 6  [ ] 7 to 8  [ ] more than 8
   Weekends:  [ ] None  [ ] less than 1  [ ] 1 to 2  [ ] 3 to 4  [ ] 5 to 6  [ ] 7 to 8  [ ] more than 8

9. In a 24-hour period, how many HOURS do you typically spend:
   [ ] Sitting:
   [ ] Sleeping:

10. After joining this study in diagnosed with any of the following conditions?
    [ ] Diabetes/high blood sugar  [ ] Yes  [ ] No
    [ ] If yes, are you currently taking medication to control your diabetes:  [ ] Yes  [ ] No
    [ ] Polyps in your colon or rectum (benign, not cancer)
    [ ] 200
    [ ] Fibroids in your uterus/womb
    [ ] 200

To the best of your memory, please tell us the month and year when a doctor diagnosed this condition.
11. After joining this study in events occurred? have the following

<table>
<thead>
<tr>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart attack or myocardial infarction (MI)</td>
</tr>
<tr>
<td>Stroke (not a mini-stroke or TIA)</td>
</tr>
<tr>
<td>Hip fracture (broken hip)</td>
</tr>
<tr>
<td>Back or spinal fracture (include compression fracture)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart attack or myocardial infarction (MI)</td>
<td></td>
<td></td>
<td></td>
<td>200</td>
</tr>
<tr>
<td>Stroke (not a mini-stroke or TIA)</td>
<td></td>
<td></td>
<td></td>
<td>200</td>
</tr>
<tr>
<td>Hip fracture (broken hip)</td>
<td></td>
<td></td>
<td></td>
<td>200</td>
</tr>
<tr>
<td>Back or spinal fracture (include compression fracture)</td>
<td></td>
<td></td>
<td></td>
<td>200</td>
</tr>
</tbody>
</table>

12. Have you EVER had:

<table>
<thead>
<tr>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uterus/womb removed</td>
</tr>
<tr>
<td>Any ovaries removed</td>
</tr>
</tbody>
</table>

To the best of your memory, please tell us the month and year when this occurred.

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uterus/womb removed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any ovaries removed</td>
<td>One</td>
<td>Both</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

13. After joining this study in, have you been diagnosed with any type of CANCER?

<table>
<thead>
<tr>
<th>Type of Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder</td>
</tr>
<tr>
<td>Colon</td>
</tr>
<tr>
<td>Liver</td>
</tr>
<tr>
<td>Multiple myeloma</td>
</tr>
<tr>
<td>Rectum</td>
</tr>
<tr>
<td>Uterus/endothelium</td>
</tr>
<tr>
<td>Brain</td>
</tr>
<tr>
<td>Esophagus</td>
</tr>
<tr>
<td>Lung</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
</tr>
<tr>
<td>Stomach</td>
</tr>
<tr>
<td>Other (Describe below)</td>
</tr>
<tr>
<td>Breast</td>
</tr>
<tr>
<td>Kidney</td>
</tr>
<tr>
<td>Melanoma</td>
</tr>
<tr>
<td>Ovary</td>
</tr>
<tr>
<td>Thyroid</td>
</tr>
<tr>
<td>Cervix</td>
</tr>
<tr>
<td>Leukemia</td>
</tr>
<tr>
<td>Mouth or throat</td>
</tr>
<tr>
<td>Pancreas</td>
</tr>
</tbody>
</table>

To skip to Question 15, select No.

14. Please tell us when and where your cancer was treated:

- Date of Diagnosis: Month 200 Year
- Name of hospital:
- City and State of hospital:

15. How much do you currently weigh? Pounds

16. How much did you weigh when you were BORN? (Example: 8 pounds 2 ounces)

<table>
<thead>
<tr>
<th>Pounds</th>
<th>Ounces</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

or □ Don't know

17. 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)

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural menopause</td>
</tr>
<tr>
<td>Radiation, chemotherapy, or medication</td>
</tr>
<tr>
<td>Surgery that removed uterus or ovaries</td>
</tr>
<tr>
<td>Other reason</td>
</tr>
</tbody>
</table>

How old were you when your natural menstrual periods stopped? Age

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

- No
- Yes

If yes, what is the name of the HRT: (mark ALL that apply)

<table>
<thead>
<tr>
<th>HRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cenestin</td>
</tr>
<tr>
<td>Estrogen or Estradiol</td>
</tr>
<tr>
<td>Clima</td>
</tr>
<tr>
<td>Herbal preparation or soy</td>
</tr>
<tr>
<td>Estracep</td>
</tr>
<tr>
<td>Premarin</td>
</tr>
<tr>
<td>Estratex</td>
</tr>
<tr>
<td>Prempro</td>
</tr>
<tr>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

For how many years have you taken HRT? Years

(enter 00 years if less than one year)
19. 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

20. About how many adult teeth have you lost in your lifetime due to tooth decay or gum disease?
   - None
   - 1 to 4
   - 5 to 10
   - more than 10 but not all of them
   - all of them

21. How many decayed teeth or cavities do you currently have that have not been treated?
   - None
   - 1 or 2
   - 3 to 5
   - 6 or more
   - not applicable because all your teeth are dentures or you have no teeth

22. Has a dentist or doctor ever told you that you have had gum disease (gingivitis or periodontitis)?
   - No
   - Yes
   - If yes, how old were you at the time of first diagnosis?

23. Do you currently take any of the following at least once per week? If yes, how many pills/tablets per week?
   - Baby aspirin
   - Regular aspirin
   - Multivitamin
   - Vitamin D supplement (with or without calcium)

24. Have you EVER TAKEN, or do you CURRENTLY TAKE, the following prescription medications?
   - Raloxifene (Evista)
   - Tamoxifen (Nolvadex)
   - Length of time taken (years)
   - Age when first started taking

25. Do you currently take prescription medication to lower your cholesterol?
   - Yes
   - No
   - Which one(s):
     - Crestor (Rosuvastatin)
     - Lescol (Fluvastatin)
     - Lipitor (Atorvastatin)
     - Lopid (Gemfibrozil)
     - Mevacor (Lovastatin)
     - Pravachol (Pravastatin)
     - Vytorin (Ezetimibe/Simvastatin)
     - Zetia (Ezetimibe)
     - Other(s) (specify)

26. After joining this study in , have you had a:
   - Colonoscopy (a long tube inserted into the entire colon to look for colorectal polyps or cancer, while you are sedated)
   - Sigmoidoscopy (a tube inserted partway into the colon to look for colorectal polyps or cancer)
   - A test to check your stool/feces for blood (to detect colorectal cancer)
   - Mammogram (x-ray to check for breast cancer)
   - Pap smear
   - Blood test to check for diabetes

27. Please tell us if your FAMILY MEMBERS have ever been diagnosed with these cancers (mark ALL that apply):
   - Breast cancer:
   - No
   - Birth mother
   - 1 full sister
   - More than 1 full sister
   - Prostate cancer:
   - No
   - Birth father
   - 1 full brother
   - More than 1 full brother
   - Lung cancer:
   - No
   - Birth mother
   - Birth father
   - 1 full brother or sister
   - More than 1 full brother or sister
   - Colorectal cancer:
   - No
   - Birth mother
   - Birth father
   - 1 full brother or sister
   - More than 1 full brother or sister
28. In general, would you say your health is: Excellent Very good Good Fair Poor

29. The following questions are about activities you might do during a typical day.
Does your health now limit you in these activities? If so, how much?

Yes, limited a lot
Yes, limited a little
No, not limited at all

a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.

b. Climbing several flights of stairs

30. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

All of the time Most of the time Some of the time A little of the time None of the time

a. Accomplished less than you would like

b. Were limited in the kind of work or other activities

31. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

All of the time Most of the time Some of the time A little of the time None of the time

a. Accomplished less than you would like

b. Did work or activities less carefully than usual

32. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all A little bit Moderately Quite a bit Extremely

33. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

All of the time Most of the time Some of the time A little of the time None of the time

a. Have you felt calm and peaceful?

b. Did you have a lot of energy?

c. Have you felt downhearted and depressed?

34. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time Most of the time Some of the time A little of the time None of the time

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:
( ) -