This PDF version of the questionnaire form is a viewable version only and is not to be sent to Mayo Clinic Biobank staff for enrollment.

If you are interested in enrolling in the Biobank, please go to the link provided on the Contact Us page to email Biobank study staff and they will send you the appropriate materials.



Mayo Clinic Biobank Questionnaire

Your nam	1e:					
First Na	me/Mi	ddle Initial	Last	Name		
Your date	of b		_//_			
		Mo	nth Day	Year		
Please er	nter to	odav's da	ite and you	ur clin	ic numb	er.
		DATE				
MONTH	DAY	YEAR		CL	INIC NU	MBER
Jan		12		-		
Feb				0	000	000
O Mar	00			0	OOO	1011
O Apr		11111		2	222	222
O May		2222		3	333	333
June	33			4	444	444
July	_	4444		5	555	5 5 5
Aug	_	5 5 5 5		6	666	666
Sept		6666		7	777	707
Oct		7 7 7 7 		8	888	13 13 13
O Nov		3 3 3 3		9	999	999
Dec	9	9999				

INSTRUCTIONS

- Thank you for helping with this survey. Your answers are important to us.
- Please take the time to read and answer each question carefully by marking the response that best represents your answer.
- If you are not exactly sure of an answer, please provide your best guess.
- When completed, drop the survey off at the Biobank Desk (Desk C-A) in the Hilton Building subway or at Desk SLA in the Baldwin Building subway, or mail the survey to the Harwick Building, 6th Floor, in the self-addressed, pre-paid envelope provided.

MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

lace barcode label

GENERAL HEALTH AND FUNCTIONING

63 62			G	ENERAL	. HEALTI	H AND	FUNCTI	ONING				2
61												
60 59	1.	In general, wou	ıld you sa	y your hea	alth is							
58		 Excellent 	Very	v aood	○ Goo	d	Fair	O Poc	r			
57				, 9		-						
56 55							•					
54	2.	Compared to or	ne year ag	<u>io</u> , how w	ould you	rate yo	ur health	in gener	al <u>now</u> ?			
53 52												
51		Much better rSomewhat be										
50		About the sar	me	·	, and the second							
49		Somewhat woMuch worse r										
47		o Much worse i	low than c	nie year ag	J O							
46												
44	3.	Thinking about	people vo	our age. w	ould you	say tha	at vou ar	e in bette	physic	al shape	. ab	out the
43	-	same, or worse	physical	shape co	mpared to	other	s your ag	je?			,	
42		Better physic	al chano							× '(~	•
40		About the sar		al shape								
39		Worse physic										X
38						X						
36							•	1				1 1
35 34	4.	How would you	describe					N-				
33		your overall	quality of	life?	110						X	
32		As bad as	(I)		3	4	(5)	7	(8)	9	(10)	As good as
30		it can be								1	•	it can be
29	•	your overall i	mental (in	tellectual)	well-beir	ng?	10					
27		As bad as								•		As good as
26		it can be	0 1	2	3	4	(5)		8	9	10	it can be
24												
23		your overall j	physi ca l w	vell-being								
21		As bad as it can be	① ①	2	3	4	5 6	7	8	9	10	As good as it can be
20		it can be					V,					it can be
19		your overall	emotional	well-bein	g?							
17		As bad as	X		_							As good as
16		it can be	0	2	3	4	5 6	7	8	9	10	it can be
14					81							
13		your level of	social act	ivity?								
11		As bad as it can be	① ①	2	3	4	5 6) 7	8	9	10	As good as it can be
10		it can be										it can be
26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1		your overall s	spiritual w	ell-being	?							
7		As bad as										As good as
5		it can be	0 1	2	3	4	5 6	7	8	9	10	it can be
4												
3												
1												

 How much do you agree or disag and accurate as you can throughou your responses to other statements 	it. Try not to let you					t 3
"correct" or "incorrect" answers. Ar to your own feelings, rather than ho "most people" would answer.)	nswer according	agree a lot	agree a little	I neither agree nor disagree	disagree a little	disagree a lot
In uncertain times, I usually expe	ect the best.	0	8	0	0	0
If something can go wrong for m	e, it will.	0	0	0	0	0
I'm always optimistic about my fu	uture.	0	•	0	0	0
I hardly ever expect things to go	my way.	0	0	0	0	0
I rarely count on good things hap	opening to me.		0	0	0	
Overall, I expect more good thing me than bad.	gs to happen to	0	6		0	
. What is your level of fatigue toda	y with 0 = "No fation	gue" to 10	= "Great	test possi	ble fatigu	
No fatigue 1 2 How much of the time	3 4 5	None of	A little of	③ Some of		sible fatigue
is there someone available to you count on to listen to you when		the time	the time	the time	the time	All of the time
is there someone available to you good advice about a problem?			0		0	O [
is there someone available to you love and affection?	u who shows you	0	0	0	0	
is there someone available to hel chores?	p with daily	9	0	0	0	0
can you count on anyone to prove emotional support (talking ove helping you make a difficult de	r problems or	0	0	0	0	0
do you have as much contact as with someone you feel close to whom you can trust and confid	o, someone in	0	0	0	0	0 [
During the <i>past 12 months</i> , would	d you say your <u>em</u> e	otional or	psycholo	ogical hea	Ith has b	een
ExcellentVery good	Good	Fair	O Po	or	⊃ Don't kr	ow [
PLEASE DO N	OT WRITE IN THIS AREA		I	[SE	RIAL]	

63 62 61	9.	During the por hopeless		how often have	you been bothered by	y feeling down, d	depressed, 4
60 59 58		Not at all	Some	Several days	More than half the days	Nearly every day	Opn't know
57565554	10.	During the ppleasure in	past 2 weeks, I doing things?	how often have	you been bothered by	y having little int	erest or little
53 52 51		O Not at all	Some	Several days	More than half the days	Nearly every day	Don't know
49 48 47	11.				s or longer when you ed about you, or a doc		
46 45 44		○ No	Yes				
43 42 41	12.		30 days, have you in the chest?	you experience	d heartburn, a burnin	g pain, or discon	nfort behind the
40 39 38		O No	Yes		5	G	×
37 36 35 34			○ Less	than once a mo		ır?	
33 32 31 30		&C		at once a week eral times a week			
29282726					(eased) by taking anta aalox, Mylanta, Riopan,	Rolaids, Tums.)	s: Amphojel,
252423				not take antacids	s for heartburn your heartburn awake	No Yes	2
21 20 19			O No	○ Yes	your neartborn awake	ned you at mgm	·f
18 17 16			In the pas		your heartburn often t	ravelled up towa	ard your neck?
151413			○ No	○ Yes	O_{\cdot}		
12 11 10	13.				d acid regurgitation, a our mouth or throat?	a bitter or sour-ta	asting
8 7		○ No	Yes				
5 4			Do you ex	perience acid r	egurgitation <u>at least c</u>	once a week?	
2			O INO				

14. Ha	s your weight varied	d during the <i>past 12</i>	? months?							5
(Remained stable	○ Gone up more	than 10 pounds	; O 	Gone	down m	ore th	an 10) poun	ds
		Was this weight				weight		inten	tiona	
		or unintentional	?	or	_ \	entional	?			
		IntentionalUnintentional	al			entional ntention	al			
		PERSONAL AND	FAMILY MEDI	CAL HIS	STOR	Y				
15. Are	e you adopted?	○ No ○ Yes							X	
	If known complete	e the following inform	eation about you	r blood r	alativo	e (inclue	lo chil	dron)		
	ii kilowii, complete	e the following inform	lation about you	Dioda	Clative	s (IIICIUC	ie crui	uieli)		
16. Is y	your father alive?	Yes, he is alive	e No, h	e is dead		I don't	know			
-			ad, what was hi	s ane at	death	12)			
				> 41 to 5	4	'	70		Ove	r 85
				51 to 6		971 to			2	
17. Is y	your mother alive?	Yes, she is alive	ve ONO, sl	ne is dea	d	O I do	n't kno	w		
		If dea	ad, what was h	er age at	death	1?				
	\\\\			41 to 5		61 to71 to			Ove	r 85
			30 10 40	3110			7 00			
10 Eo	r each kind of relativ	vo bolow, places tol								
us	how many you have w many have died.			1 2	3	4 5	6	7+	Don't know	
110	·	sh an Hira								
Bro		nber alive nber dead	0	0 0	0	0 0	0	0	0	
Sis	ETARE.	hber alive hber dead		0 0	0	0 0	0	0	0 0	
So	ne:	nber alive nber dead	000	0 0	0	0 0	0	0	0 0	
Da	HANTARS.	nber alive ————————————————————————————————————	0 0	0 0	0	0 0	0	0	0 0	
		PLEASE DO NOT WRITE II	N THIS AREA							
		00000000				[S	ERI	AL]		

9. Please indicate the age you were first diagnosed with the following condition. If you have not been diagnosed with this condition, mark "None."											
In addition, please indicate whether or not your family members have had this condition by marking "Yes," "No," or "Don't know." We are only interested in relatives that are	Self Age when this condition was first diagnosed.						Do or did a degree rel sisters, br	Relatives Do or did any of your first degree relatives (parents, sisters, brothers, children) have this condition?			
related to you by blood. <u>Rheumatologic</u>	None	19 or younger	20 to 49	50 to 64	65 to 79	80 or older	No	Yes	Don't know		
Arthritis (osteoarthritis) Arthritis (rheumatoid)	0	0 0	00	000	0	0 0	0	0	0		
Fibromyalgia Autoimmune disorder (lupus, scleroderma)	0	Co.	0	0	0	0	0	0	0		
<u>Gynecologic</u>				0			0				
Endometriosis	0	0	0	No.	0	2	XQ	0	0		
<u>Liver</u>									X		
Hepatitis A, B, or C Other liver disease	0		0	0	9	0	0	0 0	0		
Mematologic Organ or bone marrow transplant Bleeding disorder	00	000	0	0	0	0 0	E	000	0 0		
Sickle cell anemia	0	9			0	0	0	0	0		
HIV (AIDS) Tuberculosis	8	0	000	0	8	0	0 0	0	0		
Cancer Thyroid cancer Lung cancer	000	0 0		0	0 0	0 0	0	0 0	0		
Breast cancer Esophageal cancer	0 0	O	0 0	0 0	0	0 0	0 0	0 0	0		
Pancreatic cancer Stomach cancer	0	0	0	0	0	0	0	0 0	0		
Colon or rectal cancer Liver cancer	0	0 0	0	0	0	0	0	0	0		
Uterine/endometrial cancer Cervical cancer	0	0 0	0	0	0	0	0	0	0		
Ovarian cancer Prostate cancer	0	0 0	0	0 0	0	0 0	0	0 0	0		

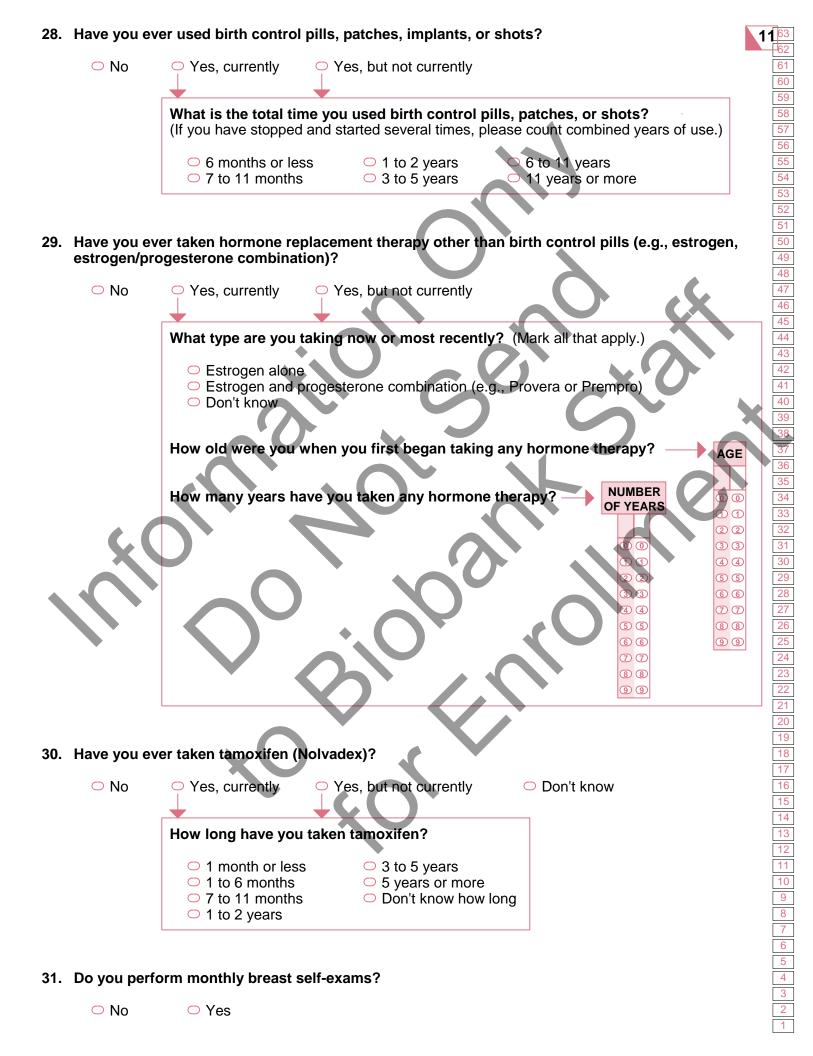
Self Relatives Age when this condition Do or did any of your first was first diagnosed. degree relatives (parents, 58 sisters, brothers, children) have this condition? 56 65 to 19 or 20 to 50 to 80 or Don't know None younger 49 64 older No Yes 54 Cancer (continued) 52 Testicular cancer 0 0 Melanoma 0 50 49 0 0 Nonmelanoma skin cancer 48 Sarcoma 0 \bigcirc 46 Bone cancer 45 Leukemia 44 43 Lymphoma 42 Kidney cancer 41 **Urinary/bladder cancer** Other cancer Neurologic Alzheimer's disease Parkinson's disease 34 32 **Dementia** 0 Migraine headaches 31 30 Stroke (CVA) 0 TIA (mini stroke) 0 0 27 Epilepsy (seizure disorder) \bigcirc 0 26 \bigcirc Narcolepsy 0 23 Mental Health **Anxiety** \bigcirc \bigcirc 0 20 Depression 19 18 Down syndrome \bigcirc 0 \bigcirc 0 Bipolar disorder 0 0 \bigcirc 0 0 0 16 15 0 0 0 \bigcirc **Autism** \bigcirc 0 Attention deficit/hyperactivity 14 13 disorder 0 0 0 0 0 12 **Alcoholism** 0 0 0 0 0 0 0 0 0 10 Other psychiatric or mental illness 0 0 9 8

Continues next page...

6 5 4

	<u>Self</u>					Re	<u>s</u>		
		_	e when t vas first		Do or did a degree rel sisters, br have this	atives (p	arents, children)		
<u>Eye</u>	None	19 or younger	20 to 49	50 to 64	65 to 79	80 or older	No	Yes	Don't know
Glaucoma Cataracts	0	0	0	0	0 0	0 0	0	0	0
Abnormal distance vision Lazy eye (amblyopia)	0	0 0	0	00	0	00	0 0	0 0	0 0
Misalignment, crossing, or wandering of the eyes (strabismus) Macular degeneration	0	00	0 0	0 0	00	000	0	0	00
Cardiovascular							×7)	
Heart attack/myocardial infarction Congestive heart failure	0	0	0	000	0 0	0	8	0 0	8
Cardiomyopathy Atrial fibrillation/arrhythmia	0	0	00	0 0	0	0	0 0	0,0	
Congenital heart disease High blood pressure (hypertension)	0	2	0	0	3	0 0	0	0	0 0
High cholesterol (hyperlipidemia) Blood clots in a vein	00	0 0	0	8	0 0	3	(3)	0 0	0 0
Respiratory Asthma Chronic obstructive pulmonary disease (COPD)	0	0	0	0		0	0	0	0 0
Sleep apnea Asbestosis	000	0 0	0	0	0	0 0	0 0	0	0 0
Pulmonary fibrosis	0	0	0	0	0	0	0	0	0
Gastrointestinal									
Acid reflux or gastroesophageal reflux disorder (GERD) Barrett's esophagus			0 0	0	0	0	0 0	0	0 0
Celiac disease Irritable bowel syndrome (IBS)	0 0	0 0	0	0	0	0	0	0 0	0
Crohn's disease or ulcerative colitis Lynch syndrome or HNPCC	0	0	0	0	0	0	0	0	0
Other polyposis syndrome (FAP, Peutz- Jeghers, juvenile polyposis, etc.)	0	0	0	0	0	0	0	0	0

				<u>Self</u>						<u>Relatives</u>				9
					_	e when the				degree sisters	Do or did any of your first degree relatives (parents, sisters, brothers, children) have this condition?			
	Endocrine	2		None	19 or younger	20 to 49	50 to 64	65 to 79	80 or older	No	0	Yes	Don't know	5
	Type 1 d Type 2 d			0	0	0	0,0	3				0 0	0	
		/roidism/hypo	thyroidism	0	0		0	0	0	C)	0	0	- 5 5 - 4
20.	Do you h	ave any alle	gies?	○ No		Yes			()		Ç		4
		What kind o					all that			\		7		4
			lergies such lfish or nuts		Grasse pollen,	es, or dust		Pets		sect st r bites	lings		Other	4
21.		ever had 5									4 ho	urs a	nd	3
	O No	ere accompa		her nau	isea OR	R light a	ana soi	una sen	sitivity	, <u>.</u>		(3
	O No Have you numbnes	ed 5 to 60 mi	enced epis	odes o	f a shim	nmering	g visua	ıl distur	bance	or blin				3 3 3
22.	No No No	ed 5 to 60 mi	enced epis PR an inabi nutes?	odes o	f a shim hink of	nmering the co	g visua rrect w	al distur ord or u	bance	or blin				3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4
22.	No No No	ed 5 to 60 mi	enced epis PR an inabi nutes?	odes o	f a shim hink of	nmering the co	g visua rrect w	al distur ord or u	bance	or blin				3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4
22.	No Have you numbnes that laste No Have you No	ed 5 to 60 min	enced epis PR an inabi nutes? es	odes o lity to t	f a shim hink of otherap	nmering the con	g visua rect w	al distur ord or u	bance	or blin				3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4
22.	No Have you numbnes that laste No Have you No	ever experies/tingling; Cod 5 to 60 min	enced epis PR an inabi nutes? reated with	odes o lity to t	f a shim hink of otherap	nmering the con	g visua rect w	al distur ord or u	bance	or blin				3 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4
22. 23. 24.	No Have you No Have you No Have you	ever experies/tingling; Cod 5 to 60 miles of the ever been to the ever bev	enced epis PR an inabi nutes? reated with	odes o lity to t	f a shim hink of otherap	y (for c	g visua rect w cancer)	l distur ord or u	bance	or blin	hat i	is said		33 33 33 34 4 4 4 4 4 4 4 4 4 4 4 4 4 4
22. 23. 24.	No Have you numbnes that laste No Have you No Have you No	ever experies/tingling; Cod 5 to 60 miles of the ever been to the ever bev	enced epis PR an inabinutes? Preated with Pres Reated for a	odes o lity to t	f a shim hink of otherap	y (for c	g visua rrect w cancer)	distur ord or t	bance	or blin	hat i	is said		al (3) (2) (2) (2) (2) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
22. 23. 24.	No Have you numbries that laste No Have you No Have you No MEN ON	ever experies/tingling; Cod 5 to 60 miles of the ever been to the ever bev	enced epis PR an inabi nutes? es reated with es (Men — p	any cor	f a shim hink of otherap	y (for co	g visua rect w ancer)	distur ord or t	bance unders	or blin tand w	12.)	is said	estion	3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4



40.	Do you have w	orking smok	e detectors	in your h	ome?			13 ⁶³
	○ No	Yes	O Don't k	know				61 60 59
41.					igh-fat food suc regular salad c		fried food, wh	
	O to 1	○ 2	○ 3 or m	ore		3		55 54 53
42.	How many serving: 1							52 51 50
	○ 0 to 1	○ 2	○ 3	O 4	○ 5 or more	e		49 48 47
43.					ring a typical da ooked vegetables		etable juice.)	46 45 44
	○ 0 to 1	○ 2	○ 3	94	5 or more	е		43
44.	1 or no se2 to 3 serv	rvings (or less rings (or betw	s than 600 m een 600 and	g dose su 1,200 mg	oplements) dose supplements) se supplements)	uts)	lo you get in a	39 38 37 36 35 34 33
45.	How many serv	vings of <u>diet</u>	soft drinks	do you ha	ve per day? (A	serving size is o	one can or glas	ss.) 32
	None 1 to 2 serv 3 to 4 serv	rings rings	5 to 6 servin 7 to 9 servin 10 or more	ngs servings	O _O ,			31 30 29 28 27 26
46.	How many serving size i) soft drin	iks do you have	per day?		25 24 23
	None1 to 2 serv3 to 4 serv	rings $igcup$	5 to 6 servir 7 to 9 servir 10 or more	ngs				22 21 20 19 18
47.	How many cup	s of coffee, o	caffeinated o	or decaffe	inated, do you d	drink?		17
	○ None — S	kip to questi	ion 48 on pa	ge 14.				15 14
	Less than 1 cup per y 2 to 4 cups 5 to 6 cups 1 cup per y 2 to 3 cups 4 to 5 cups 6 or more	week s per week s per week day s per day s per day	-	NevAboAboAbo	er or almost never or almost never of the time of the time of the time of the time of the time	er	reinated?	13 12 11 10 9 8 7 6 5 4 3 2

63	48.	For the job (includes homemaking) you held						14
62 61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 43 42 41 40 39 38 37 36 35 31 30 29 28 27		the longest, approximately how much of the time were you engaged in each of the following physical activities?	None of the time	A little of the time	Some of the time	Most of the time	All of the time	
59		Sitting	0	0		0	0	
56		Standing	0	2	0	0	0	
54		Walking	0	0	9	0	0	
52		Light manual labor	2	0	0	0	0	
50		Heavy manual labor	0	6	0	0	0	
48					A			-
46	49.	Considering a 7-day period (a				>	CX	
44		week), how many times on average do you do the following kinds of	1 2	3	4 5			8 times
43		exercise for more than 15 minutes during your <u>free time</u> ?	time times	times	times	es times	times	or more
41		Strenuous exercise (heart beats						
39		rapidly) (i.e., running, jogging, vigorous swimming,	0 0	0	0	7	0	Þ
37		vigorous long distance bicycling, hockey,			4			10
35		basketball, cross country skiing, soccer)						
33		Moderate exercise (not exhausting) (i.e., fast walking, easy swimming, alpine	0				C	
32		skiing, popular and folk dancing, tennis, easy bicycling, baseball, volleyball)						
30								
28		Mild exercise (minimal effort) (i.e., easy walking, archery, bowling, horseshoes, golf, snowmobiling)					0	
26 25			1					
24	50.	How often did you have a drink containing al	cohol in the	e past 12	months?			
22		(Consider a "drink" to be a can or bottle of beer, of hard liquor — like scotch, gin, or vodka.)	a glass of w	vine, a win	e cooler, c	or one coc	ktail or a s	shot
21		○ Never — Skip to question 51 on page 15	. 💙					
19 18		Ones a month at least			-			
17		O 2 to 4 times a month	nany drinks drinking in				ay when	you
15		4 to 5 times a week	to 2 drinks		7 to 9 drinl			
13			to 4 drinks to 6 drinks		10 or more	e drinks		
12								
26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2			often did yo past 12 mc		or more d	rinks on	one occa	sion
8			Vever	a .a.4la le :	O Week		ala U	
6			.ess than mo ∕lonthly	onthly	□ Daily	or almost	dally	
5		PLEASE DO NOT WRITE IN TH	S AREA					
3						[SERI	AL]	
1								

51. Have you used any of these tobacco products for 12 months or longer? (Please mark a response for each tobacco product.) Snuff Chewing tobacco Cigar Pipe O No O No O No Yes Yes Yes Yes 56 55 54 For how For how For how For how many years? many years? many years? many years? 53 52 NUMBER **NUMBER** NUMBER NUMBER OF YEARS **OF YEARS** OF YEARS OF YEARS 50 49 00 00 00 00 48 11 (11) 11 (1) 11 (1) 47 22 22 22 46 33 45 44 44 **5 5** 43 66 42 77 41 88 38 99 99 99 52. Have you smoked at least 100 cigarettes in your entire life? Don't know/not sure 34 O No Yes 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 How old were you when you first started smoking cigarettes on a regular basis? AGE On average, how many cigarettes do/did you smoke per day? 00 11 (1) 1 to 10 per day 31 to 40 per day 22 41 or more per day 11 to 20 per day 33 21 to 30 per day 44 5 5 66 Do you currently smoke cigarettes? 77 88 99 What year did **YEAR** you quit? Yes 13 12 11 10 9 8 7 6 5 4 000011111 2222 3333 4444 5555 6666 7777 8888

63 62		ever live in the your presence		eone who smoked cigarettes regul	arly 16
61 60 59 58	○ No ○ Yes	For how m	any years altogether was t	his the case?	NUMBER OF YEARS
57 56 55		approxima		I hand exposure per day by the packs smoked by the person(s)	00
54 53 52 51 50		11 to 2	cigarettes (up to ½ pack) 0 cigarettes (½ to 1 pack) 0 cigarettes (1 to 2 packs)	 41 to 60 cigarettes (2 to 3 pack More than 60 cigarettes (3 packs or more) 	
49 48 47			e(s) were you exposed to so (Mark all that apply.)	second hand smoke from your	77 38 99
46 45 44 43		Younge5 to 910 to 120 to 2	9 40 to 49 50 to 59	70 to 7980 and older	
41 40	54. Did you	over work in er	are what with are small	d and lighty in your program 2	,
39 38 37	-	ever work in ar	i area where others smoke	d regularly in your presence?	X
38	O No	For how m	any years altogether was t	his the case?	NUMBER
36	○ Yes	I Of How III	ally years altogether was the	ills the case:	OF YEARS
35		Please ind	icate the amount of second	I hand exposure per day by the	
34				packs smoked by the person(s)	00
33			work area.		00
31		1 to 10	cigarettes (up to ½ pack)	41 to 60 cigarettes (2 to 3 pack	2 2 3 3
30	X		0 cigarettes (1/2 to 1 pack)	More than 60 cigarettes	44
29			0 cigarettes (1 to 2 packs)	(3 packs or more)	5 5
28	4 4 1				66
27				econd hand smoke from your	77
25		work area?	? (Mark all that apply.)	·	899
24		Younge	er than 16 O 30 to 39	○ 60 to 69	
23		16 to 1			
22		20 to 2	9 – 50 to 59	80 and older	
20					
19					
26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11				als, or supplements have you take	า
17	regularly	(2 times a wee	ek for at least 3 months)?	wark all that apply.)	
16	O Nor	20	Folate	Fiber supplement (Metamuci	Loto)
14		ie tivitamins	o Iron	Fish oil/omega fatty acids/EF	
13		natal vitamin	Selenium	Glucosamine	- 4
12	Vita		Zinc	Melatonin	
11		itamins	○ 5-HTP	Progesterone cream	
10	○ Vita ○ Vita		AcidophilusBee pollen or royal jelly	SAM-eXanadrine	
8	○ Vita		Chondroitin	Other vitamins, minerals, or	supplements
7		a carotene	○ CoQ10	Tarita in the state of the stat	
6	○ Cale	cium	O DHEA		
6 5 4 3		r	PLEASE DO NOT WRITE IN THIS ARE	۸	
3					1 1
2					' -J
1					

56.	During the past 12 months, have you used the following					1763
	medicines on a regular basis, that is, at least once per	Less than	1 40 5	0 to 10	11	62
	week? If so, please mark the medicine and indicate how	1 year	1 to 5 years	6 to 10 years	years or more	60
	long you have taken it.	. , , ,	years	ycars		59
	 Advil, Aleve, Motrin, or other nonsteroidal, anti-inflammatory drugs 	0	0	0	0	58
	 Celebrex, Vioxx, or Bextra 	\	0	0	0	57
	Aspirin — full dose or extra-strength		0	0	0	56
	Tylenol		0	0	0	55
	Other drug taken for pain relief		0			54
	= other aray taken for pain rener					- 53
	 Aspirin — low-dose or baby strength taken for prevention of heart 					52
	disease or stroke		0			51
						- 50
	Insulin	0	0		0	49
	 Glucophage 		0		0	48
	 DiaBeta, Diabinese, Glucotrol, or Micronase 		0	2(47
	O Actos, Avandia, or Rezulin		0	2	0	46
	 Other drug taken for diabetes mellitus (sugar diabetes) 		O		0	45
						43
			. (•	43
			X			41
	ENVIRONMENT					40
						39
57.	What is the nature of the business or industry where you have worke	d durin	g the r	najority	of you	38 37
	life? (Please select one.)		-			36
						35
	Active Duty MilitaryServices: Education	tional, I	Health,	and So	cial	34
	ConstructionServices: Profes		Scienti	fic, Mar	ageme	
	 Farming, Forestry, Fishing, and Hunting and Administra 					32
	○ Finance, Insurance, Real Estate, and Rental ○ Services: Waste	Manag	gement			31
	and Leasing Services: Other	(except	Public	Admini	stration	30
	Information and Communications Telecommunication		ah ayyaiy			29
	Manufacturing/ProductionMiningTransportation aUtilities	na war	enousii	ıg		27
	 Mining Public Administration Utilities Wholesale Trade)			
	Retail Trade Other, please sp					26 25
	 Services: Arts, Entertainment, Recreation, None of the above 					24
	Accommodations, and Food					23
						22
						22
58.	Are, or were you ever, regularly exposed to any of the following			.,	Don't	20
	substances?		No	Yes	know	19
						18
	Asbestos		0		0	17
	Benzene or derivatives		0	0	0	16
	Chlarinated by droppy have (CLIC) as by the arrested company de					- 15 14
	Chlorinated hydrocarbons (CHC), solvents, or related compounds Chromium/chromium compounds		0	0	0	13
	Cinomium/cinomium compounds					- 12
	Coal dust		0	0	0	11
	Nickel/nickel compounds		0	0	0	10
						9
	Radioactive substance		0	0	0	8
	Taconite			0	\circ	7
						- 6
						5
						3 2 1
						3
						2
						1

63	59.	59. Where do you currently live most of the year?									
61	 On a working farm or ranch In a rural home or hobby farm, not a working farm or ranch 						In a suburb, city, or villageOther				
58											
57 56	60. Have you ever lived on a working farm?										
55 54		O No	○ Yes	What i	type of farm y	was it? (Mark	all that apply)				
53											
52 51					Commercial	O Dairy	Cattle	Agricultural			
50 49) `					
48	61.		u ever personally mix fertilizer used for farm					ur homo or gardon \			
46				use, com	nercial applica	alion, and/or pe	isonai use ili yo	ur nome or garden.)			
45 44		O No	○ Yes								
43			How many years dig	l vou ners	sonally mix o	r apply fertiliza	ers?				
41			(One growing season			Sport ioi till2	X				
39			O 1 year	? to 5	○ 6 to 10	0 11 to 20	21 to 30	○ 31 years			
38 37			or less y	ears	years	years	years	or more			
36							1				
34	62.	Have yo	u ever personally mix	ed or app	olied any <u>inse</u>	ecticides to kil	I insects?				
33		(Include commerc	crop, livestock, and str cial application, and/or	uctural ins personal i	ecticides and use in your ho	fumigants. Inc me or garden.)	clude insecticides	s used for farm use,			
31		○ No	○ Yes								
29				· ·	10						
27			How many years did			r apply insecti	cides?				
26 25			(One growing season	= 1 year.							
24		Ť	· · · · · · · · · · · · · · · · · · ·	to 5	6 to 10	○ 11 to 20	21 to 30	○ 31 years			
22			Oi icəə y	ears	years	years	years	or more			
20											
19 18	63.		u ever personally mix is? (Include crop and								
17 16			on, and/or personal us				-,				
15		O No	○ Yes	($\cdot \cap \cdot$						
13		ı	<u> </u>								
12			How many years did (One growing season			r apply herbic	ides or fungicio	les?			
10			, 5		•	O 444 22					
8			•	to 5 ears	6 to 10years	11 to 20 years	21 to 30 years	31 years or more			
7					-	<u> </u>	<u> </u>				
5			DI EACE	DO NOT WE	TE IN THIS AREA						
3					_		[SE	RIAL]			
1								-			

63	69. What is your current height and weight?	HEIGHT	WEIGHT	20
62 61	(Please round to the nearest whole number.)	FEET INCHES	POUNDS	
60				
59		0 0 0	000	
58		1 1 1	1011	
57		2 2	222	
56 55		3 3 4 4 4	3 3 3 4 4 4	
54		5 5 5	5 5 5	
53		6 6	666	
52		7	777	
51 50		8 8	8 8 8 9 9 9	
49		9 9	999	
48	70. Which of the following best describes you?			
47				
46 45	 Working full time for pay (35 or more hours a we 	ek)	<i>J</i> ' (
45	Working part-time for payNot working for pay at presentIf you are	not working for pay	at present are	VOL
43		hat apply.)	di prodoni, dre	, jouin
42				
41		ll-time homemaker	In school	Retired
40 39	A se	easonal worker	Disabled	Other
38				
37	\sim \sim \sim	4		
36	71. Which is the highest grade or level of school you h	nave completed?		
36 35 34	O 9th grade or loss	llaga ar Associatos do	aroo (including	
33		llege or Associates de unity college)	egree (including)	
32		r college graduate (Ba	achelor's degree	
31	Vocational, technical, orGraduate	or professional school		
30 29	business school Other	· () ·		
28				
27	72. If you have an e-mail address and are willing to let	us contact you, plea	ase provide you	ır e-mail
26	address below.			
25				
23				
25 24 23 22 21 20 19 18				
21	Thank you for taking the time	to complete the	surveyl	
10	Thank you for taking the time	to complete the	. Sui vey:	
18				
17	Question 5: Measure of Optimism and Pessimism (LOT-R). Scheiel			
16	Distinguishing optimism from neuroticism (and trait anxiety, self-mastery Test. <i>Journal of Personality and Social Psychology</i> , 67, 1063-1078.	r, and seir-esteem): A re-e ▶	valuation of the Life	Orientation
15 14				
13	Question 6: Measurement of Fatigue. Anna L. Schwartz, Paula M. M. Donofrio, Marilyn Grainger, Terry Throckmorton, and Magdalena Mateo.			
12	clinical differences. Journal of Clinical Epidemiology , Volume 55, Issu	_	_	any important
11	Question 7: Social Support Measure. Enhancing recovery in corona	_		lesian and
10	methods. The ENRICHD investigators. Am Heart J. 2000;139:1-9. [Pu		LINIXIOTIDJ. Study 0	iesiyii allu
8		 -	had to seeper avera	ise hehavior in
7	Question 49: Godin Measure of Physical Activity. G. Godin and R. J. the community, <i>Can. J. Appl. Sport Sci.</i> 10(1985), pp. 141-146. <u>View Re</u>			ise benavior in
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