Mayo Study of Lymphoma and Leukemia
(Main Questionnaire)

Survey Research Center

1-7 **Clinic Number: __ - __ __ __ - __ __ __**

INSTRUCTIONS: PLEASE CHECK THE APPROPRIATE BOX OR FILL IN THE BLANK AS INDICATED.

8-15 **Today's Date:** __ __/__ __/__ __ __ __
Month Day Year

16-23 **1. What is your date of birth?**

__ __/__ __/__ __ __ __
Month Day Year

24_ **2. What is your gender?**

1 ❑ Male 2 ❑ Female

25_ **3. What is your marital status?**

1 ❑ Married or living as married
2 ❑ Widowed
3 ❑ Divorced or separated
4 ❑ Single, never married

26_ **4. What is the highest level of schooling you have completed?** (Mark one.)

1 ❑ 1 to 8 years
2 ❑ Some high school
3 ❑ High school graduate
4 ❑ GED (high school equivalency)
5 ❑ 1 to 3 years vocational education beyond high school
6 ❑ Some college
7 ❑ College graduate
8 ❑ One or more years of graduate or professional school
9 ❑ Other, please specify:

____

MOST PEOPLE IN THE UNITED STATES HAVE ANCESTORS WHO CAME FROM OTHER PARTS OF THE WORLD. SOME PEOPLE HAVE MIXED ETHNIC BACKGROUNDS.

5. What is the ethnic background of your biological <u>father</u>? (Please record primary and secondary ethnicity if your father has more than one ethnic background.)

What is the ethnic background of your biological <u>mother</u>? (Please record primary and secondary ethnicity if your mother has more than one ethnic background.)

	Father	Primary	Secondary	Mother	Primary	Secondary
27:58	1 ☐ Don't know			1 ☐ Don't know		
28:59	English, Scotch, Welsh	1 ☐	2 ☐	English, Scotch, Welsh	1 ☐	2 ☐
29:60	French	1 ☐	2 ☐	French	1 ☐	2 ☐
30:61	German	1 ☐	2 ☐	German	1 ☐	2 ☐
31:62	Greek	1 ☐	2 ☐	Greek	1 ☐	2 ☐
32:63	Irish	1 ☐	2 ☐	Irish	1 ☐	2 ☐
33:64	Italian	1 ☐	2 ☐	Italian	1 ☐	2 ☐
34:65	Spanish, Portuguese	1 ☐	2 ☐	Spanish, Portuguese	1 ☐	2 ☐
35:66	Scandinavian (Swedish, Norwegian, Danish, Finnish, Icelandic)	1 ☐	2 ☐	Scandinavian (Swedish, Norwegian, Danish, Finnish, Icelandic)	1 ☐	2 ☐
36:67	Polish	1 ☐	2 ☐	Polish	1 ☐	2 ☐
37:68	Czech/Slovak	1 ☐	2 ☐	Czech/Slovak	1 ☐	2 ☐
38:69	Hungarian	1 ☐	2 ☐	Hungarian	1 ☐	2 ☐
39:70	Russian	1 ☐	2 ☐	Russian	1 ☐	2 ☐
40:71	Other Eastern European (Lithuanian, Romanian, Ukrainian, etc.)	1 ☐	2 ☐	Other Eastern European (Lithuanian, Romanian, Ukrainian, etc.)	1 ☐	2 ☐
41:72	Other European	1 ☐	2 ☐	Other European	1 ☐	2 ☐
42:73	American Indian	1 ☐	2 ☐	American Indian	1 ☐	2 ☐
43:74	Canadian (non-French)	1 ☐	2 ☐	Canadian (non-French)	1 ☐	2 ☐
44:75	French Canadian	1 ☐	2 ☐	French Canadian	1 ☐	2 ☐
45:76	Mexican	1 ☐	2 ☐	Mexican	1 ☐	2 ☐
46:77	Puerto Rican	1 ☐	2 ☐	Puerto Rican	1 ☐	2 ☐
47:78	Central American	1 ☐	2 ☐	Central American	1 ☐	2 ☐
48:79	South American	1 ☐	2 ☐	South American	1 ☐	2 ☐
49:80	West Indian	1 ☐	2 ☐	West Indian	1 ☐	2 ☐
50:81	Chinese	1 ☐	2 ☐	Chinese	1 ☐	2 ☐
51:82	Indian, Pakistani	1 ☐	2 ☐	Indian, Pakistani	1 ☐	2 ☐
52:83	Korean	1 ☐	2 ☐	Korean	1 ☐	2 ☐
53:84	Japanese	1 ☐	2 ☐	Japanese	1 ☐	2 ☐
54:85	Other Asian countries or Pacific Islanders	1 ☐	2 ☐	Other Asian countries or Pacific Islanders	1 ☐	2 ☐
55:86	African	1 ☐	2 ☐	African	1 ☐	2 ☐
56:87	Middle Eastern	1 ☐	2 ☐	Middle Eastern	1 ☐	2 ☐
57:88	Other, specify: ____________	1 ☐	2 ☐	Other, specify: ____________	1 ☐	2 ☐

Occupation

89-90_ _

6. **What has been your usual job during most of your adult life, that is, the job or type of job you have held the *longest*?** (Please record your job title, e.g., gasoline engine assembler, grinder operator, farmer, homemaker, sales manager, military - with highest rank, registered nurse, etc.)

____
Job title

91-92_ _

7. **For how many years did you work at this job?** __ __ Years

8. **If you held any *other* jobs (at least 10 hours per week) for longer than 5 years, please fill in the information below.** (If you have had more than five other jobs, please list the five jobs you have held the longest.)

	Job title	Age first worked	Number of years worked
93-98	______________________	__ __ Age	__ __ Years
99-104	______________________	__ __ Age	__ __ Years
105-110	______________________	__ __ Age	__ __ Years
111-116	______________________	__ __ Age	__ __ Years
117-122	______________________	__ __ Age	__ __ Years

123_

9. **Did you ever live on a farm for more than one year?** (Do not include hobby farms.)

1 ❑ No

2 ❑ Yes →

At what age did you first live on a farm? (If less than 1 year old or born on a farm, please enter 00.)

124-125 __ __ Age

What is the total number of years that you lived on a farm? (Do not include time when you did not live on a farm.)

126-127 __ __ Years

Are you currently living on a farm?

128_ 1 ❑ No 2 ❑ Yes

↓

129-130 **At what age did you last live on a farm?** __ __ Age

131_

10. Have you ever used <u>any</u> tobacco products for six months or longer? (Please include cigarettes, cigars, pipes, snuff, and chewing tobacco.)

1 ☐ No → **Go to question 12 on page 5.**

2 ☐ Yes →

If yes, have you ever smoked cigarettes for six months or longer?

132_

1 ☐ No 2 ☐ Yes

If yes, at what age did you start smoking cigarettes?

133-135

__ __ Age 1 ☐ Don't know

Do you smoke cigarettes now?

136_

1 ☐ No →

What year did you stop smoking cigarettes?

137-141

__ __ __ __ Year 1 ☐ Don't know

Before stopping, how many cigarettes did you usually smoke per day?

142-144

__ __ Cigarettes per day 1 ☐ Don't know

2 ☐ Yes →

How many cigarettes do you usually smoke per day?

145-147

__ __ Cigarettes per day 1 ☐ Don't know

148_ 149-150 151_ 152-153 154_ 155-156 157_ 158-159

11. Prior to 2 years ago, did you use any of these tobacco products for twelve months or longer?

Cigar	1 ☐ No	2 ☐ Yes →	**For how many years?** __ __ Years
Pipe	1 ☐ No	2 ☐ Yes →	**For how many years?** __ __ Years
Snuff	1 ☐ No	2 ☐ Yes →	**For how many years?** __ __ Years
Chewing Tobacco	1 ☐ No	2 ☐ Yes →	**For how many years?** __ __ Years

160_

12. Did you ever live in the same household with someone who smoked cigarettes regularly while in your presence?

1 ☐ No 2 ☐ Yes

For how many years altogether was this the case?

161-162 __ __ Years

Generally speaking, how many hours each day were or are you around people from your household while they were or are smoking?

163-164 __ __ Hours per day

165_

13. Did you ever work in an area where others smoked regularly in your presence?

1 ☐ No 2 ☐ Yes

For how many years altogether was this the case?

166-167 __ __ Years

Generally speaking, how many hours each day were or are you in the same work area as others while they were or are smoking?

168-169 __ __ Hours per day

170_

14. During your entire life, have you had 12 drinks or more of any kind of alcoholic drink? (One drink of alcohol is equal to one can of beer, one glass of wine, or one shot of liquor, e.g., whiskey, brandy, or gin.)

1 ☐ No 2 ☐ Yes

If yes, for each age group given below, how many drinks of alcohol did you usually have?	None	Less than 1 each month	1 to 3 each month	1 to 2 each week	3 to 6 each week	1 to 2 each day	3 or more each day
171_ **From age 14 to 17**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
172_ **From age 18 to 22**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
173_ **From age 23 to 29**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
174_ **From age 30 to 49**	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
175_ **About 2 years ago** . . .	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

Physical Activity

176_

15. During most of your adult life, when walking outside of your home, how often did you walk for more than 10 minutes without stopping?

1 ☐ Rarely or never

177-179

- 2 ☐ 1 to 3 times each month
- 3 ☐ 1 time each week
- 4 ☐ 2 to 3 times each week
- 5 ☐ 4 to 6 times each week
- 6 ☐ 7 or more times each week

180_

→ **How many minutes did you usually walk?**

__ __ __ Minutes

What was your usual speed?

1 ☐ Casual (less than 2 miles an hour)
2 ☐ Average or normal (2 to 3 miles an hour)
3 ☐ Fairly fast (3 to 4 miles an hour)
4 ☐ Very fast (more than 4 miles an hour)
5 ☐ Don't know

Continue on next page.

181_

16. During most of your adult life, how often did you usually do *strenuous or very hard exercise*? (Exercise where you work up a sweat and your heart beats fast, e.g., aerobics, aerobic dancing, jogging, tennis, swimming laps, or vigorous yard or housework.) (Exclude walking outside of your home and any physical activity associated with any jobs you had.)

- 1 ☐ Rarely or never
- 2 ☐ 1 to 3 days per month
- 3 ☐ 1 day per week
- 4 ☐ 2 days per week
- 5 ☐ 3 to 4 days per week
- 6 ☐ 5 or more days per week

How many minutes did you usually exercise like this at one time?

__ __ __ Minutes

182-184

185_

17. During most of your adult life, how often did you usually do *moderate exercise*? (Exercise that is not exhausting, but your breathing and heart rate are above resting levels, e.g., biking outdoors, using an exercise machine like a stationary bike or treadmill, calisthenics, easy swimming, popular or folk dancing, golfing without a cart, or moderate yard or housework.) (Exclude walking outside of your home and any physical activity associated with any jobs you had.)

- 1 ☐ Rarely or never
- 2 ☐ 1 to 3 days per month
- 3 ☐ 1 day per week
- 4 ☐ 2 days per week
- 5 ☐ 3 to 4 days per week
- 6 ☐ 5 or more days per week

How many minutes did you usually exercise like this at one time?

__ __ __ Minutes

186-188

189_

18. During most of your adult life, how often did you usually do *mild exercise*? (Exercise that is not exhausting, e.g., slow dancing, bowling, golfing with a cart, hunting, gardening, light housework.) (Exclude walking outside of your home and any physical activity associated with any jobs you had.)

- 1 ☐ Rarely or never
- 2 ☐ 1 to 3 days per month
- 3 ☐ 1 day per week
- 4 ☐ 2 days per week
- 5 ☐ 3 to 4 days per week
- 6 ☐ 5 or more days per week

How many minutes did you usually exercise like this at one time?

__ __ __ Minutes

190-192

Continue on next page.

193_ 194_ 195_

19. For each of the ages below, did you usually do strenuous or very hard exercises *at least 3 times per week*? (This would include exercise that was long enough to work up a sweat and make your heart beat fast. Be sure to mark "No" if you did not do very hard exercises at the ages listed below.)

193_	**12 years old** . . .	1 ❑ No	2 ❑ Yes	3 ❑ Don't know
194_	**18 years old** . . .	1 ❑ No	2 ❑ Yes	3 ❑ Don't know
195_	**35 years old** . . .	1 ❑ No	2 ❑ Yes	3 ❑ Don't know (Leave blank if less than 35 years old.)

20. For the job (includes homemaking) you held the longest, approximately what percent of the time were you engaged in each of the following physical activities?

	Activity	Percent of time
196-198	**Sitting**	__ __ __ %
199-201	**Standing**	__ __ __ %
202-204	**Walking**	__ __ __ %
205-207	**Light manual labor**	__ __ __ %
208-210	**Heavy manual labor**	__ __ __ %

Medical History

THE FOLLOWING SIX QUESTIONS ARE ABOUT YOUR HEIGHT AND WEIGHT AT DIFFERENT AGES. IF YOU DON'T REMEMBER EXACTLY WHAT THEY WERE, PLEASE GIVE YOUR BEST ESTIMATE. (WOMEN, IF YOU WERE PREGNANT AT ANY OF THESE AGES, PLEASE PROVIDE YOUR WEIGHT WHEN YOU WERE NOT PREGNANT.)

211-213 **21. What was your weight 2 years ago?** __ __ __ Pounds

214-216 **22. How tall were you (without shoes on) at about *age 18*?** __ Feet __ __ Inches
(Round up ½ inch.)

217-219 **23. What was your weight at about *age 18*?** __ __ __ Pounds

220-222 **24. What was your weight at about *age 35*?** __ __ __ Pounds (Leave blank if less than 35 years old.)

223-225 **25. What was your weight at about *age 50*?** __ __ __ Pounds (Leave blank if less than 50 years old.)

226-228 **26. What is your maximum adult weight (the most you ever weighed since you were 18 years old)?** (Remember, do not include pregnancy weight.)

__ __ __ Pounds

229_ **27. Excluding the last 2 years, did you ever have a blood transfusion?**

1 ❑ No 2 ❑ Yes

If yes, please list the condition (e.g., neonatal jaundice, anemia, childbirth, trauma) or surgical procedure (e.g., heart surgery or hip surgery) for which you had the blood transfusion. Start with the one when you were the youngest first and fill in as many details as you remember. Please write "DK" if you "don't know."

	Condition or surgical procedure	**Age at transfusion**	**Number of transfusions**	**How much of this blood was your own?**
230-237	1. ____________	__ __ Age	__ __ Number	1 ❑ None 3 ❑ All 2 ❑ Some 4 ❑ Don't know
238-245	2. ____________	__ __ Age	__ __ Number	1 ❑ None 3 ❑ All 2 ❑ Some 4 ❑ Don't know
246-253	3. ____________	__ __ Age	__ __ Number	1 ❑ None 3 ❑ All 2 ❑ Some 4 ❑ Don't know
254-261	4. ____________	__ __ Age	__ __ Number	1 ❑ None 3 ❑ All 2 ❑ Some 4 ❑ Don't know
262-269	5. ____________	__ __ Age	__ __ Number	1 ❑ None 3 ❑ All 2 ❑ Some 4 ❑ Don't know

270_ 1 ❑ **Check this box if you were transfused for more than five conditions or surgical procedures. Please provide details on the last condition or surgical procedure for which you were transfused, excluding the last 12 months.**

271-278	Last ____________	__ __ Age	__ __ Number	1 ❑ None 3 ❑ All 2 ❑ Some 4 ❑ Don't know

279_ **28. Excluding the last 2 years, did you ever receive a general anesthetic (that is, one that makes you go to sleep) for dental work or any other surgery?**

1 ❑ No 2 ❑ Yes

If yes, how many times did you have general anesthesia?

280_ 1 ❑ 1 to 2 2 ❑ 3 to 5 3 ❑ 6 to 10 4 ❑ 11 to 15 5 ❑ 16 or more

281_

29. Did you ever have an organ transplant (including a bone marrow transplant)?

1 ☐ No   2 ☐ Yes

If yes, what organs were transplanted and what year did you receive them?

Organ	**Year received**
282-286 ______________________	__ __ __ __
287-291 ______________________	__ __ __ __

30. Were you told by a doctor or other health professional that you had any of the following conditions? (Please mark a box even if you have never had the condition.)

	Condition				**If yes, age you were first diagnosed**
292-294	Heart disease, angina or heart attack	1 ☐ No	2 ☐ Not sure	3 ☐ Yes →	__ __ Age
295-297	High blood pressure	1 ☐ No	2 ☐ Not sure	3 ☐ Yes →	__ __ Age
298-300	Diabetes mellitus (sugar diabetes not associated with pregnancy)	1 ☐ No	2 ☐ Not sure	3 ☐ Yes →	__ __ Age
301-303	Rheumatoid arthritis	1 ☐ No	2 ☐ Not sure	3 ☐ Yes →	__ __ Age
304-306	Osteoarthritis (degenerative arthritis)	1 ☐ No	2 ☐ Not sure	3 ☐ Yes →	__ __ Age
307-309	Crohn's disease	1 ☐ No	2 ☐ Not sure	3 ☐ Yes →	__ __ Age
310-312	Ulcerative colitis	1 ☐ No	2 ☐ Not sure	3 ☐ Yes →	__ __ Age
313-315	Celiac disease	1 ☐ No	2 ☐ Not sure	3 ☐ Yes →	__ __ Age
316-318	Sjögren's disease or sicca syndrome	1 ☐ No	2 ☐ Not sure	3 ☐ Yes →	__ __ Age
319-321	Lupus or SLE	1 ☐ No	2 ☐ Not sure	3 ☐ Yes →	__ __ Age
322-324	Polymyositis, dermatomyositis, or polymyalgia rheumatica	1 ☐ No	2 ☐ Not sure	3 ☐ Yes →	__ __ Age

Continued next page...

	Condition				If yes, age you were first diagnosed
325-327	Eczema	1 ❑ No	2 ❑ Not sure	3 ❑ Yes →	__ __ Age
328-330	Contact dermatitis	1 ❑ No	2 ❑ Not sure	3 ❑ Yes →	__ __ Age
331-333	Cirrhosis of the liver or liver damage	1 ❑ No	2 ❑ Not sure	3 ❑ Yes →	__ __ Age
334-336	Infectious mononucleosis ("mono")	1 ❑ No	2 ❑ Not sure	3 ❑ Yes →	__ __ Age
337-339	Chronic fatigue syndrome	1 ❑ No	2 ❑ Not sure	3 ❑ Yes →	__ __ Age
340-342	Depression, requiring medication or shock therapy	1 ❑ No	2 ❑ Not sure	3 ❑ Yes →	__ __ Age
343-345	Epilepsy (convulsions or seizures not related to high fever)	1 ❑ No	2 ❑ Not sure	3 ❑ Yes →	__ __ Age

346_ **31. Have you ever been diagnosed with cancer?** (Do not include any leukemia or lymphoma diagnosis.) 1 ❑ No 2 ❑ Yes

If yes, please provide:

	Type of cancer	Age you were first diagnosed	Treatments received (Mark all that apply.)
347-357	1. ______________________	__ __ Age	1 ❑ Surgery 1 ❑ Radiation 1 ❑ Chemotherapy 1 ❑ Other, specify: ______________ 1 ❑ None 1 ❑ Don't know
358-368	2. ______________________	__ __ Age	1 ❑ Surgery 1 ❑ Radiation 1 ❑ Chemotherapy 1 ❑ Other, specify: ______________ 1 ❑ None 1 ❑ Don't know
369-379	3. ______________________	__ __ Age	1 ❑ Surgery 1 ❑ Radiation 1 ❑ Chemotherapy 1 ❑ Other, specify: ______________ 1 ❑ None 1 ❑ Don't know

380_

32. Excluding the last 2 years, have you ever been told by a doctor or other health professional that you had asthma?

1 ❑ No   2 ❑ Yes

If yes, thinking back over the past 10 years, have you needed to take daily medication for your asthma for a period of at least 6 months?

381_

1 ❑ No   2 ❑ Yes

Excluding the last 2 years, about how many times were you hospitalized or treated in an emergency room for your asthma?

382_

1 ❑ None
2 ❑ 1 to 4
3 ❑ 5 to 14
4 ❑ 15 to 24
5 ❑ 25 to 49
6 ❑ 50 or more

383-384

At what age were you first told by a doctor or other health professional that you had asthma? __ __ Age

385_

33. Excluding the last 2 years, have you ever been told by a doctor or other health professional that you had high cholesterol?

1 ❑ No   2 ❑ Yes

386-387

At what age were you first told by a doctor or other health professional that you had high cholesterol? __ __ Age

Did you ever take any medications for your high cholesterol?

388_

1 ❑ No medications   2 ❑ Dietary changes only   3 ❑ Yes

What medications and for how long?

	Medication	**How long?**
389-412	______________________	__ __ Months OR __ __ Years
413-436	______________________	__ __ Months OR __ __ Years
437-460	______________________	__ __ Months OR __ __ Years

461_

34. Excluding the last 2 years, have you ever been told by a doctor or other health professional that you had a stomach ulcer?

1 ☐ No 2 ☐ Yes

462-463 **At what age were you first told by a doctor or other health professional that you had a stomach ulcer?** __ __ Age

Did you take any of the following medications?

		No	Yes	Age first taken	Total number of years taken
464-468	**H2 blocker** [e.g., Zantac, Pepcid, Tagamet, Axid (ranitidine, cimetidine), etc.]	1 ☐	2 ☐ →	__ __	__ __
469-473	**Other acid-suppression capsules/tablets** [e.g., Prilosec, Cytotec, Prevacid, etc.]	1 ☐	2 ☐ →	__ __	__ __
474-478	**Other antacids** [e.g., Tums, Rolaids, Maalox, Mylanta, etc.]	1 ☐	2 ☐ →	__ __	__ __

479_

35. Excluding the last 2 years, were you ever told by a doctor or other health professional that you had chickenpox?

1 ☐ No 2 ☐ Yes 3 ☐ Yes, but not by a health care professional

How many times have you had chickenpox?

480_ 1 ☐ 1 2 ☐ 2 or more

At what age did you *first* have chickenpox?

481-482 __ __ Age

483_

36. Excluding the last 2 years, have you been told by a doctor or other health professional that you had shingles (herpes zoster)?

1 ☐ No 2 ☐ Yes 3 ☐ Yes, but not by a health care professional

How many times have you had shingles?

484_ 1 ☐ 1 to 2 2 ☐ 3 to 4 3 ☐ 5 to 9 4 ☐ 10 to 14 5 ☐ 15 or more

At what age did you *first* have shingles?

485-486 __ __ Age

487_

37. Excluding the last 2 years, have you been told by a doctor or other health professional that you had herpes simplex (or cold sores) on the lip or around the outside of the mouth?

1 ❑ No   2 ❑ Yes   3 ❑ Yes, but not by a health care professional

How many times have you had herpes simplex on the lip or around the outside of the mouth. (Please indicate the total number of episodes, even if they were not diagnosed by a doctor.)

488_

1 ❑ 1 to 2   2 ❑ 3 to 4   3 ❑ 5 to 9   4 ❑ 10 to 14   5 ❑ 15 or more

489-490

At what age did you *first* have herpes simplex of the mouth (or cold sores)? __ __ Age

491_

38. Excluding the last 2 years, were you ever told by a doctor or other health professional that you had genital herpes?

1 ❑ No   2 ❑ Yes   3 ❑ Yes, but not by a health care professional

How many times have you had genital herpes? (Please indicate the total number of episodes, even if they were not diagnosed by a doctor.)

492_

1 ❑ 1 to 2   2 ❑ 3 to 4   3 ❑ 5 to 9   4 ❑ 10 to 14   5 ❑ 15 or more

493-494

At what age did you have your *first* episode of genital herpes? __ __ Age

495_

39. Excluding the last 2 years, were you ever told by a doctor or other health professional that you had infectious hepatitis?

1 ❑ No   2 ❑ Yes

What type(s) of infectious hepatitis did the doctor or other health professional tell you that you had?

496_

1 ❑ Hepatitis A   4 ❑ Non-A, non-B hepatitis
2 ❑ Hepatitis B   5 ❑ Other, please specify type: ____________________
3 ❑ Hepatitis C

497-498

At what age were you *first* told by a doctor or other health professional that you had infectious hepatitis? __ __ Age

Allergies

499_ **40. Has a doctor or other health professional ever told you that you have plant allergies (e.g., allergies to trees, grass, weeds, pollen, etc.)?**

1 ❑ No 2 ❑ Yes

If yes,

At what age were you *first* told?

500-501 __ __ Age

What plant(s) are you specifically allergic to?

503_ ____________________

504_ ____________________

505_ ____________________

506_ ____________________

What symptoms have you had from your plant allergies? (Mark all that apply.)

502_ 1 ❑ Burning, itching, watery eyes

1 ❑ Runny nose

1 ❑ Sneezing or congestion

1 ❑ Difficulty breathing

1 ❑ Hives or skin rash

1 ❑ Severe swelling

1 ❑ Anaphylactic shock (severe allergic reaction affecting your breathing and requiring you to need treatment with adrenaline or epinephrine)

1 ❑ Other, list: ____________________

507_ 508_ 509_ 510_

At what age did you have your most recent allergy attack?

511-512 __ __ Age

On average, how many months per year do you have plant allergies?

513_ 1 ❑ 1 or less 2 ❑ 2 to 6 months 3 ❑ 7 to 11 months 4 ❑ 12 months

Have you ever taken medications, allergy shots, or other treatments for your plant allergies?

514_ 1 ❑ No 2 ❑ Yes

Which treatments? (Check all that apply.)

515-518
1 ❑ Over-the-counter drugs
1 ❑ Prescription drugs
1 ❑ Allergy shots
1 ❑ Other, please specify: ____________________

What is the total number of years you took allergy shots for plant allergies?

519-520 __ __ Years

521_ **41. Has a doctor or other health professional ever told you that you have allergies to foods like eggs, dairy products, shellfish or seafood, wheat, peanuts, or other foods?**

1 ❑ No 2 ❑ Yes

If yes,

522-523 **At what age were you *first* told?**

__ __ Age

524-533 534-543 544-553 **What food(s) are you specifically allergic to?**

____

____

____

What symptoms have you had from your food allergies? (Mark all that apply.)

554_ 1 ❑ Burning, itching, watery eyes
555_ 1 ❑ Runny nose
556_ 1 ❑ Sneezing or congestion
557_ 1 ❑ Difficulty breathing
558_ 1 ❑ Hives or skin rash
559_ 1 ❑ Severe swelling
560_ 1 ❑ Anaphylactic shock (severe allergic reaction affecting your breathing and requiring you to need treatment with adrenaline or epinephrine)
561_ 1 ❑ Other, list: _______________

What is the total number of times you have had an allergic reaction to food?

562_ 1 ❑ 1 2 ❑ 2 to 5 3 ❑ 6 to 10 4 ❑ 11 to 20 5 ❑ 21 or more

Have you ever taken medications, allergy shots, or other treatments for your food allergies?

563_ 1 ❑ No 2 ❑ Yes

Which treatments? (Check all that apply.)

564-567
1 ❑ Over-the-counter drugs
1 ❑ Prescription drugs
1 ❑ Allergy shots
1 ❑ Other, please specify: _______________

What is the total number of years you took allergy shots for food allergies?

568-569 __ __ Years

570_ **42. Has a doctor or other health professional ever told you that you have animal allergies?**

1 ❑ No 2 ❑ Yes

If yes,

At what age were you *first* told?

571-572 __ __ Age

What animal(s) are you specifically allergic to?

574_ ____________________

575_ ____________________

576_ ____________________

577_ ____________________

What symptoms have you had from your animal allergies? (Mark all that apply.)

573_

- 1 ❑ Burning, itching, watery eyes
- 1 ❑ Runny nose
- 1 ❑ Sneezing or congestion
- 1 ❑ Difficulty breathing
- 1 ❑ Hives or skin rash
- 1 ❑ Severe swelling
- 1 ❑ Anaphylactic shock (severe allergic reaction affecting your breathing and requiring you to need treatment with adrenaline or epinephrine)
- 1 ❑ Other, list: ____________________

578_ 579_ 580_ 581_

At what age did you have your most recent allergy attack?

582-583 __ __ Age

For how many total years have you lived with an animal that you are allergic to?

584_ 1 ❑ Less than 1 2 ❑ 1 to 5 3 ❑ 6 to 10 4 ❑ 11 to 20 5 ❑ 21 or more

Have you ever taken medications, allergy shots, or other treatments for your animal allergies?

585_ 1 ❑ No 2 ❑ Yes

Which treatments? (Check all that apply.)

586-589

- 1 ❑ Over-the-counter drugs
- 1 ❑ Prescription drugs
- 1 ❑ Allergy shots
- 1 ❑ Other, please specify: ____________________

What is the total number of years you took allergy shots for animal allergies?

590-591 __ __ Years

592_ **43. Has a doctor or other health professional ever told you that you have dust allergies?**

1 ❑ No   2 ❑ Yes

If yes,

At what age were you *first* told?

593-594 __ __ Age

What type of dust are you specifically allergic to?

595_ ____________________

596_ ____________________

597_ ____________________

598_ ____________________

What symptoms have you had from your dust allergies? (Mark all that apply.)

599_ 1 ❑ Burning, itching, watery eyes
600_ 1 ❑ Runny nose
601_ 1 ❑ Sneezing or congestion
602_ 1 ❑ Difficulty breathing
603_ 1 ❑ Hives or skin rash
1 ❑ Severe swelling
1 ❑ Anaphylactic shock (severe allergic reaction affecting your breathing and requiring you to need treatment with adrenaline or epinephrine)
1 ❑ Other, list: ____________________

At what age did you have your most recent allergy attack?

604-605 __ __ Age

On average, how many months per year do you have dust allergies?

606_ 1 ❑ 1 or less   2 ❑ 2 to 6 months   3 ❑ 7 to 11 months   4 ❑ 12 months

Have you ever taken medications, allergy shots, or other treatments for your dust allergies?

607_ 1 ❑ No   2 ❑ Yes

Which treatments? (Check all that apply.)

608-611 1 ❑ Over-the-counter drugs
1 ❑ Prescription drugs
1 ❑ Allergy shots
1 ❑ Other, please specify: ____________________

What is the total number of years you took allergy shots for dust allergies?

612-613 __ __ Years

614_ **44. Has a doctor or other health professional ever told you that you have insect allergies?**

1 ☐ No 2 ☐ Yes

If yes,

At what age were you *first* told?

615-616 __ __ Age

What insect(s) are you specifically allergic to?

618_ ______________________

619_ ______________________

620_ ______________________

621_ ______________________

What symptoms have you had from your insect allergies? (Mark all that apply.)

617_ 1 ☐ Burning, itching, watery eyes
1 ☐ Runny nose
1 ☐ Sneezing or congestion
1 ☐ Difficulty breathing
1 ☐ Hives or skin rash
1 ☐ Severe swelling
1 ☐ Anaphylactic shock (severe allergic reaction affecting your breathing and requiring you to need treatment with adrenaline or epinephrine)
1 ☐ Other, list: ______________________

622_ 623_ 624_ 625_

At what age did you have your most recent allergy attack?

626-627 __ __ Age

What is the total number of times you have had an allergic reaction to an insect?

628_ 1 ☐ 1 or less 2 ☐ 2 to 5 3 ☐ 6 to 10 4 ☐ 11 to 20 5 ☐ 21 or more

Have you ever taken medications, allergy shots, or other treatments for your insect allergies?

629_ 1 ☐ No 2 ☐ Yes

Which treatments? (Check all that apply.)

630-633 1 ☐ Over-the-counter drugs
1 ☐ Prescription drugs
1 ☐ Allergy shots
1 ☐ Other, please specify: ______________________

What is the total number of years you took allergy shots for insect allergies?

634-635 __ __ Years

636_ **45. Has a doctor or other health professional ever told you that you have a mold allergy?**

1 ❑ No 2 ❑ Yes

If yes,

At what age were you *first* told?

637-638 __ __ Age

What symptoms have you had from your mold allergy? (Mark all that apply.)

639_ 1 ❑ Burning, itching, watery eyes
640_ 1 ❑ Runny nose
641_ 1 ❑ Sneezing or congestion
642_ 1 ❑ Difficulty breathing
643_ 1 ❑ Hives or skin rash
644_ 1 ❑ Severe swelling
645_ 1 ❑ Anaphylactic shock (severe allergic reaction affecting your breathing and requiring you to need treatment with adrenaline or epinephrine)
646_ 1 ❑ Other, list: ______________________

At what age did you have your most recent allergy attack?

647-648 __ __ Age

On average, how many months per year do you have a mold allergy?

649_ 1 ❑ 1 or less 2 ❑ 2 to 6 months 3 ❑ 7 to 11 months 4 ❑ 12 months

Have you ever taken medications, allergy shots, or other treatments for your mold allergy?

650_ 1 ❑ No 2 ❑ Yes

Which treatments? (Check all that apply.)

651-654
1 ❑ Over-the-counter drugs
1 ❑ Prescription drugs
1 ❑ Allergy shots
1 ❑ Other, please specify: ______________________

What is the total number of years you took allergy shots for your mold allergy?

655-656 __ __ Years

657_ **46. Has a doctor or other health professional ever told you that you have allergies to drugs, medications, vaccinations, or other chemicals?**

1 ❑ No 2 ❑ Yes

If yes,

At what age were you *first* told?

658-659 __ __ Age

What drug(s), medication(s), or vaccination(s) are you specifically allergic to?

660-679 ______________________

680-699 ______________________

700-719 ______________________

What symptoms have you had from your drug, medication or vaccination allergies? (Mark all that apply.)

720_ 1 ❑ Burning, itching, watery eyes

721_ 1 ❑ Runny nose

722_ 1 ❑ Sneezing or congestion

723_ 1 ❑ Difficulty breathing

724_ 1 ❑ Hives or skin rash

725_ 1 ❑ Severe swelling

726_ 1 ❑ Anaphylactic shock (severe allergic reaction affecting your breathing and requiring you to need treatment with adrenaline or epinephrine)

727_ 1 ❑ Other, list: ______________________

What is the total number of times you have had an allergic reaction to drugs, medications, or vaccinations?

728_ 1 ❑ Less than 1 2 ❑ 1 to 5 3 ❑ 6 to 10 4 ❑ 11 to 20 5 ❑ 21 or more

Immunizations

47. Have you ever received the following immunizations or vaccinations?

	Immunization				Age at first shot	Age at last shot	Total number of shots
729_ 730-735	**Hepatitis A**	0 ☐ Don't know	1 ☐ No	2 ☐ Yes →	__ __	__ __	__ __
736_ 737-742	**Hepatitis B**	0 ☐ Don't know	1 ☐ No	2 ☐ Yes →	__ __	__ __	__ __
743_ 744-749	**Chickenpox**	0 ☐ Don't know	1 ☐ No	2 ☐ Yes →	__ __	__ __	__ __
750_ 751-756	**Yellow Fever**	0 ☐ Don't know	1 ☐ No	2 ☐ Yes →	__ __	__ __	__ __
757_ 758-763	**Influenza (flu)**	0 ☐ Don't know	1 ☐ No	2 ☐ Yes →	__ __	__ __	__ __

Medications

764_ **48. Excluding the last 2 years, did you take corticosteroids, such as cortisone or prednisone?**

1 ☐ No 2 ☐ Yes

Excluding the last 2 years, if you added up all the time that you took corticosteroids, how long would that be?

765_
1 ☐ Less than 3 months
2 ☐ 3 to 6 months
3 ☐ 7 to 11 months
4 ☐ 1 to 5 years
5 ☐ 6 to 10 years
6 ☐ 11 to 20 years
7 ☐ Greater than 20 years

How old were you when you *first* took corticosteroids?

766-767 __ __ Age

768-769 **How old were you when you *last* took corticosteroids?** __ __ Age

For what illnesses or conditions did you take corticosteroids?

770-789 ______________________________

790-809 ______________________________

49. Excluding the last 2 years, did you take any of the following medications?

Code	Medication			Age first taken	Total number of years taken
810_ 811-814	**Insulin**	1 ☐ No	2 ☐ Yes →	__ __ Age	__ __ Years
815_ 816-819	**Pills for sugar diabetes** (or to lower blood sugar)	1 ☐ No	2 ☐ Yes →	__ __ Age	__ __ Years
820_ 821-824	**Medication for an overactive thyroid**	1 ☐ No	2 ☐ Yes →	__ __ Age	__ __ Years
825_ 826-829	**Medication for an underactive thyroid**	1 ☐ No	2 ☐ Yes →	__ __ Age	__ __ Years
830_ 831-834	**Medication to control epilepsy** (convulsions or seizures)	1 ☐ No	2 ☐ Yes →	__ __ Age	__ __ Years
835_ 836-839	**"Statin" cholesterol-lowering drugs** [e.g., Mevacor (lovastatin), Prevachol (pravastatin), Zocor (simvastatin), Lipitor, etc.]	1 ☐ No	2 ☐ Yes →	__ __ Age	__ __ Years
840_ 841-844	**Other cholesterol-lowering drugs**	1 ☐ No	2 ☐ Yes →	__ __ Age	__ __ Years
845_ 846-849	**Prozac, Zoloft, Paxil, Celexa**	1 ☐ No	2 ☐ Yes →	__ __ Age	__ __ Years
850_ 851-854	**Other antidepressants** [e.g., Elavil, Tofranil, Pamelor]	1 ☐ No	2 ☐ Yes →	__ __ Age	__ __ Years
855_ 856-859	**Digoxin** (e.g., Lanoxin)	1 ☐ No	2 ☐ Yes →	__ __ Age	__ __ Years

50. Excluding the last two years, did you regularly take any of the following medications? (Exclude occasional use of less than once per month.)

Code	Medication			Average days per month used	On days used, number of pills taken	Total number of years taken
860_ 861-866	**Aspirin (baby or low-dose)** (162 mg or less)	1 ☐ No	2 ☐ Yes →	__ __	__ __	__ __
867_ 868-873	**Aspirin (regular or extra strength)** (163 mg or more, e.g., Bufferin, Anacin, Bayer, Excedrin, Ecotrin, etc.).	1 ☐ No	2 ☐ Yes →	__ __	__ __	__ __
874_ 875-880	**Ibuprofen** (e.g., Motrin, Advil, Nuprin, Mediprin, etc.)	1 ☐ No	2 ☐ Yes →	__ __	__ __	__ __
881_ 882-887	**Acetaminophen** (e.g., Tylenol, Phenaphen, etc.)	1 ☐ No	2 ☐ Yes →	__ __	__ __	__ __
888_ 889-894	**Other anti-inflammatory analgesics** (e.g., Naprosyn, Anaprox, Aleve, Voltaren, Feldene, Toradol, Indocin, etc.)	1 ☐ No	2 ☐ Yes →	__ __	__ __	__ __
895_ 896-901	**COX-2 inhibitors** (e.g., Celebrex, Vioxx, etc.)	1 ☐ No	2 ☐ Yes →	__ __	__ __	__ __

902_ **51. Were you adopted?** 1 ❑ No 2 ❑ Yes (Please provide any information you are aware of about your blood relatives.)

52. Counting only persons related to you by *blood*, please provide numbers for each of the following. (Write in "0" if you have none, and "DK" if you don't know.)

903-904 **How many brothers do/did you have?** (include half-brothers) __ __ Brothers

905-906 **How many sisters do/did you have?** (include half-sisters) __ __ Sisters

907-908 **How many sons do/did you have?** __ __ Sons

909-910 **How many daughters do/did you have?** __ __ Daughters

911_ **53. Have your parents, brothers, sisters, sons, or daughters *related by blood* (include half-brothers and -sisters) ever been diagnosed as having cancer?** (Please include non-Hodgkin lymphoma, Hodgkin's disease, multiple myeloma, and melanoma, as well as any other cancer.)

1 ❑ No 2 ❑ Yes 3 ❑ Don't know

If yes,

	Who had the cancer?	**What type of cancer was it?**	**What was their age at *first* diagnosis?**	**Check here if person is deceased.**
912-917	❑ Mother	______________	__ __ Age	1 ❑
918-923	❑ Father	______________	__ __ Age	1 ❑
924-929	❑ Brother	______________	__ __ Age	1 ❑
930-935	❑ Brother	______________	__ __ Age	1 ❑
936-941	❑ Brother	______________	__ __ Age	1 ❑
942-947	❑ Sister	______________	__ __ Age	1 ❑
948-953	❑ Sister	______________	__ __ Age	1 ❑
954-959	❑ Sister	______________	__ __ Age	1 ❑
960-965	❑ Son	______________	__ __ Age	1 ❑
966-971	❑ Son	______________	__ __ Age	1 ❑
972-977	❑ Son	______________	__ __ Age	1 ❑
978-983	❑ Daughter	______________	__ __ Age	1 ❑
984-989	❑ Daughter	______________	__ __ Age	1 ❑
990-995	❑ Daughter	______________	__ __ Age	1 ❑

996_ **Please provide any other information or family history of cancer:**

____

____

____

Early Childhood and Adolescence

ADULT HEALTH MAY BE AFFECTED BY EVENTS OR EXPOSURES THAT OCCURRED IN EARLY CHILDHOOD AND ADOLESCENCE. PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY.

997-999 **54. How old was your mother when you were born?**

__ __ Age   1 ❑ Don't know

1000_ **55. What was your birth order?** (Include only live births.)

1 ❑ First child   2 ❑ Second child   3 ❑ Third child   4 ❑ Fourth child   5 ❑ Fifth child or greater   6 ❑ Don't know

1001-1005 **56. What was your birth weight?**

__ __ Pounds   __ __ Ounces   1 ❑ Don't know

1006_ **57. When you were born, were you a:**

1 ❑ Singleton   2 ❑ Twin   3 ❑ Triplet or more

If you were a twin, is your twin male or female?

1007_ 1 ❑ Male   2 ❑ Female

Are you and your twin:

1008_ 1 ❑ Identical (monozygotic)   2 ❑ Fraternal (dizygotic)   3 ❑ Don't know

1009_ **58. When you were born, were you:**

1 ❑ Full term (pregnancy lasted about 9 months)
2 ❑ 4 or more weeks premature

1010_ **59. Did your mother have eclampsia or preeclampsia (toxemia of pregnancy) while pregnant with you?**

1 ❑ No   2 ❑ Yes   3 ❑ Don't know

1011_ **60. When you were born, were you treated for neonatal jaundice?**

1 ❑ No   2 ❑ Yes   3 ❑ Don't know

1012_ **61. Were you breastfed as a baby?**

1 ❑ No   2 ❑ Yes   3 ❑ Don't know

For how long were you breastfed?

1013_
1 ❑ Less than 1 month
2 ❑ 1 to 6 months
3 ❑ 7 to 12 months
4 ❑ 12 months or more
5 ❑ Don't know

1014-1015 **62. Counting yourself, how many people usually slept in your bedroom up until you were 12 years old?**

__ __ People

63. Think back to the ages listed below. Compared to other girls/boys your age, was your height short, average, or tall?

	At age...	Short	Average	Tall	Don't know
1016_	**7 years** (about 1st grade)	1 ❑	2 ❑	3 ❑	4 ❑
1017_	**12 years** (about 6th grade)	1 ❑	2 ❑	3 ❑	4 ❑
1018_	**18 years** (about 12th grade)	1 ❑	2 ❑	3 ❑	4 ❑

64. Think back to your weight at the ages listed below. Compared to other girls/boys your age and height, were you thin, average, or heavy?

	At age...	Thin	Average	Heavy	Don't know
1019_	**7 years** (about 1st grade)	1 ❑	2 ❑	3 ❑	4 ❑
1020_	**12 years** (about 6th grade)	1 ❑	2 ❑	3 ❑	4 ❑
1021_	**18 years** (about 12th grade)	1 ❑	2 ❑	3 ❑	4 ❑

1022-1024 **65. How old were you when you stopped getting taller?**

__ __ Age   1 ❑ Don't know

1025-1028 **66. How much did you weigh when you stopped getting taller?**

__ __ __ Pounds   1 ❑ Don't know

Sun Exposure

1029_ **67. Would you describe your complexion as:**   1 ❑ Light   2 ❑ Medium   3 ❑ Dark

1030_ **68. Suppose you spent an hour in bright sunlight for the first time in summer in the middle of the day without any protection. Which of these reactions best describes what would happen to your skin?**

1 ❑ A sunburn with blisters
2 ❑ A sunburn without blisters
3 ❑ A mild sunburn without blisters
4 ❑ A tan with no sunburn
5 ❑ No change in skin color

1031_ **69. Have you ever had a mole removed?**

1 ❑ No   2 ❑ Yes

Were any of them diagnosed as dysplastic (atypical, abnormal, pre-cancerous)?

1032_ 1 ❑ No   2 ❑ Yes   3 ❑ Don't know

Were any of them diagnosed as melanoma (cancer in a mole)?

1033_ 1 ❑ No   2 ❑ Yes   3 ❑ Don't know

1034_ **70. What would happen to your skin if it was repeatedly exposed to bright sunlight in summer months?**

1 ❑ Get no suntan at all, or only get freckled, or only turn pink
2 ❑ Mild or occasionally tanned
3 ❑ Moderately tanned
4 ❑ Go very brown and deeply tanned
5 ❑ Don't know

1035_

71. Do you have skin that freckles as a result of exposure to the sun?

1 ❑ Yes, I always freckle as a result of prolonged sun exposure
2 ❑ Yes, I sometimes freckle or get a moderate amount of freckles as a result of prolonged sun exposure
3 ❑ No, I very rarely or never freckle as a result of prolonged sun exposure
4 ❑ Don't know

1036_

72. How many freckles do you currently have?

1 ❑ None
2 ❑ Few (1 to 25)
3 ❑ Moderate (26 to 100)
4 ❑ Extensive cover (101 or more)

THE NEXT SEVERAL QUESTIONS ASK ABOUT SUN EXPOSURE AT DIFFERENT TIMES IN YOUR LIFE. PLEASE FILL OUT ONE ANSWER FOR EACH OF THE TIME PERIODS ON THE LEFT. IF YOU ARE NOT YET THE AGE SPECIFIED IN THE RANGE, PLEASE ANSWER NOT APPLICABLE FOR THAT AGE RANGE.

73. How much midday (10 a.m to 2 p.m.) sun exposure, on average, did you have in each of the following age groups?

		Not applicable	Don't know	Practically none (3 hrs or less per week)	Little (4 to 7 hrs per week)	Moderate (8 to 14 hrs per week)	Extensive (15+ hrs per week)
1037_	**Birth to age 12**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑
1038_	**13 years to 21 years**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑
1039_	**22 years to 40 years**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑
1040_	**41 years or older**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑

74. In each of the following age groups, how frequently did you wear sunscreen or protective clothing (hat or long-sleeved shirt) when in the bright sun for more than 15 minutes?

		Not applicable	Don't know	Never	Rarely (less than 20%)	Most times (20% to 80%)	Usually (more than 80%)
1041_	**Birth to age 12**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑
1042_	**13 years to 21 years**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑
1043_	**22 years to 40 years**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑
1044_	**41 years or older**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑

75. Please indicate the most severe sunburn you had in each of the following age groups?

		Not applicable	Don't know	Practically never had sunburn	Mild sunburns (mild redness only)	Moderate sunburns (redness and/or pain)	Severe without blistering (painful)	Severe with blistering (painful)
1045_	**Birth to age 12**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑	7 ❑
1046_	**13 years to 21 years**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑	7 ❑
1047_	**22 years to 40 years**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑	7 ❑
1048_	**41 years or older**	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑	7 ❑

1049_ **76. Have you ever used a sunlamp or tanning bed?**

1 ❑ No
2 ❑ Yes

How old were you the <u>first</u> time you used a sunlamp or tanning bed?

1050_
1 ❑ 9 years of age or younger
2 ❑ 10 to 19 years old
3 ❑ 20 to 29 years old
4 ❑ 30 to 39 years old
5 ❑ 40 years of age or older

How old were you the <u>last</u> time you used a sunlamp or tanning bed?

1051_
1 ❑ 9 years of age or younger
2 ❑ 10 to 19 years old
3 ❑ 20 to 29 years old
4 ❑ 30 to 39 years old
5 ❑ 40 years of age or older

About how many times have you ever used a sunlamp or tanning bed?

1052_
1 ❑ 1 or 2 times
2 ❑ 3 to 9 times
3 ❑ 10 to 19 times
4 ❑ 20 times or more

WE ARE INTERESTED IN CHEMICALS THAT MAY HAVE BEEN USED IN PLACES WHERE YOU LIVED, INCLUDING INSIDE HOMES, ON LAWNS/YARDS, OR ON FAMILY GARDENS. DO NOT INCLUDE USE OF THESE CHEMICALS IF THEY WERE USED AS PART OF YOUR JOB (E.G., FARMING ACTIVITIES, WORK AT A NURSERY, OR OTHER WORKPLACE THAT USES THESE CHEMICALS).

1053_ **77. Have insecticides (chemicals that kill insects) ever been used around your home, lawn/yard, or family garden at any of the residences where you have lived?**

1 ❑ No 2 ❑ Yes

If yes, approximately how many years (total) were these products used?

1054_ 1 ❑ 4 years or less 2 ❑ 5 to 15 years 3 ❑ 16 to 30 years 4 ❑ 31 years or more

Did you personally handle any of these products?

1055_ 1 ❑ No 2 ❑ Yes

If yes, what percent of the total years that these products were used did you personally handle these products?

1056_ 1 ❑ 4 percent or less 2 ❑ 5 to 50 percent 3 ❑ 51 percent or more

1057_ **78. Have herbicides (chemicals that kill weeds) ever been used around your home, lawn/yard, or family garden at any of the residences where you have lived?**

1 ❑ No 2 ❑ Yes

If yes, approximately how many years (total) were these products used?

1058_ 1 ❑ 4 years or less 2 ❑ 5 to 15 years 3 ❑ 16 to 30 years 4 ❑ 31 years or more

Did you personally handle any of these products?

1059_ 1 ❑ No 2 ❑ Yes

If yes, what percent of the total years that these products were used did you personally handle these products?

1060_ 1 ❑ 4 percent or less 2 ❑ 5 to 50 percent 3 ❑ 51 percent or more

1061_ **79. Have fertilizers ever been used on lawns/yards at any of the residences where you have lived?**

1 ☐ No 2 ☐ Yes

If yes, approximately how many years (total) were these products used?

1062_ 1 ☐ 4 years or less 2 ☐ 5 to 15 years 3 ☐ 16 to 30 years 4 ☐ 31 years or more

Did you personally handle any of these products?

1063_ 1 ☐ No 2 ☐ Yes

If yes, what percent of the total years that these products were used did you personally handle these products?

1064_ 1 ☐ 4 percent or less 2 ☐ 5 to 50 percent 3 ☐ 51 percent or more

1065_ **80. Have pesticides or chemicals to control or prevent termites ever been used at any of the residences where you have lived?**

1 ☐ No 2 ☐ Yes

If yes, approximately how many years (total) were these products used?

1066_ 1 ☐ 4 years or less 2 ☐ 5 to 15 years 3 ☐ 16 to 30 years 4 ☐ 31 years or more

Did you personally handle any of these products?

1067_ 1 ☐ No 2 ☐ Yes

If yes, what percent of the total years that these products were used did you personally handle these products?

1068_ 1 ☐ 4 percent or less 2 ☐ 5 to 50 percent 3 ☐ 51 percent or more

1069_ **81. Have pesticides or chemicals to control cockroaches, ants, or insects other than termites ever been used at any of the residences where you have lived?**

1 ☐ No 2 ☐ Yes

If yes, approximately how many years (total) were these products used?

1070_ 1 ☐ 4 years or less 2 ☐ 5 to 15 years 3 ☐ 16 to 30 years 4 ☐ 31 years or more

Did you personally handle any of these products?

1071_ 1 ☐ No 2 ☐ Yes

If yes, what percent of the total years that these products were used did you personally handle these products?

1072_ 1 ☐ 4 percent or less 2 ☐ 5 to 50 percent 3 ☐ 51 percent or more

1073_ **82. Have you ever had cats as pets?**

1 ❑ No 2 ❑ Yes

> **If yes, did a veterinarian ever tell you that any of your cats had viral leukemia or lymphoma?**
>
> 1074_ 1 ❑ No 2 ❑ Yes
>
> > **If yes, how many of your cats had viral leukemia or lymphoma?**
> >
> > 1075-1076 __ __ Cats

1077_ **83. Which best describes your racial background?**

1 ❑ American Indian/Alaska Native
2 ❑ Asian
3 ❑ Native Hawaiian or other Pacific Islander
4 ❑ Black or African American
5 ❑ White
6 ❑ None of the above
7 ❑ I don't know
8 ❑ Refuse

1078_ **84. Are you of Hispanic or Latino origin?**

1 ❑ No 2 ❑ Yes 3 ❑ I don't know 4 ❑ Refuse

1079_ **We welcome any comments you may wish to provide.**

Thank you for taking the time to participate in this survey!

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