

Please use pencil! Thank you.

HPFS 2004

1. What is your current weight (pounds)?

0 0 0 1  
1 1 1  
2 2 2 2  
3 3 3 3  
4 4 4 4  
5 5 5  
6 6 6  
7 7 a  
8 8 7  
9 9

2. What is the difference between your highest and lowest weight during the last two years?  
 50 or more lbs.  30-49 lbs.  15-29 lbs.  10-14 lbs.  5-9 lbs.  2-4 lbs.  No change

3. Current Marital Status:  Married  Divorced/Separated  Widowed  Never married

4. Living Arrangement:  Alone  With wife  With other family  Assisted living  Nursing home  Other

5. Work Status:  Full-time  Part-time  Retired  Disabled  Unemployed

6. Do you currently smoke cigarettes?

No  Yes → Please mark your average number of cigarettes per day:  
 1-4 cigarettes  5-14  15-24  25-34  35-44  45 or more

7. Do you currently smoke a pipe or cigars daily?  Neither  Pipe  Cigars

8. In the past 2 years, have you had ...  
 ... a physical exam?  No  Yes, for symptoms  Yes, for routine screening  
 ... a rectal exam?  No  Yes, for symptoms  Yes, for routine screening  
 ... an eye exam?  No  Yes, for symptoms  Yes, for routine screening  
 ... blood cholesterol check?  No  Yes, for symptoms  Yes, for routine screening  
 ... blood glucose check?  No  Yes, for symptoms  Yes, for routine screening  
 ... screening for PSA?  No  Yes, for symptoms  Yes, for routine screening  
 If "yes" for PSA screening, was your PSA elevated?  No  Unknown  Yes  
 ... a prostate biopsy or rectal ultrasound (for prostate exam)?  No  Unknown  Yes  
 ... a colonoscopy?  No  Yes  
 ... a sigmoidoscopy?  No  Yes

8a. Initial reason(s) you had a colonoscopy/sigmoidoscopy?

Visible blood  Occult fecal blood  Abdominal pain  
 Family history of colon cancer  Diarrhea/constipation  Barium enema  
 Virtual (CT) colongraphy  Prior polyps  Asymptomatic or routine screening

9. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?

No days  1 day/week  2 days/week  3 days/week  
 4 days/week  5 days/week  6 days/week  7 days/week

10. In a typical month, what is the largest number of drinks of beer, wine and/or liquor you have in one day?

None  1-2 drinks/day  3-5  6-9  10-14  15 or more drinks/day

11. How many times per day do you eat? Include meals and snacks. (For snacks, count juice and non-diet soda, but exclude coffee and diet soda.)

1 or 2 times per day  3/day  4/day  5/day  6/day  7/day  8/day  9 or more times per day

12. What percent of your noon and evening meals are prepared at home? (Exclude commercially prepared meals.)

Almost none  25%  50%  75%  Almost all

13. How many teeth have you lost since January 1, 2002?  None  1  2  3  4  5-9  10+

14. Do you have difficulty with your balance?  No  Yes

15. Do you have difficulty climbing a flight of stairs or walking eight blocks due to a physical impairment?  No  Yes

16. How many flights of stairs (not steps) do you climb daily? (Do not include time spent on stair or exercise machines.)

No flights  1-2 flights  3-4 flights  5-9 flights  10-14 flights  15 or more flights

17. During the past year, what was your average total time per week at each activity?

AVERAGE TOTAL TIME PER WEEK

	NONE	1-4 Min.	5-19 Min.	20-39 Min.	40-80 Min.	1.5 Hrs.	2-3 Hrs.	4-6 Hrs.	7-10 Hrs.	11-20 Hrs.	21-30 Hrs.	31-40 Hrs.	40+ Hrs.
Sitting at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting or driving (e.g., car, bus, or train)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting or lying watching TV or VCR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at home reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at home working on a computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sitting at home (e.g., at desk or eating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking to work or for exercise (including golf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jogging (slower than 10 minutes/mile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running (10 minutes/mile or faster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycling (including stationary machine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squash or racquetball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calisthenics, rowing, stair or ski machine, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weightlifting or weight machine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate outdoor work (e.g., yardwork, gardening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy outdoor work (e.g., digging, chopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8a

9

10

11

12

13

14

15

16

17

a  
b  
c  
d  
e  
f  
g  
h  
i  
j  
k  
l  
m  
n  
o  
p  
q



THIS IS YOUR ID →

\_\_\_\_\_

18. IS THIS YOUR CORRECT DATE OF BIRTH?

18

- Yes  
 No

IF NO, please indicate your date of birth.

MONTH DAY YEAR

19. Since January 1, 2002, have you had any of the following professionally diagnosed conditions?

19

Leave blank for NO, mark here for YES →

YEAR OF DIAGNOSIS

Before 2002 2002 2003 2004

Condition	Before 2002	2002	2003	2004	19
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
Elevated triglycerides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
Coronary artery bypass or coronary angioplasty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
Myocardial infarction (heart attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
Hospitalized for this MI? <input type="radio"/> No <input type="radio"/> Yes					a
Angina pectoris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
Confirmed by angiogram? <input type="radio"/> No <input type="radio"/> Yes					a
Congestive heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8
Deep vein thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
TIA (Transient Ischemic Attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
Stroke (CVA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
Carotid artery surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12
Intermittent claudication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13
Surgery or angioplasty for arterial disease of the leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14
Pulmonary embolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15
Aortic aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16
Heart-rhythm disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17
Gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19
Other arthritis (e.g., osteoarthritis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20
Chronic renal failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21
Diverticulitis or Diverticulosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22
Prostatic enlargement, surgically treated (e.g., TURP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23
Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24
Colon or rectal polyp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25
Cancer of colon or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26
Basal cell skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27
Squamous cell skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28
Melanoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29
Solar or actinic keratosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30
Lymphoma or Leukemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31
Other cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32
Please specify site and year: →					a
Glaucoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33
Cataract (1st Diagnosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34
Cataract extraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35
Macular degeneration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37
Hip replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38
Periodontal disease with bone loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39
Leukoplakia or other oral precancerous lesion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40
Gall bladder removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41
Kidney stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42
Active TB (X-ray or culture Dx)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43

19. (continued)

Condition	Before 2002	2002	2003	2004	19
Gastric or duodenal ulcer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44
Ulcerative colitis/Crohn's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45
Parkinson's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46
Multiple Sclerosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47
ALS (Amyotrophic Lateral Sclerosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48
Alcohol dependence problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49
Pneumonia (X-ray confirmed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51
Pernicious Anemia/B12 deficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52
Emphysema or chronic bronchitis (COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53
Other major illness or surgery since	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	54

January 2002 Please specify: 0 1 2 3 4 5 6 7 8 9 w

20. Since January 1, 2002, have you had any of these fractures?

20

- None  Hip (exclude pelvis)  Wrist (Colles or distal forearm)

If hip or wrist, please specify date and circumstances. Month: \_\_\_\_\_ Year: \_\_\_\_\_  
If a fall, include site, surface and height of fall.

21. Current Medication (mark if used regularly)

21

<input type="radio"/> Acetaminophen (e.g., Tylenol)					
Days/week: <input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6+ days					
Tablets/wk: <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-14 <input type="radio"/> 15+ tablets					
<input type="radio"/> Aspirin or aspirin-containing products (e.g., Alka-Seltzer with aspirin)					
Days/week: <input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6+ days					
Tablets/wk: <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-14 <input type="radio"/> 15+ tablets					
Usual dose/tab: <input type="radio"/> 50-99 mg <input type="radio"/> 100-249 <input type="radio"/> 250-349 <input type="radio"/> 350+					
<input type="radio"/> Ibuprofen (e.g., Advil, Motrin, Nuprin)					
Days/week: <input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6+ days					
Tablets/wk: <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-14 <input type="radio"/> 15+ tablets					
<input type="radio"/> Celebrex, Vioxx or Bextra (COX-2 inhibitors)					
Days/week: <input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6+ days					
<input type="radio"/> Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Anaprox, Relafen, Ketoprofen)					
<input type="radio"/> Steroid taken orally (e.g., Prednisone, Medrol)					
<input type="radio"/> "Statin" cholesterol-lowering drug:					
<input type="radio"/> Mevacor (lovastatin) <input type="radio"/> Zocor (simvastatin) <input type="radio"/> Crestor					
<input type="radio"/> Pravachol (pravastatin) <input type="radio"/> Lipitor (atorvastatin) <input type="radio"/> Other					
<input type="radio"/> Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestin, Zeita]					
<input type="radio"/> H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)					
<input type="radio"/> Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex					
Years used: <input type="radio"/> 0-2 yrs <input type="radio"/> 3-5 yrs <input type="radio"/> 6-9 yrs <input type="radio"/> 10+ yrs					
<input type="radio"/> Finasteride (Proscar, Propecia, Adovart)	0	0	0		
<input type="radio"/> Alpha-blocker for BPH [e.g., Hytrin (terazosin), Flomax]	1	1	1		
<input type="radio"/> Beta-blocker (e.g., Inderal, Metoprolol, Atenolol, Carvedilol)	2	2	2		
<input type="radio"/> ACE inhibitor or ARB [e.g., Prinivil, Vasotec, Diovan (losartan)]	3	3	3		
<input type="radio"/> Furosemide-like diuretic (e.g., Lasix, Bumex)	4	4	4		
<input type="radio"/> Thiazide diuretic (e.g., HCTZ, Maxide, Dyazide)	5	5	5		
<input type="radio"/> Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)	6	6	6		
<input type="radio"/> Other antihypertensive (e.g., Clonidine, Cardura, Aldactone)	7	7	7		
<input type="radio"/> Prozac, Zoloft, Paxil, Celexa, Effexor	8	8	8		
<input type="radio"/> Tricyclic antidepressant (e.g., Elavil, Sinequan)	9	9	9		
<input type="radio"/> Other antidepressant (e.g., Trazadone, Nardil, Marplan)	1	1	1	1	1
<input type="radio"/> Tranquilizer (Valium, Xanax, Clonipine)	2	2	2	2	2
<input type="radio"/> Coumadin (Warfarin)	4	4	4	4	4
<input type="radio"/> Digoxin (e.g., Lanoxin)	8	8	8	8	8
<input type="radio"/> Other regular medication (no need to specify)	P	P	P	P	P



22. Do you currently take multi-vitamins? (Please report other individual vitamins in the next section.)

No Yes a) How many do you take per week? 2 or less 3-5 6-9 10 or more

b) What specific brand (or equivalency) do you usually take?

- Centrum Silver Centrum Other Theragran M One-A-Day Essential

e.g., AARP Alphabet II Formula 643 Multivitamins and Minerals

Not counting multi-vitamins, do you take any of the following preparations?

Form for questions 22a-i and 23. Includes sections for Vitamin A, Potassium, Vitamin C, Vitamin B6, Vitamin E, Calcium, Selenium, Coenzyme Q10, Zinc, and other supplements.

23. During the past year, how many times did you eat the following? (Don't include meats cooked by other methods.)

Table for question 23 listing food items like Pan-fried chicken, Broiled chicken, Grilled/BBQ chicken, etc., with frequency options and a grid for recording answers.

24. Your most recent total cholesterol (if within the last five years):

- Unknown <140 mg/dl 140-159 160-179 180-199 200-219 220-239 240-269 270-299 300-329 300+ mg/dl

25. Your most recent HDL cholesterol (if within the last five years):

- Unknown <30 mg/dl 30-34 35-39 40-44 45-49 50-54 55-59 60-69 70-79 80+ mg/dl

26. What is your current usual blood pressure?

- Systolic: Unknown <105 mm Hg 105-114 115-124 125-134 135-144 145-154 155-164 165-174 175+ Diastolic: Unknown <65 mm Hg 65-74 75-84 85-89 90-94 95-104 105+

27. In the past two years, have you ever had two weeks or longer when nearly everyday you felt sad, blue, or depressed for most of the day?

- No Yes

28. In the past two years, did you ever tell a doctor or mental health specialist that you were feeling depressed?

- No Yes



**29a. Please rate your ability (without treatment) to have and maintain an erection good enough for intercourse.**

- Very poor  Poor  Fair  Good  Very good

**29b. During the past two years, have you used the following treatment(s) for erection problems?**

- Viagra  Levitra  MUSE  Other

**30. Have you ever had any of the following professionally diagnosed illnesses and/or procedures? (Year of first diagnosis and/or procedures.)**

Leave blank for NO, mark here for YES →

	Before 1986	86-87	88-89	90-91	92-93	94-95	96-97	98-99	2000-2001	2002	2003	2004
Shingles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizure (1 or more)/epilepsy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing loss	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper endoscopy (esophagus/stomach)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helicobacter pylori infection	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barrett's esophagus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy (mark each exam)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy (mark each exam)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myocardial infarction (heart attack) (mark each hospitalization)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**31. Have you ever regularly had heartburn/acid reflux 1 or more times a week?**

- No  Yes →
- a) How long did this last?  5 years or less  6-14 years  15 years or longer
- b) In the past year, how often have you had heartburn/acid reflux?
- None in the past year  About once a month  Less than once a week
- About once a week  Several times a week  Daily
- c) How severe are your symptoms usually?
- Mild (can ignore)  Moderate (cannot ignore but does not affect lifestyle)
- Severe (affects lifestyle)  Very severe (markedly affects lifestyle)

**32. This question asks about how well you sleep:**

	Most of the Time	Sometimes	Rarely or Never
How often do you have difficulty falling asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have trouble with waking up during the night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are you troubled by waking up too early and not being able to fall asleep again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you get so sleepy during the day or evening that you have to take a nap?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel really rested when you wake up in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**33. Since January 1, 2000 did you receive influenza vaccination?**

- No  Yes → If yes, what year(s)?  2000  2001  2003  2004

**34. Did your parents smoke while you were living with them (when you were growing up)?**

- No  Mother only  Father only  Both mother and father

**35. As an adult, how many years have you lived with someone who smoked regularly?**

- None or less than 1  1-4 yrs.  5-9 yrs.  10-19 yrs.  20-29 yrs.  30-39 yrs.  40 or more

**36. Are you currently exposed to cigarette smoke from other people:**

- a) at home?  No  Occasionally  Regularly
- b) at work?  No  Occasionally  Regularly

**37. Please mark all that apply:**

- I often do things on impulse
- I enjoy getting into new situations where you can't predict how things will turn out
- I prefer friends who are excitingly unpredictable
- I would like the kind of life where one is on the move and traveling a lot, with lots of change and excitement
- None of the above

**38. During the last month, how often did you have pain or discomfort in or around the knee(s)?**

- Never  Less than once/week  One day/week  2-6 days/week  Daily

**39. During the last year, did you have any knee pain or discomfort when doing any of the following?**

	Never	Sometimes	Usually	Always	Can't Do At All
Walking 2 to 3 blocks (1/4 mile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending your knee or squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting up from chair without using your arms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**40. Please indicate the name of someone at a DIFFERENT ADDRESS to whom we might write in the event we are unable to contact you:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_