1. What is your current weight (pounds)?

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?
   - Yes
   - No
   - Yes, for symptoms
   - No, for routine screening
   - a rectal exam?
   - Yes
   - No
   - Yes, for symptoms
   - No, for routine screening
   - an eye exam?
   - Yes
   - No
   - Yes, for symptoms
   - No, for routine screening
   - a blood cholesterol check?
   - Yes
   - No
   - Yes, for symptoms
   - No, for routine screening
   - a blood glucose check?
   - Yes
   - No
   - Yes, for symptoms
   - No, for routine screening
   - a screening for PSA?
   - Yes
   - No
   - Yes, for symptoms
   - No, for routine screening
   - If "yes" for PSA screening, was your PSA elevated?
     - Yes
     - No
     - Unknown
   - a prostate biopsy or rectal ultrasound (for prostate exam)?
     - Yes
     - No
     - Unknown
   - a colonoscopy?
     - Yes
     - No

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) colonography
   - Prior polyps
   - Asymptomatic or routine screening
   - Other

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%
    - 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?
    - Sitting at work
    - Sitting or driving (e.g., car, bus, train)
    - Sitting or lying watching TV or VCR
    - Sitting at home reading
    - Sitting at home working on a computer
    - Other sitting at home (e.g., at desk or eating)
    - Walking to work or for exercise (including golf)
    - Jogging (slower than 10 minutes/mile)
    - Running (10 minutes/mile or faster)
    - Bicycling (including stationary machine)
    - Lap swimming
    - Tennis
    - Squash or racquetball
    - Calisthenics, rowing, stair or ski machine, etc.
    - Weightlifting or weight machine
    - Moderate outdoor work (e.g., yardwork, gardening)
    - Heavy outdoor work (e.g., digging, chopping)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Average Total Time per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting at work</td>
<td>1-4 Min.</td>
</tr>
<tr>
<td>Sitting or driving</td>
<td>5-19 Min.</td>
</tr>
<tr>
<td>Sitting or lying watching TV or VCR</td>
<td>20-39 Min.</td>
</tr>
<tr>
<td>Sitting at home reading</td>
<td>40-80 Min.</td>
</tr>
<tr>
<td>Sitting at home working on a computer</td>
<td>1.5 Hrs.</td>
</tr>
<tr>
<td>Other sitting at home (e.g., at desk or eating)</td>
<td>2-3 Hrs.</td>
</tr>
<tr>
<td>Walking to work or for exercise</td>
<td>4-6 Hrs.</td>
</tr>
<tr>
<td>Jogging (slower than 10 minutes/mile)</td>
<td>7-10 Hrs.</td>
</tr>
<tr>
<td>Running (10 minutes/mile or faster)</td>
<td>11-20 Hrs.</td>
</tr>
<tr>
<td>Bicycling (including stationary machine)</td>
<td>21-30 Hrs.</td>
</tr>
<tr>
<td>Lap swimming</td>
<td>31-40 Hrs.</td>
</tr>
<tr>
<td>Tennis</td>
<td>40+ Hrs.</td>
</tr>
<tr>
<td>Squash or racquetball</td>
<td></td>
</tr>
<tr>
<td>Calisthenics, rowing, stair or ski machine, etc.</td>
<td>1-4 Min.</td>
</tr>
<tr>
<td>Weightlifting or weight machine</td>
<td>5-19 Min.</td>
</tr>
<tr>
<td>Moderate outdoor work (e.g., yardwork, gardening)</td>
<td>20-39 Min.</td>
</tr>
<tr>
<td>Heavy outdoor work (e.g., digging, chopping)</td>
<td>40-80 Min.</td>
</tr>
</tbody>
</table>
19. Since January 1, 2002, have you had any of the following professionally diagnosed conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Before 2002</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Elevated cholesterol</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Elevated triglycerides</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Coronary artery bypass or coronary angioplasty</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Angina pectoris</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Confirmed by angiogram?</td>
<td>No</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Deep vein thrombosis</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>TIA (Transient Ischemic Attack)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Stroke (CVA)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Carotid artery surgery</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Intermittent claudication</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Surgery or angioplasty for arterial disease of the leg</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Pulmonary embolus</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Aortic aneurysm</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Heart-rhythm disturbance</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Gout</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Other arthritis (e.g., osteoarthritis)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Chronic renal failure</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Diverticulitis or Diverticulosis</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Prostatic enlargement, surgically treated (e.g., TURP)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Colon or rectal polyp</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Cancer of colon or rectum</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Basal cell skin cancer</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Squamous cell skin cancer</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Solar or actinic keratosis</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Lymphoma or Leukemia</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Other cancer</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Please specify site and year:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fracture</th>
<th>None</th>
<th>Hip (exclude pelvis)</th>
<th>Wrist (Colles or distal forearm)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

21. Current Medication (mark if used regularly)

**Acetaminophen** (e.g., Tylenol)
- Days/week: 1
- Tablets/wk: 1
- Usual dose/tab: 50-99 mg
- Other:
  - Ibuprofen (e.g., Advil, Motrin, Nuprin)
    - Days/week: 1
    - Tablets/wk: 1

**Aspirin or aspirin-containing products** (e.g., Astra-Seltzer with aspirin)
- Days/week: 1
- Tablets/wk: 1
- Usual dose/tab: 100-240 mg
- Other:
  - Paracetamol (e.g., Pain Relief, Acetaminophen)
    - Days/week: 1
    - Tablets/wk: 1

**Celebrex, Vioxx or Bextra (CDX-2 inhibitors)**
- Days/week: 1
- Tablets/wk: 1

**Other anti-inflammatory analgesics, 2+ times/week**
- Aleve, Naprosyn, Anapect, Relafin, Ketoprofen

**“Statin” cholesterol-lowering drug**
- Mevacor (lovastatin)
- Zocor (simvastatin)
- Crestor (rosuvastatin)
- Pravachol (pravastatin)
- Lipitor (atorvastatin)
- Other:
  - Pravastatin (e.g., Pravachol, Lipitor)
  - Atorvastatin (e.g., Lipitor)

**H2 blocker** (e.g., Pepcid, Tagamet, Zantac, Axid)
- Days/week: 1
- Tablets/wk: 1

**Piroxicam, Nimesulide, Lornoxicam (lornoxicam), Protonix, Aclizapine**
- Years used: 0-2 yrs: 5
- Days/week: 1
- Tablets/wk: 1

**Finasteride** (Proscar, Propecia, Avodart)
- Days/week: 1
- Tablets/wk: 1

**Alpha-blocker for BPH** (e.g., Hytrin, Flomax)
- Days/week: 1
- Tablets/wk: 1

**Beta-blocker** (e.g., Inderal, Metoprolol, Atenolol, Carvedilol)
- Days/week: 1
- Tablets/wk: 1

**ACE Inhibitor orARB** (e.g., Prinivil, Vasotec, Diovan)
- Days/week: 1
- Tablets/wk: 1

**Furosemide-like diuretic** (e.g., Lasix, Bumex)
- Days/week: 1
- Tablets/wk: 1

**Thiazide diuretic** (e.g., HCTZ, Maxide, Dyazide)
- Days/week: 1
- Tablets/wk: 1

**Calcium blocker** (e.g., Colant, Procardia, Cardizem, Norvasc)
- Days/week: 1
- Tablets/wk: 1

**Other antihypertensive** (e.g., Captopril, Cardura, Aldactone)
- Days/week: 1
- Tablets/wk: 1

**Prozac, Zoloft, Paxil, Cymbalta, Effexor**
- Days/week: 1
- Tablets/wk: 1

**Tricyclic antidepressant** (e.g., Elavil, Sinequan)
- Days/week: 1
- Tablets/wk: 1

**Other antidepressant** (e.g., Tranylcypromine, Nardil, Marplan)
- Days/week: 1
- Tablets/wk: 1

**Tranquilizer (Valium, Xanax, Clonipine)**
- Days/week: 1
- Tablets/wk: 1

**Coumadin (Warfarin)**
- Days/week: 1
- Tablets/wk: 1

**Diloxin (e.g., Lantoxin)**
- Days/week: 1
- Tablets/wk: 1

**Other regular medication (no need to specify)**
- Days/week: 1
- Tablets/wk: 1
22. Do you currently take multi-vitamins? (Please report other individual vitamins in the next section.)

- Yes
- No

- How many do you take per week?
  - 2 or less
  - 3-5
  - 6-9
  - 10 or more

- Which specific brand (or equivalency) do you usually take?
  - Centrum Silver
  - Centrum
  - Other
  - Thansgran M
  - One-A-Day Essential

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

  a) Vitamin A
  - Yes, daily
  - Yes, seasonal only
  - Yes, most months
  - No

  - Dose per day:
    - Less than 8,000 IU
    - 8,000 to 12,000 IU
    - 12,000 to 22,000 IU
    - 22,000 IU or more

  b) Potassium
  - Yes
  - No

  - Dose per day:
    - 2 mEq
    - 8 to 10 mEq
    - 10 mEq or more

  c) Vitamin C
  - Yes
  - No

  - Dose per day:
    - 400 mg
    - 500 mg
    - 700 mg
    - 1,000 mg or more

  d) Vitamin B6
  - Yes
  - No

  - Dose per day:
    - 10 mg
    - 20 mg
    - 30 mg
    - 50 mg or more

  e) Vitamin E
  - Yes
  - No

  - Dose per day:
    - Less than 100 IU
    - 100 IU
    - 250 IU
    - 500 IU

  f) Calcium
  - Yes
  - No

  - Dose per day:
    - Less than 400 mg
    - 400 to 900 mg
    - 900 to 1,300 mg
    - 1,300 mg or more

  g) Selenium
  - Yes
  - No

  - Dose per day:
    - Less than 60 mcg
    - 60 to 150 mcg
    - 150 to 250 mcg
    - 250 mg or more

  h) Coenzyme Q10
  - Yes
  - No

  - Dose per day:
    - Less than 30 mg
    - 30 mg
    - 100 mg
    - 200 mg

  i) Zinc
  - Yes
  - No

  - Dose per day:
    - Less than 25 mg
    - 25 mg
    - 50 mg
    - 100 mg or more

Are there other supplements that you take on a regular basis?

- Yes
- No

- If yes, please specify:
  - Metamucil/Citrucel
  - Beta-carotene
  - Chromium
  - Folic Acid
  - DHEA
  - Vitamin D
  - Iron
  - Other (Please specify)

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

<table>
<thead>
<tr>
<th>Food</th>
<th>Never</th>
<th>&lt;1/mo</th>
<th>1/mo</th>
<th>2-3/mo</th>
<th>1/wk</th>
<th>2-3/wk</th>
<th>4+/wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pan-fried chicken</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>usual outside appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Broiled chicken</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>usual outside appearance</td>
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<td></td>
<td></td>
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<tr>
<td>Grilled/BBQ chicken</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>usual outside appearance</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broiled fish</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>usual outside appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roast beef</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pan-fried hamburger</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grilled/BBQ steak</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homemade beef gravy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>usual drippings appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Do you usually eat the skin?

- Yes
- No

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
- 330+ 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.)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shingles</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Seizure (1 or more)/epilepsy</td>
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<td>Hearing loss</td>
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<td>Upper endoscopy (esophagus/stomach)</td>
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<td>Helicobacter pylori infection</td>
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<td>Barrett's esophagus</td>
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<td>Sigmoidoscopic (mark each exam)</td>
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<td>Colonoscopic (mark each exam)</td>
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<td>Myocardial infarction (heart attack) (mark each hospitalization)</td>
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</table>

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:

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

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?
- b) at work?
- 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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>Can't Do At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking 2 to 3 blocks (1/4 mile)</td>
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<td>Bending your knee or squatting</td>
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<td>Getting up from chair without using your arms</td>
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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: ___________________