1. Please write in your age and date of birth.

<table>
<thead>
<tr>
<th>Age</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>

(example: June = 06)

2. Since March 2009, have you had a:
(Fill in all that apply.)
- Physical exam
- Blood sugar test
- Eye exam
- Pap smear
- Mammogram
- Pelvic exam
- Pelvic ultrasound
- Sigmoidoscopy
- Colonoscopy
- Dental cleaning

3. How many breast biopsies have you ever had?
   - a. Your age at 1st biopsy
   - b. Your age at 2nd biopsy

4. Since March 2009, have you used:
   - a. Birth control pills
   - b. Depo Provera or medroxyprogesterone (MPA) injection

5. How many children have you given birth to?
   - a. Are you currently pregnant?

6. How many months in total have you breastfed your children? (total for all)
   - a. What is the longest you breastfed any child?

7. Women whose periods have stopped permanently (for at least 12 months) are considered to have gone through menopause, even if they have not had any symptoms (hot flashes, etc.). Which of the following best describes your current situation?
   - I still have my usual menstrual periods
   - I am currently going through menopause
   - My menstrual periods have stopped permanently
   - My periods stopped but I have periods now due to use of female hormones
   - I don’t know if my periods have stopped because I began taking female hormones when I still had periods
   - Uncertain (Please describe):

8. Since March 2009, have you taken female hormones (like estrogen) for menopause?
   - Name of medication(s):

9. Since March 2009, have you had surgery to remove your ovaries or uterus? (Fill in all that apply.)
   - One ovary only removed
   - Both ovaries removed
   - Uterus removed

10. Do you have health insurance (for example through an employer, spouse, Medicaid, or Medicare)?

11. Please write in your current weight.

12. During the past year, how many hours each week did you spend (on average):
   - Walking for exercise
   - Vigorous exercise (e.g., jogging, aerobics)
   - Walking to and from church, school, work
13. Since March 2009, if you were diagnosed with any of the following conditions, please fill in the circle for yes and write in the year it was first diagnosed. (e.g. 2009)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung cancer</td>
<td></td>
<td></td>
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<tr>
<td>Colon cancer</td>
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<td></td>
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<tr>
<td>Rectal cancer</td>
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<td></td>
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<tr>
<td>Other type of cancer. (Please write in the type)</td>
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<tr>
<td>Diabetes (sugar, sugar diabetes)</td>
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<tr>
<td>Heart attack</td>
<td></td>
<td></td>
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<tr>
<td>Stroke</td>
<td></td>
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<tr>
<td>Coronary bypass surgery</td>
<td></td>
<td></td>
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<tr>
<td>Angioplasty or stent for artery repair</td>
<td></td>
<td></td>
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<tr>
<td>Congestive heart failure (CHF)</td>
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<tr>
<td>Atrial fibrillation</td>
<td></td>
<td></td>
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<tr>
<td>End stage renal disease</td>
<td></td>
<td></td>
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<tr>
<td>Blood clot (lungs or legs)</td>
<td></td>
<td></td>
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<tr>
<td>Hypertension (high blood pressure)</td>
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<tr>
<td>High cholesterol</td>
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<td></td>
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<tr>
<td>Endometriosis (confirmed by laparoscopy)</td>
<td></td>
<td></td>
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<tr>
<td>Fibroids in womb confirmed by ultrasound</td>
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<td></td>
</tr>
<tr>
<td>Fibroids in womb confirmed by surgery (e.g. hysterectomy)</td>
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<tr>
<td>Lupus (not discoid)</td>
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<tr>
<td>Multiple sclerosis (MS)</td>
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<td></td>
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<tr>
<td>Asthma</td>
<td></td>
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<tr>
<td>Colon or rectal polyp (benign)</td>
<td></td>
<td></td>
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<tr>
<td>Depression treated with medication</td>
<td></td>
<td></td>
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<tr>
<td>Glaucoma</td>
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<tr>
<td>Cataracts</td>
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<tr>
<td>Sarcoïdosis</td>
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<tr>
<td>Rheumatoid arthritis</td>
<td></td>
<td></td>
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<tr>
<td>Hip Fracture</td>
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<tr>
<td>Osteoarthritis</td>
<td></td>
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<tr>
<td>Other serious illness</td>
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</tr>
</tbody>
</table>

14. Do you have chronic kidney disease?
   - No
   - Yes. If yes, are you on dialysis?
     - No
     - Yes

15. Do you take any of the following medications or vitamins at least 3 days a week?
   (Fill in the circle for YES, leave blank for NO.)
   - Aspirin
   - Ibuprofen, Naproxen, Aleve, or Motrin
   - Pills to lower cholesterol Name:
   - Injections for diabetes
   - Pills for diabetes Name:
   - Diuretics (water pills) for high blood pressure or other reasons Name:
   - Other blood pressure pills Name:
   - Inhalers or pills for asthma Name:
   - Multi-Vitamins
   - Folic acid by itself
   - Calcium
   - Vitamin D

Please list all other medications or supplements that you currently take at least 3 days a week:

16. Overall, how would you rate the health of your teeth and gums?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

17. In the past four years, how many teeth have you lost?

18. Has a dentist ever told you that you have gum disease with bone loss?
   - No
   - Yes

19. What is your current work status: (Fill in all that apply.)
   - Full time
   - Part time
   - Homemaker
   - Student
   - Retired
   - Disabled
   - Unemployed
20. During the past year, how often have you leaked or lost control of your urine?
   - Never
   - Less than once/month
   - Once/month
   - 2-3 times/month
   - About once/week
   - Almost every day

When you lose your urine, how much usually leaks?
   - A few drops
   - Enough to wet your underwear
   - Enough to wet your outer clothing
   - Enough to wet the floor

When you lose urine, what is the usual cause?
   a) Coughing, sneezing, laughing or doing physical activity
   b) A sudden urgent need to go to the bathroom
   c) Both a) and b) equally
   d) In other circumstances

21. How many hours each week do you participate in any groups such as a social or work group, church-connected group, self-help group, charity, public service or community group?
   - None
   - 1-2 hours
   - 3-5 hours
   - 6-10 hours
   - 11-15 hours
   - 16 or more hours

22. Apart from your children, how many relatives do you have with whom you feel close?
   - None
   - 1-2
   - 3-5
   - 6-9
   - 10 or more

23. How many close friends do you have?
   - None
   - 1
   - 2
   - 3 or more

24. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?
   - None of the time
   - A little of the time
   - Some of the time
   - Most of the time
   - All of the time

25. How many people can you count on to provide you with emotional support?
   - None
   - 1
   - 2
   - 3 or more

26. With whom do you live? (Fill in all that apply.)
   - Alone
   - With spouse/partner
   - With 1 or more children
   - With 1 or more parents
   - With 1 or more friends
   - None

27. Outside of your employment, how many hours per week do you provide regular care to any of the following?

   a. Your disabled child or grandchild
   - Zero hours
   - 1-8 hours
   - 9-20 hours
   - 21-35 hours
   - 36-72 hours
   - 73+ hours

   b. Your other children or grandchildren
   - Not applicable
   - Not at all
   - Just a little bit
   - Moderately
   - Extremely

   c. Disabled or ill spouse/partner
   - Not applicable
   - Not at all
   - Just a little bit
   - Moderately
   - Extremely

   d. Disabled or ill parent or other person
   - Not applicable
   - Not at all
   - Just a little bit
   - Moderately
   - Extremely

28. How stressful would you say your caretaking responsibilities are?
   - Not applicable
   - Not at all
   - Just a little bit
   - Moderately
   - Extremely

29. How rewarding would you say your caretaking responsibilities are?
   - Not applicable
   - Not at all
   - Just a little bit
   - Moderately
   - Extremely
30. In general, would you say your health is:  

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
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</table>

31. In general, would you say your quality of life is:  

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
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<td></td>
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</table>

32. In general, how would you rate your physical health?  

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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</table>

33. In general, how would you rate your mental health, including your mood and your ability to think?  

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<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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34. In general, how would you rate your satisfaction with your social activities and relationships?  

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<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
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</table>

35. In general, please rate how well you carry out your usual social activities and roles.  
(At home, at work, your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)  

<table>
<thead>
<tr>
<th></th>
<th>Completely</th>
<th>Mostly</th>
<th>Moderately</th>
<th>A little</th>
<th>Not at all</th>
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</table>

36. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?  

<table>
<thead>
<tr>
<th></th>
<th>Completely</th>
<th>Mostly</th>
<th>Moderately</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

37. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?  

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

38. In the past 7 days, how would you rate your fatigue on average?  

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very severe</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

39. In the past 7 days, how would you rate your pain on average?  

<table>
<thead>
<tr>
<th></th>
<th>Worst imaginable pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No pain</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

40. Please answer the following questions about your eating habits over the past year:  

<table>
<thead>
<tr>
<th></th>
<th>Definitely true</th>
<th>Mostly true</th>
<th>Mostly false</th>
<th>Definitely false</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

a. When I feel anxious, blue or lonely, I find myself eating.  

b. Sometimes when I start eating, I just can't seem to stop.  

c. I consciously hold back at meals in order not to gain weight.  

d. How often do you feel hungry?  

<table>
<thead>
<tr>
<th></th>
<th>Only at meal time</th>
<th>Sometimes between meals</th>
<th>Often between meals</th>
<th>Almost always</th>
</tr>
</thead>
</table>