



**14. Since March 2007, 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. 2007 = 07)**

	Yes	Year
1. Diabetes (sugar, sugar diabetes)	<input type="radio"/>	<input type="text"/>
2. Breast cancer	<input type="radio"/>	<input type="text"/>
3. Lung cancer	<input type="radio"/>	<input type="text"/>
4. Colon cancer	<input type="radio"/>	<input type="text"/>
5. Rectal cancer	<input type="radio"/>	<input type="text"/>
6. Uterine cancer (not including cervical cancer)	<input type="radio"/>	<input type="text"/>
7. Other type of cancer (Write in the type)	<input type="radio"/>	<input type="text"/>
<input type="text"/>		
8. Heart attack	<input type="radio"/>	<input type="text"/>
9. Stroke	<input type="radio"/>	<input type="text"/>
10. Coronary bypass surgery	<input type="radio"/>	<input type="text"/>
11. Angioplasty or stent for artery repair	<input type="radio"/>	<input type="text"/>
12. Congestive heart failure (CHF)	<input type="radio"/>	<input type="text"/>
13. Atrial fibrillation	<input type="radio"/>	<input type="text"/>
14. End stage renal disease	<input type="radio"/>	<input type="text"/>
15. Angina (chest pain)	<input type="radio"/>	<input type="text"/>
16. Blood clot (lungs or legs)	<input type="radio"/>	<input type="text"/>
17. Hypertension (high blood pressure)	<input type="radio"/>	<input type="text"/>
18. High cholesterol	<input type="radio"/>	<input type="text"/>
19. Endometriosis (confirmed by laparoscopy)	<input type="radio"/>	<input type="text"/>
20. Fibroids in womb	<input type="radio"/>	<input type="text"/>
20a. Confirmed by ultrasound	<input type="radio"/>	<input type="text"/>
20b. Confirmed by surgery (e.g. hysterectomy)	<input type="radio"/>	<input type="text"/>
21. Lupus (not discoid)	<input type="radio"/>	<input type="text"/>
22. Multiple sclerosis (MS)	<input type="radio"/>	<input type="text"/>
23. Asthma	<input type="radio"/>	<input type="text"/>
24. Colon or rectal polyp (benign)	<input type="radio"/>	<input type="text"/>
25. Depression treated with medication	<input type="radio"/>	<input type="text"/>
26. Glaucoma	<input type="radio"/>	<input type="text"/>
27. Cataracts	<input type="radio"/>	<input type="text"/>
28. Sarcoidosis	<input type="radio"/>	<input type="text"/>
29. Rheumatoid arthritis	<input type="radio"/>	<input type="text"/>

	Yes	Year
30. Osteoarthritis	<input type="radio"/>	<input type="text"/>
31. Other serious illness	<input type="radio"/>	<input type="text"/>
<input type="text"/>		

**15. Did you ever develop diabetes during a pregnancy (gestational diabetes)?**

No  
 Yes. If **yes**, how old were you?    
Age  
 Don't know

**16. Did you ever develop pre-eclampsia or toxemia during a pregnancy?**

No  
 Yes  
 Don't know

**17. Did you have asthma as a child?**

No  
 Yes. If **yes**, how old were you?    
Age  
 Don't know

**18. Has your mother or any of your sisters ever been diagnosed with uterine fibroids (fibroids in the womb)?**

No  
 Yes  
 Don't know

**19. 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 by itself  
 Calcium with Vitamin D       Vitamin D by itself

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

*Next page, please.* →



**20. What was the highest level of education completed by:**

	Less than 12th grade	High School Degree or GED	Some College or Vocational School	College Graduate or higher	Don't know/ Not applicable
a. Your Mother?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your Father?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other primary caretaker (such as foster parent or grandparent) during childhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your partner or spouse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**21. Please list the type of home where you lived at each of the following stages of your life.**  
(Fill in all circles that apply.)

	As a child (up to age 11)	As a teenager (age 12-18)	As an adult (age 19 to present)	In the last year
<input type="radio"/> Rented	<input type="radio"/> Rented	<input type="radio"/> Rented	<input type="radio"/> Rented	<input type="radio"/> Rented
<input type="radio"/> Owned	<input type="radio"/> Owned	<input type="radio"/> Owned	<input type="radio"/> Owned	<input type="radio"/> Owned
<input type="radio"/> Don't know	<input type="radio"/> Don't know	<input type="radio"/> Don't know	<input type="radio"/> Don't know	<input type="radio"/> Don't know

**22. If you suddenly lost all sources of your household income right now (wages, pension, interest and dividends), how long would you be able to maintain your standard of living and stay in your home?**  
(Fill in one circle only.)

- Less than 2 months
- 2 to 5 months
- 6 months to a year
- More than a year
- Don't know


**23. Have you ever been treated unfairly due to your race in any of the following circumstances?**

	Yes	No
a. Job (hiring, promotion, firing)	<input type="radio"/>	<input type="radio"/>
b. Housing (renting, buying,	<input type="radio"/>	<input type="radio"/>
c. Police (stopped, searched, threatened)	<input type="radio"/>	<input type="radio"/>
d. In the courts	<input type="radio"/>	<input type="radio"/>
e. At school	<input type="radio"/>	<input type="radio"/>
f. Getting medical care	<input type="radio"/>	<input type="radio"/>

Please continue with Question 24 

**24. In your day-to-day life, how often have any of the following things happened to you?**

- a. You received poorer service than other people at restaurants or stores.**
  - Never
  - Once a week
  - A few times a year
  - Almost every day
  - Once a month
- b. People act as if they think you are not intelligent.**
  - Never
  - Once a week
  - A few times a year
  - Almost every day
  - Once a month
- c. People act as if they are afraid of you.**
  - Never
  - Once a week
  - A few times a year
  - Almost every day
  - Once a month
- d. People act as if they think you are dishonest.**
  - Never
  - Once a week
  - A few times a year
  - Almost every day
  - Once a month
- e. People act as if they are better than you.**
  - Never
  - Once a week
  - A few times a year
  - Almost every day
  - Once a month

Next page, please. 



**25. If you feel you have been treated unfairly due to your race, do you:**

*(Please select the best response.)*

- Usually accept it as a fact of life
- Usually try to do something about it

**26. If you have been treated unfairly due to your race, do you:**

*(Please select the best response.)*

- Usually talk to other people about it
- Usually keep it to yourself

**27. Do you consider yourself to be:**

- Right-handed
- Left-handed
- Both right- and left-handed

**28. Are either of your parents left-handed?**

- No
- Yes
- Don't know

*Please continue with Question 29* 

**29. Since March 2007, have you taken female hormones (like estrogen) for menopause?**

- No
- Yes. If **yes**, how many months?

Months	

**Name of medication(s):**

**30. Since March 2007, have you had surgery to remove your ovaries or uterus?**

*(Fill in all circles that apply.)*

- No
- Both ovaries removed
- One ovary only removed
- Uterus removed

**31. Have you or your hairdresser ever used any of the following hair oils, hair lotions or leave-in conditioners in your hair? *(Fill in all circles that apply.)***

Infusium 23 leave-in conditioner.    
If **yes**, for how many years?

Hask Placenta hot oil treatment.    
If **yes**, for how many years?

Organic Root Stimulator - Olive Oil.    
If **yes**, for how many years?

Other

**32. Which hair oils, hair lotions, or leave-in conditioners did you use most often in your teenage years? *(Fill in all circles that apply.)***

- Infusium 23 leave-in conditioner.
- Hask Placenta hot oil treatment.

Other

