1. Please write in your age and date of birth.
   
   Age [ ] Month [ ] Day [ ] Year [19]

2. Since March 2011, have you had:
   (Fill in all that apply.)
   
   - Physical exam
   - Blood sugar test
   - Eye exam
   - Pap smear
   - Mammogram
   - Breast biopsy
   - Pelvic exam
   - Pelvic ultrasound
   - Sigmoidoscopy
   - Colonoscopy
   - Dental cleaning
   - Bone mineral density test

3. Since March 2011, have you used birth control pills?
   - No
   - Yes
   If yes, how many months?

4. Since March 2011, have you taken female hormones (like estrogen) for menopause?
   - No
   - Yes
   If yes, how many months?

   Name of medication(s):

5. Since March 2011, have you had surgery to remove your ovaries or uterus?
   (Fill in all that apply.)
   
   - No
   - Both ovaries removed
   - One ovary only removed
   - Uterus removed

6. Have you ever smoked menthol cigarettes for at least a year?
   - No
   - Yes
   a. If yes, what age did you start smoking menthol cigarettes?
   b. How many menthol cigarettes did you usually smoke each day?
   c. If you stopped smoking menthol cigarettes, at what age?

7. Do you have noticeable hair loss:
   a. On the TOP of your scalp?
      - No
      - Yes
   b. On the SIDES of your scalp?
      - No
      - Yes

8. Are you lactose intolerant?
   - No
   - Yes, I was diagnosed by a doctor or other health professional
   - Yes, I diagnosed myself
   - Don't know

9. Please write in your current weight.

   Pounds [ ]

10. How many alcoholic beverages do you drink each week?

   Not at all   Slightly   Moderately    Very

   A religious person
   A spiritual person

11. How often do you go to religious services?

   - Never
   - Less than once a month
   - About once a month
   - 2-3 times/month
   - Once a week
   - Several times/week

12. To what extent do you consider yourself:

   Not at all   Slightly   Moderately    Very

   A religious person
   A spiritual person
13. Since March 2011, 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. 2011)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Breast cancer</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>2. Lung cancer</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>3. Colon cancer</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>4. Rectal cancer</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>5. Uterine cancer (not including cervical cancer)</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>6. Other type of cancer. (Please write in the type)</td>
<td></td>
<td></td>
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<tr>
<td>7. Diabetes (sugar, sugar diabetes)</td>
<td>O</td>
<td></td>
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<tr>
<td>8. Heart attack</td>
<td>O</td>
<td></td>
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<tr>
<td>9. Stroke</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>10. Coronary bypass surgery</td>
<td>O</td>
<td></td>
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<tr>
<td>11. Angioplasty or stent for artery repair</td>
<td>O</td>
<td></td>
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<tr>
<td>12. Congestive heart failure (CHF)</td>
<td>O</td>
<td></td>
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<tr>
<td>13. Atrial fibrillation</td>
<td>O</td>
<td></td>
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<tr>
<td>14. End stage renal disease</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>15. Chronic kidney disease</td>
<td>O</td>
<td></td>
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<tr>
<td>16. Hypertension (high blood pressure)</td>
<td>O</td>
<td></td>
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<tr>
<td>17. High cholesterol</td>
<td>O</td>
<td></td>
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<tr>
<td>18. Endometriosis (cells normally in the uterus are found outside of the uterus, causing pelvic pain)</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>19a. Fibroids in womb confirmed by ultrasound</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>19b. Fibroids in womb confirmed by surgery</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>20. Lupus (Systemic lupus erythematosus)</td>
<td>O</td>
<td></td>
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<tr>
<td>21. Multiple sclerosis</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>22. Asthma</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>23. Colon or rectal polyp (benign)</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>24. Depression treated with medication</td>
<td>O</td>
<td></td>
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<tr>
<td>25. Sarcoidosis</td>
<td>O</td>
<td></td>
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<tr>
<td>26. Rheumatoid arthritis</td>
<td>O</td>
<td></td>
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<tr>
<td>27. Hip fracture (broken hip)</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>28. Other serious illness</td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

14. If you have diabetes, have you had any of the following complications?
- O Failing sight or blindness
- O Amputation
- O Other:

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.)
- O Aspirin
- O Tylenol (Acetaminophen)
- O Ibuprofen, Naproxen, Aleve, or Motrin
- O Pills to lower cholesterol
  Name: ______________________
- O Injections for diabetes
- O Metformin for diabetes
- O Other pills for diabetes Name: ______________________
- O Diuretics (water pills) for high blood pressure or other reasons
  Name: ______________________
- O Other blood pressure pills
  Name: ______________________
- O Multi-Vitamins
- O Vitamin D
- O Folic acid
- O Calcium

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

16. How many cigarettes do you currently smoke each day? O No O Yes

Are they menthol cigarettes? O No O Yes
25. 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.)

19. 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):

20. In general, would you say your health is:

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

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

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

24. In general, how would you rate your satisfaction with your social activities and relationships?

25. 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.)

26. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?
27. In **the past 7 days**, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable? & Never & Rarely & Sometimes & Often & Always \\
& 0 & 0 & 0 & 0 & 0 \\

28. In **the past 7 days**, how would you rate your fatigue on average? & None & Mild & Moderate & Severe & Very severe \\
& 0 & 0 & 0 & 0 & 0 \\

29. In **the past 7 days**, how would you rate your pain on average? & Worst imaginable pain & 9 & 8 & 7 & 6 & 5 & 4 & 3 & 2 & 1 & No pain \\
& 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 \\

30. At different periods in your life, **was there at least one time when your household:** & As a child & As a teenager & As an adult \\
& (up to age 11) & (age 12-18) & (age 19 to present) \\
& did not have enough money for food or housing? & No & Yes & Don't Know & No & Yes & Don't Know & No & Yes & Don't Know \\
& received public assistance or welfare? & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 \\

31. When you were growing up, **did people in your family show confidence in you and encourage you to achieve?** & Never & True & Rarely & True & Sometimes & True & Often & True & Very Often & True \\
& did you feel that there was someone to take care of you and protect you? & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 \\

32. These questions are about your feelings and thoughts during the past month. & Never & Almost & Never & Sometimes & Fairly & Often & Very & Often \\
& How often have you felt that you were unable to control the important things in your life? & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 \\
& How often have you felt confident about your ability to handle your personal problems? & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 \\
& How often have you felt that things were going your way? & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 \\
& How often have you felt difficulties were piling up so high that you could not overcome them? & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 \\

33. During the past year, how often did you eat & Never or once per month & 1-3 per month & 1-3 per week & 4-6 per week & Once per day & 2 or more per day \\
& a. bacon, sausage, hot dogs, or lunch meats (including ham, bologna, salami)? & 0 & 0 & 0 & 0 & 0 & 0 \\
& b. beef (including hamburgers, steak, roasts, stew) or pork (including chops, roasts, dinner ham)? & 0 & 0 & 0 & 0 & 0 & 0 \\
& Do not include bacon, sausage, hot dogs, lunch meat.

If you are willing to complete a full dietary questionnaire, please go to the BWHS website http://www.bu.edu/bwhs and click on the link to the BWHS 2013 Diet Questionnaire.