1. How tall are you? [ ] Feet [ ][ ] Inches
2. How much do you weigh? [ ] Pounds
3. What is the highest grade of school you have completed or the highest degree you have received?
   - [ ] Some high school
   - [ ] High school graduate or the equivalent (e.g., GED)
   - [ ] Trade/vocational school certificate/diploma
   - [ ] Some college
   - [ ] Associate degree (2-year college)
   - [ ] Bachelor's degree (4-year college)
   - [ ] Master's degree
   - [ ] Doctoral degree
4. Please describe your current work status (mark all that apply):
   - [ ] Working full time
   - [ ] Working part time
   - [ ] Student
   - [ ] Volunteering
   - [ ] In the military
   - [ ] Unemployed, laid off, or looking for work
   - [ ] Staying at home with children/taking care of family
   - [ ] On maternity or family leave from job
   - [ ] Not working due to illness or disability
5. What is your current status (Mark all that apply)?
   - [ ] Never married
   - [ ] Married
   - [ ] Living with partner
   - [ ] Separated
   - [ ] Divorced
   - [ ] Widowed
6. Which of the following best describes your feelings? (Mark one answer)
   - [ ] Completely heterosexual (attracted to persons of the opposite sex)
   - [ ] Mostly heterosexual
   - [ ] Bisexual (equally attracted to men and women)
   - [ ] Mostly homosexual
   - [ ] Completely homosexual (gay/lesbian, attracted to persons of the same sex)
   - [ ] Not sure
7. WOMEN ONLY: Have you ever been pregnant?
   - [ ] Yes
   - [ ] No (SKIP TO # 10)
8. WOMEN ONLY: Are you currently pregnant?
   - [ ] Yes    Number of weeks since the start of your last menstrual period? [ ][ ] weeks (Between 1 and 44 weeks)
   - [ ] No
9. WOMEN ONLY: How many times have you been pregnant? [ ][ ] Times
10. In the PAST 12 MONTHS, how often have you smoked a cigarette?
    a.) How many cigarettes do you smoke in one day?
       - [ ] Don't smoke
       - [ ] Less than once a month
       - [ ] Monthly, but not weekly
       - [ ] Weekly, but not daily
       - [ ] Daily
       - [ ] 1
       - [ ] 2-5
       - [ ] 6-10
       - [ ] 11-20
       - [ ] 21 or more
11. In the PAST 12 MONTHS, how many times did you drink 4 or more alcohol drinks [5 or more for men] over a few hours?
    a.) None
    b.) 1 time
    c.) 2 times
    d.) 3-5 times
    e.) 6-8 times
    f.) 9-11 times
    g.) 12-15 times (about once/month)
    h.) 16-24 times (about 2x/month)
    i.) 25-36 times (about 3x/month)
    j.) 37 or more times (average of more than 3x/month)
12. In the PAST 12 MONTHS, how often have you used marijuana?
    a.) None
    b.) Once a month or less
    c.) 2-3 times a month
    d.) 3-5 times a week
    e.) 1-2 times a week
    f.) 3-5 times a week
    g.) 6 or more times a week
13. In the past year, did you do any of the following to lose weight or keep from gaining weight?
    a.) Make yourself throw up:
        - [ ] Never
        - [ ] Less than monthly
        - [ ] 1-3 times per month
        - [ ] Once a week
        - [ ] More than once a week
    b.) Take laxatives:
        - [ ] Never
        - [ ] Less than monthly
        - [ ] 1-3 times per month
        - [ ] Once a week
        - [ ] More than once a week
14. Sometimes people will go on an "eating binge," when they eat an amount of food that most people, like their friends,
    would consider to be very large, in a short period of time. In the PAST YEAR, how often did you go on an eating binge?
    - [ ] Never
    - [ ] Less than monthly
    - [ ] 1-3 times per month
    - [ ] Once a week
    - [ ] More than once a week
15. WOMEN ONLY: Have you used birth control pills (oral contraceptives) since 2007, for any reason, for AT LEAST 2
    months?
    - [ ] No (skip to 16)
    - [ ] Yes
16. WOMEN ONLY: Have you used any other hormonal contraception?
   a.) [IF YES] What type?
      - Ortho Evra Patch
      - NuvaRing
      - Depo Provera
      - Mirena
      - Implanon
      - Plan B
      - Next Choice
      - Other birth control pill used in emergency dosage
   b.) How long? [ ] Months

17. When was your last routine (preventive) physical exam or check-up?
   - Past year
   - Past 1-2 years
   - More than 2 years ago

18. Have you ever been told by a HEALTH CARE PROVIDER that you have any of the following illnesses?

<table>
<thead>
<tr>
<th>Illness</th>
<th>Year of First Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fibrocystic/or other benign breast disease</td>
<td>Before 1996</td>
</tr>
<tr>
<td></td>
<td>1996-1999</td>
</tr>
<tr>
<td></td>
<td>2000-2004</td>
</tr>
<tr>
<td></td>
<td>2005-2009</td>
</tr>
<tr>
<td></td>
<td>2010+</td>
</tr>
<tr>
<td>Confirmed by breast biopsy?</td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Type/location of cancer:</td>
<td></td>
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<tr>
<td>Blood clot (Pulmonary embolism, Deep vein thrombosis)</td>
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<tr>
<td>High blood sugar (Diabetes)</td>
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<tr>
<td>High cholesterol, triglycerides or lipids</td>
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<tr>
<td>High blood pressure (Hypertension)</td>
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<tr>
<td>Endometriosis</td>
<td></td>
</tr>
<tr>
<td>Confirmed by laparoscopy?</td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
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<tr>
<td>- Yes</td>
<td></td>
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<tr>
<td>Asthma</td>
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<tr>
<td>Polycystic ovarian syndrome (PCOS)</td>
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<tr>
<td>Mononucleosis(Mono)</td>
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<tr>
<td>Confirmed by blood test?</td>
<td></td>
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<tr>
<td>- No</td>
<td></td>
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<tr>
<td>- Yes</td>
<td></td>
</tr>
<tr>
<td>Psoriasis</td>
<td></td>
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<tr>
<td>Food allergies</td>
<td></td>
</tr>
<tr>
<td>Other major illness or surgery in the last 10 years (e.g. multiple sclerosis, lupus, arthritis, kidney stones, celiac disease) Please specify:</td>
<td></td>
</tr>
</tbody>
</table>