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?**
    ◯ Don't smoke ◯ Less than once a month ◯ Monthly, but not weekly ◯ Weekly, but not daily ◯ Daily

a.) **How many cigarettes do you smoke in one day?**
    ◯ 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?**
    ◯ None ◯ 1 time ◯ 2 times ◯ 3-5 times ◯ 6-8 times ◯ 9-11 times ◯ 12-15 times (about once/month)
    ◯ 16-24 times (about 2x/month) ◯ 25-36 times (about 3x/month) ◯ 37 or more times (average of more than 3x/month)
12. **In the PAST 12 MONTHS, how often have you used marijuana?**
    ◯ None ◯ Once a month or less ◯ 2-3 times a month ◯ 1-2 times a week ◯ 3-5 times a week ◯ 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

a.) [IF YES] Do you know the name of the brand that you used longest?

b.) How long did you use that birth control pill? ☐☐ Months

16. WOMEN ONLY: Have you used any other hormonal contraception?

- ◯ No (skip to #17)
- ◯ Yes

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?

Leave blank for NO, mark here for YES	YEAR OF FIRST DIAGNOSIS				
	Before 1996	1996-1999	2000-2004	2005-2009	2010 +
Fibrocystic/ other benign breast disease (Y)	◯	◯	◯	◯	◯
Confirmed by breast biopsy? ◯ No ◯ Yes					
Cancer (Y)	◯	◯	◯	◯	◯
Type/location of cancer:					
Blood clot (Pulmonary embolism, Deep vein thrombosis) (Y)	◯	◯	◯	◯	◯
High blood sugar (Diabetes) (Y)	◯	◯	◯	◯	◯
High cholesterol, triglycerides or lipids (Y)	◯	◯	◯	◯	◯
High blood pressure (Hypertension) (Y)	◯	◯	◯	◯	◯
Endometriosis (Y)	◯	◯	◯	◯	◯
Confirmed by laparoscopy? ◯ No ◯ Yes					
Asthma (Y)	◯	◯	◯	◯	◯
Polycystic ovarian syndrome (PCOS) (Y)	◯	◯	◯	◯	◯
Mononucleosis(Mono) (Y)	◯	◯	◯	◯	◯
Confirmed by blood test? ◯ No ◯ Yes					
Psoriasis (Y)	◯	◯	◯	◯	◯
Food allergies (Y)	◯	◯	◯	◯	◯
Other major illness or surgery in the last 10 years (e.g. multiple sclerosis, lupus, arthritis, kidney stones, celiac disease) Please specify: (Y)	◯	◯	◯	◯	◯